PREScription DRUG ABUSE SERIES:
PART IV RECOgnizing IMPAIRED CO-WORKERS
Magnet Status means Nursing Excellence

Now offering RN Sign On Bonuses!

- Critical Care
- Med-Surg
- Orthopaedics
- Surgery

Day and night shifts available

When a nurse joins CHI St. Vincent, he or she becomes part of a team that sets the standard. As a system that includes the first Arkansas hospital to earn Magnet® status from the American Nurses Credentialing Center, we’re the clear choice for exceptional nurses.

The ANCC Magnet Recognition Program® honors hospitals for excellence in patient outcomes, nursing practice, leadership and innovation. If you value these qualities, learn more about joining our team at CHI StVincent.com/Careers.

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U.S. News & World Report and Magnet® recognitions relate to CHI St. Vincent Infirmary; Pathway to Excellence® designation is for CHI St. Vincent Morrilton. Pathway to Excellence® and Magnet® names and logos are registered trademarks of the American Nurses Credentialing Center. All rights reserved.
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**The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.**

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**EXECUTIVE DIRECTOR**

Sue A. Tedford, MNSc, RN

**EDITOR**

LouAnn Walker

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Direct ASBN Update questions or comments to: Editor, Arkansas State Board of Nursing, 1123 S. University, Suite 800, Little Rock, AR 72204.

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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.
What are the characteristics of a good leader? I am sure many adjectives come to mind - honest, focused, confident, communicative, fearless, visionary and purpose driven, just to name a few. A good leader is able to imagine what lies ahead and empower others to challenge the status quo. Nursing has a long history of great leaders such as Florence Nightingale, Mary Todd Lincoln, Clara Barton and Dorothea Dix. They each thought outside the box and were able to envision what the future of nursing should look like and lead others in that direction.

Leadership skills are one of the building blocks of every nursing education program. Our entire nursing career is about leading others - regardless of the nursing position held or the authority that accompanies that position. Leadership is about having a vision and influencing others to move toward a common goal. I have been on a nursing unit in a hospital where the nurse’s aid is the leader of the staff, not the unit manager. This person was recognized as having leadership characteristics and those around her chose to follow what she said and did - good or bad.

Many times nurses have a narrow focus and don’t look at the world around them. There are so many leadership opportunities outside our personal world, and it is time for nurses to speak up and make their voices heard. Nurses comprise the largest segment of health care providers, but they seem to have little influence when it comes to the big decisions that affect those who trust nurses to provide their medical care. There are many ways to make our voices heard but an important one is by increasing the number of nurses appointed to health care boards and commissions. Unfortunately, only 6 percent of hospital board members are nurses.

The national campaign for the Future of Nursing has called a challenge to increase the number of nurses on boards (both healthcare and non-healthcare related) to 10,000 by 2020. The Arkansas Action Coalition has joined with the Future of Nursing in this challenge and asks you to consider applying for a board position. Some of the benefits of having nurses on boards are:

- Nurses provide a valuable perspective to decision-makers, while benefitting the nurses who serve both personally and professionally.
- As nurses become more valued members of an organization’s leadership, more important issues are easily addressed and adequate care is provided to areas in need.
- Nurse leaders can balance the business of health care with clinical and patient outcomes. Organizations that do not include nurses on their boards are missing this important perspective.

Nurses bring an enormous amount of wisdom to the table and can make valuable contributions. Look for ways to become involved so you can influence the future of health care.
Call for Nominees

For Nomination form go to www.ThinkNurse.com

Come Celebrate Nursing at the 2015 Compassionate Nurse and Nurse Educator of the Year Awards.
Saturday June 6, 2015.

Held in the beautiful Chenal Country Club in West Little Rock. Seating is limited—Order your table early!

All nominees & place of employment will be listed in the April Edition

- We hope to have nominees from every county and school.
- Be sure you’re a part of this celebration.
- Nominate a candidate today!
- Order your reserved table early. Seating is limited.
- Proceeds benefit the ThinkNurse Scholarship Fund.

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,
Little Rock, Arkansas 72222
or email sramsel@pcipublishing.com

For Details call Suzanne Ramsel at 501-221-9986 or 800-561-4686 ext. 101
sramsel@pcipublishing.com

2014 Nursing Compassion Award Winner, Jacklyn Ratcliff, LPN

2014 Outstanding Educator Award Winner, Johnetta Kelly, Ph.D., RN, CNE
President’s Message

SHELA UPSHAW, RN

LOVE A NURSE

I hope your year has started well. I can hardly believe it is February already. I am sure you are keeping up with the legislative process. Some important decisions are being made this year which will impact nursing, and nurses need to be involved in the process.

Last year ended with an exciting opportunity for me. In December I participated in a panel at the National Council of State Boards of Nursing (NCSBN) to provide input for producing the next version of NCLEX-PN®. I was a little nervous about going to Chicago by myself, but it was a wonderful experience. I loved the work, and the teamwork was great. I enjoyed being part of the process for producing NCLEX-PN®.

I recommend that you consider applying as a volunteer at NCSBN. The travel is paid by NCSBN, and you receive CEU’s for your time and input. They need all types of nurses. The panel I served on actually included a brand new LPN and another who has been a nurse for only one year. All you need to do is go to NCSBN.org and apply as a volunteer. If you are accepted, they will contact you.

On another note, February is the month we celebrate love, and although the focus is on romantic love, I want to encourage you to show love to other nurses. Take the time to show appreciation and kindness to your co-workers, mentors, bosses, teachers, and beginning nurses. New nurses bring a fresh perspective and energy, and experienced nurses bring so much that cannot be obtained from books.

As the most trusted profession in the USA, I would like for us to correct the perception that “nurses eat their young.” I had several wonderful mentors who helped encourage, correct, and teach me. I would especially like to thank Nancy Tucker, RN, for the time and energy she invested in me and many other new nurses. She spent her career caring for our community at Ashley County Medical Center. She was an excellent role model and has been greatly missed since her retirement.

I also want to express appreciation to my co-worker, Brandi Maxwell, LPN, for the extra work she does to keep things running smoothly in our nursing program when I am away. She encouraged me to apply for the position on the Arkansas State Board of Nursing (ASBN) even though she knew it would mean extra work for her. Without her effort, it would be impossible for me to serve on the ASBN.

And lastly, I want to thank the nurses in this state for all of your hard work. I am grateful that the vast majority of nurses in Arkansas are practicing above and beyond the minimum standard. I know that it costs you much more than you get back most days. Thank you for your service to this state. I hope you will show yourselves some love.
Board Business

President Shela Upshaw presided over the hearings held on January 7 and the business meeting held on January 8. Highlights of Board actions are as follows:

- Granted Continued Full Approval to the following programs until the year 2019
  - Southark Community College- PN
  - University of Arkansas at Fort Smith- PN
  - ASU Newport- Jonesboro- PN
  - Black River Technical College- PN
  - College of the Ouachitas- PN
  - University of Arkansas Monticello College of Technology- McGehee- PN,
  - Harding University- RN

- Approved the curriculum revision for the following practical nurse programs
  - National Park Community College-PN
  - University of Arkansas at Fort Smith-PN

- Granted pre-requisite approval to University of Arkansas at Pine Bluff Baccalaureate of Science in Nursing Degree Program

- Granted initial approval to Southeast Arkansas Community College for the online LPN/Paramedic to Associate Degree in Nursing Program

- Granted pre-requisite approval of the Clinton Satellite to the Practical Nurse Program at the University Community College-Morrilton

- Accepted the 2014 NCLEX® low pass rate responses for the following: Southern Arkansas Magnolia- BSN- second consecutive year; Arkansas Northeastern College Blytheville-ADN- fourth consecutive year; Arkansas State University Mountain Home- ADN- first year; College of the Ouachitas, Malvern- ADN- first year; East Arkansas Community College, Forrest City- ADN- second consecutive year; Phillips Community College-LA, Helena- ADN- first year; JRMC School of Nursing, Pine Bluff- DPL- first year; and Southern Arkansas Tech Camden- PN- first year

- Continued disbursement of funds from the Faith A. Fields Nursing Loan Program for the 2015 Spring Semester, as follows:

<table>
<thead>
<tr>
<th>Recipient</th>
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2014-2015 BOARD DATES

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<tr>
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<th>Event</th>
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<tr>
<td>February 11</td>
<td>Hearings</td>
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<td>February 12</td>
<td>Hearings</td>
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<tr>
<td>March 16-18</td>
<td>NCSBN Midyear Meeting, Louisville, KY</td>
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<td>April 1</td>
<td>Hearings</td>
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<tr>
<td>April 2</td>
<td>Hearings</td>
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<td>May 6</td>
<td>Board Strategic Planning</td>
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<td>May 7</td>
<td>Business Meeting</td>
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<tr>
<td>June 10</td>
<td>Hearings</td>
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<td>June 11</td>
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<td>July 8</td>
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<td>July 9</td>
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<tr>
<td>August 19-21</td>
<td>NCSBN Annual Meeting, Chicago, IL</td>
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<td>September 9</td>
<td>Hearings</td>
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<td>September 10</td>
<td>Business Meeting</td>
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<td>November 18</td>
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<tr>
<td>November 19</td>
<td>Hearings</td>
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# STAFF DIRECTORY

## ARKANSAS STATE BOARD OF NURSING
1123 South University Ave.
Suite 800
Little Rock, AR 72204
Office Hours: Mon - Fri 8:00-12:00; 1:00-4:30
Phone: 501.686.2700
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
Sue A. Tedford, MNSc, RN
ASBN Executive Director
Fred Knight
ASBN General Counsel
Mary Trentham, MNSc, MBA, APRN-BC - Attorney Specialist
Susan Lester, Executive Assistant to the Director

## ACCOUNTING
Darla Erickson, CPA
Administrative Services Manager

## DISCIPLINE & PRACTICE
Deborah Jones, RN, MNSc, - ASBN Assistant Director
Debra Garrett, MNSc, APRN, ASBN Program Coordinator
Debra Fletcher, Legal Support Specialist
Carmen Sebastino
Legal Support Specialist
Patty Smith
Legal Support Specialist

## EDUCATION & LICENSING
Karen McCumpsey, MNSc, RN, CNE - ASBN Assistant Director
Tammy Claussen, MSN, RN, CNE - ASBN Program Coordinator
Jill Hasley, MNSc, RN
ASBN Program Coordinator

## LICENSED NURSES

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
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<tbody>
<tr>
<td>Rosa Marie Bradley</td>
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<td>Jessica Gonzalez</td>
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<td>Nathan Shaheed</td>
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<tr>
<td>Della Williams</td>
<td>L028175</td>
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## ELECTIONS
BOARD MEMBERS Standing, L to R: Cynthia Burroughs, Consumer Rep.; Doris Scroggin, RN; Cathleen Schultz, RN; Haley Strunk, LPN; Karen Holcomb, RN; Yolanda Green, LPN; Patricia Staggs, LPN; Ramonda Housh, APRN; Gladwin Connell, Rep. of the Older Population Seated, L to R: Sandra Priebe, RN, Treasurer; Tammy Mitchell, LPN, Vice President; Shela Upshaw, RN, President; Terri Imus, RN, Secretary

---

## 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.

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## 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.

<table>
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Career Opportunities:
RN (PT) WEO 7p-7a
RN PRN
LPN PRN
LPN (PT) WEO 7a-7p

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PRESCRIPTION DRUG ABUSE SERIES: PART IV
Recognizing Impaired Co-workers

Reporting an impaired co-worker is not an easy thing to do, especially if this person is a friend and otherwise “a good nurse.” However, nurses have an ethical responsibility, in addition to a legal responsibility (located in the Chapter 7 Rules), to report nurses who are impaired and/or addicted. All nurses have a professional obligation to report an impaired co-worker to their facility’s chain-of-command and to the Arkansas State Board of Nursing (ASBN). Nurses, of all licensure levels, have a responsibility to uphold state and federal laws pertaining to the safe practice of nursing. This includes protection of patients from a co-worker’s drug abuse and/or impairment.

Some characteristics of impaired co-workers may include:

• Long unexplained absences or frequent disappearances during a shift
• Making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept
• Lack of coordination; frequently breaks or spills medications
• Work absenteeism and frequent tardiness – absences without notification and an excessive number of sick days used
• Unreliability in keeping appointments and meeting deadlines
• Slurred speech
• Excessive amounts of time spent near a drug supply; waits until they are alone to access the narcotic dispenser/cabinet
• Volunteering for overtime and at work when not scheduled
• Work performance which alternates between periods of high and low productivity
• May suffer from mistakes made due to inattention, poor judgment and bad decisions
• Confusion, memory loss, and difficulty concentrating or recalling details and instructions. Ordinary tasks require greater effort and consume more time.
• Interpersonal relations with colleagues, staff and patients suffer. They rarely admit errors or accept blame for errors or oversights.
• Heavy “wastage” of drugs, especially when other nurses are not wasting the same amounts for the same patient
• Sloppy recordkeeping, suspect ledger entries and drug shortages
• Inappropriate prescriptions for large narcotic doses (APRN prescribing)
• Insistence or consistent volunteering to personally administer injectable narcotics to patients, especially to patients not assigned to the nurse
• Always choosing the maximum PRN dosage when other nurses use less (consistently having to “waste” drugs)
• Progressive deterioration in personal appearance and hygiene
• Uncharacteristic deterioration of handwriting and charting
• Personality change - mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures
• Dilated or pinpoint pupils, shaky hands, lethargy, or hyperactivity, depending on what type of drug they took
• Wearing long sleeves when inappropriate
• Patient and staff complaints about health care provider’s changing attitude/behavior
• Patient complaints that their pain level did not change after the nurse administered their pain medication (especially complaints about the same nurse) or that the patient
denies receiving medication that was charted
• Increasing personal and professional isolation

The impaired nurse does not need to exhibit all of these characteristics and behaviors to be impaired. Nurses should use good judgment and notify the facility chain-of-command and file a complaint with the ASBN when a nurse exhibits enough of these characteristics to cause suspicion.

Many well-educated, highly trained and experienced health care professionals lose their families, careers, and futures to substance abuse, and some lose their lives. Making excuses for an impaired co-worker only enables the behavior, which places the co-worker at risk for health issues and places the nurse’s patients in danger. Reporting this person may affect the safety and welfare of the impaired/addicted co-worker and the patients charged to the impaired/addicted co-worker’s care.

Valley Behavioral is a 75 bed Psychiatric Hospital. Joint Commission Top Performer
Please send resume and salary requirements to:

Patricia.moore@valleybehavioral.com
or fax to 479-494-5751
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College of Education and Health Professions

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- Market competitive salary and benefits
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Contact (501) 776-6759 or carol.matthews@salinememorial.org for details.
Since the Gallop Poll added nurses in 2005, they have been rated at least 80 percent for high ethics and honesty.

To keep the public trust nurses must act responsibly. Professional conduct is the cornerstone of our profession. Unfortunately, nurses are sometimes reported to the Board for unprofessional conduct. What constitutes unprofessional conduct? Often, nurses do not intentionally commit unprofessional conduct but may find themselves under investigation for actions that constitute unprofessional behavior.

The term “unprofessional conduct” includes, but is not limited to, the conduct listed below:

a. Failing to assess and evaluate a patient’s status or failing to institute nursing intervention, which might be required to stabilize a patient’s condition or prevent complications.

b. Failing to accurately or intelligibly report or document a patient’s symptoms, responses, progress, medications, and/or treatments.

c. Failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.

d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.

e. Failing to administer medications, and/or treatments in a responsible manner.

f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.

g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.

h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.

i. Leaving a nursing assignment without notifying appropriate personnel, e.g. patient abandonment.

j. Failing to report to the Board within a reasonable time of the occurrence, any violation, or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules, or orders.

k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules, Chapter 5.

l. Failing to supervise persons to whom nursing functions are delegated or assigned.

m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment. The American Nurses Association issued a position statement effective September 10, 2014, Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks. “Both registered nurses and employers have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime.” (http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment/NurseFatigue/Addressing-Nurse-Fatigue-ANA-Position-Statement.pdf.

n. Failure to conform to the Universal
Precautions for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.

o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.

p. Failing a drug screen as requested by employer or Board.

q. Engaging in acts of dishonesty, which relate to the practice of nursing.

r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.

s. Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.

t. Any other conduct that, in the opinion of the Board, is likely to deceive, defraud, injure or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the nursing profession.

The brochure, *Grounds for Discipline*, may be found on the ASBN website, [www.arsbn.org](http://www.arsbn.org), under the DISCIPLINE tab. Per the posted disciplinary information, you can find the full statutory citations for disciplinary actions under Nurse Practice Act, Subchapter 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.” Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report of suspected violation of the Nurse Practice Act, visit the ASBN website at [www.arsbn.org](http://www.arsbn.org), click on the DISCIPLINE tab, and select Filing a Complaint for the online complaint form.

If you have any further questions, contact Mary Trentham, Attorney Specialist, Arkansas State Board of Nursing, Suite 800, Little Rock, Arkansas 72204 or mtrentham@arsbn.org.

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For more information about the cruise and the curriculum (to be determined by Aug. 30, 2014) please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.
Although some nurses may not be familiar with or embrace the purpose of a Professional Practice Model (PPM), the concept (associated with Magnet® designation) has become increasingly more recognized and appreciated within our profession. This type of conceptual model is used to establish and describe the way in which nurses practice, collaborate, communicate and develop professionally in a given institution. Most often a PPM has a theoretical basis and should clearly align with the organizational and nursing missions.

To ensure a PPM is meaningful and effective, nurses must see the link between their practice and the model’s concepts. Ideally the PPM will promote nursing autonomy, empowerment and accountability, but without this link, it will simply be an ineffective schematic that does not resonate with nurses.

**Development of UAMS Nursing PPM**

In 2011, members of the Nursing Research Council at the University of Arkansas for Medical Sciences (UAMS), Medical Center, embarked on identifying a PPM for UAMS nurses. Their initial thought was to adopt an existing model so they did an extensive review of the literature and conceptual models. They soon realized that no PPM offered the individualization to UAMS nursing practice they desired so they took the road less traveled and began the development process.

Understanding the importance of a theoretical basis, the team performed a thorough review and developed a framework that incorporates the work of five nursing theorists:

*Nursing at UAMS embraces an integrative theoretical framework that is built on the premise that nurses function as a “bridge” to optimal health and well-being as defined by the patient (Henderson, 1973, Pender, 1982). The bridge has many underpinnings including UAMS’ commitment to “institutional integrity” (Kolcaba, 1991) and to partnering with patients and families to promote their Comfort, Hope & Healing.*

Clinical expertise and empowered practice enables UAMS nurses to form intentional relationships that support shared learning, trust and partnering with patients, families and other healthcare providers (Peplau, 1952). Such collaborative patient-family centered relationships foster respect for the cultural identity and preferences of patients resulting in highly individualized care (Leninger, 1991).

**UAMS Nursing Professional Practice Model, 2011**

The bridge concept emerged from the theory review and the focus of the schematic was determined. The identification of supporting pillars was intuitive for the team and consensus was easily reached on that important aspect. It was clear however, that due to the highly individualized nature of the model, an interpretive statement explaining each pillar was needed and thus developed to be considered a permanent supplement to the model.

After much graphical deliberation and trips to the “drawing board”, drafts were developed and presented to an audience of UAMS nurses. At the 2011 Professional Practice Fair, over 200 nurses reviewed two versions of the model that had different graphics and color schemes, but the same content. They voted on their preference and provided feedback and suggestions related to the overall model. It was clear to those who reviewed the model that the UAMS institutional frameworks for behavioral standards and patient-family centered care were foundational, ultimately providing significant support on either side of the bridge. While changes were made to the graphics, the supporting pillars and overall concept were widely accepted without modification and the UAMS Nursing PPM was born.

Since that time, education on the PPM has been presented extensively and is included in the annual nursing competency validation process. In addition, the model is displayed on nursing policies and is used as a compass for goal setting and strategic planning.

While it could take years for full enculturation of a PPM, there are steps you can take to facilitate the process:

- Engage clinical nurses in the initial creation or identification of the PPM
- Ensure the model reflects the uniqueness of nursing practice in the specific institution
- Identify standardized ways to demonstrate the link between nursing practice and the model
- Provide education for new nurses as well as ongoing annual review
- Ensure formal and informal nursing leaders have an in-depth understanding of the PPM
- Link projects and goals to the constructs of the model

Ongoing evaluation of the PPM is necessary to identify enhancements or modifications that may be needed as stagnation and irrelevance of the model can occur over time. This evaluation should include a focus on illustrating the link of the PPM to consistent improvements in nursing practice and clinical outcomes. The ultimate measure of success for any PPM is the realization of such outcomes and sustainment of high quality care.
Nursing at UAMS embraces an integrative theoretical framework that is built on the premise that nurses function as a “bridge” to optimal health and well-being as defined by the patient (Henderson, 1973, Pender, 1982). The bridge has many underpinnings including UAMS’ commitment to “institutional integrity” (Kolcaba, 1991) and to partnering with patients and families to promote their Comfort, Hope & Healing. Clinical expertise and empowered practice enables UAMS nurses to form intentional relationships that support shared learning, trust and partnering with patients, families and other healthcare providers (Peplau, 1952). Such collaborative patient-family centered relationships foster respect for the cultural identity and preferences of patients resulting in highly individualized care (Leninger, 1991).

- **The Circle of Excellence** (COE) describes UAMS’ service and behavioral standards which represent the overall commitment to institutional excellence and integrity.
- **Evidence-based Practice** (EBP) is considered by UAMS nurses to be the utilization of patient/family preferences, research and their own clinical experiences to guide clinical decision-making.
- **Supplying Opportunities for Advancement of the RN** (SOARn) is the clinical ladder program designed to foster professional development and growth of UAMS nurses while ensuring accountability and achievement of proficient clinical practice.
- **Professionalism, Accountability, Communication and Excellence** (PACE) are the building blocks of the UAMS Nursing Mission, Vision, Values and Philosophy. UAMS nurses set the PACE for creating a culture of nursing excellence.
- **The Professional Nursing Organization** (PNO) is the shared decision-making organizational structure that enables UAMS nurses to be informed, heard and empowered in their professional nursing practice.
- **The Care Delivery System** (CDS) is the framework for organizing and providing care to patients and families and describes specific care delivery practices, systems & processes (i.e. work/resource allocation; partnering and communication among providers, patients/families; unit-based leadership).
- **Patient-Family Centered Care** (PFCC) is the approach to health care delivery embraced by UAMS that is grounded in partnerships among providers, patients and families.
As a primarily rural and medically underserved state, Arkansas is in a unique position. Every hospital in Arkansas has interactive video equipment that can be used to treat patients with specialty medical needs, including high-risk pregnancies, hand injuries, burns, pediatrics, ischemic stroke, and many other health care niches. Considering this, one would assume that telemedical nursing would be commonly taught and discussed at these hospitals. However, it is not.

Nurses should be the patient champions advocating for the best possible care. We should be asking why telemedicine is not utilized for patient care in the most remote locations in the state. We should be advocating for our patients and asking for access to care using telemedicine when in-person care is not available. Providing access to routine and specialty care should not take place only in the metropolitan areas; it should be available in all areas of Arkansas - regardless how remote or rural a patient's location.

Sometimes, patients travel hours to see their health care providers, but many more patients will travel those distances to see a specialist if they live in rural Arkansas. Those same patients will spend an entire day away from home, work and family, which can be costly, only to spend less than 30 minutes in front of the doctor. And they often receive the same information that could have been delivered over telemedicine. Given the choice of traveling long distances, many patients would rather see the provider over telemedicine and not travel those distances.

These same patients may need more education on their disease process or instructions on how to use a particular medication or medical device and driving back and forth to their provider may be impossible. More importantly, patient education can be offered and provided at a distance from their hometown.

More times than not, the nurse or nursing assistant who is with the patient provides the needed care to patients at the discretion of the medical provider. The nurse provides the initial assessment of the patient, and the information is relayed to the provider. This same information or discussion about the patient can be exchanged with the practitioner or other health care provider at a distance over telemedicine.

Telehealth nursing can be practiced almost anywhere a patient has access to telemedicine technology, and in Arkansas that can be in any hospital, department of health clinic, and most community health centers. Telehealth nursing is practiced in many call centers as part of managed care organizations. Given access to the information that is needed for care and a choice of seeing a provider over interactive video versus driving two to three hours to see a provider, the patient almost always will choose a telemedicine visit. Patients should be given the option of traveling or telemedicine if it is available for their health care needs, and as the first health care professional in contact with patients, nurses should advocate for patients' best option.

Having choices for options on how care is provided, those patients will always appreciate the nurse helping provide simple options to receive the same care. The nurse can remind the providers that telemedicine may better serve the patient when offered in locations convenient to the patients.

Many of my family members continue to reside at least 30 minutes from the nearest hospital and face the challenge of getting urgent care nearby, considering many rural clinics are staffed with a provider three to four days a week, as well as rural emergency rooms with limited resources. A health care crisis can simply not be planned, and that is why telemedicine is so essential in our rural areas of the country. A nurse can be the voice of the patient who does not know what resources are available in health care. A nurse can advocate for telemedicine in their clinic or hospital. We owe it to our patients, family and the people of Arkansas to seek available health care closest to their homes.
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PATIENT EDUCATION KEY TO
DIABETES MANAGEMENT

Diabetes is the seventh leading cause of death in the United States and one of the leading causes of disability. The risk of death for adult diabetics is 50 percent higher than for non-diabetics. The Centers for Disease Control and Prevention reports that 29.1 million people in the United States have diabetes, yet only 21 million have been diagnosed. Additionally, 86 million Americans have a fasting blood sugar higher than normal that qualifies them as pre-diabetic.

Diabetes is an expensive chronic condition that costs the health care system (plus lost work and wages for diabetics) more than $245 million annually. Health care costs for diabetics are twice as high as non-diabetics.

Diabetes is a serious illness with a large impact on patients, families, communities and the entire health care system. Proper management is a priority and requires careful attention to diet, daily activity and maintaining a healthy weight. It often requires the patient to make significant lifestyle changes. Successfully managing diabetes requires commitment and cooperation from the patient, his or her family, and the patient's health care provider team.

Patient education is the first and most important step to manage diabetes. Health care professionals should use diabetic educators, nutritionists, diabetic support groups and educational programs to help educate patients. A good way to support patients is to provide a diabetic booklet they can use to record office visits; blood pressure, blood sugar or A1C and cholesterol; foot, eye and dental exams; immunizations for influenza, pneumonia and Hepatitis B; meals; and daily physical activity. Ask the patient to bring this booklet to each visit. Monitoring his or her progress will encourage patient engagement, an essential component of successful diabetes management. There are several good downloadable examples of this booklet on Internet websites.

Diagnosed diabetics should see their health care professional at least twice a year. At each visit, patients will need:
- Blood pressure check
- Foot check
- Weight check
- Review of their self-care plan
- Medication review, including over-the-counter items

Once a year they will need:
- Cholesterol check
- Complete foot exam
- Dental exam of teeth and gums
- Dilated eye exam
- Flu shot
- Urine and blood test for kidney function

Twice a year they will need:
- A1C; more often if A1C is greater than 7
- Pneumonia shot
- Hepatitis B shot

As health care professionals, we must empower patients to be in control of their diabetes, and not let diabetes control them. The good news is, patients can do a lot to prevent type 2 diabetes. Being overweight increases the risk of type 2 diabetes. Help patients realize that small changes can make a big difference. Suggest one or two small lifestyle changes to your diabetic patients. Celebrate their success at their next office visit. Then add two more small changes, such as drinking water instead of sugar-loaded drinks; walking in place during television commercials; eating whole grain bread in place of white and brown rice instead of white.

Take every opportunity to educate your diabetic and pre-diabetic patients. No magic pill, magic wand, special drink or herbal supplement can control or cure diabetes. No health care provider or physician can be held responsible for the patient’s behavior. Diabetes management is in the hands of the diabetic. As a key part of all your patients’ health care team, you can provide encouragement that they can manage their diabetes and reassurance that the health care team is prepared to help them succeed.

To learn more:
- “50 Ways to Prevent Type 2 Diabetes” on the National Diabetes Education Program website: www.ndep.nih.gov/media/NDEP71_Choo-ses50Ways_4c_508.pdf
(Spanish language version at: http://www.cdc.gov/diabetes/prevention/pdf/prediabetesquiz_sp.pdf)

References
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www.arsbn.org
We receive numerous phone calls and emails every day from nurses asking, “Will this continuing education activity count toward my requirement for license renewal?” When searching for continuing education activities to be used to satisfy the minimum requirement for license renewal/reactivation, whether you are attending a nursing continuing education workshop, completing activities over the internet or by mail, verify if the company offering the activity has had the program(s)(courses of study) accredited by an approval body/accrediting organization recognized by the Arkansas State Board of Nursing (ASBN) prior to participation. The accreditation statement indicating the approval body/accrediting organization should appear in advertising material and must also be stated on each certificate of completion (see example above). You can find a complete list of accepted approval body/accrediting organization’s on the ASBN web site, www.arsbn.org, through the “Continuing Education Information” link on the home page. The example of a certificate above has been designed along with the accompanying information below to describe and demonstrate the components necessary to be compliant with the law.

**CONTACT HOUR OPTION:**

**Number of contact hours:** This information must always be listed on the certificate. Fifteen *practice-focused* contact hours are required for on-time renewals. For a late renewal/reactivation you must complete twenty (20) contact hours.

**Date:** The completion date must be listed on the certificate. The activity(s) must be completed and dated no more than two years prior to renewal/reactivation.

**Title:** Include the full title of the educational activity.

**Course:** Must be practice focused education specific to your job duties. For nurses not currently practicing, courses of study may be selected from a variety of nursing topics.

**Name of Accrediting Organization/Approved Provider Statement:** This information should be the accrediting organization and *not the company or sponsor of the activity.* The name of the accrediting organization must be indicated on every certificate. There will be a statement similar to: “This activity has been approved for continuing education in nursing by (this is where the accrediting organization is found) an approved provider by…” The most common accrediting organization of continued on page 24
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How To Determine Acceptable “Contact Hour” Awarded Continuing Education continued from page 22

nursing continuing education is the American Nurses Credentialing Center’s Commission on Accreditation (ANCC) but there are many others that are acceptable. The accrediting organization must be one of the organizations found on the “ASBN Approved Accrediting Organizations/Approved Providers” list located on www.asbn.org, through the Continuing Education Information link on the home page.

One of the laws governing continuing education requires that you maintain original copies of certificates of completed contact hour activities used for meeting the requirement for license renewal in your possession for a minimum of four years. If you are only keeping a “list” of courses completed for your records and/or if your employer keeps a file that is OK, although it is ultimately your responsibility to maintain original copies of certificates for each course of study. Part of the renewal process will require you to enter information from each certificate. Also, if you are selected during a random audit you will receive notification by mail asking that you demonstrate compliance by submitting copies of your documents for review by the ASBN. Submitting a list does not demonstrate compliance. Some nurses have found that it is sometimes impossible to retrieve copies of the certificates. Avoid future problems by following the guidelines outlined in the Nurse Practice Act & Rules.

Many employers provide opportunities for their employees to earn continuing education. Nurses that are participating in employer sponsored education must follow the guidelines set by the Nurse Practice Act & Rules as well. Not all nursing continuing education study material has been appropriately accredited. If in doubt whether a certificate will count toward your requirement for license renewal, compare it to the example above and assess whether it contains all the necessary components as demonstrated in the example. If it does, then there’s your answer.
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The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are 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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**Disciplinary Actions**

**JANUARY 2015**

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3. A bachelors (or higher) degree in a health related field preferred.
4. Experience in case management, home health, critical care, medical/surgical, social work, discharge planning or concurrent review.
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