Discipline—A Difficult but Necessary Part of Public Protection
I AM...A Career that Touches Lives

UAMS Medical Center offers you the opportunity to work side-by-side with some of the world’s best doctors and nurses in a teaching and research environment and in a hospital that’s been named by U.S. News & World Report as “One of America’s Best” nine consecutive years.

Some of the additional benefits of a nursing career at UAMS include:

• Opportunity for growth and advancement with hospital, clinics and six medical colleges
• Excellent benefits package
• Competitive salaries
• Optional work hours (ie: work weekends, get the week off)
• Tuition discounts to any U. of A. System college or university
• Care-driven nurse-to-patient ratio
• Continuous up-to-date educational and multidisciplinary training
• Student Nurse Summer Externship and year-round Assistant Programs

So, if you’re looking for a challenging and exciting career in nursing, you need to talk with UAMS Medical Center. For more information about employment opportunities, call 501/686-5691 or the 24-hour job line at 501/296-1335, or check us out on the internet at: www.uams.edu/don/nursingjobs

UAMS Medical Center
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
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.

Information published in the ASBN Update is not copyrighted and may be reproduced. The Board would appreciate credit for the material used.

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

Advertisements contained herein are not necessarily endorsed by the Arkansas State Board of Nursing. The publisher reserves the right to accept or reject advertisements for the ASBN Update.

The Arkansas State Board of Nursing is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age or disability in employment or in the provision of services, programs or activities.

For Advertising Information:
For advertising call:
Adrienne Freeman • adrienne@pcipublishing.com
501.221.9986 • 800.561.4686

Created by:
Publishing Concepts, Inc.
14109 Taylor Loop Road • Little Rock, AR 72223
www.pcipublishing.com
Edition 12

Contents

Nursing Student Loans Awarded / 7
New Staff Welcomed: ELLEN HARWELL / 7
Great News From the IT Department / 8
ASBN Receives Distinguished Service Award / 8
Board Business / 9
Rebsamen Medical Center / 10
Management of Pediatric Overweight: A Nursing Guide / 11
NC Staffing / 12

Special Section: Discipline
Addiction in Healthcare Professionals / 14
Letter from a Disciplined Nurse / 14
Drug Dependence and Abuse / 16

The Disciplinary Process / 18
The Road Ahead–Always Be on the Lookout / 20
Professional Boundaries in Nursing / 22
Spotlight on Disciplinary Staff / 23
NCLEX-PN® May be Taken If Part of RN Program Completed / 24
New Educational Program Directors / 26
Disciplinary Actions / 27
Classified Ads / 28-30

On the Cover
Representative Sandra Prater from Jacksonville and Representative Shirley Borhauer from Bella Vista are registered nurses as well as Arkansas legislators. The 86th General Assembly of the Arkansas Legislature convenes in January 2005.
By the time you read this, the ASBN will have elected a new president for 2005. This past year has been very challenging and rewarding for me, and I have learned a lot about myself and my abilities. This will be my eighth and final year on the Board, and I am writing about a few of the accomplishments and changes that have occurred since I was appointed.

The focus of this issue is discipline, and there have been numerous changes in this area. Several years ago, we established uniform drug testing criteria, so that nurses under Board order are being tested for an extensive panel of drugs. We’ve hired a nurse attorney, Ruthanne Murphy, RN, JD, to enter into consent agreements with licensees who are under investigation. We developed staff guidelines that allow staff to approve requests for waivers.

ASBN Update was started in 1997 and was sent out quarterly to employers and subscribers. Once a year, it was sent to every licensed nurse at the Board’s expense. Today, thanks to a contract with Publishing Concepts, Inc. (PCI), it has become a full-color, 32-page magazine sent to all nurses every other month at no expense to the Board.

In 1998, the Board’s website was launched and has been regularly improved and expanded. Today, most business can be conducted online. Employers can check licensure status, and new graduates can check NCLEX® results within 72 hours of taking the test instead of waiting six to eight weeks like I did 21 years ago.

Legislation was passed in 1999 for state and federal criminal background checks on all new licensees and applicants for endorsement from another state. People who have been convicted of certain felonies may now be barred from nursing in Arkansas.

One of the biggest changes was the implementation of the Nurse Licensure Compact in 2000, which allows nurses to work in other compact states without having to obtain a license there. Today there are 17 states in the compact, including neighbor states Texas, Mississippi, and Tennessee. Continuing education requirements were established in 2001 requiring nurses renewing a license to have completed 15 contact hours of CE within the past two years.

The Nursing Student Loan/Scholarship was started in 2002 with a sizable contribution from then Senator Brenda Gullett’s general improvement funds and is regularly contributed to by PCI with each issue of ASBN Update. In December 2003, the Board and PCI co-sponsored the first annual Nursing Expo to raise awareness of nursing and the nursing shortage.

The ASBN received the 2000 Outstanding Member Board Award from the National Council of State Boards of Nursing (NCSBN). Assistant Director of Nursing Practice, Debbie Jones, was recognized by the Arkansas Nurses Association in 2002 for Outstanding Contributions. Director of Education, Sue Tedford, MNSc, APN, was named ARNA’s Nurse of the Year in 2003, and in 2004 the ASBN received ARNA’s Distinguished Service Award. Many of our staff serve on NCSBN committees, and in 2004, Board member Karen Taylor was elected to the NCSBN Committee on Nominations.

We have accomplished a lot in a short period of time. In closing, I want to say how honored I am to have served on the ASBN and to have been president this past year. My heartfelt thanks to Governor Huckabee for the appointment. I have said many times since becoming a Board member, no amount of money could equal what I’ve been given with this opportunity. I’m also grateful to the ASBN staff and board members for their support and hard work. I’ve learned so much during my two terms on the Board. I feel very privileged to have been associated with such a distinguished group of people. I wish the new president, Dan West, all the best.

Lawana Waters, RN
Sign up for a course at anytime, directly online.

You decide when and where to study.

All CE courses are $10-22 and worth 2.0-6.9 CE credits.

**CE courses for nurses at learningext.com**

- Disciplinary Actions
- Nurse Practice Acts
- Documentation
- Professional Accountability & Legal Liability
- Ethics of Nursing Practice
- Sharpening Critical Thinking Skills
- Medication Errors
This issue of the ASBN Update focuses on discipline—a very difficult but, unfortunately, necessary part of public protection. Jana L. McConnell, an Arkansas registered nurse and, at that time, a graduate student at the University of Arkansas for Medical Sciences, worked with ASBN Information Services Administrator Ed Sweeten to research the nursing database and profile the disciplined RN in Arkansas. The average disciplined RN in Arkansas is female, 43.9 years of age, and married; holds an associate degree; and has held an Arkansas nursing license for 10.55 years. Before you start making any assumptions about this nurse, it may interest you to know that the average non-disciplined Arkansas RN is female, married, and 46.5 years of age with an associate degree for 12.75 years. So there is not a great deal of difference between the two. Ms. McConnell’s study noted an interesting finding that two percent of the total male RN population has had disciplinary action taken against them compared to 0.24% of the female RN population. This disproportionate male disciplinary representation was noted in several other states as well.

Disciplinary cases are rapidly increasing in this state as well as all over the nation. In 1998, the ASBN took 94 disciplinary actions against licensees. In 2004, there were 321 disciplinary actions taken by the board and 281 letters of warning issued. Over eight hundred complaints against nurses were investigated and closed in FY 2004. For the first four months of FY 2005, there had been over 400 complaints handled and another 400 pending. In the late 1980s, the board placed the first license on probation. Before that time, if a nurse was found guilty of violating the nurse practice act, the license was suspended—period—end of story. Through the years as more information has become available regarding the disease of addiction, system failures, patterns of behavior and changes in the board members and the Nurse Practice Act itself, the Board has begun handling disciplinary cases differently. Of the FY04 disciplinary actions taken, 147 of the licensees were placed on probation. Consent agreements were added as a method of dealing with violations in the mid 1990’s. The board ratified 135 consent agreements in FY2004.

Board members and staff do not relish taking action on a nurse’s license. We do, however, take very seriously our public protection mission. A number of nurses have contacted the board to say, “You saved my life.” One nurse commented that, “I started out using the drug and then the drug started using me. Thank you for saving me from myself.” Knowing that some will cease their self-destructive acts and the patients they care for will be protected as a result of licensure action makes handling disciplinary cases worthwhile.

So what is up with all this discipline? Is the board getting tougher on crime or is crime increasing that much? Are facilities just getting better at reporting misconduct, or do we have a more informed public that expects more out of the professionals who care for them? The short answer is that I don’t know. I do know that the literature reflects that 10% of the general population has an addiction problem. I do know that over 90% of the cases we deal with are substance related. I also know that 10% of the nursing population would add up to around 4600 nurses, and if this is true, we are just scratching the surface.

Faith A. Fields, MSN, RN

GEORGIA MANNING LEWIS, DIRECTOR OF ADVANCED PRACTICE NURSING, RESIGNED EFFECTIVE DECEMBER 1, 2004

Georgia was the first Director of Advanced Nursing Practice for the Board of Nursing, appointed to the position in July 1997. I could not begin to list all of her accomplishments but to name a few biggies. It was Georgia’s idea to find a company that would publish the newsletter, saving the board tens of thousands of dollars annually. It went from being “The Nameless Newsletter” to the top-notch publication that it is today. She has staffed the Prescriptive Authority Advisory Committee, the advanced practice and telenursing committees, written regulations, given lectures, served on NCSBN committees, and much, much more. She has certainly made her mark on the face of advanced practice regulation in Arkansas and will be sorely missed. We wish her well as she starts this new chapter of her life.
Nursing Student Loans Awarded

Thirty-four participants have been chosen for the Nursing Student Loan Program. The ASBN received 145 applications for this year's program. The number of loans/scholarship grants awarded was limited to the funds available to the Board for this project, and decisions were made based on financial need and academic considerations.

Each loan/scholarship participant was funded at a maximum of $1000 per academic year. Participants may be qualified for loan cancellation at a rate of the full amount of one year's loan, plus accrued interest, for each year of practice in Arkansas. The loans may be changed into scholarship grants by working full-time as an RN or an LPN in qualified employment in the state of Arkansas. Qualified employment is defined as "Full-time engagement for compensation in a position, which requires licensure as an RN or LPN by the Arkansas State Board of Nursing as a prerequisite in the job description."

This program is funded by donations to a fund designated for the sole purpose of helping nursing students with their education expenses. In the past, the Board received donations from sources that will no longer be available. In light of the probable decrease in donations, the ASBN may temporarily discontinue the distribution of funds after this year to allow the fund balance to increase before implementing the program again. However, this policy could be reversed if the ASBN received donations substantial enough to administer the program sooner. (So if you are a wealthy philanthropist, and are looking for a good cause, contact me at derickson@arsbn.org).

The Nursing Student Loan Program is truly a worthwhile project, and we are glad to be able to help students who desire to join the nursing profession. Congratulations to the new participants in this year's program.

New Staff Welcomed

ELLEN HARWELL is the new Receptionist/Cashier. Ellen comes highly recommended by her colleagues and is a welcome addition to the Board’s staff. Ellen worked for E.C. Barton & Company in Jonesboro as their receptionist for four years. Ellen has four children and resides in Bryant with her husband Rick. Please join us in welcoming her to the Board of Nursing staff.
Great News From the IT Department

I am pleased to announce that the ASBN has modified the Interactive Voice Response (IVR) system to allow for verification of certificates of prescriptive authority. This is in response to requests received from our customers using the current system. The new system will go online as soon as the final testing phase has been completed.

In order to use the IVR system, you will need certain information that includes the license type (RN, LPN or certificate of prescriptive authority), license or certificate of prescriptive authority number, and the first few letters of the last name.

Using the IVR to verify licenses and prescriptive authority status is a very simple and convenient process. First, call the IVR phone number (501.682.2200) to access the system. Enter the required information following the voice prompts. After you enter the information, the system will indicate by voice prompt if the license or certificate is expired or active and the expiration date. If an RN license was verified, the system will respond whether a certificate of prescriptive authority is held, the advanced practice license type(s), and the expiration date(s). After the information is given, you will be voice prompted with three options. Press one to repeat the information, two to verify a different license, or nine to exit the system and end the call.

The ASBN is always striving to improve our processes to better meet the needs of our customers. One of the ways we accomplish this is through direct feedback from those using these services. If you have suggestions on how to improve our services feel free to send an e-mail to us through the Contact Us link on our website, www.arsbn.org.

ASBN RECEIVES DISTINGUISHED SERVICE AWARD

During the Arkansas Nurses’ Association Annual Meeting in Hot Springs, the Board of Nursing was awarded the 2004 Distinguished Service Award. In a collaborative effort to provide continuing education for nurses across the state, the ASBN and ARNA presented numerous workshops in the major geographical areas of the state. The meetings were very well attended with positive feedback from the participants. The content was applicable to all categories of nursing, including nursing students. The Board of Nursing enjoys a strong collaborative relationship with the Arkansas Nurses’ Association and was honored to receive such recognition.
At the November 2004 Board meeting, the Board took the following actions:

- Granted continued approval to the Arkansas State University Technical Center Practical Nurse Program until the year 2009, with a follow-up letter in six months regarding progress made on questions related to international students.

- Granted continued full approval to the Southeast Arkansas College Associate of Applied Science Degree in Nursing LPN/LPN-to-RN Transition until the year 2009.

- Granted initial approval to the Arkansas Rural Nursing Education Consortium (ARNEC) Associate of Science in Nursing Program. ARNEC shall send quarterly reports to the Board providing an evaluation, analysis and changes made in regard to all aspects of the program until full approval status has been granted.

- Granted approval to the Eleanor Mann School of Nursing, University of Arkansas in Fayetteville Masters in Nursing Program.

- Moved that the Arkansas State Board of Nursing rescind Position Statement 98-5 regarding Out of State Orders so that nurses may now carry out orders received from physicians who are not licensed in Arkansas.

- Voted to increase licensure fees to $75.00 for RNs and $65.00 for LPNs and LPTNs effective July 1, 2005.

- Elected new officers, who are: President Dan West, Vice-President Pamela Crowson, Treasurer Robert Curry and Secretary Darlene Byrd.

Important Information

A listing of all lost or stolen licenses can be found at 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.
Rebsamen Medical Center is a non-profit, 113 bed acute care hospital located in the direct center of Jacksonville, AR. With approximately 500 employees, Rebsamen has consistently offered the residents north of Little Rock with a unique blend of treatment which incorporates personal care with the latest in advanced technology. Rebsamen is committed to growing in its community as they continue their mission of providing personal healthcare for your family by extending their vision of developing a family of caregivers to become your community hospital.

Located approximately 15 minutes from the state capital in Little Rock, Jacksonville is a close nit community of 30,000 residents just minutes from all the perks of a big city. Jacksonville has 9 elementary schools, one middle school, 2 junior highs, and 2 high schools. Jacksonville is also home of the Little Rock Air Force Base which employees 6,678 people and is the largest C-130 base in the world.

Rebsamen is a partner in the establishment of Jacksonville Medical Clinic and Cabot Medical Clinic, and recently announced its plans for a 13,000 square-foot medical imaging center in Cabot. The center will include MRI, CT scanner, and ultrasound as well as physician office space. The facility, which will be completed in fall of 2005, is another example of more than 40 years of commitment by Rebsamen to providing quality healthcare to this region.

Rebsamen’s new wellness program Go Healthy has been a huge success already with over 325 employees enrolled. Go Healthy offers employees the opportunity to reduce healthcare deductibles by achieving goals of stress reduction, weight-loss, decreased cholesterol, and stopping smoking. Rebsamen encourages healthy lifestyle changes by providing free classes on the above topics, at the hospital. Rebsamen also offers a variety of healthy food choices at their new café “Season’s Bistro”.

Childcare dresses up at halloween and trick-or-treats all Rebsamen departments.

Clifford visited the childcare during a book fair.

Rebsamen has a monthly birthday party for all employees where a gift is given to those employees with a birthday.
Management of Pediatric Overweight: A Nursing Guide

For the past three decades, pediatric overweight has been increasing at an alarming rate. The American Academy of Pediatrics recommends that all pediatric patients have their body mass index (BMI) calculated and plotted yearly. In 2003, the Arkansas Legislature passed Act 1220, which mandates that public schools include children’s BMI in health reports to parents. Nurses can play a critical role in helping children and families tackle pediatric overweight.

Assessment

Once BMI is calculated, the patient’s values can be plotted on the growth chart for their gender and age. If the patient is in the category of "At Risk of Overweight," the nurse should focus on family history, blood pressure, total cholesterol, large changes in BMI, and family or patient questions. If these are areas of concern, the child should be monitored closely and healthy lifestyle choices should be promoted.

A detailed history should be taken, focusing on age of onset of overweight; parent and child perceived causes of weight gain; previous weight loss attempts; amount of time spent in sedentary behaviors and physical activities; body image and self-esteem; motivation to change; eating practices; and any family problems, emotional difficulties, or depressive symptoms.

Treatment

When the assessment is complete, the nurse should communicate information to the family as simply as possible, answer any questions, and explain any risk factors. If the child and family are motivated, help them set goals that target problem behaviors and foster permanent change. Let the child and family pick the behaviors that would be the easiest to change first. Positive reinforcement, nonfood rewards, and praise for meeting goals are the cornerstones of behavioral therapy for an overweight child.

Possible child or teen goals include:
- Exercise (play hard) one hour daily.
- Eat a combination of at least five fruits and vegetables daily.
- Limit foods high in fat, sugar, and calories.
- Exercise (play hard) one hour daily.
- Have home-cooked meals regularly.
- Provide only healthy, nutritious food choices at home.
- Monitor goals daily and offer praise.

Weight should be monitored at home every two to four weeks. Children should have repeat physical exams every two to three months. Praise families for making behavior changes and adjust or add goals if needed. Permanent, healthy lifestyle behavioral change is difficult and requires reinforcement, but it can be done.

The Arkansas Foundation for Medical Care is partnering with Arkansas Children’s Hospital Fitness Clinic, the University of Arkansas for Medical Sciences, the Arkansas Department of Human Services, the Arkansas chapters of the American Academy of Pediatrics, and the American Academy of Family Physicians to help healthcare providers meet the rising demand for evaluation and treatment for pediatric overweight.

Dr. Karen Young is assistant professor of pediatrics at the University of Arkansas for Medical Sciences, medical director of Arkansas Children’s Hospital Fitness Clinic, and a partner with the Arkansas Foundation for Medical Care.

This article is adapted from the March 2004 issue of the Journal of the Arkansas Medical Society. To read the full article, go to www.afmc.org and click on Professionals, then AMS Articles.

References

Energetic. Highly motivated. And a leap above the others. These are the qualities which NC STAFFING healthcare professionals are known for. NC STAFFING calls its elite team of medical staff “Leapfrogs.” Known for jumping more than 20 times their length, leapfrogs symbolize not just the company’s nurses but the company itself.

In 2001, Ann Adams, a Registered Nurse, founded NC STAFFING to link highly-qualified medical staff with health care facilities in Arkansas. Since then, NC STAFFING has expanded to Memphis, TN and Houston, TX. This determined company knows what hospitals look for in their nursing staff and it has built a reputation for providing it. Its nurses are among the very best in the country — fully qualified, tested for knowledge and skills, and individually matched to each hospital’s specific requirements.

The company believes that trusting your nursing career to a staffing company shouldn’t be a leap of faith. That’s why it offers premium salaries for all its nurses. It also offers medical, dental and life insurance for full-time employees, merchant discounts, referral bonuses and a host of other benefits and perks that no other staffing company can match.

When hospitals require temporary medical staff to fill an immediate need, NC STAFFING jumps right in. The company provides the highest level of personnel and services not only to augment staffing, but also to give its clients the peace of mind of knowing that their patients are being cared for by the very best. There is truly no other company quite like NC STAFFING.

To be an NC Leapfrog, you may submit your application online at www.ncstaffing.com or call and schedule an appointment with a staffing specialist today. You may contact them at 888-NCSTAFF or (501) 225-5050, or visit their corporate office at 1701 Centerview Drive, Suite 315, Little Rock, AR. If you’re ready for that giant leap in your career, get connected with NC STAFFING. The Right Connection. Guaranteed.
A Rewarding Career, Here For You.

Full Time, Part Time and PRN nursing positions in NWArkansas

benefits include relocation assistance, 401k, comprehensive health coverage, continuing education

(479) 463-1066 Human Resources
(479) 713-1860 Job Opportunity Line
Apply online www.wregional.com

3215 N. North Hills Boulevard
Fayetteville, Arkansas 72703
(479) 713-1000

The flexibility you want. The respect you deserve.

You’ll fall in love with northwest Arkansas. Join the hospital system where nurses are respected, recognized and rewarded. Full-time day or night positions available. Or sign up with Northwest Health Registry, a nursing float pool that allows you to set your own schedule.

Check on openings or apply online at
www.northwesthealth.com

Northwest Medical Center of Benton County
3000 Medical Center Parkway, Bentonville, AR 72712
Northwest Medical Center of Washington County
609 W. Maple Ave., Springdale, AR 72764
Willow Creek Women’s Hospital
4301 Greathouse Springs Road, Johnson, AR 72741
Contact our recruiters at 479-757-4435 or 479-553-2033

300 Werner St. • Hot Springs, AR
501-622-1030

MEDICAL STAFFING NETWORK

Urgent need for Critical Care & Med-Surg
Variety of Shifts & Facilities

RNS - LPNS
- Excellent Benefits
- 100% Daily Pay
- Incentive Bonuses
- Per Diem & Contracts
- Direct Pay

CONTACT: Georgia Berry, RN
10110 West Markham St., Ste. B
Little Rock, AR 72205
501.227.9700
Fax: 501.227.9727

www.MSNHealth.com
email: georgiaberry@msnhealth.com
Addiction in Healthcare Professionals

Healthcare professionals have always had the responsibility of caring for their patients, not only by direct care, but also by the example of their lives and personal conduct. Misuse of alcohol or any form of drug addiction among those of us who have the privilege of holding a license is an occupational problem that causes the same concern as a criminal act in a policeman or judge. The license itself grants us access to and administration of the very substances that lead us to addiction, yet provide care and relief for our patients. This social and professional concern demands that extraordinary action be taken to ensure that the impaired nurse, doctor, dentist or pharmacist is detected, treated, and rehabilitated.

The door has been opened for many questions surrounding the addicted healthcare professional. Let’s concentrate on the nursing profession. What are the signs and symptoms of an addicted nurse? How prevalent is this problem? What do you do if you suspect a nurse of having a problem? What happens to the nurse who does have a problem?

Chemical dependency is the single most frequent disabling illness for the medical professional, and as such, poses a major problem for the professions. This does not mean, however, that the disease of chemical dependency occurs more frequently in nurses than it does in the general population. The statistics show us that the rate of addiction for the general population is approximately 10%, which is basically the same as the rate for the nursing profession. What this tells us is that most of us working in the profession will at some time during the course of our career either work with, hear of, or have a relationship with someone suffering with this disease. Some signs and symptoms of the addicted nurse are as follows:

- Works long hours.
- Administers most of the pain medication.
- Asks for the patients who are taking the most pain meds.
- Has wide mood swings with frequent trips to the bathroom.
- Wears long sleeves when everyone else is wearing short sleeves.
- Their patients complain of not receiving pain relief.
- Looks unkempt, appearance deteriorates.
- Isolates and withdraws from activities.

The purpose and mission of the nursing board is to first and foremost protect the public, but it is also the duty and obligation of every nurse to protect...
patient safety and report any suspicions of a colleague working in an impaired fashion. We often have concerns of what will happen to “that” nurse if we report them? Will I be sued; will the nurse lose his/her license? The outcome is not the issue. The issue is to protect the patient. While you are protecting the patient, you are very likely saving this nurse’s life. You are stopping the disease process, which is something an addicted nurse cannot do without help. Intervention, treatment, aftercare, and monitoring work; these actions protect the public, save the life of the nurse with this disease, and allow the nurse to remain in nursing, if that is the appropriate outcome. The only thing you can do “wrong” is to do nothing at all.

What happens to the nurse’s license? I will answer this question by sharing a little of myself. In 1982, I was in the midst of my disease. I was diverting Demerol for my own use, and I was praying for some way to stop what I was doing. I could not stop on my own. On Saturday, December 4, 1982, two Georgia Bureau of Investigation agents with guns and handcuffs met me at the hospital. I was fired, searched, handcuffed, and taken to jail. The arresting officer was a lady who met me at the jail, something she did not need to do. She told me everything would be OK, and that I needed to call Dr. Doug Talbott, something else she did not need to do. I entered treatment at Talbott Recovery Campus, remained in treatment for four months and was monitored for an additional four years. I was given probation by the state, and my nursing license was put on probation for four years.

My life has changed so dramatically, I cannot even begin to share all the changes. I will be forever grateful to the woman who arrested me, for the Board of Nursing for putting my license on probation, and to Dr. Talbott at Talbott Recovery Campus. I am still a nurse, but more importantly, I am alive, and I am happy 22 years later.

As part of a growing SemperCare network in many states, SemperCare Hospital of Little Rock is a 37-bed hospital located at Baptist Health Medical Center, and SemperCare Hospital of Pine Bluff, a 27-bed hospital located at Jefferson Regional Medical Center where medically complex patients receive the expert long-term acute care that yields optimal outcomes. Residing within major medical centers, our self-contained hospitals offer you continuous patient relationships (from admitting to discharge), rare proximity to all caregivers, and full access to educational resources.

Nursing Opportunities are available at both facilities. Visit our website for current openings. Please contact Karen DeLavan at 1-866-638-5512, send resumes to: Fax: (972) 836-1333 or e-mail: karendelavan@SemperCare.com. We are located at: SemperCare Hospital of Little Rock, 9601 Interstate 630, Exit 7, Little Rock, AR 72205. You may also visit or apply on line at www.SemperCare.com. EOE.
Having been a registered nurse for over thirty years, I have seen nurses who have become addicted to their own prescriptions, diverted drugs for their own use, and stolen drugs to sell to others. But, when I became a member of the ASBN staff, I was not prepared for the devastation and carnage I have since witnessed in my fellow nurses. It has caused me great sadness to see what this illness has cost these people and how prevalent these issues are in the field of nursing in all states, not just ours.

Since coming to the board staff, I have met with nurses who have lost their children, their homes, their jobs, their dignity, and their self worth as a result of the abuse of various drugs. I have come to better understand that this is a disease and one that destroys lives just as dreadfully as cancer or diabetes. Drug abuse and drug dependence represent different ends of the same disease process. This disease process can not only cost you your nursing license, but your livelihood. This disease process can cause you to end up in our court systems—even in our prison systems.

Drug abuse and dependence is a disease and NOT a character defect. Different people will be affected by drugs in different ways, and some people are more prone to addiction than others. As healthcare professionals, it is important to remember that a person being treated for this condition requires the same respect as a person with any other medical condition.

A person who abuses drugs frequently does not realize that they have a problem. It frequently falls to family members or co-workers to confront the illness head on with the abuser. The signs and symptoms displayed by the person depend on what substances the person has abused. Many agents cause a change in the level of consciousness—usually a decrease in responsiveness. Frequently, people taking the drug don’t recognize the changes in their behavior, but co-workers and family members do.

Intervention is possible, but a professional should offer the treatment, recommendations, and follow up. Coming off these agents is frequently accompanied by many unpleasant effects and should be done under the...
supervision of experienced healthcare providers.

The initial evaluation by an addictionologist is just the first step in battling drug abuse. Follow up with drug avoidance will be essential to the treatment of this illness. Support groups contribute significantly to the success of battling addiction. The twelve step program, which helps give the addict strength and the emotional support to overcome the addiction, is taught effectively in many of these groups.

Finally, prevention of this illness involves avoiding places frequented by drug abusers and not associating with known drug abusers. I have spoken with so many nurses who have been picked up by the police for drug use while riding in the car or associating with a member of the opposite sex who is a known drug abuser. Don’t think because you are a healthcare professional, you are too smart to get caught up in this horrible mess. Knowledge about drug use and abuse is key to preventing abuse in the first place and avoiding relapse among those who are recovering.

Treatment of drug dependence and abuse requires a long-term outlook. A person with a history of drug abuse must be constantly on guard to avoid individuals and situations that include drugs. There is no such thing as casual use for them.

It would seem unnecessary to be said, but it is so much easier never to start down this road. This path is full of pain, regret, remorse, humiliation, and loss. Stay clean, stay vigilant for yourself, your family, and for your nursing career. The cost of drug abuse is way too high for any of us.

If you’re ready to make a change, you can also make a difference.

Join the family of nurses at Conway Regional Health System. We’ve established a higher standard of care for our communities in Central Arkansas and need more nurses to meet this growing demand. You’ll provide the special care our friends and families have come to expect.

We invite you to work where you can make a difference in the life of your patients and advance in your career. Join our team of professional nurses that deliver the kind of care that has helped make our patient satisfaction scores some of the highest in the nation.

Human Resources: 501-513-5311
Nurse Recruitment: 501-513-5410
Available Positions: www.conwayregional.org

Baptist Health
SCHOOLS OF NURSING
AND ALLIED HEALTH

PROVIDING NURSING EDUCATION
FOR OVER 80 YEARS

• LPN/LPTN to RN Accelerated
• Registered Nursing
• Practical Nursing
• Nurse Refresher Course

Go on-line at baptist-health.com or call
501-202-6200 or 1-800-345-3046
11900 Colonel Glenn Road
Little Rock, AR 72210

by Ruthanne Murphy
Attorney
The Disciplinary Process

ASBN received 732 complaints between July 1, 2003, and June 30, 2004. The two primary sources of complaints are employers and reports from the Office of Long Term Care. However, the Board can and does receive complaints from individual nurses, the public, law enforcement, other regulatory agencies, and boards of nursing in other states. Other sources of complaints are from the staff reviewing applications, documents submitted to the Board, and nurses reporting themselves. Anonymous complaints are accepted and investigated, however, if the complainant does not give sufficient information, the Board staff cannot conduct an investigation.

The grounds for disciplinary action are defined and described in the ASBN Rules and Regulations, Chapter Seven, Section XV. Reviewing this section will be helpful in determining if the nurse has violated the Nurse Practice Act or the ASBN Rules and Regulations.

Complaints to the Board must be submitted in writing. A legible hand written or typed letter to the Board should include the following:

- Nurse’s name and license type (LPN, LPTN, RN, APN).
- Where the nurse works or where the offense occurred.
- An objective description of what the nurse has done or failed to do.
- If known, the complainant should include some type of unique identifier such as license number, social security number, address, or date of birth of the nurse.

Staff review all written complaints received by the Board. A request or subpoena is sent to the appropriate persons or facilities when additional information is needed. The nurse who is named in the complaint may be sent a request to respond to the allegations in the complaint. Upon receipt of all of the information, staff must determine if there is evidence that the Nurse Practice Act or the ASBN Rules and Regulations have been violated. If no evidence of violation is found, the case is closed.

The Nurse Practice Act A.C.A. §17-87-309(a) gives the ASBN sole authority to deny, suspend, revoke, or limit any license to practice nursing or certificate of prescriptive authority issued by the board or applied for in accordance with the Nurse Practice Act.

- The Board may deny approval of an applicant to take the NCLEX® or endorse from another state. Denial is usually based on dishonesty, action in another state, or conviction of a crime that prohibits the individual from holding a nursing license. A list of crimes that bar one from holding a nursing license can be found in the Nurse Practice Act ACA §17-87-312.
- Letters of Warning can be issued by Board staff to inform the nurse the Board is concerned about his/her actions and if they are not corrected may lead to disciplinary action in the future. This is not a disciplinary action.
- Letters of Reprimand are issued by the Board staff when a nurse has violated the Nurse Practice Act or the ASBN Rules and Regulations. The nurse may be required to take courses or write papers related to the violation.
- The Board issues Board Reprimands after a formal hearing. This reprimand may also require the nurse to pay a civil penalty, take a course, or write a paper related to the violation.
- Probation allows nurses to continue to work while under close supervision of their employers and the ASBN for a specified period of time. Nurses are ordered to inform their employers of the disciplinary actions and to complete specific requirements. Requirements may include, but are not limited to, paying a civil penalty, taking continuing education courses, writing papers, obtaining quarterly evaluations from the employer, submitting personal reports to the Board, or retaking the licensure examination. If the violation is related to substance abuse or abuse-potential drugs, the nurse may be required to enter a treatment program and have random drug screens.
- Suspension takes away a nurse’s license for a specific period of time. The nurse may be ordered to complete requirements similar to those described under probation. After successfully meeting the requirements of the suspension, the nurse may request license reinstatement. Once reinstated, a probation period may follow to ensure that the nurse returns to safe nursing practice.
- Revocation of a nursing license is permanent. The person cannot ever prac-

**DISCIPLINARY Q&A**

**Q** I have been told that I can lose my license if two physicians file a complaint against me with the Board of Nursing.

**A** The Arkansas Nurse Practice Act ACA 17-87-309(a) gives the Arkansas State Board of Nursing sole authority to deny, suspend, revoke, or limit any license to practice nursing or certificate of prescriptive authority issued by the board. The ASBN will investigate any written complaint that is submitted. Disciplinary action is taken based on the facts of the case and not the number of complaints received.
nce nursing in Arkansas again. If the person holds two licenses, such as an LPN and RN, action is taken on both licenses.

- Nurses may voluntarily surrender their nursing licenses to avoid or delay disciplinary action. A voluntary surrender of licensure is for a minimum of one year. At the end of the year, a request for license reinstatement can be submitted. The issues that caused nurses to voluntarily surrender their licenses must be addressed prior to reinstatement.

All disciplinary action is:

- Public information.
- Made a permanent part of the nurse’s record.
- Reported in the *ASBN Update* and on the website.
- Reported to the National Council of State Boards of Nursing Disciplinary Data Bank and shared with all state boards of nursing.
- Reported to the Healthcare Integrity and Protection Data Bank.

Certain disciplinary actions are reported to the Office of Inspector General and may result in the nurse being excluded from working in Medicare or Medicaid funded facilities.

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. Disciplinary action against a nurse’s license is one method used to protect the public from unsafe nursing practice. The ASBN cannot fulfill their mission without the assistance of nurses, employers, and the public. The *ASBN Rules and Regulations*’ description of unprofessional conduct requires nurses to report violations of the *Nurse Practice Act* to the Board.

---

**PROGRAMS**

- BSN
- LPN to BSN
- RN to BSN
- RN to MSN
- MSN
- Post-Masters
- 2nd degree Certificate

**GRADUATE (MSN SPECIALTIES)**

- Adult Nurse Practitioner (Primary)
- Family Nurse Practitioner
- Adult Psychiatric Mental Health NP
- Family Community Health Clinical Nurse Specialist/Nurse Educator
- Medical Surgical CNS/NE
- Psychiatric Mental Health CNS/NE
- Nurse Educator

**Distance Sites:** UAFS in Fort Smith & ATU in Russellville

---

**Caring for what matters most...**

**FARM BUREAU ARKANSAS**

No matter where you call home.

**www.arfb.com**

1-800-863-5927
Ann Landers once said, “The naked truth is always better than the best-dressed lie.”

Well, here is the truth:
(a) Some nurses will try scams to obtain prescription medications.
(b) Some nurses will forge prescriptions to obtain medications.
(c) Some nurses will alter written prescriptions to obtain a greater quantity of prescription medications.
(d) Some nurses will steal prescription medications from current stock.
(e) Some nurses will divert prescription medications by telephoning new prescriptions or refill authorizations for their personal use.
(f) Some nurses will steal medications while on duty.
(g) Some nurses will come to work in an impaired state and/or abuse drugs or alcohol while on duty.

This list is frightening. But this list includes only a few of the ways you may be compromised in the world of drug abuse. The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

Prescription drug diversion can best be defined as the obtaining of prescription medications for illicit purposes. This is accomplished by a variety of methods by a variety of offenders, and can include deception or outright theft. Prescription drug abuse accounts for a large percentage of the overall drug problem in the United States, representing a close challenge to cocaine addiction. The abuser may be a person close to you, a co-worker, a friend, or even a relative.

Other methods of diversion can include forgery of prescriptions after stealing prescription pads or altering the quantity prescribed on a prescription, inappropriate entry into a Pyxis system, signing out inappropriate amounts of controlled substances, and signing out controlled substances without a physician’s order.

Does this really happen? Yes it does!!!

Defend your practice. You have worked long, hard hours to obtain your level of licensure. Make yourself aware of the many diversions tactics that are used. The most effective methods of combating prescription drug abuse are education and communication. Nurses must be aware of the gimmicks and techniques used by drug abusers to obtain controlled substances. The Drug Enforcement Administration has pamphlets available that describe how to recognize drug abusers, that lists common characteristics of drug abusers, and that detail methods of operation of drug abusers. Pharmacy Services and Drug Control (PS & DC) of the Arkansas Department of Health also has information available including Rules and Regulations Pertaining to Controlled Substances, Guidelines for Prescribing Controlled Substances, telltale signs of drug abuse, and characteristics of illicit prescriptions. The staff of PS & DC welcomes your questions.

Nurses who unlawfully appropriate medications for their own use are stealing. The consequences of this type of action are oftentimes a criminal conviction combined with disciplinary action by the licensing Board. The U. S. Chamber of Commerce reports that one in four employees steal from the workplace when the stakes are high and supervision is low. In a recent report of surveys conducted by academics, as many as 43% of workers admitted stealing from their employer. The FBI reports that employee theft is one of the fastest growing crimes in America. This is more than legal pads or pens. Unfortunately, employees may also be diverting controlled substances for personal use or trafficking. They too, may forge prescriptions from an unattended supply of pads, they may phone in refills for a co-conspirator in crime (even their spouse or significant other), or approve refills for themselves.

Certainly an article of this size cannot list all that should be accomplished by you as the responsible person for your practice and the control and accountability of potential substances of abuse in your practice. Suggestions would include the following:

• Know and comply with facility policies and procedures.
• Ensure policies and procedures are consistent with state and federal laws.
• Maintain proper records and security (double-lock) for all controlled substances.
• Secure all prescription pads in a facility to limit access to the general staff.
• Sign in medications (nursing home settings) as soon as they are delivered and secure them immediately in a locked system.
• Initiate a double check system for ordering medications.
• Audit controlled substance records to ensure that signatures are not documented merely to make the count “right.”
• Monitor record keeping to ensure that records and wastage are consistent with amounts signed for.
• Ensure that two licensed personnel visually audit the controlled substances at shift change. Beware of one nurse counting from the record and the other from the drawer or lockup.
• Know the rules and regulations for the administration of “as needed” medications.
• Ensure each nurse completes and reviews a Pyxis activity report at the end of shift as required by facility policy and procedure.
• Witness and sign the controlled substance administration record ONLY when you actually witness a wastage.
• Administer only medications you have procured, not those provided to you by another nurse.
• Understand that if requested to provide a drug screen as a result of a con-
trolled substance discrepancy and the test indicates a positive result for drugs for which you have no prescription, you must accept the consequences of your actions.

• Be fully aware of policies and procedures of hospice organizations for which you are employed regarding wastage as opposed to surrender of controlled substances in the event of death of your patient (these differ from residence to long term care facility).

• If employed as director of nursing in a long term care facility, be aware of policy and procedure and ultimate responsibility regarding surrender of discontinued controlled substances to the Arkansas Department of Health. Just as you are licensed to drive a vehicle and must follow the rules of the road and always drive defensively, so is your practice of nursing. You must always be vigilant of where you have been, where you are going, and what is up ahead. Never allow yourself to get into situations that promote diversion and drug abuse.

For specifics on controlled substance requirements or further information regarding drug diversion, please do not hesitate to contact:

Arkansas Department of Health Pharmacy Services and Drug Control
4815 West Markham Street, Mail Slot #25
Little Rock, Arkansas 72205-3867
(501) 661-2325  FAX (501) 661-2769

Dr. Frazier is the Work Unit Leader, Senior Pharmacist Investigator at the ADH Pharmacy Services and Drug Control.
**Professional Boundaries in Nursing**

Boundary issues are everywhere for nurses. Issues on the continuum range from stopping to buy a few groceries for a home-bound client, to accepting a personal gift from a client, to having a friendship with a former client, to having a sexual relationship with a current client. Although there is more gray area than black and white when studying boundaries, nurses can make thoughtful decisions when provided with information about the fundamentals of boundaries. This article is intended to highlight some of the basics. Nurses are encouraged to read additional information and have discussions with colleagues to broaden their understanding of the topic.

Boundaries are defined as limits that protect the space between the professional’s power and the client’s vulnerability. Maintaining appropriate boundaries controls this power differential and allows for a safe connection between the professional and client based on the client’s needs.

The need for maintaining appropriate boundaries arises from the nature of the nurse-client relationship. Like other professional relationships, the client places his or her confidence in the nurse who possesses special knowledge, expertise, and authority. In addition, the client is vulnerable in so far as he or she has a nursing care need which the nurse has the ability to meet. It is imperative that the nurse be aware of this power differential and ensure that the nurse’s actions are intended to meet the nursing care needs of the client.

The maintenance of boundaries need not be seen as an impediment to the professional relationship, but rather as facilitating it. Maintaining professional boundaries protects the safe space in the relationship and thereby enhances the building of the trust which is essential to enable clients to reveal their needs.

A boundary violation occurs when a nurse, consciously or unconsciously, uses the nurse-client relationship to meet personal needs rather than client needs. This violation breaches the fundamental nature of care that obligates the professional to place clients’ needs first. It is helpful to view this as a process or a “slippery slope” rather than an end result or a “crossing the line.” This provides an opportunity for the nurse to heed warning signs which will allow the nurse to take steps to reevaluate the relationship with the client and to reestablish appropriate professional boundaries. It also prevents ignoring, normalizing or dismissing relatively minor or less visible boundary violations. The minor violations may be damaging to the relationship and left unexamined, the minor violations can be repeated and expanded.

Four elements characteristically appear in boundary violations: role reversal, secrecy, double-bind, and indulgence of professional privilege.

### Role Reversal

Role reversal occurs when the client takes care of the nurse as the nurse looks to the client for satisfaction and gratification, rather than the nurse placing client needs first. The nurse may not be consciously aware of this role reversal or may attempt to justify it by contending his or her actions are for the client’s benefit. Example: A client becomes a nurse’s chemical dependency.

### Secrecy

Secrecy involves the nurse keeping critical knowledge or behavior from the client and/or others or selectively sharing information. Example: A nurse takes a client into his or her home and tells the client the nurse’s employer cannot know about this or the nurse will lose his or her job.

### Double-Bind

A double-bind consists of two sets of messages which contradict each other while they discourage the receiver of the messages from noticing the inconsistency. The client is left feeling caught in a conflict of interest: any attempt at resolution places the client at risk of loss. The client is torn between the desire to terminate the relationship and the realization that this will end any form of help from the professional. The double-bind contains an implied threat. A sense of guilt and fear of possible abandonment by the professional blocks the client from taking action. The double-bind constrains the client from using all available options and thus limits growth. Examples: 1) A nurse makes negative comments about other nurses caring for a client who has development of trust as a therapeutic goal. 2) A nurse tells a therapy client that they may begin a personal relationship when the client is no longer in therapy.

### Indulgence of Professional Privilege

Indulgence involves using information obtained in the relationship with a client for the benefit of the professional. Because the professional has authority over the client’s situation, that professional is susceptible to extending the privilege of his or her position to intrude on the client. However, access to information does not constitute a right to it. This access is a professional privilege; it is not a professional right to use the information for one’s own benefit. Example: Using proximity to post-partum mothers to locate a baby for adoption by the nurse.

To avoid boundary violations, it may be helpful to be aware of “warning signs”. In isolation these do not necessarily indicate a problem, but if repeated or if several warning signs are present, the nurse should reevaluate his or her actions.

- **Perception:** The nurse should ask: Is this what other nurses would do? How would this appear to others (peers, family, superiors)? How does this appear to the client?
- **Time:** The nurse should consider the quality and quantity of time spent with the client. Does it vary from what spent with other clients? Is the nurse spending “off duty” time with the client?
- **Meeting time and place:** Is the location of the interaction appropriate to the relationship? Would you provide nursing service to other clients in this location? If there is a legitimate, therapeutic need to meet at an unusual time, has it been made known to others and documented?
- **Gifts:** Does the gift giving create a sense of obligation on the part of the recipient? Is this a routine part of your practice regardless of the age or gender of the client? Is the gift of a personal nature, given to one nurse or a general gift given to a group of caregivers? Does the facility have a policy regarding gifts?
- **Forms of address:** Has there been a change in the way the client is addressed or how this client is addressed in relation to others?
**Personal attire:** Has the nurse’s style of dress changed with more attention paid to personal appearance?

**Making exceptions:** In general the nurse should carefully consider the therapeutic purpose in making exceptions in helping a client or family member. Another type of exception to note would be the nurse who changes assignments to care for a particular client.

**Internal cues:** Learning to recognize and trust internal cues is important. A nurse should seek guidance if he or she is in a situation which raises questions in the nurse’s mind. When in doubt, check it out. Nonverbal behavior, the nurse’s or the client’s, may provide helpful insight. Does the nurse become defensive if questioned about the interaction with the client?

**Meeting personal needs:** In addition to recognizing that the client’s needs must come first, the nurse should be aware of his or her own social and emotional needs and take affirmative steps to have those needs met away from work. Thoughts such as “I only feel appreciated at work” or “Only I can help this client” indicate the nurse may be meeting his or her needs through clients.

**Dual relationships:** The nurse enters a nurse-client relationship in order to provide the client with nursing services. Nursing services would not include, for example, dating, baby-sitting or entering a business relationship with clients.

**Confidentiality:** The nurse should maintain confidentiality by not using or sharing confidential information unless it is for a legitimate therapeutic purpose.

**Choosing sides:** Is the nurse taking sides with the client against the significant others? The nurse should ask: “What is the value in taking sides?” How can the nurse assist the client in looking at all sides of the issue to utilize his or her own problem solving skills?

**Self-disclosure:** While professionals want to be perceived as caring, self-disclosure is rarely helpful or necessary. The nurse should consider the client need served by the self-disclosure and determine whether personal issues shared with the client are brief, resolved and related to what the client is experiencing.

**Touch:** Touching is an integral part of many nursing interventions. Touch may be a component of another action, e.g., checking a blood pressure, or may be therapeutic in and of itself. Touch, however, should not be used indiscriminately. The nurse should be clear in his or her own mind why touch is called for and communicate this to the client.

**Communication:** It is the responsibility of the nurse to establish and maintain boundaries and to communicate this to the client. In addition, the nurse should be able to communicate to others the nature of the relationship with the client. Is the nurse keeping secrets with or about the client? Does the nurse fail to document or report negative information about the client?

This is not an exhaustive list but should be instructional for all nurses. A nurse in any practice setting will encounter boundary issues. With forethought, planning, communication, and evaluation, the nurse can take steps to ensure a boundary issue does not progress to a boundary violation.

**BIBLIOGRAPHY**


Originally published in the Minnesota Board of Nursing newsletter. For more information contact the MINNESOTA BOARD OF NURSING, 2829 University Avenue SE #500 Minneapolis, Minnesota 55414-3253, 612) 617-2270, www.nursingboard.state.mn.us.

---

**Spotlight ON DISCIPLINARY STAFF**

**PATTY SMITH** is one of two Disciplinary Assistants and has been employed with the Board since 2002. Patty is responsible for monitoring the compliance of licensees to Board directives, issuing disciplinary letters, and other functions within the department. Patty resides in Little Rock.

**LESLIE SUGGS** is one of two Disciplinary Assistants and has been employed with the Board since February 2001. She is responsible for mailing the appropriate documents regarding voluntary surrenders and reinstatements of licensure, as well as preparation for board hearings. Leslie lives in Benton with her husband Michael. They have two children, Olivia and Jagger.

**CARMEN SEBASTINO** is the Data Entry Secretary in the Disciplinary Department, she has been with the Board since July 2004. Carmen started with the Board as the Receptionist/Cashier. Carmen enters all Disciplinary data into the computer databases, issues subpoenas, answers Freedom of Information requests, and performs other functions within the department. She is bilingual in Spanish, including reading and writing. Carmen resides in Cabot with her husband. She has a son and daughter and three grandchildren.
NCLEX-PN® May be Taken If Part of RN Program Completed

In 1999, the Board voted to adopt the Uniform Core Licensure Requirements developed by the National Council of State Boards of Nursing. As part of the core requirements, applicants who have completed an equivalent course in a state approved registered nursing program may be admitted to the NCLEX-PN®, provided they are otherwise qualified. Additionally, RN graduates who fail NCLEX-RN® are eligible to take the NCLEX-PN exam.

To qualify for taking the NCLEX-PN under the equivalence provision, the applicant must meet one of the following:
- LPTN to LPN: LPTNs who completed an ASBN approved LPTN program after March 18, 1980, may be admitted provided they are otherwise qualified.
- NCLEX-RN failures: graduates of Board approved RN programs, upon submission of an official transcript directly from the school and a copy of their RN examination failure results, may be admitted provided they are otherwise qualified.
- Portion of RN program: Candidates who have completed equivalent courses in an ASBN approved program of nursing may be admitted provided they are otherwise qualified. The candidates must provide evidence verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs that includes:
  - Successful completion of coursework in an RN education program approved by the ASBN or a similar board in another state.
  - Academic courses with clinical components in medical-surgical,
mental health, maternity, and pediatric nursing; general education courses in anatomy and physiology; and course content in growth and development, mental health, pharmacology and nutrition, all completed with a minimum grade of "C."
- The last nursing course of the RN program completed no longer than two years prior to application.
All candidates must successfully complete a Board approved practical nurse role and scope of practice course prior to taking the exam.

<table>
<thead>
<tr>
<th>DATE</th>
<th>CITY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 15</td>
<td>Little Rock</td>
<td>St. Vincent Infirmary Medical Center Center for Health Education #2 St.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vincent Circle</td>
</tr>
<tr>
<td>April 21</td>
<td>Monticello</td>
<td>Gipson University Center 517 University Drive (Green Room)</td>
</tr>
<tr>
<td>June 16</td>
<td>Batesville</td>
<td>UACCB 2005 White Drive (Independence Hall Auditorium)</td>
</tr>
<tr>
<td>September 29</td>
<td>Magnolia</td>
<td>SAU 100 East University St. (Grand Hall)</td>
</tr>
<tr>
<td>October 6</td>
<td>Jonesboro</td>
<td>St. Bernard's Regional Medical Center Auditorium 505 East Washington St.</td>
</tr>
<tr>
<td>November 15</td>
<td>Fort Smith</td>
<td>Sparks Regional Medical Center 1311 South 1 St. (Shuffield Education Ctr)</td>
</tr>
<tr>
<td>December 1</td>
<td>Northwest Arkansas</td>
<td>TBA</td>
</tr>
</tbody>
</table>

Rebsamen Medical Center is a 113 bed acute care hospital centrally located in Jacksonville, Arkansas. Rebsamen offers an opportunity to enjoy a rewarding career providing quality healthcare to the families in our community.

Caring for you like family.

Please fax your resume to 501-985-7423.

For a current job listing or to submit an application visit our website at www.rebsamenmedicalcenter.com. For more information or to schedule an appointment please call 501-985-7045 or call our Jobline at 501-985-7043.

Because we care.

“We are caring people serving our community with compassion, integrity, and excellence.”

- 72 Hour full time status
- LPN 20/20 program (get paid to go back for your RN education)
- In house agency
- PRN shifts available
- Sign on bonuses
- RN Weekend Option: Fri/Sat nights 7P & Sat/Sun days 7A
- Free CEU accredited educational programs available on campus

For more information call 870-735-1500, ext.1277 or email us at: Beccawinter@msn.com

ASBN Workshops for 2005

We are in the process of finalizing our plans for our 2005 workshops. The workshop targeting nursing management is planned for the Little Rock area in June. Workshops designed for all nurses and nursing students will be held in the following cities. We look forward to seeing you at one of these workshops.

<table>
<thead>
<tr>
<th>DATE</th>
<th>CITY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 15</td>
<td>Little Rock</td>
<td>St. Vincent Infirmary Medical Center Center for Health Education #2 St.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vincent Circle</td>
</tr>
<tr>
<td>April 21</td>
<td>Monticello</td>
<td>Gipson University Center 517 University Drive (Green Room)</td>
</tr>
<tr>
<td>June 16</td>
<td>Batesville</td>
<td>UACCB 2005 White Drive (Independence Hall Auditorium)</td>
</tr>
<tr>
<td>September 29</td>
<td>Magnolia</td>
<td>SAU 100 East University St. (Grand Hall)</td>
</tr>
<tr>
<td>October 6</td>
<td>Jonesboro</td>
<td>St. Bernard's Regional Medical Center Auditorium 505 East Washington St.</td>
</tr>
<tr>
<td>November 15</td>
<td>Fort Smith</td>
<td>Sparks Regional Medical Center 1311 South 1 St. (Shuffield Education Ctr)</td>
</tr>
<tr>
<td>December 1</td>
<td>Northwest Arkansas</td>
<td>TBA</td>
</tr>
</tbody>
</table>
New Educational Program Directors

According to ASBN Rules and Regulations Chapter Six. Section III. A. 2, the Board shall be notified of major changes affecting nursing education programs, one such change being the director of the programs. Below is the listing of new educational program directors.

Savannah Daniel, MSN, RNP, RN

Ms. Daniel was appointed Interim Chair of the University of Arkansas at Pine Bluff Nursing Program. Prior to this appointment, she served as assistant professor of nursing at UAPB. She also has extensive clinical experience in oncology and currently operates her own consulting company, Daniel Nursing Consulting Oncology.

Savannah obtained her bachelor of science in nursing degree from University of Nebraska at Omaha in 1975 and her master’s of science in nursing in 1982 from the University of Central Arkansas.

Ms. Daniel is certified as an advanced oncology nurse by the Oncology Nursing Certification Corporation and has written numerous grants related to cancer education.

Savannah and her husband, Ben, reside in Pine Bluff. They have three children and six and a half grandchildren. In her spare time she takes care of her elderly parents.

Education of others has always been a focus of Ms. Daniel’s career. She enjoys the role of educator because it is one way “to make a difference.”

Jill Hasley, RN, APRN, MNSc

Ms. Hasley has been appointed as Program Director of the Arkansas Rural Nursing Education Consortium (ARNEC) LPN/LPTN to RN transition program. She has 3 1/2 years of teaching experience from Southern Arkansas University and over ten years clinical experience in the maternal/child area.

Jill has made many educational presentations to the community on topics such as safety, the nursing shortage, and the role of the nurse practitioner. She is a member of the Arkansas Nurses Association, the National Association of Pediatric Nurse Practitioners and Sigma Theta Tau. She was appointed by Board President Dan West to the ASBN Education Committee to assist in addressing educational topics presented to the Board.

Ramonda Housh, APN, RNP, RN

Ms. Housh was appointed Chair of Black River Technical College Nursing Program. Prior to this appointment, she worked as a pediatric nurse practitioner in a pediatric clinic in Conway and Jonesboro.

In 2003, Ms. Housh completed her master’s of science in nursing from the University of Arkansas for Medical Sciences. She graduated from Arkansas State University with a bachelor of science in nursing in 1993.

Ramonda is a member of Sigma Theta Tau and National Association of Pediatric Nurses and Practitioners.

Ms. Housh and her husband, Eric, reside in Pocahontas with their two children, Dylan, age 10, and Sydney, age 7.

Clint McBryde, BSN, RN

Mr. McBryde has been appointed Practical Nurse Program Coordinator at the University of Arkansas Community College at Batesville. Prior to this appointment he was a full-time faculty member at the college. He obtained a bachelor’s of science in nursing from the University of Central Arkansas in 1997.

His clinical experience has been in home health, hospice, orthopedics, general med-surg, pediatrics, emergency room, and the operating room.

Mr. McBryde’s thoughts on teaching are, “I enjoy teaching the fundamentals to PN students. These skills and procedures make such a difference in the daily lives of the client. Often in the realm of professional nursing we get bogged down with the paper and pen and lose touch with our therapeutic abilities. I am reminded of this every time I stand before my class. I feel this is a place where I can make a difference.”

Golden M. Tradewell, PhD, RN

Dr. Tradewell was appointed as Chair of the Department of Nursing at Southern Arkansas University. She comes to SAU from McNeese State University in Lake Charles, Louisiana. While at McNeese State University, she served as an Assistant and Associate Professor. Dr. Tradewell obtained her PhD from Louisiana State University in 2002. She also holds a bachelor’s of science in nursing, master’s of science in nursing, and a master’s of arts in social science in psychology.

Her clinical experience is in hospice and home health. She has also participated in mission trips to Akil, Yucatan, Mexico, and Nicaragua. She is a member of Phi Kappa Phi Honor Society and was nominated as Distinguished Faculty for the College of Nursing in May of 2002.

Dr. Tradewell served as co-editor of F.A. Davis’ PN-NCLEX Review, which will be published in spring of 2005. She has also published in many other textbooks.
Disciplinary Actions—October, November 2004

The full statutory citations for disciplinary actions can be found at www.asbn.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). Probation periods vary and may include an impaired-nurse contract with an employer 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 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**

- Allen, Shakesha Starr
  - L41259, Little Rock
  - (a)(6), CP $500
- Barnett, Patricia Naomi
  - Vandenberghe, L64958, Malvern
  - (a)(4)&(6), CP $1,000
- Bowles, Rebecca Joyce Paxton Skarda
  - R64422, TMU000 (exp), Benton
  - (a)(4)&(6), CP $600
- Boyle, Janice Marie Oldhaim
  - L32356, Centerton
  - (a)(2), (a)(4)&(6), CP $800
- Brecon, Milford Anthony
  - R34042, C00623, Russellville
  - (a)(6), CP $1,500
- Burnett, Holly Ann Darliging
  - L22940, Jonesboro
  - (a)(4)&(6), CP $700
- Burns, Pamela Raye Coday
  - R34339, Stamps
  - (a)(6), CP $900
- Course – Legal & Ethical Issues in Nursing
  - Bynum, Ginger Leigh Root
  - L39776, Little Rock
  - (a)(6), CP $400
- Cass, Jack Richard
  - C01459, West Helena
  - (a)(6), CP $1,000
- Chapman, Jodi Maureen Ussery
  - L24298, Conway
  - (a)(2), (a)(4)&(6), CP $1,000
- Cunningham, Lyle Wayne
  - L25943, De Witt
  - (a)(4)&(6), CP $700
- Dallas, Patty Jayne Nichols
  - R33742, Searcy
  - (a)(4), CP $500
- Delhazier, Travis Fitzgerald
  - L30618, Pine Bluff
  - (a)(6), CP $500
- Fullbright, Tammy Kay Peterson
  - L28048, Star City
  - (a)(2), (a)(4)&(6), CP $800
- Gatewood, Peggy Jo Branscum Barnett
  - Gilkey R43087, Paragould
  - (a)(6), CP $500
- Jackson, Melissa Yolanda Bailey
  - R70127, Delight
  - (a)(4)&(6), CP $800
- Course – Setting Healthy Boundaries
  - Kirby, Kelly Louisha Kirby Herndon
  - R51421, Fort Smith
  - (a)(4)&(6), CP $800
- Locke, Nancy Joan Johnson
  - R41111, Benton
  - (a)(4)&(6), CP $1,200
- Long, Linda Jean Wharton
  - R22958, Little Rock
  - (a)(4)&(6), CP $800
- Mayo, Kimberly Dawn Marshall
  - Mathis R32688, Jonesboro
  - (a)(4)&(6), CP $1,200
- McCown, Courtney Elizabeth
  - L43037, Maumelle
  - (a)(2), (a)(4)&(6), CP $800
- McDermott, Patrick W.
  - L41168, Blytheville
  - (a)(6), CP $500
- Mobley, Harold Blaise
  - R44371, Monticello
  - (a)(6), CP $600
- Course – Turning Conflict into Cooperation and Ethics of Nursing Practice
  - Mooney, James Ray
  - R71935, El Dorado
  - (a)(6), CP $500
- Parmel, Stephanie Damm Voller
  - R52515, Russellville
  - (a)(6), CP $700
- Parent, Sarah Luella Reiter
  - R71788, Mountain Home
  - (a)(2)
- Pickett, Christi Dean Statler
  - R44915, Bauxite
  - (a)(2), (a)(4)&(6), CP $900
- Plafcan, Theresa Ann Godair
  - R44414, L22659, Carlisle
  - (a)(6), CP $700
- Rambo, Robin Elizabeth
  - L37626, Springdale
  - (a)(4)&(6), CP $600
- Równ, Jay Neal
  - R65339, Texarkana
  - (a)(6), CP $500
- Scott, Rhonda Marie Martin
  - R36322, Rogers
  - (a)(2), (a)(4)&(6)
- Smith, Jessie Benjamin
  - L36047, Little Rock
  - (a)(2), (a)(4)&(6), CP $750
- Snipes, Tara Ann
  - L40970, North Little Rock
  - (a)(4)&(6), CP $800
- Stark, Jill Loraine Pennington
  - L38652, Heber Springs
  - (a)(6), CP $800
- Strong, Tina Renee Cleveland
  - L39912, Mountain Springs
  - (a)(6), CP $400
- Travis, Dawn Elizabeth
  - R63469, Fayetteville
  - (a)(2), (a)(4)&(6), CP $1,000
- Tumbull, Reann Loper Masterson
  - R25080, Parry
  - (a)(6), CP $700
- Ware, Stephanie Gail Bradford
  - R64790, Hensley
  - (a)(6), CP $300
- Williams, Judith Louise Sowell
  - L14241, Bald Knob
  - (a)(6), CP $600
- Wynn, Tara Denise Tilden
  - L38984, Marion
  - (a)(6), CP $500

**REINSTATEMENTS WITH PROBATION**

- Barnett, Susan L. Briggs
  - R34566, Benton
- Carter, Phyllis Lynne Carter Parette
  - Tinkle A01055, R28864, P01000, Pine Bluff
- Garry, Christopher Allen
  - L39654, Mansfield
- Giese, Shelby Rene Lewis
  - R55815, Fort Smith
- Hamby, Rebecca Alene Hamby Wyant
  - R30368, Lonoke
- Johnson, Kimberly Dawn Rushing
  - L36330, Wynne
- Jones, Rita C. Shewmake Hendrixson
  - L27214, Monticello
- Lybrand, Micki Jo Mooney Brashin
  - R49997, Hot Springs
- Nipper (Brasel), Leslie Gail Stokes
  - L14764, Dierks
- Reddy, Lisa Jo Norton
  - R35339, Bauxite
- Ruff, Jennifer Eugene
  - R67942, L33744, Whitehall
- Rush, Kathryn Sue Rush Irvin
  - R24610, North Little Rock
- Smith, Stacy Christine Grant
  - R23261, Glenwood
- Willkorn, Stefanie Michelle Conaster
  - L39935, Murfreesboro
- Wright, Kara Beth Fennwik Dixon
  - R45440, Forth Smith

**REPROVANCE**

- Allen, Celdy Gail
  - R32688, Jonesboro
  - (a)(2), (a)(4)&(6)
- Eggerberger, Lisa Rose
  - R32688, Bartlett, TN
  - (a)(4)&(6)
- Fannin, Cecile Ann Woodward
  - L42722, Greenbrier
  - (a)(2)&(6)

**PROBATIONARY STATUS REMOVED**

- Cullum, Francilla Gail
  - L35296, Conway
- Davis, Denise Nicole
  - L41650, Pine Bluff
- Harper, Nikki Anne Malak
  - R52537, Maumelle
- Hudson, Christina Marie Jinks
  - R64481, Bauxite
- Johnson, Marye Rene
  - R33417, West Helena
- Knapp, Lillian Kay Thompson
  - R32684, Tuckerman
- Williams, Edwina Mattie
  - Hill Bell L15644, Little Rock

**WAIVER GRANTED**

- Boston, Marsha Lynn Carter
  - PN Applicant, Ft. Smith
- Paxon, Robyn Marie Westfall
  - PN Applicant, Benton

**ASBN HOT CHECK NOTICE**

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 Darla Erickson at 501.686.2705 if any are employed in your facility.

- Bradley, Rosa Marie
  - L16658
- Braten, Tracey Michelle
  - L34278
- Garay, Tracey
  - L37878
- McKee-Murphy, Bobbie
  - L4764
- Shabed, Nathan
  - T01220
- Sivils, June Elizabeth
  - L30290
- Williams, Sally F
  - L26287
St. Vincent Health System

Visiting Nurse Association of Arkansas

FULL TIME RN POSITION AVAILABLE

Is quality your goal? Does striving for performance excellence matter to you? Do you want to work for a company that values their employees as customers?

If you answered yes, then we want you to join our winning team. Visiting Nursing Association of Arkansas was recently awarded the Achievement Award from the Arkansas Institute for Performance Excellence. We offer an excellent benefit package and a generous sign on bonus for full time employment!

Apply online at: www.stvincenthealth.com
or contact Rebecca Brosius, RN, RN Recruitment Manager
501-552-3738 • 1-800-529-1915

R&D

- RNs up to $34/Hr
- LPNs up to $24/Hr
- TOP PAY • 100% INSTANT PAY
- 8 & 12 HR SHIFTS
- 24 HR SERVICE 7 DAYS A WEEK
- STAFFING & HIRING RNs, LPNs, RTs, PTs, OTs & CNAs
- We guarantee to work for you the healthcare professional

661-9995 or 661-9987
6100 West 12th Street, Suite 1
Little Rock, AR 72204

First Place Medical Staffing, Inc

Specializing in Medical Staffing

CNA, MA, RN's, LPN's, Dental Hygienists & Assistants Orthodontic Assistant Occupational, Respiratory, Psychical Therapies X-ray & Medical Tech
Contract Nursing
1225 Breckenridge Drive, Suite 206
Little Rock, AR 72205
501-224-6870; 501-224-5709 Fax
Lisa@turnage-employment.com
www.turnage-employment.com

For advertising info contact Adrienne Freeman at 501-221-9986 or adrienne@pcipublishing.com

Sexual Assault Nurse Examiner (SANE) Training Course at UAMS

March 2 - 5, 2005.
40 contact hours awarded with course completion.
Call 501-686-SANE
or email SANE@uams.edu

STAT Seminars

CE Division of Allied College of Technical Sciences Accredited by the Arkansas State Board of Private Career Education

Stat Seminars Strives to be the Premier Continuing Education Provider in the Health Care Community.

Look for Upcoming, Informative Seminars on:
- Substance Abuse
- Domestic Violence
- Assertiveness vs Aggression

All CE Credits State Certified • Approved for Administrators Contact Hours presented—per session!
for information call STAT Seminars 501-371-0039 or 501-371-0048 (fax)
STATEWIDE CAREER OPPORTUNITIES

HSC MEDICAL CENTER
1001 Schneider Drive • Malvern, AR 72104
501-337-4911 • Fax 501-332-1059
www.hscmedicalcenter.org

Mission: HSCMC’s mission is to serve our communities by providing quality and comprehensive healthcare services through professional excellence, compassion, respect and leadership.

• Continuing Education Opportunities
  (100% tuition & books after you’re employed)
• New Grads Welcome
• RN Positions Available

Dee Schall, CNO  501-332-7367
  e-mail  hscdon@cei.net
  HR e-mail  hscjhowe@cei.net

For advertising info contact
Adrienne Freeman at
501-221-9986 or
adrienne@pcipublishing.com

Arkansas Healthcare Personnel
425 N. University, Little Rock, AR 72205

LPN up to $25
RN up to $34

We have immediate openings for all shifts in a variety of healthcare facilities in and out of Central Arkansas.

Call to learn more. 501-666-1825 / 800-959-4625
Ahpnurses@sbcglobal.net or www.ahpnurses.com

AHP ARKANSAS HEALTHCARE PERSONNEL

We have immediate openings for all shifts in a variety of healthcare facilities in and out of Central Arkansas.

Enjoy daily pay and flexible scheduling.

Referral Bonus

Dee Schall, CNO  501-332-7367
  e-mail  hscdon@cei.net
  HR e-mail  hscjhowe@cei.net

You Could Win
A Carribean Conference Cruise

From Thinkaboutitnursing / Publishing Concepts. Earn Contact Hours and Have the Time of Your Life Cruising the Caribbean in April 2006!

You could WIN a berth on the Thinkaboutitnursing Premiere Continuing Education Caribbean Cruise! The lucky winner occupies a berth complete with beautiful views of the Caribbean and ports of call! Port charges, taxes, gratuities, conference material fees, all meals, 24-hour room service, shipboard activities, nightly entertainment and shows are all included. Register today!

Cruise to be awarded December 2005

Nurse’s Name______________________________________ Credentials ________________
Address ______________________________________________________________________
City ____________________________________ State _____________ Zip _______________
Phone_________________________________ email _______________________________

cmp your entry to: Caribbean Cruise
Publishing Concepts, Inc. • 14109 Taylor Loop Rd. • Little Rock, AR 72223
STATEWIDE CAREER OPPORTUNITIES

Registered Nurses
The Arkansas Department of Health is taking applications for RNs to work in In-home Services throughout the State.

- Mileage Reimbursement
- Paid Holidays & Leave
- Health Insurance
- Retirement

For more information contact: Betty Dunn at 1-800-482-5400 Ext. 2276
Arkansas Department of Health EOE/mfh

EMPLOYMENT SOLUTIONS
STAFFING PROFESSIONALS

(501) 847-5800
2900 Horizon–Suite 18–Bryant
FAX (501) 847-5805 www.employment-solution.com
We specialize in Medical Staffing

For advertising info contact Adrienne Freeman at 501-221-9986 or adrienne@pcipublishing.com

JEFFERSON STAFFING SOLUTIONS – IN-HOUSE AGENCY
(13 WEEK ASSIGNMENTS)

RNs UP TO $29/HR.
FULL TIME ASSIGNMENT
8 HOUR SHIFTS

PER DIEM POOL

JEFFERSON STAFFING SOLUTIONS – IN-HOUSE AGENCY
(13 WEEK ASSIGNMENTS)

RNs UP TO $29/HR.
FULL TIME ASSIGNMENT
8 HOUR SHIFTS

PER DIEM POOL

2 YEARS EXPERIENCE REQUIRED IN REQUESTED AREA

Jefferson Regional Medical Center is committed to providing measurable quality health services in a caring environment, which fulfill the needs of our patients, physicians, employers, employees and community.

(870) 541-7673 1515 West 42nd Ave. Pine Bluff, AR 71603 EOE

Thanks to Our Sponsors for a Great 2004 Thinkaboutitnursing EXPO!

- Baptist Health
- UAMS
- Arkansas Children’s Hospital
- Farm Bureau
- JRMC
- St. Joseph’s Mercy Health Center
- St. Vincent
- St. Bernard’s Medical Center
- Washington Regional Medical Center

For details on the 2005 Thinkaboutitnursing EXPO call Laura at 501-221-9986
Inspired to Make a Difference.

They are known by many names.


But, they all mean the same thing: Nurse.

Exceptionally gifted. Intensely trained. And absolutely vital. The nurses of today's St. Vincent.

To learn more about career opportunities in nursing, call St. Vincent Health System Nurse Recruitment at (501) 552-3738.
Care, Love and Hope
Arkansas Children’s Hospital

Nurse Recruitment
800 Marshall St., Slot 607
Little Rock, AR 72202
501-364-1398
Email: nurse@archildrens.org
www.archildrens.org