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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.
The School Bells Are Ringing

Has the time come to go back to school in order to further your nursing education? In 1965, the American Nurses Association issued a position paper stating the minimum educational preparation for entry into nursing practice at the professional level should be at the baccalaureate level. Now, there is discussion that the entry level for advanced practice registered nurses (APRNs) should be at the doctoral level. My crystal ball is broken, but I don’t think I will live long enough to see either of these become a reality. However, I believe there is merit to both positions because research has shown the higher the educational level of the nurse, the better the patient’s outcome. We can all look around our environment and see that nurses with higher educational levels have better job opportunities. Of course it goes without saying that there is a greater financial compensation for these positions.

The Arkansas State Board of Nursing (ASBN) is committed to supporting nursing education. In 2009, we established the ASBN nursing scholarship/loan program (Faith A. Fields Scholarship). The purpose is to provide funding for individuals attending a nursing program that leads to licensure as a nurse or provides a higher degree in nursing. Since the spring 2010 semester, funds have been awarded to qualified applicants, and it is time to apply for a fall 2015 scholarship. Applications are accepted annually between January 1 and June 1 of each year.

In order to qualify, an applicant must:

- Be an Arkansas resident;
- Be a citizen of the United States or permanent resident alien;
- Be enrolled, or be accepted for admission to an approved school of nursing in Arkansas or nationally accredited out-of-state nursing education program that meets requirements of ASBN and Arkansas Department of Higher Education;
- Demonstrate valid financial need that is identified by completing the Free Application for Federal Student Aid (FAFSA); and
- Not be related to an Arkansas State Board of Nursing Board member or staff according to the Arkansas Nepotism policies.

There are two scholarship types: educator and practice. In order to qualify for the educator scholarship, an applicant must be enrolled in a BSN or higher educational program, hold a current unencumbered nursing license and agree to teach full-time in an Arkansas nursing education program one year for each year the scholarship is awarded. The applicant for the practice scholarship must agree to practice full-time, as an RN or LPN, in a clinical setting located in Arkansas one year for each year the scholarship is awarded.

Since 2010, the ASBN has awarded scholarships to 98 individuals from 35 Arkansas counties. At the end of the 2014 fiscal year, 74 scholarship recipients had graduated from a nursing education program and 14 were still attending.

For more information and an application for the Faith A. Fields Scholarship, go to the ASBN webpage under the Education link. Listen to the ringing of the school bells.
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JUST A REMINDER

It is hard to believe that April has already arrived. I hope you are getting outdoors to enjoy the sunshine and get some exercise. This month I want to remind you of some things that continue to cause problems for the nurses in our state.

1. You must have 15 hours of practice focused continuing education every two years prior to renewal. You are responsible for maintaining proof of this education in the event that you are audited. I was glad I had proof when it happened to me. If you realize that you have failed to complete this requirement, do not falsify your renewal application.

2. Do not wait until the last day of the month to renew your license. It takes about 2 business days for the renewal to show on the website, and you cannot work until it indicates that you have renewed.

3. You are required to have a CURRENT address on file with the ASBN. The ASBN is required to notify you at your last known address 20 days in advance of a hearing. If you can’t be reached, we will hear your case without the benefit of your input. Recently someone told me about a nurse who refused to accept mail from the ASBN because she “didn’t want to deal with” us. I can’t state strongly enough that it doesn’t matter if you receive the mail, we are only required to send it to the last known address. Period.

4. Upon application for initial licensure or renewal, be honest about any crimes. If you have been convicted of, pled nolo contendre to, or pled guilty to any crime, you must mark “yes” and supply the supporting documents. You must do this even if the crime has not been reported on other Criminal Background Checks (CBC). The ASBN has greater access to information than many CBC companies. You must report crimes even if they have been sealed or expunged. Those cannot be held against you, but if you lie on your application, we may discipline you.

5. If you are taking medications, especially any controlled substance, you must have a current prescription. Current means that it is dated within the past year.

6. Even if you have a current prescription, you cannot work impaired. You may not work as a nurse at all while taking Methadone or Suboxone.

It is always better to call the staff at the ASBN when you aren’t sure what to do. The adage “It is easier to ask for forgiveness than to get permission.” doesn’t work very well at the ASBN.
We sincerely appreciate all of our RN’S, LPN’S, and CNA’S, who have made it possible for AHP to celebrate over 22 years of supplying staff to the best facilities in the state of Arkansas! You Are the Greatest!!

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Fax: 501.686.2714
www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org

ADMINISTRATION
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ASBN Executive Director
Fred Knight
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Susan Lester, Executive Assistant to the Director

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ASBN Program Coordinator

Margie Brauer
Licensing Coordinator
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INFORMATION TECHNOLOGY
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Susan Moore
Licensing Coordinator

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 L016658
Jessica Gonzalez Exam Application
Amber Sanders R073529
Nathan Shaheed T001220
Angela Shupert L037543
June Elizabeth Sivils L030290
Della Williams L028175

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Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. These skills are absent in more than half of American adults. The average American adult has an eighth-grade reading level; 20 percent read below a fifth-grade level. Most medical information is written at a 12th-grade level or higher.

Today’s patients must have the ability to interpret and follow instructions, adopt healthy behaviors, understand charts and diagrams, understand risks and benefits, and possess math skills to understand dosages, and calculate premiums, copays and deductibles.

Nearly nine out of 10 adults have some difficulty correctly using routine health information available in hospitals, physician’s offices, retail outlets and in the media. Without an understanding of prevention and self-management of chronic conditions, patients are more likely to skip medical tests, visit the emergency room more often, unsuccessfully manage chronic diseases and skip disease prevention programs.

People of all ages, races, incomes and educational levels are challenged by health literacy. It disproportionately affects lower socioeconomic groups, elderly people, immigrants, minorities and the homeless. More than 80 percent of Americans over age 65 have low health literacy. Additionally, many elderly patients have multiple illnesses and chronic conditions, and take more medications. Their vision, hearing and cognition status also influences their reading and comprehension abilities.

It is impossible to determine a patient’s health literacy level by observation alone. Low-literacy adults have learned to hide their skills and knowledge deficits. They use excuses such as “I forgot my glasses;” postpone decision making “until I can talk to my family about this.” They’re too embarrassed to ask questions or fear asking a “stupid” question. They have difficulty explaining their health concerns and can-
not explain what their medications are for or how to take them.

The primary responsibility for improving health literacy lies with health care professionals. Nurses providing patient care should take every opportunity to teach patients. To improve medical outcomes, nurses should utilize the teach-back method\(^1\) with every patient. After every new diagnosis, prescription or treatment plan, ask patients to repeat, in their own words, the information or instructions they’ve just received. Their response will tell you a lot about their level of understanding. Continue to reassess comprehension and adjust your response until the patient can accurately teach-back your instructions.

Strategies to improve communication:

- Use plain language; avoid medical jargon. Speak slowly. Listen to the patient and use his or her terms.
- Keep instructions short and avoid vague terms. Reinforce and repeat instructions.
- Ask the patient what his or her top concerns are and combine those with your key messages to focus instructions on a manageable amount of information.
- Focus on what actions the patient needs to take and personalize instructions.
- Develop short, simple explanations for side effects and common medical conditions.

These links provide free downloadable tools to help improve communication with patients:

- [http://www.teachbacktraining.org/](http://www.teachbacktraining.org/)

Complex instructions using unknown medical jargon and explained rapidly, delivered to a patient in a stressful situation, are unlikely to be understood or retained. Using the teach-back method to assure patient understanding will enhance patient compliance, improve health outcomes and lower costs.

REFERENCES

WANTED — RETIRED NURSE VOLUNTEERS TO FIGHT HEALTHCARE FRAUD

Since mid-2002, the Arkansas Department of Human Services has received continuous grant funding from the federal Administration on Aging/Administration for Community Living to recruit volunteers to educate the public about the prevalence of health care fraud in Arkansas. One of the most effective ways to ensure the long-term survival of Medicare and Medicaid is to reduce waste, fraud, and abuse. The Arkansas Senior Medicare Patrol (SMP) is one of 54 similar state projects educating seniors about what all of us — both beneficiaries and taxpayers — can do to safeguard state and federal dollars for Arkansans who rely on these vital programs.

“The strongest defense against crime is not law enforcement, it is informed citizens,” according to Kathleen Sebelius, former Secretary of the U.S. Department of Health and Human Services. The truth of that statement is illustrated by the success of SMP projects nationwide, which have saved taxpayers more than $100 million for the Medicare and Medicaid program during the last 12 years.

Volunteers, who are mostly retirees on Medicare and thus well positioned to assist their peers, have educated 20 million citizens about health care fraud since the SMP program began. They teach Medicare and Medicaid recipients how to protect personal information, identify and report billing errors, and recognize illegal marketing and unnecessary services. SMP volunteers also conduct health care fraud presentations for older consumers at retirement villages, senior centers, club meetings, senior church groups, and other community settings.

No one feels more strongly about keeping criminals out of Medicare than do seniors themselves. Retired health care professionals, especially retired nurses, make wonderful SMP volunteers because of their familiarity with health care and their lifelong commitment to public service. The Arkansas SMP has a dedicated group of retired nurse volunteers who live at Woodland Heights in Little Rock. Each one has elected to be responsible for distributing SMP newsletters and monthly Medicare information, along with other important information to the residents on their floor. They educate their neighbors about reading and understanding their Medicare Summary Notices, how to detect and report suspected billing errors or intentional fraud, and how to protect themselves from medical identity theft. These ladies have become the "go-to" people at Woodland Heights for information on government-funded health care services and local scams involving durable medical equipment, diabetes supplies, and so-called “free” health care tests and services.

The Arkansas SMP needs more retired nurses to empower seniors to protect the benefits they rely on. We especially need you to help us replicate the successful Woodland Heights project in other senior residential settings. If you want to be part of our program, contact Kathleen Pursell, Director, Arkansas SMP at 866-726-2916 or kathleen.pursell@dhs.arkansas.gov. For additional information visit www.daas.ar.gov/asmp.html; www.smpreresource.org.
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Montana Becomes 25th State to Join the Nurse Licensure Compact (NLC)

The National Council of State Boards of Nursing (NCSBN) and the Nurse Licensure Compact Administrators (NLCA) are pleased to announce that Montana has passed legislation to join the NLC, which was signed into law by Governor Steve Bullock. The state will now begin the rulemaking process to work toward implementation on Oct. 1, 2015.

“As a rural-frontier state, in some areas Montana lacks access to specialized nursing services and relies on telehealth services for important types of case management for patients facing chronic diseases. Increasing access for quality nursing care for the citizens of Montana was a motivating factor for the Montana Board of Nursing’s (MBON) support of promoting the legislation to become a member of the NLC,” stated Cynthia Gustafson PhD, RN, executive director, MBON. “We believe that becoming a member of the Nurse Licensure Compact (NLC) ensures the MBON’s mission of public safety and the promotion of quality nursing care for Montana. Our neighboring states are also a part of the NLC so this will help nurses give the cross-border care we need in our part of the west where there are many miles between services.”

Implemented in 2000, the NLC advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. The NLC is an interstate compact allowing a nurse to have one license (issued by the primary state of residence) with the privilege to practice in other compact states (both physically and via technology). The NLC applies to registered nurses (RNs) and licensed practical or vocational nurses (LPN/VNs).

Sandra Evans, MAEd, RN, chair, NLCA, executive director, Idaho Board of Nursing, applauds the efforts of the MBON who, in collaboration with their constituents and partners, worked for adoption of the NLC at a time when nurses are increasingly expected to provide care across state lines and commented, “The need for nurses in home and community-based health care settings as well as the delivery of health care via telehealth demands a new model of nursing regulation. The NLC complements the current regulatory authority of the MBON by removing unnecessary barriers to interstate practice while providing for the protection of Montana’s citizens.”

Currently, 24 other states have enacted the legislation allowing for participation in the NLC, including: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

Operationally, the NLC is administered by the NLCA, which is made up of the participating state-designated NLC administrators.
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For the fourth year we are also honoring the outstanding nurse educator of the year. If you are a student and you have an educator that has been a driving force in development and support of your nursing career, send in your nominee’s name, place of work and a short story of why they should receive the award. Be sure you include your contact information for us to get back in touch with you.

Nominate a candidate today! Deadline is May 15, 2015

Send or email your nomination to:
NURSING COMPASSION & NURSE EDUCATOR 2014
P.O. Box 17427,
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or email sramsel@pcipublishing.com

For Details call Suzanne Ramsel at 501-221-9986 or 800-561-4686 ext. 101
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For Nomination form go to www.ThinkNurse.com

Come Celebrate Nursing at the 2015 Compassionate Nurse and Nurse Educator of the Year Awards.
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All nominees & place of employment will be listed in the April Edition

- We hope to have nominees from every county and school.
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- Order your reserved table early. Seating is limited.
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2014 Nursing Compassion Award Winner, Jacklyn Ratcliff, LPN

2014 Outstanding Educator Award Winner, Johnetta Kelly, Ph.D., RN, CNE

2014 Nursing Compassion Award Winner, Arkansas Medical Staffing
2014 Outstanding Nurse Educator Award Winner, Harding University Carr College of Nursing

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<td>Deborah Miles, APRN</td>
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<td>Marian Willis, RN</td>
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<td>Melody Katherine Rogers, RN</td>
<td>Arkansas Department of Health (Phillips County)</td>
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<td>Nancy Kemp, RN</td>
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<td>Patrina Bookout RN</td>
<td>Arkansas Children’s Hospital</td>
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<tr>
<td>Staff of 3NW Wing</td>
<td>Compassionate Team of 20</td>
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<td>Tonya Balentine, RN</td>
<td>Central Arkansas Veterans Healthcare System</td>
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<td>Janice Bingham, MSN,RN,FNP</td>
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<td>Pamela Shurett,PhD,RNP</td>
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<td>Tony Spears, RN, MSN, MHA</td>
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<td>Jessica Wynne Woodard, RN, CNS</td>
<td>Baxter Regional Medical Center</td>
<td>Mountain Home</td>
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<td>Rebecca Parnell,MNSc, APRN,ACNS-BC</td>
<td>Southern Arkansas Unviersity</td>
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NURSES WEEK 2015

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LEVEL 2- REGISTRATION REQUIRED... DO I NEED THAT?

Although the online verification of licensure has been around for a while, we still get the occasional question such as: Do I need to register for Level 1, Level 2, or Level 3? The registration for the various levels is something employers use to have licensure status information available to them.

When you open your license information from the "Registry Search," you will find the following: (Please note the dates, etc., are examples only)

You can see:
* Date Searched: 10-06-2012
* Information on every license you have held by ASBN listed here.
* Your name and license number
  * License Status: Active
  * License Type: Registered Nurse (RN)
  * Multistate: Yes
  * Date Issued: 02-24-1998
  * Expiration Date: 10-09-2014
  * Disciplinary Flag: N

Also listed on the page are the following:
* Last Renewal: Level 1 Registration Required
* Primary State of Residence: Level 2 Registration Required
* Discipline Action Information: Level 2 Registration Required
* Advanced Practice Issue Date: Level 3 Registration Required
* Prescriptive Authority: Level 3 Registration Required
* Collaborating Physician: Level 3 Registration Required

Where you see “Level 1, Level 2, or Level 3,” a subscription to INA for nurse status watch and additional fees are required to access this information. So, if you are searching this information as an employer, this could be helpful to you.

However, if you are a nurse renewing your license, the free information provided on the registry search is all you need to verify your license is current after you renew. So, if you are renewing your license and see something that says, “Level – Registration Required,” the short answer to the question above is no, you do not need that.
NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

Dawn M. Kappel, Director, Marketing & Communications, National Council of State Boards of Nursing

The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through Nursys e-Notify.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating boards of nursing’s (BONs) databases through frequent, secured updates. Nursys is live and dynamic, and all updates to the system are reflected immediately.

Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The e-Notify system alerts subscribers when modifications are made to a nurse’s record, including changes to:

- License status;
- License expirations;
- License renewal; and
Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

- Public disciplinary action/resolutions and alerts/notifications.
  
  If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

  Institutions can learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com. For questions, contact nursysenotify@ncsbn.org.

  *(Except Alabama, Hawaii, Kansas and Oklahoma)*

About the NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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Kelli Strack provides our patients and families a sympathetic and calming presence in the intense environment of the Critical Care Unit. A highly-skilled nurse and a leader on our Rapid Response Team, Kelli helps her co-workers develop their expertise and love of nursing. Conway Regional is proud of Kelli and all of the dedicated nurses, physicians and professionals who provide high-quality, compassionate health care to our community.
Providers must distinguish between drug craving and the true need for pain relief. One clue to opioid abuse is the patient’s insistence that “only the IV stuff does any good.” While IV narcotics offer rapid onset and quick pain relief, they also saturate the patient’s endorphin receptors and produce a “rush.”

Other things nurses can do to handle suspected drug abusers:
- Document patient requests, behaviors, and perform a thorough assessment.
- Request the patient’s picture ID and place in the patient’s record (in an effort to stop someone from pretending to be someone else to obtain controlled substances).
- Contact the patient’s previous provider, pharmacist, or hospital to confirm the patient’s story and history of complaints that would warrant the need for a prescription controlled substance.
- APRNs should write controlled substance prescriptions for limited quantities (use good judgment).
- Many facilities and clinics utilize urine drug screens as part of a pain medication contract (check that drug levels are appropriate for the amount of drug prescribed).

There are some things nurses should not do when confronted by a suspected drug abuser:
- Don’t just take the patient’s word for it. When a nurse’s instincts are screaming that the patient is trying to obtain controlled substances for abuse or to sell, listen and gather more information.
- APRNs shouldn’t write prescriptions for controlled substances to patients just to get rid of them. If a patient is exhibiting threatening behavior, contact the local authorities.

In Today’s Hospitalist e-magazine, Dr. Stella Fitzgibbons said, “Even using words like “addiction” or “habituation” is risky, particularly in people who have medical reasons for pain like sickle crises or recurrent pancreatitis. And while a psych consult may help support your diagnosis of drug addiction, manipulative behavior or personality disorders, patients can spot a member of the psych team faster than you can.

If patients don’t cooperate with a psych service, they may accept counseling from pain management or palliative care services. These teams have experience prescribing alternative medications, negotiating tapering schedules, and dealing with issues like anxiety that are common co-factors in narcotic overuse. They can also advise you on how to stay firm on schedules and give patients advance notice of the planned discharge date.”

Some drug-seeking patients have learned to try to steer you toward their drug of choice by claiming to be allergic to others. When you ask what kind of allergic reaction they’ve had, you may...
hear, “I had this terrible itching, and they said I should never use that stuff again.” But many opioids cause pruritus, probably by a central mechanism rather than by histamine release, which isn’t classified as a true allergy. Reassure patients of this, increase their dose gradually and you may be able to avoid medications that are harder to wean. If pruritus is still a problem, antihistamines are likely to be both ineffective and sedating. Instead, studies find that methylnaltrexone can help pruritus without causing either drowsiness or narcotic withdrawal.”

As a reminder, all providers who hold a DEA number should run a PMP prescribing report on themselves (at least weekly) and review the report to ensure no one is filling unauthorized prescriptions for controlled substances using their DEA number. More and more states are signing on for multi-state data sharing with the PMP reporting system, which will allow providers to run a multi-state query of the patient’s controlled substance prescription meds that were filled.
NCLEX examinations are developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment’s effect on the length of the entry-level period. NCSBN conducts the NCLEX practice analyses every three years to examine entry-level practice. Using the data collected from these studies, NCSBN develops the NCLEX Test Plans.

Using the data collected from these studies, NCSBN develops the NCLEX Test Plans. Analysis of data from a nine-year span indicates that the health care environment has become increasingly complex and what defines entry-level nursing should be reevaluated.

The National Council of State Boards of Nursing (NCSBN) Board of Directors has approved a revised definition of the entry-level nurse in the NCLEX environment, which was the result of analysis leading to the question of what constitutes the length of the entry-level period. The designation of entry-level will now be defined as a nurse having no more than 12 months of experience; previously it was defined as a nurse having no more than six months of experience.

NCSBN Revises Definition of Entry-level Nurse

Dawn M. Kappel, Director, Marketing & Communications, National Council of State Boards of Nursing

continued on page 26
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Plans. Analysis of data from a nine-year span indicates that the health care environment has become increasingly complex and what defines entry-level nursing should be reevaluated. NCSBN then researched practices used in other professions to identify the entry-level period, the current entry-level practice environment, today's client population and the results of a nurse focus group and arrived at the new definition that will be used from this point forward.

Read more details on the research behind the change in the entry-level definition at https://www.ncsbn.org/Review_EntryLevel_Characteristics_and_NCLEX.pdf.
Harding University Carr College of Nursing is now accepting applications for the **online Family Nurse Practitioner program.** (Master of Science in Nursing)

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For more information, please contact Dr. Dona Clarin, FNP Program Director at 501-279-4859.

www.harding.edu/nursing

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Fact:
Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.
Disciplinary Actions

FEBRUARY 2015

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.

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<tr>
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April 2015 • Volume 19 Number 2
Publication of the Arkansas State Board of Nursing

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