Congratulations

2013 Nursing Compassion Award Winner
Melanie Morrison RN St. Vincent Morrilton

2013 Outstanding Nurse Educator Award Winner
Linda Castaldi MNSc,RN National Park Community College
It’s been 125 years since the Sisters of Charity of Nazareth established St. Vincent in Little Rock. They came here with a clear purpose: to make a positive difference in the lives and health of Arkansans. The hospital they built – the city’s first – came at a time when it was desperately needed.

Times change, but our purpose hasn’t. Today, St. Vincent continues to be a pioneer and an innovative leader. We are stronger than ever and focused on our purpose. And although the methods and tools we use today couldn’t have been imagined back in 1888, our mission to serve the people of Arkansas is alive and well.

“The sisters who started St. Vincent came here with a mission, and that mission continues today.”

– Ted Saer, M.D.

Congratulations to Melanie Morrison, R.N. at St. Vincent Morrilton, for receiving the 2013 Nursing Compassion Award.
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The 89th General Assembly convened Monday, January 14, 2013, and adjourned Tuesday, April 23, 2013. This year’s session was 100 days and is the longest running session since the Great Depression. There were many important issues to decide such as abortion, gun control, health care reform and the state’s $4.9 billion budget for the upcoming year. Health care bills that affect nursing issues are important for nurses to be aware of. Following legislation couldn’t be easier. Go to link, http://www.arkleg.state.ar.us/assembly/2013/2013R/Pages/Home.aspx and you will find a wealth of information.

There were a number of bills this legislative session that were of interest to nursing. Several passed and others were unsuccessful. The main bills of interest were:

- **SB 6** requires nursing programs to notify applicants, in writing, of the convictions that can disqualify an individual from holding an Arkansas nursing license (ACA 17-87-312). This passed and is now Act 302. The Board of Nursing will be conducting a feasibility study to look at requiring criminal records check of applicants to a nursing program.
- **SB 7** provided for expediting the issuance of temporary licenses and/or certifications for spouses of active duty military service members stationed in Arkansas. This passed and is now Act 8.
- **SB 161** provides for title changes for the advanced practice nurses in Arkansas and the composition of the Prescriptive Authority Advisory Committee. This passed and is now Act 604. See Jill Hasley’s article in this issue for a complete description.
- **SB 228** provided for school personnel (non-nurses) to be trained in the administration of insulin to school children. This bill failed in committee due to the diligent work by the school nurses in Arkansas. This type of bill has passed in other states.
- **SB 361** opened up the administration of glucagon to all school children instead of limiting it to children with Type 1 diabetes. This passed and is Act 1232.
- **SB 968** allows the Medical Board to regulate physicians who dispense legend drugs. This bill is Act 1169.
- **SB 1013** is now Act 1264 and protects patients’ right to make their own health care decisions, promotes advanced directives and provides legal protection for patients’ rights.
- **SB 1171** allows practitioners to prescribe Schedule II medications in the following formats: written, oral, faxed or electronic. This bill passed and is now Act 1331.
- **SB 173** allows the administration of epinephrine by school personnel to a student believed to be having a life-threatening anaphylactic reaction. This bill is now Act 1437.
- **HB 1411** creates a Public School Health Services Advisory Committee with the purpose of protecting the health and well-being of students in public schools by ensuring adequate and appropriate health care workers are on site to attend to students’ needs. This passed and is now Act 414.
- **HB 1473** and **HB 2261** required all health care providers to notify a patient who the individual is who is providing their care. This required name badges with credentials, as well as signage for the primary care providers. Nurses have been required to wear name badges for years so this was nothing new for our profession. However there was opposition and these bills never made it out of committee.

You may find legislation boring and something you don’t think you need to care about. However, there are many bills proposed and passed that change your life—personally and professionally. The school nurses showed us this year how becoming involved in a bill could make a difference in the outcome. It can be time consuming to stay on top of everything during a busy legislative session, but that is where involvement in your professional organizations can be of great benefit to you. As always, be a part of the solution, not the problem.
It takes less than a MINUTE to give someone in need a lifetime.

Join Arkansas's new online organ and tissue donor registry, and you can save a life with the click of a button.

Currently, there are more than 114,000 people waiting for organ transplants.

And making the decision to donate your loved-one's organs and tissue can make the difference in someone having a second chance at life.

So, register as an organ and tissue donor, and honor those who’ve chosen to give.

Remember, giving up a little of your time may one day give someone else so much more of theirs.

Log on and register today!
NURSES EAT THEIR YOUNG

“Go get me a seasoned nurse.” I first heard the phrase while in nursing school in the local hospital. As I have progressed through my nursing career, I have heard it many times. Not only do “seasoned” nurses do this, physicians do this as well. In my early 30s, fresh out of nursing school, I was assisting a physician and apparently I was not performing to his satisfaction. He yelled at me to “go get me a seasoned nurse.” Even though I am very strong willed and his words hurt, I did what he told me and found another nurse.

Two years later, I found myself assisting the same physician with the exact same procedure. Needless to say, he did not remember the incident, but I did. I looked him in the eyes and asked him if he thought I was seasoned enough yet. At that point, I knew he remembered me. The next day, I received an apology through flowers sent to the unit.

I was fortunate to have a wonderful preceptor, an Englishman. He was very patient with me and spent countless hours teaching me everything he knew. He did get frustrated with me, but I had the sense to know not to take it personal. I remember one incident when he was teaching me to use the IV pump and tubing. Following the steps he taught me, I turned the pump on, and it immediately started beeping. He patiently watched me try to problem solve the situation, and I still could not find the source of why it was beeping. Not saying a word, he reached over to the patient and unclamped the heparin lock. He must have noticed my expression showed I felt very incompetent. His words to me were, “If a seasoned nurse ever tells you this has never happened to them, that person is lying.” My confidence was back again. This is the type of nurse everyone needs as a preceptor. I always try to teach new nurses and nursing students everything I know about nursing because one day that person might be my nurse, and I want that nurse to know what to do to keep me alive. As seasoned nurses, if we teach what we know to new nurses, they in turn will follow that path.

I manage a large Orthopedic and Urology unit at my facility. I work with students, new nurses and, of course, seasoned nurses. While I occasionally hear about unpleasant experiences with experienced nurses, I can only vouch for my unit. I have witnessed seasoned nurses stop what they are doing to help the new nurse safely take care of their patient. This is how caring, nurturing and supportive all seasoned nurses need to be. I have had countless nursing students tell me how my staff nurses have taken them under their wing, showed them how to effectively care for their patients and even help improve problem solving skills. I am not stating that our unit is perfect, but we all work as a team. Yes, we get stressed and a little snippy at times, but at the end of the day, we try to tell everyone we are sorry if we were short with anyone and it is forgotten. The nurses who are going the extra mile do not boast about helping a student or new nurse, and the reason for this is most of the nurses are mentoring and supporting the next generation--this is the professional nurse.
**2013 BOARD DATES**

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**President Karen Holcomb presided over the business meeting held on May 9. Highlights of Board actions are as follows:**

- Granted Continued Full Approval to:
  - Baptist Health School of Nursing Diploma Nursing Program until the year 2017.
  - University of Arkansas Community College - Morrilton Practical Nurse Program until the year 2018.
  - University of Arkansas - Fayetteville Baccalaureate Degree in Nursing Program until the year 2018.
  - Approved the National Park Community College Practical Nurse Program Curriculum revisions to be implemented with the next admitting class.
  - Approved the University of Arkansas Community College - Batesville Practical Nurse Program Curriculum revisions to be implemented with the next admitting class.
- Approved the increase in admission of students for the Arkansas Rural Nursing Education Consortium Associate Degree in nursing program at Ozarka College at Melbourne and the University of Arkansas Community College at Morrilton up to 48 students.
- Retired the Guideline on Complimentary/Alternative Therapies (CAM). Position Statement 98-6: The Decision Making Model should be reviewed by practitioners who are considering practice in CAM.

- Approved the Arkansas State University - Newport Practical Nurse Program Curriculum revisions to be implemented with the August 2014 admission class and eliminate the pre-requisite courses, for seats available, starting with the Fall 2013 class.

- Granted initial approval to the Ozarka College - Mammoth Spring Practical Nurse Program.

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**ASBN Centennial Celebrations**

**July 25**  
Centennial Celebration, St. Bernard’s Regional Medical Center, Jonesboro, 2 – 4 p.m.

**August 6**  
Centennial Celebration, St. Michael Health System, Texarkana, 2 – 4 p.m.

**September 26**  
Centennial Celebration, Northwest Health- Springdale (time and place TBA)

**October 16**  
Centennial Celebration, White County Medical Center, Searcy, 2 – 4 p.m.

**Sponsors**

- Diamond – Baxter Regional
- Platinum – Arkansas Hospital Assoc
- Gold - ArONE
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
Victoria Knighten       R81020
Amber Sanders           R73529
Nathan Shaheed          T01220
Angela Shupert          L37543
June Elizabeth Sivils    L30290
Della Williams          L28175
Sally F. Williams       L26287
Celebrating 100 Years

A Century of Nursing Leadership
The Arkansas State Board of Nursing

Centennial Celebration, Baxter Regional Medical Center, Mountain Home, April 30, 2013
The need to reduce avoidable hospitalizations and subsequent readmissions is prevalent among multiple health care settings. However, the urgency is especially great within the field of long-term care. A recent analysis found nearly one in four residents admitted to post-acute care skilled nursing facilities were rehospitalized within 30 days. The literature suggests as many as 67 percent of nursing home resident hospitalizations may have been either preventable, futile, or directly related to diagnoses that could be treated outside the hospital. The cost of these avoidable admissions has been estimated as high as $4 billion annually. Hospitalization of nursing home residents can harm residents both mentally and physically, and can cause emotional stress for caregivers. Avoidable admissions also put residents at risk for iatrogenic adverse events and medical errors.

Health care professionals practicing in skilled nursing facilities are searching for strategies to improve care quality and reduce preventable hospitalizations for their residents. Quality-assurance and performance-improvement (QAPI) program requirements, sanctioned under the Patient Protection and Affordable Care Act, have provided a catalyst for nursing homes to adopt and implement best practice models. Emerging initiatives are focused on improving access to diagnostic services, developing protocols for intravenous fluid administration, advance care planning, and safely and effectively managing acute changes in a resident’s clinical condition. Nursing homes are revisiting their policies and procedures for handling resident status changes, with an emphasis on early identification and assessment, and appropriate access to health care professionals with expertise in geriatric medicine. Therefore, investments are being made in nursing home staff, infrastructure and implementation of evidence-based programs to improve care quality and coordination.

One such program, the Intervention to Reduce Acute Care Transfers (INTERACT), has demonstrated reductions in hospital admissions for nursing home residents. A six-month implementation in 2009 resulted in a 17 percent reduction in self-reported hospitalizations among the 25 participating nursing homes, with a higher reduction of 24 percent seen among the nursing homes rated as engaged in the initiative. The six-month implementation cost was approximately $7,700 per nursing home, while the projected cost savings to the Medicare program was estimated at $125,000 annually per 100-bed nursing home. Limitations of this project included issues with hospitalization rate data and implementation of the program. However, the positive trends in hospitalization reduction demonstrate the efficacy of INTERACT and warrant further investigation in individual nursing homes.

The program was initially developed by the Georgia Medical Care Foundation, the Medicare Quality Improvement Organization for Georgia, under contract with CMS, and was designed to improve the identification, evaluation and communication of resident status changes. The INTER-ACT program is a compilation of tools, resources and care paths that can be used by nursing home clinicians and staff to reduce unnecessary hospital transfers. A program algorithm (Figure 1) demonstrates appropriate usage of the various INTERACT components. The tools fall into four categories: communication, care paths, advance care planning, and quality improvement. The communication tools include resources for early identification of resident status changes by certified nursing assistants, accompanied by file cards for licensed nursing staff to document critical vital signs and laboratory results once condition changes are recognized. There is also a Situation-Background-Assessment-Recommendation (SBAR)
progress note template that, when properly completed, can facilitate accurate and timely communication of status changes to physicians, nurse practitioners, or physician assistants. The INTERACT program employs care path posters to guide the evaluation of symptoms for mental status changes, fever, lower respiratory infection, congestive heart failure, urinary tract infection and dehydration. These posters can also be used as guidelines for internal policy and protocol development, leading to better standardization of processes and improved condition management. INTERACT also has a set of advance care planning tools, including guidelines on appropriate communication of these plans to residents and caregivers. The quality improvement tools are designed to facilitate acute care transfer chart reviews and to assist nursing homes with development of process and outcome measures.

Payment improvement initiatives and QAPI program requirements have solidified the need for nursing homes to improve their quality of care. Implementation of the INTERACT program can assist nursing homes in meeting the new standards, while simultaneously improving care quality, coordination, and resident health outcomes.

REFERENCES:
In an effort to align with the National Council of State Boards of Nursing APRN Consensus Model, the Arkansas State Board of Nursing (ASBN) initiated legislative updates to the Nurse Practice Act and Chapter 4 Rules.

The changes (listed below) to the Chapter 4 Rules have been through the necessary legislative committees and became effective January 1, 2013. A brief summation of the major changes made to the Chapter 4 Rules (specific to APN licensure, practice, and prescriptive authority) include:

• All four APN roles (AP, CRNA, CNM, CNS) require successful completion of a nationally accredited graduate or postgraduate APN program. This is not a new requirement, but rather “clean-up” language.
• Endorsement applicants and individuals who are applying for reinstatement (of their APN license) who have been out of practice for more than two (2) years must provide evidence of completion of an APN nursing refresher course (approved by the ASBN) or an extensive orientation that shall include a minimum of 200 hours of a supervised clinical component with a qualified preceptor.
• The ASBN will notify the appropriate certifying agency when an APN has disciplinary action taken on their license or privilege to practice.
• Regarding termination of a Collaborative Practice Agreement, the APN shall notify the ASBN in writing within seven (7) days following termination of the agreement.
• The format for prescriptions was updated to include requirements for written and electronic prescribing. All prescriptions shall contain the name of the patient, the APN’s name, title, address, phone number, and signature with “APN,” in addition to the prescription information contained in Chapter 4, Section VIII, D. (medication, dosage, directions, etc.). When prescribing controlled substances, the APN’s DEA registration number shall continue to be required.
• A section was added (Section IX) to the Chapter 4 Rules for “Prescribing Guidelines for Anorexiant Drugs.” Due to this drug

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Central Arkansas Veterans Healthcare System is currently recruiting Critical Care Nurse Managers:

**Job Requirements:**
- BSN; MSN Preferred
- Strong leadership, communication and collaborative skills
- Minimum of five (5) years of successful critical care nursing practice
- ACLS certification
- Evidence of progressive nursing/administrative responsibility

We offer a generous total compensation plan that includes health/life/long-term care insurance, Federal Employee Retirement System, generous sick leave and vacation leave accrual and a competitive annual salary.

Interested applicants may contact The Nurse Recruitment office at 501-257-1756. E-mail inquiries may be made through Raymond.Wilson2@VA.GOV

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class being a high-abuse class, the ASBN needed more regulation on how these drugs are prescribed. The guidelines do not place greater restriction on an APN’s ability to prescribe from this drug class (guidelines do not exceed the drug manufacturer’s guidelines). This section is lengthy and provides detailed guidelines on the patient’s BMI, parameters for how long clients can be prescribed these medications, and necessary assessments at each office visit.

Updates to the Nurse Practice Act (regarding APN titles and Prescriptive Authority Committee) were included in Senate Bill 161 (now Act 604), which successfully passed through the 2013 legislative session. The updates will become effective pending the official close of the legislative session, which is expected sometime in August. The major updates include:

- The title of Advanced Practice Nurse (APN) will change to Advanced Practice Registered Nurse (APRN).
- One of the four APN roles will also have a title change. The title of Advanced Nurse Practitioner (ANP) will change to Certified Nurse Practitioner (CNP).
- The Prescriptive Authority Advisory Committee will gain an additional APN member that is not required to hold Prescriptive Authority. This will allow APNs such as CRNAs and APN-licensed nurse educators to be on the committee.

To read the entire SB161/Act 604, visit the Arkansas State Legislature website (89th General Assembly) and search for SB 161 at: http://www.arkleg.state.ar.us/assembly/2013/2013R/Pages/Home.aspx. APNs should continue to check the ASBN Update, ASBN website (www.arsbn.org), Facebook, and Twitter to monitor for announcements regarding the exact effective date for these changes to the Nurse Practice Act.
Saturday, June 8th was a beautiful, warm, sunny day at Wildwood Park deep in the woods just west of Little Rock. In that beautiful setting almost five hundred nurses, educators, guests and facility executives gathered to celebrate the Third Annual Compassionate Nurse Awards and the Second Annual Nurse Educator Awards held in the theatre at Wildwood. After a sumptuous Greek food buffet the event began with a celebration of the Arkansas State Board of Nursing’s 100th Anniversary. First up was a stirring Presentation of Flags by the United States Army Color Guard followed by the National Anthem sung by Alyse Eady, 2012 Miss Arkansas and co-anchor of the THV 11 Morning show.

Attendees were then welcomed to the festivities by Jill Hasley, the ASBN Program Coordinator. Introductions and announcements were then presented by ASBN Board President Karen Holcomb. Comments by Faith Fields, former Executive Director of the Board, led into an engaging history of the first hundred years of the Board presented by Sue Tedford, current Executive Director. Doris Scroggin, ASBN treasurer, then presented “Memoirs of a Seasoned Nurse.”

Sue Tedford then announced Tina Oates as the winner of the Video contest sponsored by the Board. After a few words from Gail Bengal, Fiscal Support Specialist with the Board, the podium was turned over to Publishing Concepts, Inc. Al and Virginia Robertson, the CEO and Publisher of the ASBN Update and originators of the two Awards that were presented, introduced the nominees and the individuals who submitted them gave heartfelt and moving reasons for those nominations. Nominees for the awards were welcomed and asked to make their way to the stage before the winner was announced in both the 2013 Compassionate Nurse Award and the 2013 Nurse Educator Award. The 2013 Compassionate Nurse is Melanie Morrison of St Vincent (Mariflton). Linda Castaldi of National Park Community College in Hot Springs was introduced as the winner of the 2013 Nurse Educator award. Their individual stories can be found in this issue of the magazine.

Publishing Concepts, Inc. also announced the Sonia Green Memorial Scholarship and their funding of the scholarship. In closing, PCI presented checks to the Arkansas State Board of Nursing, the Arkansas Registered Nurse association, Arkansas for Nursing and the Arkansas Student Nurse Association.

Next year’s Awards ceremony will be held on June 7th. Make plans now to attend this event honoring some of Arkansas’ most deserving nurses and nurse educators.
The concept of incivility in nursing education is not new. However, it has generated much discussion at national conferences, faculty meetings and in the press. What is most disturbing to nurse educators is the frequency of incivility being witnessed in daily encounters by faculty who teach students in the classroom, in clinical settings and online. If these behaviors are not addressed during the education process, they can easily transcend to health care environments.

Incivility is an umbrella term used to describe specific rude or demeaning comments or behaviors. Incivility in nursing education can be identified as student-to-faculty, faculty-to-student, or even faculty-to-faculty. An integrated review of the literature from the last five years, which included nursing faculty and students from programs conferring associate to doctoral degrees, identified common uncivil behaviors from students: arriving late to class, conducting side conversations during class, dominating class discussions, yelling at professors, threats of harm, physical harm, and threatening to give poor course evaluations. Faculty behaviors most often considered uncivil by students were belittling or taunting students, being distant or cold, and being unavailable to help when needed. It is no wonder nursing education is now being defined by a culture of incivility.

Uncivil behaviors can have many negative effects on both students and faculty. Victims of incivility may experience symptoms such as stress, anxiety, exhaustion, sleeplessness, depression, anger and embarrassment. One study found a strong correlation between incivility and a student's overall satisfaction with his or her nursing program. Incivility correlates strongly with program dissatisfaction ($p = .001$). As the amount of incivility increases, a student's overall satisfaction with the program decreases (Marchiondo, Marchiondo, & Lasiter, 2010). Some students eventually leave their nursing program for another program; and some students ultimately decide not to enter the nursing profession.

Faculty can also be deeply impacted by student acts of incivility. In another study, 36 critical incidents were described by faculty ranging in severity from mild to highly aggressive. Results of these encounters included physical and emotional reactions, loss of self-esteem, loss of confidence in teaching abilities, loss of productivity and significant time and money expenditures (Luparell, 2007).

As demonstrated by past and current research, incivility can have a significant negative impact on the overall nursing education process. Disruptions to the classroom environment impede learning in a profession where a strong knowledge base is the single most important tool a nurse can bring to the bedside. At a time when there is a crippling shortage of not only nurses, but nursing faculty as well, this is a problem that needs to be addressed through education, policy development, and administrative support for both students and faculty.

We need further research to discover how incivility is perceived, what initiates uncivil behaviors and what students, faculty, and administration can do to prevent and resolve this growing problem. Academic nurse leaders are challenged to support role modeling, initiate conversations, organize forums to discuss concerns, offer counseling, coaching and mentoring to both students and faculty. Good communication was identified as a key skill for faculty, along with knowledge and practice in offering constructive feedback (Clark & Springer, 2010).

While our literature review was not focused on faculty-to-faculty incivility, as nurse faculty, we are aware that it does occur, and there is a growing base of research that validates this problem as well. The problem is not isolated; it occurs in all schools, all departments, and among all faculty. Incivility is a direct violation of the ANA Code of Ethics (ANA, 2001, p. 9), which states that "the nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual..." These principles of respect extend to all encounters, including colleagues. Nurse leaders need to create a safe environment so nurses are not fear-
ful when sharing concerns or reporting incidents. Nurse leaders also need to promote constructive and open feedback so nurses learn how to demonstrate respect and common courtesy.

Barriers that might prevent faculty and academic nurse leaders from addressing this issue are fear of retaliation, fear of liability, fear of losing their jobs, and fear of criticism. Securing the support of academic nurse leaders and institution administrators can facilitate progress in removing these perceived barriers. Removing the culture of blame, fostering communication, and establishing clear, confidential, non-punitive policies for reporting, along with remediation, sanctions and rewards, can promote a much needed cultural change in both faculty and students.

References:

Author: Karen Davis, MSN, RN, CNE - Assistant Professor, College of Nursing, UAMS
Co-Researchers - Lepaine McHenry, MN, RN – Assistant Director, Eleanor Mann School of Nursing, U of A
Veneine Cuningkin, MSN/ED – Nursing Education Supervisor, Arkansas State Hospital
Every three years, the National Council of State Boards of Nursing (NCSBN®) conducts a practice analysis for entry-level registered nurse (RN) licensure. Based on the results of the practice analysis, NCSBN makes appropriate changes to the National Council Licensure Examination for RNs (NCLEX-RN®) and establishes a passing standard based on the new test plan. The passing standard represents minimum assessed competency for safe and effective entry level practice. These steps are necessary to help ensure that the NCLEX-RN® Examination continues to reflect current nursing practice and that nurses who pass the NCLEX-RN® Examination will continue to meet minimal levels of nursing competence.

1. What is the new passing standard?
   • The passing standard was revised from the current -0.16 logits to 0.00 logit beginning April 1, 2013, with the implementation of the 2013® NCLEX-RN Test Plan.
   • The passing standard of 0.00 logit will be in effect from April 1, 2013 to March 31, 2016.

2. How does standard setting on the NCLEX® relate to public protection?
   • NCSBN’s mission is to promote regulatory excellence for patient safety and public protection. It is responsible for developing a licensure examination that reliably and validly assesses the minimal competency required to practice entry-level nursing safely and effectively. An appropriate and criterion-referenced passing standard is an important component of a psychometrically sound examination; it ensures that candidates who pass the NCLEX® possess the necessary nursing knowledge for entry-level practice.

3. How was the new passing standard decided?
   • The NCSBN Board of Directors (BOD) considered the recommendation from an expert standard-setting panel, a variety of historical NCLEX performance data, as well as results from annual surveys to nursing employers and educators. An expert panel of 12 nurses representing all four NCSBN membership geographic areas, with a range of practice settings and levels of experience, took part in a three-day criterion-referenced standard setting workshop in September 2012. After considering entry-level RN practice requirements and reviewing a large number of operational NCLEX-RN items, members of this expert panel agreed that the passing standard should be raised in 2013 to meet the increasing demands on entry-level RNs.
   • Additional information on the NCLEX standard-setting process is available online at https://www.ncsbn.org/Setting_the_NCLEX_Passing_Standard.pdf.

continued on page 20

“I started here as a staff nurse, moved into the role of a charge nurse, then became a preceptor to train and mentor new nurses, then shortly after that I was promoted to Assistant Director of Cardiology. Washington Regional has some of the areas best physicians and nurses, and I love that the hospital is committed to community service.” – Jessica

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- **School-Based**

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Pinnacle Pointe is currently seeking quality people to fill these positions:

**ADON: Assistant Director of Nursing:** The ADON is responsible for ensuring coordinated delivery of patient care in accordance with the established standards of care, mental health practice and hospital policy, goals and objectives. This position works alongside the Chief Nursing Officer in contributing to the hospital’s philosophy, objectives, educational and performance improvement efforts, while providing supervision to nursing staff and MHT’s. The ADON is expected to facilitate, through participation and leadership, the development and maintenance of a progressive department and oversee daily nursing operations, including milieu management, to ensure quality patient outcomes. **Requirements:** Education: Graduate from an accredited school of professional nursing required. BSN preferred. Master’s degree preferred. Experience: A minimum of 3 years experience in psychiatric nursing supervision/management.

**RN: WEO: 7a-7p, 7p-7a, M-F 7a-3p:** The Staff Nurse (R.N.) is a registered professional nurse who prescribes, coordinates, and evaluates patient care through collaborative efforts with health team members in accordance with the nursing process and the standards of care and practices. **Requirements:** Education: Graduate from an accredited program of professional nursing required. Bachelor’s Degree preferred. **MHT: Mental Health Technician (MHT) Pool Position:** The Mental Health Technician is responsible for planning and implementing activity services for assigned program, which involves implementing treatment goals as a member of the interdisciplinary treatment team and providing continuous patient care, observation, interaction, and role modeling to patients under the direction of an RN. **Requirements:** Education: Bachelor’s degree or High School diploma plus 2 years direct patient care experience in a psychiatric facility required.
4. How does the revised passing standard match up with current entry-level RN® practice?

- There is an increasing demand for entry-level nurses to advance the health of the nation and address the needs of today’s ill and aging population. The increase in patient acuity and nursing responsibilities impacts entry-level nursing practice, placing greater demand on current entry-level nurses in comparison to their cohorts in the past. Considered in conjunction with other available evidence, the NCSBN BOD established a more stringent NCLEX-RN passing standard to ensure that the exam continues to reliably and validly assess the candidate’s ability to perform entry-level nurse practice.
- Below are a few examples that illustrate the change in entry-level nursing practice.
  - Perceived increase in patient acuity; Decrease length of stay (LOS) in acute care facilities; increase LOS in homecare and community settings;
  - Decline in LOS may indicate that more patients are being discharged before their conditions have fully stabilized;
  - Increase in community admissions to homecare and long-term care facilities within the first week of being discharged from the hospital. Patients who are discharged home from acute care settings may still require additional care;
  - Increase in care in homecare/ community settings; Decrease in nursing care delivered in acute care settings; and
  - Increased emphasis on management of care activities.

5. How are data obtained from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice utilized in the standard-setting process?

- Results of the 2011 practice analysis study (https://www.ncsbn.org/12_RN_Practice_Analysis_Vol53.pdf) provide a comprehensive picture of current entry-level RN practice.
- Consistent with trends observed in the last three RN practice analysis cycles totaling nine years, the 2011 study showed a continuing increase of current entry-level nurses in caring for patients with behavioral/emotional conditions and decrease in caring for the well, stabilized client with minor illnesses. The entry-level nursing care for clients with unstable chronic conditions is similar compared to previous entry-level cohorts.
- Results of the 2011 study also suggested that entry-level nurses are spending more time performing activities under the Management of Care category. This category encompasses nursing tasks that enhance the care delivery setting in order to protect the client and healthcare personnel. In sum, entry-level nurses are caring for sicker clients in a greater number of health care settings and spending more time managing the care to improve client outcomes.

6. How were the opinions of employers and educators who work closely with candidates and entry-level nurses utilized in determining the passing standard?

- NCSBN annually surveys 1,750 nursing employers and educators to gain insight into the competence of RN candidates who recently graduated from a U.S. nursing program or recently began practicing as a registered nurse.
- According to annual survey results of the past three years, both nursing educators and employers have noted an increasing percentage of candidates who passed the NCLEX-RN, that they do not believe are competent to practice as entry-level nurses. The NCSBN BOD considered the feedback from educators and employers, along with other available evidence, and recommended an increased NCLEX-RN passing standard.

7. Will the NCLEX-RN® become more difficult? Or will there be more difficult items on the test?

- Since the passing standard will be raised, a higher level of ability will be required to pass the exam; however, the test wouldn’t necessarily be harder. In a computerized adaptive test (CAT) such as the NCLEX, difficulty levels of test items are determined by the ability level of candidates. Each item administered on the exam is tailored to the candidate’s ability level (https://www.ncsbn.org/1216.htm).
- Item distributions on the exam will change according to the 2013® NCLEX-RN Test Plan (https://www.ncsbn.org/1287.htm).

8. How will candidates be impacted by the new passing standard?

- Historically, there will be a slight drop in the pass rate immediately after a new passing standard is introduced. However, the pass rates generally return to previous levels after a year. Borderline and low performing candidates will most likely be affected. Pass rates of reference (first-time U.S.) candidates are historically the most stable, despite changes in passing standards.
- There is no reliable way to predict how the pass rates will be impacted by the new passing standard before April 2013. Additional pass rate information is available online at https://www.ncsbn.org/1237.htm.

9. How can candidates prepare for the new passing standard?

- Detailed information about the NCLEX-RN is available in the 2013® RN Test Plan (https://www.ncsbn.org/1287.htm). This detailed test plan contains job tasks relevant to entry-level RN practice. All items on the NCLEX-RN® are directly related to these entry-level job tasks.

Reference:
www.ncsbn.org
Boyd Ward has done it many times over the years—brought families of organ donors together to meet those now living with their loved ones’ organs. As Executive Director of the Arkansas Regional Organ Recovery Agency, or ARORA, Ward knows how emotionally charged these meetings are—that, in most cases, someone died so that someone else could live.

It’s meetings like these that drive Ward as he leads the staff at ARORA in its mission of providing life-saving organs for transplantation. You understand why when you’re shown the hard truth about the scores of people waiting for organs: eighteen people will die every day waiting for an organ, and currently there are 120,000 people awaiting organ transplants to save their lives.

“Recipients tell us about their bottomless gratitude and appreciation for the gift of life, Ward said. “Without it they do not get to see their children grow into adults or play with their grandchildren. Without an organ transplant they are facing the end of life. It all begins with the unselfish act of a donor or donor family. One life ends and another is restored.”

And in many cases, several lives are restored. One organ donor can save up to 8 lives, which is what happened in the case of 13-year-old Adron Shelby of Pine Bluff. In 2005, Ward’s ARORA helped facilitate the highly publicized meeting between young Adron’s family and his liver recipient, football great Pat Summerall. Adron’s parents made the decision to donate their son’s organs after he died of an aneurysm.

“We are so sorry to have lost Pat recently. He and his wife Cheri became great friends of ARORA and with the Shelby family. His transplant allowed him to live many more productive years. Pat was a wonderful advocate for organ donation. We will miss him.”

Since Ward arrived at ARORA in 2000, the organ procurement organization has doubled the number of lives saved through organ donation and increased the number of tissue donations six-fold. ARORA has also increased the organ donation consent rate in Arkansas from 50 percent to 75 percent.

Ward attributes ARORA’s success to his staff, which quadrupled from 13 in 2001 to 58 in 2013. One of the most notable staff members is Dr. Bill Fiser, who performed the first heart transplant in Arkansas and is now medical director of ARORA.

ARORA is also meeting its mission through innovative partnerships. Under Ward’s leadership, ARORA collaborated with the Pulaski County Coroner to establish the nation’s first electronic referral system for coroners and organ procurement organizations. And through its Donor Family Council, ARORA is working to expand its aftercare services to the thousands of donor families.

2012 was a momentous year for ARORA and Ward. The agency celebrated its 25th anniversary and Ward’s peers around the nation elected him president of the Association of Organ Procurement Organizations. Ward is reflective about the success of ARORA and his own, believing that there’s still more work to be done.

“I loved being at the 25th Anniversary celebration at the Clinton Library, surrounded by friends, family, and ARORA staff. It was truly a great way to celebrate the success of our organization – doubling the rate of organ donors in Arkansas, creating a strong support program for our donor families, and being uplifted by the many people who have become supporters of organ donation and ARORA. The event was effectively and appropriately capped off by a large fireworks display viewed out the windows of the Great Hall. What a night!”
The Nursing Compassion Award was developed to provide a way for appreciative patients, coworkers and families to recognize a nurse who has shown outstanding compassion and dedication to their patients. Melanie Morrison was chosen from 11 finalists and received the award for 2013 on June 8th, 2013 at the Award Ceremony at Wildwood Park in Little Rock.

St. Vincent Morrilton Nurse Award Most Compassionate Nurse

(MORRILTON, ARK) – Melanie Morrison, RN at St. Vincent Morrilton has been awarded the 2013 Nursing Compassion Award as “Arkansas’s Most Caring Caregiver.” Nominated by a group of her peers and some of her patients, Morrison was chosen as the most compassionate among hundreds of nurses from across the state.

Morrison has been a nurse in the ICU at St. Vincent Morrilton for nearly 10 years. She also worked at St. Vincent Infirmary for about a year. Although she says she got a late start by entering college when she was 30, Morrison says she always wanted to be a nurse. “I have always loved taking care of people. If someone in my family was sick I was the one to take care of them,” Morrison said. She completed her nursing degree at the University of Arkansas at Little Rock in 2000.

The Nursing Compassion Award is the second award for Morrison. She also received a Daisy Award in April 2012, which is given nationally to nurses to celebrate the extraordinary clinical skill and compassionate care they give every day. Morrison says she was shocked to learn that she was even nominated for the Nursing Compassion Award and was thrilled to receive the award Saturday, June 8 at the Wildwood Park for the Arts in Little Rock. There were 11 finalists.

“I never expected it. I don’t feel that I’ve done anything more than so many other nurses at St. Vincent. I work with a great team of nurses and all of them could have been selected for this award,” Morrison said.
The Outstanding Nurse Educator Award was developed to provide a way for appreciative nurses, students, and coworkers to recognize a nurse educator who has shown outstanding compassion and dedication to their students. Linda Castaldi MNSc,RN was chosen from finalists and received the award for 2013 on June 8th, 2013 at the Award Ceremony at Wildwood Park in Little Rock.

Linda Castaldi has served National Park Community College (NPCC) for 33 years and has been a pioneer in the Garland County nursing community. She holds a Masters in Nursing from the University of Arkansas for Medical Sciences and, along with her full time job as Division Chair of Nursing at NPCC, she serves as a site visitor for the Accreditation Commission for Education in Nursing (ACEN), formerly the National League for Nursing Accrediting Commission, Inc. (NLNAC).

Upon receiving the “Outstanding Educator of the Year Award” Linda stated, “Being nominated for this award by my faculty initiated some reflection on a recent sermon I heard. The minister was talking about being focused on self as opposed to being focused on community. I realized that my faculty members are my community and, though I am both honored and humbled to receive this award, I know that we all pull together to help our students be successful. I may guide “my faculty” but I realize it is not just me that receives this award, but “my community”!

Janice Ivers, MSN, RN, AD Program Director at National Park Community College stated, “Linda strives to leave her footprint in the constantly shifting sands of nursing education. Forward thinking and tireless, she strives to nourish and mentor faculty. She isn’t shy about performing this task nor does she reserve it for her own college faculty—she shares it, appropriately, with other nursing administrators and faculty in Arkansas and across the country!” As the Division Chair of Nursing at National Park Community College, she leads by example. She is dedicated to nursing education and keeps the division moving forward in current educational processes. 

NPCC President, Dr. Sally Carder, stated, “Linda Castaldi demonstrates excellence in a critical leadership role in nursing education both at the local and state level. For as long as I have had the privilege of working with her, she has demonstrated an ability to transfer vision into reality. Here at National Park Community College, and in the broader community, she is highly regarded for her integrity, professionalism, knowledge and compassion. And all of these attributes are used for one purpose…. students. We are so proud of Linda and thrilled that she is the recipient of this year’s “Outstanding Nurse Educator.”

Dr. Gordon Watts, NPCC Executive Vice President for Instruction said, “Linda is a visionary leader with an extraordinary ability to listen, organize, motivate, and build a team-oriented faculty. She is a model of professionalism and consistently leads her division faculty to provide the best learning experiences possible for our students. Ultimately, of course, that translates to exceptional nursing care for our community.”

Linda’s dedication to nursing education goes far beyond National Park Community College. She is dedicated to the profession working to improve nursing education and the development of our future nursing workforce. We are fortunate to count her among the positives at National Park Community College and ultimately, our profession!
Rebekah Davis has been an RN for 27 years receiving her nursing degree from UofA Monticello and a BS in Organizational Management from John Brown University. She is married to Jay Davis and has a daughter, Danielle Lawson, who is pursing a degree in nursing.

Rebekah has been with JRMC a total of 16 years and Hospice Angels for 18 years. She has traveled up the ranks at JRMC from being a staff nurse, nurse manager and now the Director of 6 med/surg units. Her love for patients is so far beyond the scope of anything I have ever seen that it is hard to put into words. She is never too busy to help the nurses on the floor or brainstorm with them on better ways to insert an IV, position a patient, care for the “complete” family, answer questions from disgruntled family members, staff, and the patients themselves. She is able to completely turn an angered situation into a loving alternative. She is a true advocate for patient care and will get angry if her patients are neglected in any way.

Along with her duties at JRMC and working for Hospice Angels she is a volunteer nurse at the Siloam Springs Summer Camp program. She is never too busy to sit with a friend’s dying parent or offer a loving touch just at the right time. Being a compassionate nurse is far more than “passing meds” and electronic documentation it is God’s gentle touch on a person and being able to pass that love onto patients in an earthly manner. Rebekah Davis is that person, touched by God and living by God’s direction by providing care to all people in need.

Most of Diane’s 30 year career has been spent in the infant and/or pediatric setting. Whether working in the nursery, NICU or at the pediatric clinic, she provides compassionate, comprehensive, quality healthcare. She performs each and every task with a passion for nursing and compassion for her patients. Diane is genuinely selfless and giving in a quiet unassuming way. Her intellect only supplements her intuitive and perceptive talents that make her so competent in interacting with patients and their families in very stressful situations. She has touched many children’s lives over the years. Diane is truly an exceptional, caring nurse.
# NURSING COMPASSION AWARD FINALISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanda Gail Mitchell BSN, RNP</td>
<td>Arkansas Children's Hospital</td>
</tr>
<tr>
<td>Danna Bell RN,CEN</td>
<td>Washington Regional</td>
</tr>
<tr>
<td>Irma Jean Harper RN</td>
<td>Little Rock Diagnostic Clinic</td>
</tr>
<tr>
<td>Diane Penton RN</td>
<td>NWA Pediatric</td>
</tr>
<tr>
<td>Delois Turner RN,BSN</td>
<td>JRMC</td>
</tr>
<tr>
<td>Sherri Johnson Arrington RN</td>
<td>Magnolia Regional Medical Center</td>
</tr>
<tr>
<td>Felicia Pierce RN</td>
<td>SMC Regional Medical Center</td>
</tr>
<tr>
<td>Rebekah Davis RN</td>
<td>JRMC</td>
</tr>
<tr>
<td>Bonnie L Barton RN</td>
<td>VA Clinic Ozark</td>
</tr>
<tr>
<td>Martha Ulrich RN</td>
<td>Cooper Clinic Ft. Smith</td>
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# NURSING COMPASSION AWARD NOMINEES

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Place</th>
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<tbody>
<tr>
<td>Sherr Johnson Arrington RN</td>
<td>Magnolia Regional Medical Center</td>
</tr>
<tr>
<td>Danna Bell RN,CEN</td>
<td>Washington Regional</td>
</tr>
<tr>
<td>Pembroke Penny Stuck Blanton RN</td>
<td>Good Samaritan Society</td>
</tr>
<tr>
<td>Donna Chapman LPN</td>
<td>The Right Solutions</td>
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<tr>
<td>Stephanie Clark RN</td>
<td>UAMS Internal Medicine</td>
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<tr>
<td>Mary Ann Dalmat RN</td>
<td>The Woods of Monticello</td>
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<tr>
<td>Cynthia Daniels LPN</td>
<td>JRMC</td>
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<tr>
<td>Rebekah Davis RN</td>
<td>Arkansas Hospice Russellville</td>
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<tr>
<td>Ginger Dixon RN,CHPN</td>
<td>Helena Regional Medical Center</td>
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<tr>
<td>Kathy Drennan RN</td>
<td>AHEC/Dept of Health</td>
</tr>
<tr>
<td>Jan Dougan RN,TB Specialist</td>
<td>Arkansas Childrens Hospital</td>
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<tr>
<td>Belva D. Dyer BSN, RN</td>
<td>UAMS Myeloma Clinic</td>
</tr>
<tr>
<td>Amy Lynne Ford RN</td>
<td>Corizon</td>
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<tr>
<td>Charlotte Gardner LPN</td>
<td>UAMS Stem Cell Transplant</td>
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<tr>
<td>Jolynn Gibson RN</td>
<td>JRMC</td>
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<tr>
<td>Rhonda Grimes BSN</td>
<td>Chicot Memorial Medical Center</td>
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<tr>
<td>Zoe Hackett RN</td>
<td>Visiting Nurse Assoc. of Ar</td>
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<tr>
<td>Edgar Hall RN</td>
<td>UAMS</td>
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<tr>
<td>Carmen Leticia Irby MSN,RNP, CNS-BC</td>
<td>Conway Regional Medical Center</td>
</tr>
<tr>
<td>Carolyn Hambuchen RN</td>
<td>Little Rock Diagnostic Clinic</td>
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<tr>
<td>Irma Jean Harper RN</td>
<td>The Woods of Monticello</td>
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<tr>
<td>Cara Harris RN</td>
<td>The Woods of Monticello</td>
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<tr>
<td>Judy Hewitt LPN</td>
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# NURSE EDUCATOR OF THE YEAR AWARD FINALISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Place</th>
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</thead>
<tbody>
<tr>
<td>Judy Carlyle MNsC,RN</td>
<td>ARNEC</td>
</tr>
<tr>
<td>Linda Castaldi MNsC,RN</td>
<td>National Park Community College</td>
</tr>
<tr>
<td>Pattie Esmail MSN,ED, RN, CCRN</td>
<td>St. Vincent Infirmary</td>
</tr>
<tr>
<td>Meredith Green BSN,RN</td>
<td>Washington Regional Med Center</td>
</tr>
<tr>
<td>Sonia Green BSN,RN</td>
<td>Baptist Health Schools Little Rock</td>
</tr>
<tr>
<td>Linda Hendricks MA,RNP</td>
<td>Baptist Health Schools Little Rock</td>
</tr>
<tr>
<td>Deborah Lynn Hill RN, MSN</td>
<td></td>
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<tr>
<td>Nikki Lackey BSN, RN</td>
<td></td>
</tr>
<tr>
<td>Cheryl Lee,Ph.D,RN,CNE,CWO CN</td>
<td></td>
</tr>
<tr>
<td>Kathy Pierce MNsC,RN,CPHO,CNE</td>
<td></td>
</tr>
<tr>
<td>Janet Smith Rooker MNsC,RNP</td>
<td></td>
</tr>
<tr>
<td>Janise Sanders BSN, RN</td>
<td></td>
</tr>
<tr>
<td>Walt Hirsch Jr.</td>
<td>Crowley’s Ridge Technical Institute</td>
</tr>
<tr>
<td>Linda Castaldi MNsC,RN</td>
<td>College of the Ouachitas</td>
</tr>
<tr>
<td>Caroline Parnell</td>
<td>Harding University Carr College of Nursing</td>
</tr>
<tr>
<td>Debra B. Zwick</td>
<td>JRMC School of Nursing</td>
</tr>
<tr>
<td>Janise Sanders RN</td>
<td>UAMS College of Nursing</td>
</tr>
<tr>
<td>NWA Pediatric</td>
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<tr>
<td>Arkansas Childrens Hospital Burn Center</td>
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NEW REQUIREMENT FOR APNS CONDUCTING DEPARTMENT OF TRANSPORTATION (DOT) EXAMS

Advanced practice nurses (APNs) who want to perform medical examinations for Commercial Motor Vehicle (CMV) drivers must obtain additional training and certification by the Federal Motor Carrier Safety Administration (FMCSA). Federal law mandates the certification include a training program and a competency assessment examination. After certification, per the FMCSA website, “All health care providers whose scope of practice authorizes them to perform physical examinations, as defined by the state in which they practice, must be certified and listed on the National Registry of Certified Medical Examiners by May 21, 2014.”

The purpose of this regulation is designed to improve highway safety and driver health by requiring medical examiners to be trained and certified effectively to evaluate drivers according to FMCSA physical qualification standards. The FMCSA was established as a separate administration within the U.S. Department of Transportation (DOT) on Jan. 1, 2000, pursuant to the Motor Carrier Safety Improvement Act of 1999. The mission of FMCSA is to reduce crashes, injuries and fatalities involving large trucks and buses.

Certified Medical Examiners (MEs) will be issued a certification document that will expire 10 years from the date of issuance. Training every five years is required to maintain competency and stay up-to-date on changes to the FMCSA examination, standards or guidelines. APNs who plan to earn certification to perform CMV (or “DOT”) exams should go to http://nrcme.fmcsa.dot.gov/ for information regarding location of training programs, registration details, FMCSA standards, and other general information.
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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>A.C.A. Section</th>
<th>Probation Duration</th>
<th>Civil Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barker, Amber Nicole McAllion</td>
<td>Owens R077624, Waldron</td>
<td>§17-87-309(a)(4),(a)(6)</td>
<td>1 year</td>
<td>$600</td>
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<tr>
<td>Joiner, Timothy Lynn</td>
<td>R087469, Little Rock</td>
<td>§17-87-309(a)(2),(a)(4),(a)(6),(a)(9)</td>
<td>2 years</td>
<td>$500</td>
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<tr>
<td>Herndon, Wilson McAdoo, III</td>
<td>R093354, Little Rock</td>
<td>§17-87-309(a)(2),(a)(4),(a)(6)</td>
<td>1 year</td>
<td>$500</td>
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<tr>
<td>Ault, Amanda Michelle</td>
<td>R046064, Malvern</td>
<td>§17-87-309(a)(4),(a)(6)</td>
<td>5 years</td>
<td>$1,500</td>
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<tr>
<td>Farahjood, David Lee</td>
<td>R066782, Lowell</td>
<td>§17-87-309(a)(4),(a)(6)</td>
<td>2 years</td>
<td>$2,000</td>
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<tr>
<td>Mayfield, Kathleen Steinhecht Rule Utecht</td>
<td>R042303, Sheridan</td>
<td>§17-87-309(a)(4),(a)(6)</td>
<td>1 year</td>
<td>$500</td>
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<tr>
<td>Moore, Kristal Gale Edwards</td>
<td>L044659, Monticello</td>
<td>§17-87-309(a)(2),(a)(4),(a)(6)</td>
<td>2 years</td>
<td>$5,700</td>
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<td>Reynolds, Amanda Jane Briggs</td>
<td>L054023, Mena</td>
<td>§17-87-309(a)(2),(a)(4)</td>
<td>1 year</td>
<td>$5,000</td>
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<tr>
<td>Shanyfelt, Dora Elizabeth Bell</td>
<td>L001359, R013392, P000125, PAC No. 01410, Manila</td>
<td>§17-87-309(a)(6) and ASBN Rules Chapter 4</td>
<td>4 years</td>
<td>$4,339</td>
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<tr>
<td>Smith, Philander D.</td>
<td>L042145 (Expired)</td>
<td>§17-87-309(a)(2),(a)(4)</td>
<td>1 year</td>
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<tr>
<td>Snyder, Onasyns Rosanne</td>
<td>R090532, L040897, Pine Bluff</td>
<td>§17-87-309(a)(6)</td>
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<td>$500</td>
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<tr>
<td>Spohn, Deanna</td>
<td>L054022, Ash Flat</td>
<td>§17-87-309(a)(2)</td>
<td>1 year</td>
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**SUSPENSION**

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<tr>
<th>Name</th>
<th>Address</th>
<th>A.C.A. Section</th>
<th>Probation Duration</th>
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<tr>
<td>Mayall, Richard Lee</td>
<td>R088012, L017628, Gassville</td>
<td>§17-87-309(a)(4),(a)(6)</td>
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<tr>
<td>Taylor, Miquel</td>
<td>R091849, North Little Rock</td>
<td>§17-87-309(a)(4),(a)(6)</td>
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<tr>
<td>Wooley, Sherry Denise McCarty Alford</td>
<td>R085166, Little Rock</td>
<td>§17-87-309(a)(4),(a)(6)</td>
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**VOLUNTARY SURRENDER**

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<th>Address</th>
<th>A.C.A. Section</th>
<th>Probation Duration</th>
<th>Civil Penalty</th>
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</thead>
<tbody>
<tr>
<td>Berryman, Ryan Vincent</td>
<td>R086345, Sherwood</td>
<td>§17-87-309(a)(2)</td>
<td>1 year</td>
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</tr>
</tbody>
</table>

Continued on page 28
Disciplinary Actions

Coulter, Sibyl Daneylle Wiley Scoggins
L035145, Vicksburg, MS
March 15, 2013

Freeman, Kassandra Ann Martin
L043018, Greenbrier
March 20, 2013

Jackson, Brenda Lee Young Hobbs
R087640, L043029, Mt. Ida
March 18, 2013

Sipa, Britney Danon
R087882, Jonesboro
March 1, 2013

Smith, Julie Ann
L038787, Mineral Springs
April 8, 2013

Thompson, Jana Lynn Wiscaver
R068335, Fordyce
March 5, 2013

Abney, Terica Kay
R064479, Fayetteville
Probation – 2 years
January 23, 2013

Barham, Melissa Renee Davis
R042288, Hope
Reinstatement to Probation
A.C.A. §17-87-309(a)(4),(a)(6)&(a)(9)
Probation – 5 years
Civil Penalty - $1,500

Cook, Lindsay Nicole DeSalvo
L049492, Jonesboro
Reinstatement to Probation
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Probation – 5 years
Civil Penalty - $3,900

Hays, Carolyn Faye Briant Rauels
L033296, Warren
Reinstatement to Probation
A.C.A. §17-87-309(a)(2),(a)(4)&(a)(6)
Probation – 5 years
Civil Penalty - $1,000

Sliger, Daniel Lucas Samuels
R088854, L047927, Pencil Bluff
Reinstatement to Probation
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation – 5 years

Marlar, Brett Suzanne
L045139, Prescott
March 21, 2013

Moore, Deborah Sue Funk Bottoms
L038743, Winslow
January 24, 2013

Adair, Amanda Marie Bortree
PN Applicant, Hermitage
April 10, 2013

Boyce, Rochelle Desiree Trent
RN Applicant, Fayetteville
April 10, 2013

Bryant, Candice Nicole
RN Applicant, White Hall
April 10, 2013

Rosencrans, Paula Irene Conyers
RN Applicant, Mt. Pleasant
April 10, 2013

Walker, Ebony M.
PN Applicant, Little Rock
April 10, 2013

REINSTATEMENTS WITH PROBATION

REPRIMAND

Azue, Evelyn Naidu
L015232, Arkadelphia
February 19, 2013

Baldwin, Rachel Amanda Stoneking
R078829, Prattsville
February 27, 2013

Carter, Kathy Maybell Hudson
L033109, Texarkana
February 12, 2013

Darden, Joel Remfore
L046538, Little Rock
February 18, 2013

McBaven, James Wesley
R071267, L036169, Hope
February 19, 2013

Measels, Mary Katherine Kidd
R049067, Little Rock
March 28, 2013

Music, Patsy Louise Sandy
R038150, Sulphur Rock
March 25, 2013

Raby, Kelley Marie Kent
R092767, L026164, Harrison
February 27, 2013

Smith, Wayne Andrew
R092884, Tallahassee, FL
March 8, 2013

Talley, Regina Deanna
L053712, Rogers
March 8, 2013

Wheeley, Valerie Joann Jones
L042470, Evening Shade
February 22, 2013

Wright, Elizabeth Ann Hill
R087829, L042323, Cabot
February 19, 2013

Thomas, Sedric Fitzgerald
L038636, Texarkana, TX
A.C.A. §17-87-309(a)(1),(a)(6)&(a)(9)
April 10, 2013

Cromey, Jacqueline Wright
R053105, Conway
January 22, 2013

Duran, Tara Dawn Treat
L041727, Mountain View
January 22, 2013

Ford, Valerie Kaye
R040018, L027865, Batesville
January 22, 2013

Gunnell, Sherri Lynn McKown
R031086, RNP000925, Cabot
January 22, 2013

Held, Courtney Elizabeth
R084763, Mabelvale
January 22, 2013

Jones, Tondahue Renee
R090081, Cave City
January 22, 2013

Marter, David Andrew
L045611, Hamburg
January 22, 2013

Milliard, Tara Lanette
L052483, Hot Springs
January 22, 2013

Money, Sharon Kay Taylor
R015442, Fayetteville
November 6, 2012

Patel, Poonam Naresh
R090082, Benton
January 22, 2013

Steed, Melinda Jane Walters Howard
L035979, Camden
January 22, 2013

Wangler, Lisa Michelle Self McEntire Mits
McEntire McEntire-McEntire Wharton McEntire
R071892, L033571, Greenwood
March 1, 2013

WAIVER GRANTED

APRIL 2013

Continued from page 27
Event photos are available to view from
June 19th - July 19, 2013
http://www.eventpix.com/
search for event name: Board of Nursing
password: 100years

If you would like a direct link emailed to you, please email us at melisas@swbell.net with the word nurses in the subject line. Please contact us if you have any questions.

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The UAMS Professional Nursing Organization recognizes our Second Annual Leadership Award Winners.

L-R: Cynthia Boyd, RN; Libby Stell, RN and Frances VanLandingham, RN

**Community Service**

FRANCES VANLANDINGHAM – RN III  
Infusion Center 4

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LIBBY STELL  
Clinical Services Manager  
– Infusion Center 4

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