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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.
executive director’s message

This past year has been great! The ASBN Update changed from an eight page newsletter to a thirty-two page publication; licensure applications, renewal and many other services were placed online; a retired nurse license was developed; continuing education and FBI criminal background check requirements were implemented; and the Board’s first annual orientation and educational session for nursing educators was implemented. The Nursing and Pharmacy Boards jointly requested an Attorney General’s opinion regarding advanced practice. The Attorney General ruled that advanced practice nurses with prescriptive authority have the authority to give sample prescription drugs to their patients. The Board employed and retained exceptionally qualified staff to carry out its functions this past year. Yes, it has been a good year for nursing regulation in Arkansas.

As an eternal optimist, I am looking forward to an even greater year for 2003! Every two years the Board plans strategically for the coming years. This planning process is one that agencies, organizations and businesses have done for many years to establish a vision for the future. The plan is used as a foundation for the development of the agency’s budget. Evaluation of trends and issues in nursing regulation is part of the preparation for developing a strategic plan. Among the issues studied, the following stand out as significant:

- **Nursing Shortage.** The shortage of nurses and nurse educators is an international issue. Although enrollment has increased by 9 percent in RN programs and 24 percent in LPN programs, we continue to experience a nursing shortage of mammoth proportions. The shortage has implications for patient safety; but what, if anything, can the Board of Nursing do to impact the shortage? The Board collects information on licensure applications and renewals that is valuable in assessing the magnitude of the shortage in various areas of the state. The Board provides this data to interested parties; however, there is not a specific agency or organization responsible for analyzing that data and predicting future needs. The Board participated with the Legislative Commission on Nursing to provide input and recommendations for addressing the shortage. The Board will be reviewing requirements for endorsement of foreign educated nurses practicing successfully in other states.

- **Criminal Background Checks.** The Board screens applicants applying for licensure by examination and endorsement to assure the public that these nurses are safe and competent to practice. For fiscal year 2002 (FY02) the Board received 2702 state criminal background checks, 56 of which were positive. In May 2002, the Board began requiring federal criminal background checks as required by Act 303 of 2001. Within two months, the Board received 733 federal background checks, 36 of which were positive. Funding was not appropriated to implement these background checks; therefore, the Board will be requesting additional funds that will be considered by the legislature in the 2003 session.

- **Multistate Licensure.** As more states enact the Nurse Licensure Compact, there will be increased mobility of nurses and more access to nursing care for patients. Increases in interstate practice will challenge the Board to increase communication and cooperation with other states regarding discipline. Additionally, it is anticipated that more nurses will avail themselves of multistate flexibility, thereby reducing the number of nurses renewing licenses and seeking endorsement to practice in Arkansas. This negatively impacts the agency’s revenue.

- **Continued Competence.** The Board has been providing educational sessions around the state to inform nurses regarding the requirements for continuing education for license renewal. A provision for auditing compliance will be implemented this year. The Board will continually seek ways to communicate to licensees regarding provisions of and changes in the law and regulations.

- **Unlicensed Practice of Nursing.** Anytime there is a nursing shortage there seems to be an increased usage of unlicensed persons to fill the gap. The Board receives numerous complaints from the public regarding individuals holding themselves out as “nurses,” yet who do not hold the license to practice. In Arkansas there is no statutory requirement that employers validate a nursing license prior to hiring a person as a nurse. There is a law, however, that mandates that an individual must hold a license in order to call himself/herself a nurse. The Board will continue to study the issue of unlicensed practice and monitor any legislative proposals that may arise.

- **Increasing Disciplinary Hearings.** In FY01 the Board received 506 complaints against licensees. In FY02 the Board received 1105 complaints in the same length of time. The Board conducted over 20 percent more hearings in FY02 than it did in FY01. The number of pending cases at the end of FY02 was almost 500, an increase of 50 percent over the previous year. The Board will be working to restructure and expedite the manner in which discipline is handled in the coming years.

- **Education Standards Revision.** Arkansas has 25 RN and 27 LPN approved nursing education programs within its borders. A task force comprised of Board members and educators is working to review and revise the minimum requirements for schools of nursing. Increasing geriatric content in practical nursing programs, addressing substance abuse and faculty workload are educational issues in Arkansas, as it is in many states.

Yes, we have an exciting year to come in the regulation of nursing practice in Arkansas. The Strategic Plan will include content in each of the areas listed to better serve the people of Arkansas. We look forward to working with nurses and the public to improve nursing regulation, and we welcome your input as we move into these challenging times.

Faith A. Fields, MSN, RN
The Dark Side of The Nursing Profession

The technological revolution has reshaped the healthcare landscape externally and internally. This reshaping is felt in our nursing practice and in our personal lives. Regrettably, the reshaping has not eliminated the dark side of the nursing profession. During six years of serving as a member and two years as president of the Board of Nursing, I have seen too much of the dark side in addiction, dishonesty and unprofessional practice in individuals coming before the Board. The Board compassionately and sympathetically listens to explanations offered by the respondents. All involved must remain cognizant that a preliminary investigation conducted by Board staff resulted in a summons for a hearing before the full Board. The Board is charged with taking the disciplinary action necessary to protect the public.

Addiction

Substance abuse by nurses continues to mar our profession. Sadly, by the time the nurses appear before the Board on this charge, they may either require intense Board monitoring or even be too late for successful intervention. All too familiar explanations offered by respondents to the Board’s charge range from claims that another person’s specimen was tested in error to admitting that they took a pain (or diet) pill prescribed for a parent, friend or coworker.

Dishonesty

Honesty is the bedrock cornerstone of the profession and is exemplified in a nurse’s day-to-day practice. The dark side of honesty is often manifested in fraud, the forgery of prescriptions, falsification and omissions of information on applications (license renewal, new job, insurance coverage, bank loan, mortgage loan and so forth), lying, stealing and other attempts to deceive patients, employers and coworkers. Often heard are the statements: someone else did that; I misread the question; I did not understand the question; I overlooked that question; that is not my writing; and so on.

Unprofessional Practice

The dark side of unprofessional practice covers the entire spectrum of nursing care that includes failure to meet established standards of practice, follow employer policies or adhere to the Nurse Practice Act of the State of Arkansas (NPA).

Unprofessional practice ranges from the fundamental basics to the highest levels of nursing practice. Among the most serious charges brought forth include patient harm, practicing on an expired license and errors in medication administration. Another category of unprofessional behaviors includes harassment, stalking, commission of a crime, false documentation in the medical record, diversion of medication and controlled substances, crossing the line of professional ethics and failure to protect patient confidentiality.

Complaint Reporting

Complaint reporting related to the foregoing described behaviors may be accomplished in writing, either anonymously or identified. Board staff consider whether the complaint is a violation of the NPA and determine whether an investigation is warranted. Reports originate from many sources—the most prominent being friends, relatives, employers, agencies, co-workers and fellow students.

What Can We Do?

The proverbial question is what can we do to eliminate our dark side? Research findings report that ten percent (10%) of a group will be involved in substance abuse. First and foremost, steps must be taken to assure the public that students, faculty and graduates meet the professional standards. Arkansas schools of nursing have always met the entry level requirements for new graduates, as evidenced by NCLEX® and employment rates. What is needed now is public assurance that the individual about to enter the profession is honest, trustworthy and competent to begin a career of professional nursing practice.

Educators, practitioners, employers, regulators and government entities must work together more intensely to ensure that both newly licensed and seasoned nurses are practicing within established regulations, standards and policies. During my six years as a Board Member, I have heard just about every excuse possible and imaginable from respondents. At the same time, it has been extremely difficult and emotional to sit in judgement of colleagues who have made wrong choices. We remind ourselves that approximately 90% of the nurses make the right choices daily without compromising their license, and that roughly only 10% find themselves in the respondent category appearing before the Board. Our profession must continue to address our dark side and seek new and different methods in its elimination. The dark side of nursing is expensive in terms of finances, time and human investment. This is true not only from the perspective of the Board, but also of the individual nurse and colleagues involved.

In closing, it is my hope that this last article as your president will assist nurses to know that the Board—composed of professional, current practitioners and consumer and senior members—strives to fulfill its mission of public protection at all times.

Shirlene W. Harris, PhD, RN
All Our Best for a Healthy Career

At BAPTIST HEALTH, we know that the quality of care we provide our patients is only as good as the people who provide it. That’s why we continually seek out the very best nurses and caregivers to be a part of our team.

We’re offering a higher salary and benefits package than ever before for positions in nursing.

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New Staff

The Board of Nursing’s Director of Advanced Nursing Practice position has become a job-shared position between Georgia Manning Lewis, who has been with the agency since 1997, and a new staff member, Sharon Pickens, MSN, APN. Ms. Pickens holds a bachelor’s degree in nursing from the University of Southern Maine and a master’s degree in nursing from the University of Florida. She is licensed as an advanced practice nurse and holds a certificate of prescriptive authority. Ms. Pickens is a retiree of the United States Air Force, having served for 18 years in various assignments here and abroad. Her final military assignment was at Little Rock AFB, where she served as a Women’s Health Care Nurse Practitioner. Ms. Pickens comes to the Board highly recommended by Dr. Floyd (Bo) Shurley, her collaborating practice physician of North Cabot Family Medicine Clinic. We welcome her to the staff of the Board of Nursing.

Cheree Williams is the Board’s new Receptionist/Cashier. Cheree joins the Board staff from Nuvell Financial Services where she had been an account representative for the past four years. She has had many years experience as receptionist and PBX supervisor in Arkansas and North Carolina. Ms. Williams comes highly recommended and is a welcome addition to the Board staff.

Lori Gephardt, who joined the staff in August 2001, has been promoted to the Accounting Assistant position. Ms. Gephardt joined the Board of Nursing staff from Chief Transport in Benton, where she had been the accounts receivable clerk for the past three years. She has a wide range of office experience including 13 years as office manager and secretary for Pack Office Machines and three years as a consumer complaints analyst at the Better Business Bureau in Little Rock. She is a valuable asset to the accounting department.

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A nurse whose practice, courage, dedication and compassion make him or her a ‘stand-out’ in our profession.

The Nurse of the Year will be awarded:

4 days and 3 nights in Eureka Springs, including food and lodging PLUS $250 Cash!

To Nominate please complete this form and send along with your nominee’s qualifications (1,000 words or less please) typed double spaced. Please, no self nominations. Entries must be typed.

DEADLINE: March 1, 2003

Categories: (circle one) Manager Staff Nurse Advanced Practice Nurse Educator Other

(Please Print)

YOUR NAME ____________________________

NAME OF PERSON YOU ARE NOMINATING ____________________________

TITLE/POSITION/CREDSNTIALS ____________________________

ADDRESS ____________________________

CITY __________ ZIP __________

HOME PHONE ____________________________

EMPLOYER ____________________________

EMPLOYER ADDRESS ____________________________

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or duplicate this form and e-mail to reden@pciipublishing.com along with your comments about the nominee.

Questions? Call 1-800-561-4686 or e-mail reden@pciipublishing.com

Publishing Concepts is searching for Arkansas’ Most Outstanding Nurse... A nurse whose practice, courage, dedication and compassion make him or her a ‘stand-out’ in our profession. The Nurse of the Year will be awarded: 4 days and 3 nights in Eureka Springs, including food and lodging PLUS $250 Cash!

To Nominate please complete this form and send along with your nominee’s qualifications (1,000 words or less please) typed double spaced. Please, no self nominations. Entries must be typed. DEADLINE: March 1, 2003 Categories: (circle one) Manager Staff Nurse Advanced Practice Nurse Educator Other (Please Print) YOUR NAME ____________________________ NAME OF PERSON YOU ARE NOMINATING ____________________________ TITLE/POSITION/CREDSNTIALS ____________________________ ADDRESS ____________________________ CITY __________ ZIP __________ HOME PHONE ____________________________ EMPLOYER ____________________________ EMPLOYER ADDRESS ____________________________ Mail to: Publishing Concepts, Inc. 14109 Taylor Loop Road Little Rock, AR 72223 or duplicate this form and e-mail to reden@pciipublishing.com along with your comments about the nominee. Questions? Call 1-800-561-4686 or e-mail reden@pciipublishing.com
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### Upcoming Events

**March 6-7, 2003**  
**Advanced Practice Pharmacology Update: Infectious Disease Focus**

**April 25-26, 2003**  
**Alumni Weekend and Continuing Education Extravaganza**  
including Mary L. Morris  
**Distinguished Visiting Professor**  
**Kathleen Brehony, PhD**

For additional information, contact:  
**Missy Robinson, 901-448-6407, mmrobinson@utmem.edu**  
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**http://www.utmem.edu/nursing/conted/**

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**Lost or Stolen License**

A listing of all lost or stolen licenses can be found at [www.arsbn.org](http://www.arsbn.org). All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.
Frequently Asked Questions

Q How can I meet the new required continuing education standards?

A You can meet the CE standards in one of three ways:
• Obtain fifteen (15) practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN
OR
• Certify or re-certify during the renewal period by a national certifying body recognized by the ASBN
OR
• Complete an academic course in nursing or related field.

Q An offering I attended is not approved by the ASBN. Can I still receive credit?

A Licensees attending an offering not approved by a Board approved approval body (national & state recognized organizations), may submit a request for individual approval. You must submit ten-dollar ($10) fee along with a completed Individual Offering Approval Form within 30 days following the program. The Board will notify you of acceptance or denial of the contact hours.

Q In the last issue of the ASBN update, several continuing education websites were listed. Are there other sites?

A Additional sites offering continuing education are listed below. Make sure the offerings are “practiced focused” and approved by one of ASBN’s approved approval bodies.

www.ArcMesa.com
www.ceu4u.com
www.ceudirect.com
www.ce-web.com
www.corexcel.com
www.medceu.com
www.netce.com
www.nso.com
www.nurseceu.com
www.nurse-ceus-stat.com
www.nurselearning.com
www.nursing2002.com
www.nursingcenter.com
www.nursingcredits.com
www.nursingmanagement.com
www.nursingmatters.com
www.prnce.com
www.rn.com
www.rnceus.com

Additional information is available at www.arsbn.org at the Continuing Education link and in prior issues of ASBN Update.

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Q If I accumulate more than the required number of contact hours, can I use them for the next renewal cycle?

A No. Contact hours may not be carried over to the next renewal cycle.

Q What activities are not acceptable as continuing education?

A The following activities do not meet the ASBN requirements for continuing education:
1) Inservices.
2) Orientation programs.
3) Refresher courses (which includes CPR).
4) Courses designed for lay people.

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www.corexcel.com
www.medceu.com
www.netce.com
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www.nurse-ceus-stat.com
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www.nursingmatters.com
www.prnce.com
www.rn.com
www.rnceus.com

Additional information is available at www.arsbn.org at the Continuing Education link and in prior issues of ASBN Update.
At the November 14 meeting, the Board took the following actions:

- Granted continued full approval to the University of Arkansas – Monticello Baccalaureate Nursing Program until the year 2007.
- Granted continued full approval to the University of Arkansas – Monticello Associate of Applied Science in Nursing Program. This full approval would be in effect until 2005 for the first survey as an established program.
- Granted continued full approval to the Forest Echoes Technical Institute’s Practical Nurse Program until the year 2005.
- Granted full approval to the St. Vincent Health System Practical Nurse Program until 2005. The Program must correct the one deviation and follow recommendations prior to admission of next class. The program will admit only one class each year until the site visit in 2005.
- Voted to request that the workload of the nursing faculty at the University of Arkansas – Monticello be reviewed in relation to the workload of other University faculty.
- Voted that the two outreach workers in Washington County be permitted to apply and read TB skin tests under the supervision of an RN for a 6 month trial period and that the Washington County Health Department provide outcomes data to include current, anticipated and actual results to the ASBN.
- Elected new officers who are President Dan West, Vice President Lance Black, Treasurer Michael Canney and Secretary Pam Crowson.

The Board has a new advanced practice nurse member. B. Darlene Byrd, APN, is a resident of Cabot and holds certification from the American Nurses Credentialing Center as a Family Nurse Practitioner. Her practice of six years is currently located at Cabot Medical Clinic. Other nursing experience includes work as a registered nurse at the University of Arkansas for Medical Sciences in SICU; work as a registered nurse practitioner at St Michael Hospital, Texarkana as director of the Spirit of St Michael, a mobile health clinic; and work as a registered nurse in the ICU and the home health department at Hot Springs Memorial Medical Center in Malvern. Her first career included being a public school teacher in secondary math.

She holds bachelor of arts from Ouachita Baptist University, a bachelor of nursing science and a master of nursing science from UAMS College of Nursing. She has combined her love of nursing and teaching by being a preceptor for nursing students. Her call to nursing came from working as an emergency medical technician at the Arkansas Baptist Assembly in Siloam Springs, where she continued to donate her time to work as the camp nurse for seven years after completing her nursing education. We welcome Darlene to the Board of Nursing!
Willow Creek Women’s Hospital

by Lisa Smith

The newest addition to Northwest Health System is Willow Creek Women’s Hospital, located in Johnson, Arkansas. The women’s hospital opened in March 2001. Originally a joint venture between MediSphere Health Partners of Nashville, Tennessee, and a group of Fayetteville/Springdale OB/GYN physicians, Willow Creek became a part of Northwest Health System in July 2002. Northwest Health System also includes Bates Medical Center in Bentonville and Northwest Medical Center of Washington County, located in Springdale. Northwest Medical Center of Benton County, currently under construction in Bentonville, will be a replacement facility for Bates Medical Center and will open Spring 2003.

Willow Creek Women’s Hospital is a 30-bed general hospital exclusively providing care to women. The intent of the partnership was to
build a facility dedicated to the care of women within a patient/family-friendly environment. This meant designing patient care areas large enough to meet the needs of the patient and family and developing processes that were “institutional” when necessary, but more “home-like” when not necessary. According to Chuck Long, Administrator/COO, he hopes Willow Creek Women’s Hospital is the first place a woman thinks to call if she has a healthcare question. Willow Creek Women’s Hospital is the only full-service women’s healthcare facility in Arkansas. Currently averaging approximately 180 deliveries a month, they deliver more babies in northwest Arkansas than any other hospital in the region.

Several of the OB/GYN physicians whose practices are located in the building have an ownership interest in the hospital. As owners and active members of the medical staff, they routinely participate in policy and procedure development and implementation. Due to their practice location and leadership roles, the physicians and nursing staff have developed a close working relationship and mutual respect, making it a pleasurable working environment.

Chuck Long said, “Since combining the labor and delivery staff at Willow Creek with the labor and delivery staff from Northwest Medical Center, we have truly benefited from the best of both worlds. The nurses are very focused and progres-

When asked about Northwest Arkansas Mr. Long said, “The rolling hills, the growth rate, abundant employment opportunities, plenty of outdoor recreational activities, a new regional airport, major companies such as Wal-Mart, Tyson and J.B. Hunt, the University of Arkansas, the Razorbacks — what is there not to like?”
Mr. Long takes a strong interest in his nursing staff because he is also a registered nurse. He has over 30 years of healthcare experience, beginning his career as an orderly/EMT in 1970 in Helena, Arkansas. He graduated from the University of Central Arkansas in 1975 with a bachelor's degree in nursing. Since then, he has served as an officer in the Army Nurse Corps, an occupational health nurse and medical department supervisor for Arkansas Eastman Company—and a staff nurse and shift supervisor for White River Medical Center in Batesville. In 1991, Mr. Long became the Assistant Administrator for Inpatient Services at White River Medical Center and completed his master's degree in nursing. Since then, he has served as an officer in the Army Nurse Corps, an occupational health nurse and medical department supervisor for Arkansas Eastman Company—and a staff nurse and shift supervisor for White River Medical Center in Batesville.

Mercy Health System is a non-profit, faith-based organization that offers competitive salaries and benefits including comprehensive medical and dental insurance beginning the first day of work, a career ladder with service bonuses, relocation assistance, on-site child care, adult day care, shift differentials and 401K beginning the first day of work.

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degree in health services management. Before joining Willow Creek Women’s Hospital, he served as CEO and CNO for DeQueen Regional Medical Center, and, while attending school at Embry-Riddle Aeronautical University in Daytona Beach, Florida he served as a staff nurse in their Health Services Department.

Willow Creek Women’s Hospital is very excited about the planned relocation of the Neonatal Intensive Care Unit (NICU) from Northwest Medical Center to the Willow Creek facility, which is expected to take place in the next 12 to 18 months. There are very few Level 3 NICU nurseries in Arkansas, with the next closest option being Little Rock. Until the construction of the unit, the NICU will remain at Northwest Medical Center of Washington County. The goal is to decrease the distance of the baby from the family. Physicians, nurses and staff members are dedicated to providing a safe, comfortable and caring environment for babies, while at the same time respecting family needs. This philosophy of family-centered care guides the clinical staff while encouraging parents to take an active role in their baby’s care. “We are focusing our efforts within the system to provide a single location that serves as a ‘Center of Excellence’ in women’s healthcare,” stated Mr. Long.

When asked about Northwest Arkansas, Mr. Long said, “The rolling hills, growth rate, abundant employment opportunities, plenty of outdoor recreational activities, new regional airport, major companies such as Wal-Mart, Tyson and J.B. Hunt, the University of Arkansas, the Razorbacks—what is there not to like?”

Area job opportunities are great and the new 218,000 square foot Northwest Medical Center of Benton County is scheduled to open this spring, adding even more depth to Northwest Health System and offering more employment opportunities for nurses in the expanding Northwest Arkansas area. For employment openings throughout the Northwest Health System, please contact Northwest Health Human Resources Department at 479-757-4430 or via the Internet at www.northwesthealth.com
I sometimes wonder where the time has gone. It seems like only yesterday when I walked across the platform and received a nursing diploma in December 1984. Shaking hands with Mrs. Ida Gaskill, Director of Jefferson School of Nursing, was certainly an unusually special moment for me. Being awarded that diploma was the best Christmas present ever. I had struggled very hard, being the single parent of two sons, three years and five months old. I was very blessed to have had my wonderful parents, the late Mr. & Mrs. Collie Wesley, to assist me in this endeavor. Their love and support will always be cherished and remembered. I was happy to have made such an accomplishment, despite the odds. It proved to me that "I CAN do all things through Christ!"

I had moved back to Pine Bluff from St. Louis where I had graduated with associate degrees in operating room technology and liberal arts. Following graduation, I was employed in Barnes Hospital's East Pavilion Operating Room and received training from some very well-known surgeons. I worked with many wonderful people and enjoyed this terrific educational experience.

After returning to Arkansas, I began work in the surgery department at Jefferson Regional Medical Center (JRMС). I heard about the nursing program that they had recently started. I had also heard that diploma nurses made excellent nurses because they received a lot of hospital experience. I was accepted in the second class of this new program, and with the support of God and my parents, I made it!

The thought of sitting for the state board exam made me quite nervous, to say the least. With my earlier success, I had faith that I could do it. I think passing the NCLEX® was even more exciting than graduation. Praise God, the worst was finally over! I could relax a little now. My career began to take off. My confidence was strong, and I was finally doing what I always wanted to do since childhood—be a nurse. I began my career on the postpartum unit at JRMC. After that, I worked in labor and delivery, pediatrics, surgery holding/same day surgery, home health, ICU and CCU. My twenty years of experience and service to JRMC will always be treasured.

Another great accomplishment was when I was appointed to the Arkansas State Board of Nursing in December 1999. I was recommended by one of my colleagues. I applied for the position, and to my surprise, I was appointed by the
St. Bernards Medical Center is a not-for-profit, 375-bed acute care hospital serving as a 23 county area in Northeast Arkansas and Southeast Missouri. With a medical staff of more than 240 physicians, 2000 employees and the latest technology available, we are equipped to provide the highest standard of health care. As the region we serve continues to grow, so shall we. **Areas of special interest include:**

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- Pediatric
- Urology
- Neurology
- Maternal/Infant
- Surgical Intensive Care Unit (SICU)
- Cardiovascular Intensive Care Unit (CVICU)
- Coronary Care Unit (CCU)
- Medical Intensive Care Unit (MICU)
- Post Anesthesia Care Unit (PACU)
- One Day Surgery
- Surgery

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Nurse Licensure Compact

Compact Implementation

The following table and map indicate which states have enacted the RN and LPN/VN Nurse Licensure Compact. Please note that although Indiana, New Jersey, North Dakota and Tennessee have enacted the Nurse Licensure Compact, these states have not yet implemented the compact. As APRN Compact legislation is enacted, the table and map will be updated to include that information.

Updates to the table and map as other states enact legislation can be found at http://www.ncsbn.org/public/nurselicensurecompact/mutual_recognition_state.htm.

<table>
<thead>
<tr>
<th>STATE</th>
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<tr>
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<td>7/1/2002</td>
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<td>7/1/2000</td>
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<tr>
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<tr>
<td>Indiana</td>
<td>Signed by Governor</td>
<td>TBD</td>
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<tr>
<td>Iowa</td>
<td>Signed by Governor</td>
<td>7/1/2000</td>
</tr>
<tr>
<td>Maine</td>
<td>Permission to implement Compact by rule</td>
<td>7/1/2001</td>
</tr>
<tr>
<td>Maryland</td>
<td>Signed by Governor</td>
<td>7/1/1999</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Signed by Governor</td>
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<tr>
<td>Nebraska</td>
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<td>North Dakota</td>
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</tr>
<tr>
<td>Wisconsin</td>
<td>Signed by Governor</td>
<td>1/1/2000</td>
</tr>
</tbody>
</table>

* Anticipate rule promulgation in 2003-2004
Frequently Asked Questions

Q: My advanced practice certification expires in July, but because I am not working in the advanced practice role, I do not have the required hours to renew my certification. How will this affect my APN license that is due for renewal in March?

A: You may renew your APN license in March if you choose, but your advanced practice license and prescriptive authority, if you have it, will terminate the day that your certification ends. Advanced practice certification is a requirement for licensure and prescriptive authority.

Q: While working under the APN temporary permit, can I accept samples?

A: Since you must have prescriptive authority in order to accept samples and that cannot be issued with a temporary permit, you may not accept samples. The ASBN Rules and Regulations Chapter Four Section VIII. F. states, “APN’s who have fulfilled requirements for prescriptive authority may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V of the Controlled Substance Act.” Also, the Attorney General’s opinion stated that advanced practice nurses with prescriptive authority could give out pre-packaged drug samples.

Q: Is it possible for APNs to start the application process before graduation?

A: Yes, we encourage you to request the application packet from the ASBN office and send for your criminal background checks prior to graduation.

Q: I have been asked by family and friends to prescribe medications and antibiotics for colds and upper respiratory infections. Is this legal?

A: According to Position statement 99-3, the APN with prescriptive authority may prescribe for self and family under the following circumstances:

1. There shall be a medical record on the patient/client to document the prescription of the medication.

2. The prescription must be within the prescriber’s scope of practice.

3. The prescription shall be documented on the medical record and include the following information: medication and strength; dose; amount prescribed; directions for use; number of refills; and initials or signature of APN.

Prescribing controlled substances and other legend drugs for self and family raises many ethical questions. Prescribing for self and family members has inherent risks related to lack of objectivity. Effort should be made to discuss the condition with the collaborating physician.

Q: Can Pediatric Nurse Practitioners prescribe for adults with pediatric illnesses, such as cystic fibrosis?

A: According to the ASBN Rules & Regulations Chapter Four Section I, “The advanced practice nurse shall practice … in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these regulations. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained.” You should contact your certifying body to see if your scope of practice extends to pediatric illnesses in the adult patient. Also, refer to ASBN Position Statement 98-6, which was included in the last issue of ASBN UPDATE.

Q: I am an APN with women’s health care nurse practitioner certification and have a collaborative practice agreement with a family practice physician. On the collaborative practice agreement, we added the required statement that my prescribing would be limited to my area of certification, which is women’s health care. Can I see other patients in the practice if the physician spends six months or so teaching me what I would need to know?

A: Licensure as an advanced practice nurse requires completion of a “formal” education program. Since this teaching is not a formal program you cannot treat patients outside of your scope of practice in your formal education program.
Frequently Asked Questions

Q How many hours must I work in order to renew my nursing license?

A The Nurse Practice Act does not require a minimum number of hours of practice to renew your nursing license.

Q If a nurse holds a license in another state, how long can they work on that license once they have moved to Arkansas?

A A nurse who moves to Arkansas from another compact state may work 30 days on the previous compact state license. On day 31 the compact license from the other state becomes invalid. At that time the nurse must hold an Arkansas license to continue to practice nursing. A nurse moving to Arkansas from a non-compact state must obtain an Arkansas nursing license before working one day as a nurse in Arkansas.

Q What can a nurse with a temporary license do? Does the RN have to sign behind the nurse with a temporary license?

A Nurses who hold temporary licenses may perform all functions within the scope of practice for which they are educationally prepared. Nurses perform their duties based on licensure. Another nurse does not need to validate the signature of a nurse holding a temporary license. As always, the nurses’ experience and competency should be taken into consideration when making assignments.


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graduates would not function at the same level as a nurse with years of experience.

Q Our hospital is developing an extern program. Senior nursing students will be hired to do expanded tasks. Is it acceptable practice for nurses to delegate nursing tasks that the extern has completed in their nursing education program?

A When employed by a facility outside of their nursing program, these individuals are considered unlicensed personnel and do not meet the exemption requirement that allows nursing students to perform nursing tasks as a part of their formal nursing education. The licensed nurse must use the same criteria for delegating nursing tasks to externs as they do any other unlicensed personnel.

The Arkansas State Board of Nursing Rules and Regulations Chapter Five defines tasks that may be delegated, those that shall not be delegated and those that may be delegated provided certain criteria are met.

Q If I follow all the rules and delegate a nursing task to an unlicensed person and they make an error, will my nursing license be in jeopardy?

A The nurse's responsibility is to delegate nursing activities appropriately as described in the Arkansas State Board of Nursing Rules and Regulations Chapter Five on Delegation. The nurse will not be disciplined for errors made by the unlicensed person if the delegation is in accordance with the ASBN Rules and Regulations.
To meet the public’s increasing need for accessible, affordable, quality health care, providers must maximize the utilization of every health care worker and ensure appropriate delegation of responsibilities and tasks. Nurses, who are uniquely qualified for promoting the health of the whole person by virtue of their education and experience, must be actively involved in making health care policies and decisions. They must coordinate and supervise the delivery of nursing care, including the delegation of nursing tasks to others (NCSBN 1995).

Delegation is transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains the accountability for the delegation. The delegation process consists of five steps: assessment, planning, accountability, supervision and evaluation. Prior to delegation the nurse has to consider the patient’s condition, plan of care, the availability of qualified staff, other required resources and the availability of supervision for staff. In planning for the activity, the nurse matches the patient’s needs with personnel qualifications, available resources and appropriate supervision. The nurse has the ultimate responsibility and accountability for the management and provision of nursing care. While facility policy may say a task can be delegated, the nurse must determine that it is appropriate to delegate in a specific situation. Inappropriate delegation by the nurse and/or unauthorized performance of nursing tasks by unlicensed assistive personnel (UAP) may lead to legal action against the nurse and/or UAP. The nurse assumes responsibility for the nursing care provided and verifies that the UAP accepts the delegation and the responsibility for carrying out the activity correctly.

It is imperative that the nurse knows the skill level of the UAP. Appropriate delegation takes place when the two care providers know each other’s strengths and weaknesses. Supervision includes communication that is clear, concise, consistent and complete. Both the nurse and UAP must know what the expectations are for completing the
activity. Two-way communication is an essential component of the delegation process. The nurse provides directions, which may include priority of the activity, expected timelines, guidelines for consulting with the nurse mid-activity and guidelines for reporting back completion of the delegated activity. Use of written and visual resources may be used to reinforce direction. Judgement regarding the level of detail and method of communication is dependent upon the complexity of the activity, the UAP’s experience and competency and the availability of supervision. The UAP has a responsibility to ask questions and clarify any directions that are not understood. Repeating the directions to the nurse will confirm understanding and acceptance of the delegated activity. The nurse must monitor the progress by having checkpoints—when the UAP will report back and/or observing the performance of part or all of the activity by the UAP. The UAP must ask for assistance when they are unclear about the activity. The UAP must seek out the nurse when unusual or unexpected observations or results are obtained. Questions by the UAP may inform the nurse as to the UAP’s level of understanding and may alert the nurse that an UAP needs additional training.

Evaluation or follow-up is a continuous process. The UAP provides feedback to the nurse and the nurse provides feedback to the UAP. Evaluation of patient outcomes is essential in evaluating delegation decisions. The nurse is then able to assess the patient’s response and revise the plan of care if needed. At the same time the nurse is evaluating the UAP’s skill level.

Supervision includes communication that is clear, concise, consistent and complete.

---

**Partnership... the key to health**

You are invited to participate with the following Arkansas Department of Health programs to improve the health of Arkansans:

- The Arkansas Cardiovascular Health Program
- The Arkansas Diabetes Control Program
- The Arkansas Arthritis Program
- The Arkansas 5 A Day Program
- The Arkansas Governor’s Council on Fitness
- Breast Care
- The Arkansas Cancer Coalition
- The Arkansas Cancer Registry

For program information, or to establish a partnership, contact the Arkansas Department of Health's Chronic Disease Service Unit at 1-800-235-0002.

Help the Arkansas Department of Health Defeat Chronic Disease!

---

You are invited to participate with the following Arkansas Department of Health programs to improve the health of Arkansans:

- State planning with task forces and committees
- Promotion of environmental changes to improve access and remove barriers
- Establishment of policies that support and encourage healthy lifestyles
- Surveillance
- Educational efforts, materials, conferences
- Screening for breast and cervical cancer
- Outreach/Social marketing

For program information, or to establish a partnership, contact the Arkansas Department of Health's Chronic Disease Service Unit at 1-800-235-0002.

Help the Arkansas Department of Health Defeat Chronic Disease!
Through this process, continuing education needs are identified as well as the UAP’s ability to learn new skills (NCSBN 1997).

There are actions that nurses should take when they believe there is a conflict with the facilities policies or requirements and appropriate delegation. The supervisor should be notified when there is a lack of qualified staff or a mismatch of staff to patient needs. Outline your concerns for the supervisor when the policy conflicts with the law. Consult the ASBN or state nurses association for information to inform and support your position. Educate the employer as to the potential liability for the facility and the employer if harm were to occur to clients because of inappropriate delegation of nursing care. Prepare sample documentation, develop assertiveness skills, and practice role playing difficult personal interactions. Focus on client needs and safety and be prepared to explain legal implications. Don’t simply fall back on “my license won’t allow me to do it” (NCSBN 1997).

If the nurse chooses to refuse to delegate a task as directed by his/her employer, there could be disciplinary actions taken by the employer. To assist in the protection of the nurse's employment, it is essential to document concerns for patient safety as well as the process used to inform the employer of decisions. The nurse should keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires a copy to be sent to the nurse manager. In addition, be familiar with your employer's grievance procedure. If necessary, follow each step carefully and in a timely manner (ASBN 1999).

For additional information on Delegation and/or Scope of Practice visit the Arkansas State Board of Nursing (ASBN) web site www.arsbn.org or contact the ASBN office.

References

Arkansas State Board of Nursing (1999)

**Address Change**

**Receive ASBN Update, But Not Renewal Form? Or Have a New Address? A New Name?**

Although you received this ASBN Update, your current address may not be on file with the Board. The addresses on this journal were derived from a program that incorporates United States Postal Service address changes. But, the ASBN must mail all official mail—licenses and renewal forms—to the last address you submitted to the Board.

Pursuant to the ASBN Rules and Regulations Chapter Two Section X, a licensee shall immediately notify the Board in writing of an address change. The change may be made online at www.arsbn.org faxed to 501.686.2714 or mailed to the Board office. The Board does not accept address changes by telephone or e-mail. There is no fee for an address change.

A licensee whose name has legally changed may apply for a replacement license by submitting the current license(s), the required fee of $20.00, and a copy of the marriage license or court order for each license. (The court order must specifically state the new name to be used.) For your convenience, use this form for either an address or name change.

**IT IS IMPERATIVE THAT THE BOARD HAVE YOUR CURRENT NAME AND ADDRESS**

On all changes, please provide the following:

<table>
<thead>
<tr>
<th>SS #</th>
<th>ADDRESS CHANGE / NO FEE (Or online at <a href="http://www.arsbn.org">www.arsbn.org</a>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSE #</td>
<td>NAME:</td>
</tr>
<tr>
<td>I DECLARE MY PRIMARY STATE OF RESIDENCE TO BE:</td>
<td>CITY, STATE, ZIP, COUNTY</td>
</tr>
<tr>
<td>SIGNATURE (MUST BE SIGNED)</td>
<td>NEW ADDRESS:</td>
</tr>
</tbody>
</table>

**NAME CHANGE** (Certified copy of marriage license or court action must accompany fee.)

<table>
<thead>
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<th>CURRENT NAME:</th>
<th>ENTER LICENSE NUMBER AND ENCLOSE $20.00 FOR EACH LICENSE HELD.</th>
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<td>ADDRESS:</td>
<td>LPN $20.00</td>
</tr>
<tr>
<td>CITY, STATE, ZIP, COUNTY</td>
<td>LPTN $20.00</td>
</tr>
<tr>
<td>FORMER NAME (LAST, FIRST, MIDDLE, MAIDEN)</td>
<td>RN $20.00</td>
</tr>
</tbody>
</table>

**TOTAL $20.00**

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**NCSBN Offers New Course on Critical Thinking**

The latest offering of the National Council’s Learning Extension—Sharpening Critical Thinking Skills for Competent Nursing Practice—is a self-paced course that helps nurses explore and develop critical thinking skills essential for safe and effective practice.

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National Nurses Week

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Disciplinary Action by the Board of Nursing

One of the methods used by the Board of Nursing to ensure protection of the public is to cause the prosecution of persons violating provisions of sections 17-87-101 through 17-87-402 of the *Nurse Practice Act of the State of Arkansas*. The following is the order of disciplinary proceedings against nurses in the state of Arkansas:

### Letter of Complaint received

<table>
<thead>
<tr>
<th>Reviewed by Board Staff</th>
<th>Request a formal investigation</th>
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<tbody>
<tr>
<td></td>
<td>Gathers additional information</td>
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<tr>
<td></td>
<td>Determines no additional information needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Counsel reviews complaints and investigative information</th>
<th>Determines charges of violation of <em>Nurse Practice Act</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Determines whether disciplinary action should be pursued.</td>
</tr>
</tbody>
</table>

### If disciplinary action is pursued, this can be accomplished in one of two ways:

#### Consent Agreement

The Board staff determines the violations and proposed stipulations. General Counsel draws up a legally binding contract.

The licensee receives a copy of the Agreement, agrees to the terms, including waiving their right to a hearing before the Board, signs the agreement, and returns it to the Board office. (If the licensee refuses to sign the agreement, the Disciplinary Hearing process begins.)

General Counsel and Director of Nursing Practice sign the Consent Agreement and forward it to the Board.

Board President signs the Consent Agreement following a majority approval by the Board.

#### Disciplinary Hearing

The General Counsel files formal charges. This may be done initially or after the licensee refuses a Consent Agreement.

#### Disciplinary Hearing is Held

If the Board finds the nurse violated the *Nurse Practice Act*:

- If the Board finds that the conduct which was charged did not occur or that the conduct which did occur is not a violation of the *Nurse Practice Act*, the case is dismissed and no further action is taken.

#### Disciplinary Order

The Board issues an Order setting forth the discipline.(reprimand, probation suspension, revocation or limitation). This Order becomes effective the day it is signed.

#### Appeal

The licensee may appeal this decision to the circuit court of the County in which he or she resides or the Circuit Court of Pulaski County.
DISCIPLINARY ACTIONS—SEPTEMBER, OCTOBER, NOVEMBER 2002

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) “Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;” (a)(2) “Is guilty of a crime or gross immorality;” (a)(4) “Is habitually intemperate or is addicted to the use of habit-forming drugs;” (a)(6) “Is guilty of unprofessional conduct;” and (a)(9) “Has willfully or repeatedly violated any of the provisions of this chapter.” Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP).

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report 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.
Honorable Governor Mike Huckabee. I must say, this was unbelievable! I have always tried my best to be a diligent worker in the field of nursing, and someone had recognized this. As a Board Member, I am charged with protecting the public and offering my experience from the diploma graduate perspective. I also served as chairman of the Education Committee for two (2) years. Being a Board Member has been very enlightening. It is very fulfilling to work with a wonderful group of people with such a diversity of experience.

In 2000, I changed from hospital nursing to education at Southeast Arkansas College in Pine Bluff, where I am coordinator and instructor for surgical technology. I still have the opportunity to contribute to nursing by encouraging my students and many others to pursue nursing as a profession. I continue to work on an as-needed basis at a surgery center.

On a personal note, I haven’t always had the best of circumstances in my life, but I have learned to be thankful for every day I get the opportunity to spread love to others. Nursing for me hasn’t been just a job; it is a ministry. It has blessed me to be a support to others. Nursing is never about just me. It is about what I am doing to make the quality of life better for someone else.
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GERIATRIC MEDICINE UPDATE:
MANAGEMENT OF CANCER IN THE ELDERLY
February 7-8, 2003
Holiday Inn Select – Shackleford Road, Little Rock

COURSE DESCRIPTION: This is a 1 1/2 day conference that will address issues in diagnosing and selecting cancer treatment options for older adults. The newest approaches to cancer management in the elderly patient will be explored. Management challenges and strategies will be addressed. CME credits will be offered.

This meeting is sponsored by the Little Rock VA Geriatric Research, Education and Clinical Center (GRECC) and the Arkansas Geriatric Education Center.

CONTACT: Kay Guthrie 501-257-5547 or guthriekayb@uams.edu.
REGISTRATION: 501-661-7962 or visit our website at www.littlerockgrecc.org

CLINICAL PRACTICE GUIDELINES AVAILABLE

The Agency for Healthcare Research and Quality (AHRQ) in a partnership with the American Medical Association and the American Association of Health Plans, launched the National Guideline Clearinghouse (NGC) approximately two years ago. Since its inception, over 900 clinical practice guidelines have been indexed and posted on the NGC at www.guideline.gov.
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