CBD Oil and Your Nursing License

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Happy Holidays!
from the staff of
Arkansas Healthcare Personnel
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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.
The staff at the Board of Nursing will not forget 2019. They have been weaving down the pathway of change all year. Change is an unavoidable constant in our work lives and is never easy. However, we have emerged on the other side and are seeing improvement in our efficiency and effectiveness.

On April 11, 2019, Gov. Hutchinson signed the Transformation and Efficiencies Act of 2019 into law. This act created a major restructuring of government agencies, which has not occurred since 1972 under then-Governor Dale Bumpers. The goal is to increase the number of efficiencies and cost-saving measures to streamline state operations and put money back into the pocket of hard-working Arkansans. The transformation reduced the number of cabinet-level agencies from 42 to 15 without sacrificing services. Financial waste in government costs the taxpayers. This transformation is designed to decrease waste and save money for the state so the savings can be reallocated to important initiatives.

The Board of Nursing, along with the other health care related boards, has been placed under the Department of Health and reports directly to Secretary Nate Smith. The transformation allows us to maintain our authority and revenue sources. There will be some shared services, such as human resources, but for the most part we will continue to handle business as usual.

If you have visited our website or received any correspondence from us lately you will notice the Department of Health logo on our communications. We have a different look, but we are the same agency we have always been.

The Governor is also in the process of moving the IT services of all state agencies under the Department of Information Systems (DIS). This should not affect the public other than our agency has new email addresses. In June we changed our licensing database to a new system which takes us further into the world of green – paperless. If you have renewed your license since June you have noticed how our renewal process changed with the new system. We spent countless hours planning how to make the transition as smooth as possible and many hours solving the unforeseen issues that raised their ugly heads. Shortly after this big initiative we changed companies used for monitoring drug screens for nurses on probation. This provided for individuals under monitoring to submit almost everything through the new company’s website and keep us moving toward a virtually paperless office. Both of these paperless systems have improved our communication with nurses and made our processes more efficient.

For most of us, change is personal. However, we must learn to let go of the old and embrace the new. It is essential to bring your knowledge and skills into the process of change in order to make the new even better. Your attitude toward change will determine how you experience it. Change is not always fun, but is a necessary part of our life – personal and professional.
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- **PhD**: Research focus with preparation as a nurse scientist. Academic paths post BSN, MNSc, or DNP

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Special Notice about the Arkansas State Board of Nursing Magazine

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update’s contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.

ASBN staff members Albert Williams and Susan Lester recently received a flu shot from ASBN Board member Neldia Dycus, RN

Board Officers for 2019-2020
L to R: Lance Lindow, RN, Vice President; Mike Burdine, RN, President; Janice Ivers, MSN, RN, CNE, Treasurer; Stacie Hipp, APRN, Secretary
President Ramonda Housh presided over the hearings held on September 12 and the business meeting held on September 13. *Highlights of Board actions are as follows:*

- Granted Continued Full Approval to:
  - University of Arkansas Pulaski Technical Practical Nurse Program until the year 2024
  - College of the Ouachitas Practical Nurse Program until the year 2024
  - College of the Ouachitas Associate Degree Nurse Program until the year 2024
  - University of Arkansas Rich Mountain Practical Nurse Program until the year 2024
  - South Arkansas College Practical Nurse Program until the year 2024
  - Harding University Carr College of Nursing Baccalaureate Degree in Nursing Program until the year 2024

- Granted Prerequisite Approval to:
  - Black River Technical College Traditional Associate of Applied Science in Registered Nurse Program, to be located on the Pocahontas and Paragould campus
  - Harding University Carr College of Nursing to establish two initial licensure Master’s Entry into Professional Nursing (MEPN) program tracks. Admission will include either 90 completed undergraduate hours or a BA or BS, along with required nursing prerequisite courses, and who meet all other eligibility requirements
  - Southern Arkansas University Tech LPN/Paramedic to RN Associate of Applied Science in Nursing Program to begin admission in June 2020
  - Approved curriculum revisions for the South Arkansas Community College practical nurse program to be implemented May 2019

- Elected Board officers for 2019-2020:
  - President – Mike Burdine, RN
  - Vice President – Lance Lindow, RN
  - Secretary – Stacie Hipp, APRN
  - Treasurer – Janice Ivers, MSN, RN, CNE

### 2019 BOARD DATES

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  - Vice President – Lance Lindow, RN
  - Secretary – Stacie Hipp, APRN
  - Treasurer – Janice Ivers, MSN, RN, CNE
Key Components in Nursing Care: Patient-Centered Care and Empathy

Patient-centered care (PCC) focuses on a patient’s preferences, values, and needs (Institute of Medicine, 2001). According to Rogers (1951), PCC consists of four components; caring, sharing, communication, and developing a therapeutic relationship. These components are characteristics often thought of when discussing nursing care. In addition, these characteristics help nurses understand a patient’s experience. For instance, patients reported that when providers communicate openly, a connection between the provider’s empathy and creating a positive healthcare atmosphere was made (Raja et al., 2015). This connection can help a patient develop trust. Trust can then lead the patient to develop a therapeutic relationship with the provider, thereby allowing the patient to share their disease symptoms and concerns. The patient may then feel listened to, valued, understood, and validated, which can lead the patient to follow medical advice, and improve his/her self-care.

Nurses must see the importance of PCC, especially when literature shows its association with improved patient outcomes. PCC has been linked to high patient satisfaction (Evans, Watts, & Gratton, 2015). PCC has also been associated with a decrease in hemoglobin A1C and low density lipoprotein levels among patients who had a chronic disease (Rocco, Scher, Basberg, Yalamanchi, & Baker-Genaw, 2011). Researchers suggest that a core component of PCC is empathy (Haley et al., 2017a, Haley et al., 2017b).

Empathy is defined as the affective (emotional) and cognitive ability to recognize, understand, and share what a patient is experiencing (Gatongi, 2007; Rogers, 1951). As nurses, showing empathy toward patients can help them feel understood, respected, and improve their healthcare. For example, higher level of empathy among healthcare providers were associated with shortened length of cold illness for patients (Rakel et al., 2009).

Some will say that empathy cannot be taught. There is not a lot of literature on this topic, but what does exist differs on that opinion. Several research studies examined interventions that targeted improvement of empathy (Haley et al., 2017a, Haley et al., 2017b, Everson et al., 2015). The literature suggests that empathy can be learned through active listening and self-awareness (Gatongi, 2007; Haley et al., 2017a). In turn, learning empathy can have a positive effect on delivering PCC.

So, how can we as nurses deliver PCC? The answer to this question lies in the concept of empathy. The imperative need for nurses to have empathy is articulated in nursing professional standards, and empathy plays a vital role in delivering high quality medical care. Nurses that have empathy may be able to recognize, understand, and share their patient’s experiences and emotions, resulting in delivery of care that is specific to a patient’s needs.

Here are a few suggestions on ways to improve your empathy, with hopes of delivering PCC and having the greatest positive impact on patient outcomes:

1. **Actively listen to your patient.**
   Active listening involves an inner process of hearing what another person says. When the listener hears the other person’s story, this can attune the listener’s empathy through awareness of what the person is going through and give insight to the other person’s emotions and feelings. Nurses must take time to listen and not just hear what is being said.

2. **Become self-aware.** This concept allows a person to know himself/herself and be genuine in expressing attitudes and self-beliefs toward others. Self-awareness includes three domains of self-concept, self-regard, and self-worth. Self-concept is a belief about self from morals and values (Rogers, 1959). Self-regard is the ability to accept a patient unconditionally (Winslade, 2013), and self-worth is how a person views himself/herself (Rogers, 1959).
(3) **See the patient’s experience through their eyes without becoming entangled in the patient’s emotions.** Ask how the medical diagnosis and/or plan of care affects their life and tailor their plan of care according to their response.

(4) **Share, care, and communication to develop a therapeutic relationship with the patient.** Refer back to your therapeutic communication training where using open ended questions was key to processing underlying patient feelings and emotions.

(5) **Reflect back on your day to allow your brain an opportunity to narratively collect and analyze patient situations that could have been more therapeutic.**

**References**


This week a disturbing article was circulating on the Internet from ABC7. Lisa Fletcher, an investigative reporter and writer, that consumers of CBD oil are being terminated after a drug test result was positive for THC. In one case, Ms. Fletcher spoke with a 72-year-old engineer who was terminated after he failed a workplace drug test. He was using CBD oil for arthritis and glaucoma and thought he was “doing something perfectly legal, something that would not trip a positive THC test.” Ms. Fletcher also found several lawsuits, “including one filed by women in California and Pennsylvania, both of whom claim the CBD they were taking was advertised as THC free. However, the use of the CBD oil caused them to test positive on drug tests and lose their jobs.”

Peter Meyers, a law professor emeritus at George Washington University Law School, states that while a person may be complying with state laws, they are violating federal laws. Marijuana is still illegal under federal law. Mr. Meyers stated, “The wide availability of CBD gives consumers the impression it’s safe and legal.” The lack of precision in product labeling is giving consumers a false sense of safety.

Tetrahydrocannabinol (THC) and Cannabidiol (CBD) are the most commonly known compounds of the marijuana plant (cannabis). CBD is the second most active ingredient and a natural component found in marijuana plants. THC is the active psychoactive compound in marijuana. Marijuana is listed in the Schedule I of the federal Controlled Substances Act (CSA) due to the psychoactive effects of THC and the potential for abuse.

The Agriculture Improvement Act of 2018 (generally referred to as the 2018 Farm Bill) was signed into law on December 20, 2018. The 2018 Farm Bill became effective January 1, 2019, and legalized the cultivation and sale of industrial hemp at the federal level. Industrial hemp plants must have a delta-9 THC concentration of not more than 0.3 percent by dry weight. Until December 20, 2018, hemp was categorized as a Schedule I substance under the CSA, thus making it illegal at the federal level to cultivate, possess, or distribute the hemp plant, or CBD derived from the hemp plant. The 2018 Farm Bill removed industrial hemp from the Controlled Substances Act (CSA), which means that as long as the plant contains no more than 0.3 percent THC on a dry weight basis it is no longer considered a controlled substance under federal law. Recall the old saying BUYER BEWARE!

Hemp fibers and stalks are used to make clothing, rope, construction materials, paper, fuel and many more items. Some manufacturers and marketers of CBD-infused products, including food, beverages, dietary supplements, and creams, claim that the products are useful in the treatment and prevention of various diseases. The FDA has taken the position that such claims subject the products to regulation as drugs, which typically require prior approval from the FDA based upon clinical trials to establish product safety and efficacy for public consumption. The FDA has issued a number of warning letters to halt the marketing of products for which such claims are made. Currently, Epidiolex® (a seizure medication for children) is the only FDA approved medication that contains CBD.

CBD websites claim that CBD oil is made from the flowers, leaves and stalks of the hemp plant and contains less than 1 percent THC. Some marketing sites indicate that there is no THC in their CBD oil. Hemp oil is extracted from the seeds of the hemp plant and contains trace amounts of CBD. The majority of CBD oils on the market are full-spectrum extracts. This means they contain not only CBD but also a range of other cannabinoids and terpenes found in the cannabis plant. The main difference between CBD oil from hemp and marijuana is the ratio between THC and CBD. As stated above, industrial hemp, as long as the plant contains no more than 0.3 percent THC on a dry weight basis, is no longer considered a controlled substance under federal law.

Is CBD oil safe? Since the same enzyme in the liver that metabolizes many conventional medicines and supplements metabolizes CBD oil, the...
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metabolites of CBD oil can cause the levels of other drugs in the system to rise. CBD oil may cause increased activity of blood thinners and increased liver enzymes. Other research indicates that the use of CBD oil may trigger a number of side effects, including anxiety, diarrhea, dizziness, drowsiness, dry mouth, nausea, vomiting, or changes in appetite or mood.

There is a lack of quality scientific studies on human and animal populations on the use and effects of using CBD. The FDA expresses a concern for the unreliability of the purity of CBD products. Concentrations of CBD oil vary widely, not from brand to brand but from bottle to bottle within the brand. CBD product companies use different CBD sources, extraction methods, and production techniques, and not all resulting products are created equal.

The Nurses Guide to CBD, a blog on clinical cannabis, health and wellness, reported that a 2017 study published in JAMA found that of 84 different CBD oils purchased through online retailers, 18 ACTUALLY CONTAINED THC. This means that 21 percent of the CBD oil products tested contained THC. Moreover, 43 percent of the products were under-labeled (concentrations of CBD were lower than listed on the product), and 26 percent were over-labeled (concentrations of CBD was higher than listed).

Dr. Meyers was given access to the largest series of tests conducted on CBD products by Ellipse Analytics. The outcome of the analysis found that “more than half of the 200 products tested were inaccurately labeled. Lab results showed that a quarter of them – more than 50 - products falsely claimed they were THC-free.”

What does this mean for you, the nurse? If a nurse consumes CBD oil, there is a risk that a positive THC test may result. In some states, CBD oil may be allowed to contain up to 5 percent THC. If a nurse consumes excess CBD oil that may be allowed to contain a larger amount of THC, that nurse is risking a positive THC test.

CBD oil sold at a health food store in Chicago and tested by one of this Board’s toxicologists was found to contain about 9 percent THC. Therefore, a person using CBD oil with higher concentrations WILL show a positive urine test for THC.

Several nurses have had positive THC drug screens through random drug testing by their employer. The nurse states they are using CBD oil for inflammation, anxiety, and other health issues. You, as the nurse, need to be aware that on a drug screen, a positive THC drug test result CANNOT be differentiated from CBD oil ingestion or application from marijuana use.

Nurses will have to do their own research to determine which companies the nurse is willing to trust. Although most CBD products claim to have under 0.3 percent THC, which is classified as hemp, the products remain unregulated by the FDA making the THC levels contained in the product unreliable. Moreover, the amount of THC contained in the product is generally not listed on the bottle of CBD oil. Consuming or vaping quantities of CBD oil may leave enough THC in the nurse’s system to trigger a positive test result. IS YOUR LICENSE WORTH THIS RISK?

References
2. ibid
3. ibid
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Imagine better health.
It is the responsibility of every Advanced Practice Registered Nurse (APRN) to stay up-to-date on Arkansas laws and other relevant information related to practice. The advanced practice page of the Arkansas State Board of Nursing’s website is found by choosing the adv practice tab on the right hand upper corner of the home page.

APRN mandatory requirements are listed in the upper left corner of the advanced practice page. The mandatory requirements include prescribing requirements and requirements for the Prescription Drug Monitoring Program.

A new collaborative practice agreement (CPA) is also located on the advanced practice page. Please utilize this specific agreement from now forward. The APRN and collaborative physician will initial the requested prescriptive privilege, which will then be forwarded to the DEA as needed. The laws pertaining to prescribing for APRNs are also listed and should be reviewed. The only other CPA available is for the 2000 Drug Addiction Treatment Act (DATA) Waiver. The instructions are located under APRN Documents.

**Reminder**

Please set up your nurse portal account if you have not already done so. You will find information to assist you in setting up your account located on the home page of the ASBN website.

**TOTAL NUMBER OF ADVANCED PRACTICE REGISTERED NURSES - November 2019**

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<thead>
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<td>CRNA</td>
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ASBN staff presented retiring staff member Patty Smith an Arkansas Razorbacks themed gift basket.

Thanks, Patty, for your service to the ASBN and the citizens of Arkansas.
UAMS Honors a Distinguished Nursing Leader

A new UAMS nursing award was unveiled this year, created and inspired by the inaugural recipient, **Mary Helen Forrest**. She was presented with the ‘Mary Helen Forrest UAMS Nursing Legacy Award’ recognizing her 40 years of service at UAMS and more than 20 years as the Chief Nursing Officer. Just like Mary Helen, future recipients of this annual award will demonstrate significant contributions to UAMS nursing, patient care and our institutional missions as well as a strong sense of loyalty and commitment, including at least 20 consecutive years at UAMS. Mary Helen leaves an indelible mark on UAMS and her legacy will live on for years to come!

Visit nurses.uams.edu or call 501-686-5591, ext. 1.

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Tammy Jones, ACNO pictured with Mary Helen Forrest, Former CNO
Knock knock! Who’s there? HIPAA! HIPAA who? I can’t tell you that!

I think almost every health care worker has heard this corny knock-knock joke in their career. When it comes to patient privacy and the laws that regulate it (HIPAA), it is no laughing matter. In 2018, the Office for Civil Rights (OCR) reported an all-time record year in the Health Insurance Portability and Accountability Act (HIPAA) enforcement activity. The OCR reported settling 10 cases and securing one judgment for a grand total of $28.7 million! In addition, they also reported achieving the largest single settlement to date of $16 million in 2018.1

What does all of this mean for you as the nurse? You need to know what ‘protected health information’ or PHI is, and when you can use or disclose that information in compliance with HIPAA.

What is PHI?

PHI refers to any health information that could be individually identifiable. This could be a prescription with someone’s name on it, a medical record, discharge papers, or an x-ray film with a patient’s name and date of birth on it. The key is whether it is health information, and is there any demographic data on, or with the information that could identify the patient.

PHI can be in a paper format (i.e. such as a print-out of a patient’s discharge instructions), or in electronic format (i.e. such as an electronic medical record), or oral format (i.e. healthcare providers discussing identifiable PHI in a public place such as a cafeteria).

PHI is not limited to a current health condition. It also includes any physical or mental health condition in the past or in the future.

When Can I Use or Disclose PHI?

When it comes to ‘using or disclosing’ PHI, ask yourself the following question: ‘Am I using or disclosing information to the patient (or their personal representative) or for treatment, payment, or healthcare operations?’ If the answer is ‘yes’, the use or disclosure is appropriate.

- **Treatment.** Treatment is exactly what it says. You can use or disclose PHI for any activity that is tied to the treatment of that patient. This includes consulting other providers or referring the patient to another provider.

- **Payment.** Payment includes all activities that are related to obtaining payment or getting reimbursed for the health care services provided. This includes obtaining pre-authorization and filing claims.

- **Health Care Operations.** Health care operations include activities such as quality improvement activities, case management, assessing competencies of providers, credentialing providers, medical reviews, compliance activities, risk management, and general administrative activities. Because this list is not all-inclusive, consult your privacy officer if you are unsure if PHI can be used or disclosed for healthcare operations.

HIPAA also allows for other uses and disclosures of PHI. These include activities where a person can agree or object to an entity using their PHI (such as being listed in a hospital directory); incidental uses and disclosures (such as a visitor overhearing a nurse speaking to a physician about a patient’s condition at the nurses’ station); public interest activities (such as reporting child abuse or neglect); and using PHI that has had certain identifying information removed. If you are ever unsure about whether you can use or disclose PHI, consult your designated privacy officer. ²

When information has been used or disclosed outside of what HIPAA allows, it is called a “breach.” All healthcare entities are required to report their breaches to the government on an annual basis. Breaches that involve 500 or more patients have to be reported no later than 60 days from discovering the breach. The OCR reviews and follows up on all complaints and breaches to determine if further investigation or actions are indicated. That is where all those settlements come in. Healthcare entities may be charged big fines if they were not doing what they were supposed to be doing to protect PHI.³
What can you do to protect your patient's information and your organization from being the subject of an OCR investigation? Your organization should have a designated individual who serves as the facility's privacy officer. Know who that person is! Do you know where your HIPAA policies and procedures are located? When is the last time you read them? If you haven't had HIPAA training recently, ask for it. You are responsible for protecting your patients' PHI whether you have had training or not. And lastly, if in doubt don't give it out! Call your privacy officer to help you make that determination.

This information is for educational purposes only and should not be construed as legal advice. Please consult your legal counsel if you have questions related to a specific situation.

References
2. See OCR Privacy Brief: Summary of the HIPAA Privacy Rule located at www.hhs.gov/hipaa/for-professionals.
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Contact Susan Brown at 800.561.4686, ext.108 or sbrown@pcipublishing.com for booth space reservations or questions
On April 4, 2020, Publishing Concepts, Inc. will be celebrating their 15th Annual Nursing Expo in the Jack Stephens Event Center on the UALR campus. In conjunction with this event we will be honoring nominees and winners of the Compassionate Nurses Award and Nursing Educator Award in the Legends room.

We’re searching Arkansas to find the one nurse we can say is the most outstanding in the state. Do you know a nurse that you feel is the most compassionate, caring and empathetic caregiver? A nurse who has given comfort or care to you, a family member, or a friend? It may be a nurse you work with. We are asking you to send us their name, where they work, phone number, and a short message expressing why you think they are the most deserving nurse in Arkansas.

For the eighth year we are also honoring the outstanding Nurse Educator of the Year. We are searching for an educator that has been a driving force in development and support of nursing careers. Send in your nominee’s name, place of work, and a short story of why they should receive the award. Be sure to include your contact information for us to get back in touch with you.

Nominate a candidate from your school or facility today. **DEADLINE IS FEBRUARY 28, 2020.**

Your nomination should include:

Name: ___________________________ License #: ___________________________

School or place of employment: ____________________________________________

Address: __________________________________ Phone: _________________________

Include a short essay on why the nominee deserves the honor. (Please feel free to add extra pages.)

Contact information of person nominating:

Name: ___________________________ Phone: _____________________________

Email address: __________________

It is important that the individual making the nomination includes their contact information for follow up.

Please email or send your nominations to the address below, no later than February 28, 2020.

Susan Brown
Nurse Compassion Award/Nurse Educator Award
PO Box 17427
Little Rock, AR 72222
sbrown@pcipublishing.com • 1-800-561-4686, ext. 108

**For online nomination form, please visit our Facebook page or www.ThinkNurse.com**
Half of all Americans will experience a mental health crisis during their lifetime. For an increasing number of people, it includes a suicide attempt or suicide death.

Arkansas ranks ninth in the nation in suicide deaths, with 631 lives lost to suicide in 2017, more than double the number of homicides. Suicide is the second-leading cause of death for ages 15-34 and the fourth-leading cause for ages 35-44. One Arkansan dies by suicide every 14 hours.

Most mental health crises go unrecognized and untreated. Mental health is a key part of overall health maintenance. Health care professionals should check for mental health changes in all patients, even those with no diagnosed mental illness.

One study found that suicide victims have often visited their primary care provider (PCP) in the month prior to their death. Many patients have long-standing relationships with their PCP and the PCP's nurses. This places you in a crucial position to prevent suicides. Primary care may be the patient's only access to health care and every visit should include mental health care.

Health care professionals in rural or underserved areas, with limited access to mental health providers, need to become more comfortable with being the only point of contact. Integrating behavioral health care into a patient's overall wellness plan is a first step to suicide prevention. Be willing to ask the suicide question and work towards mental health screening as part of wellness visits.

Contrary to the once popular myth, asking about suicide does not plant the idea in a person's head. Suicide-attempt survivors say that being asked about suicide in a concerned manner often provides some relief. Being ignored or misunderstood can increase suffering and decrease attempts to get help. When nurses acknowledge this suffering, it can create an atmosphere of trust and provide an opportunity to discuss treatment options.

Using the chronic disease model, suicide risk can be managed by providing interventions to decrease risk. Patients with a history of mental illness or substance use disorder (SUD) should be assessed at every visit regarding increased risk. It may reveal a recent significant life stressor that triggers a mental health screening or conversation.

Risk factors include history of bipolar disorder, major depression, suicide attempts, SUD, traumatic brain injury, and serious physical health conditions such as pain. Risk state includes major life stressors or changes such as marital status, job loss, grief or situational stressors.

Every person with suicidal thoughts does not require psychiatric hospitalization, but action is indicated. Actions can include, but are not limited to:

- Securing a safety plan and means reduction for each care setting (i.e., arrange and confirm removal or reduction of lethal means).
- Include the National Suicide Prevention Lifeline number (1-800-273-8255) and the crisis text line (741741 text TALK) in the safety plan.
- Follow-up phone calls to check on at-risk patients.
- Setting up or verifying and encouraging follow-up appointments with a mental health provider.
- Collaborating with patient's family and friends (if patient signs a release of information) to discuss the safety plan.

Suicide is preventable, but only if there is awareness, assessment and action is taken. Suicide prevention is everyone's business.
Suicide Symptoms

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- In unbearable pain

These behaviors can signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for suicide methods; searching online
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Mood changes to:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation or shame
- Agitation or anger
- Relief or sudden improvement in mood

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

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at [www.arsbn.org](http://www.arsbn.org), or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

### Disciplinary Actions

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<td>Suspension - 1 year (a)(4)</td>
<td>(a)(4)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>James</td>
<td>L048620</td>
<td>Star City</td>
<td>Probation - 1 year (a)(4), (a)(6) and (a)(8)</td>
<td>(a)(4)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Kidd</td>
<td>A004334 R050405 PAC 004124</td>
<td>Springdale</td>
<td>Probation - 5 years (a)(4), (a)(6) and (a)(7)</td>
<td>(a)(4)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>McClaren</td>
<td>R102951 L053838</td>
<td>Jonesdale</td>
<td>Probation - 1 year (a)(8)</td>
<td>(a)(8)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Moore</td>
<td>R089399 L048666</td>
<td>Jonesboro</td>
<td>Suspension - 2 years (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Patterson</td>
<td>R098462 L050756</td>
<td>Conway</td>
<td>Probation - 1 year (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
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<tr>
<td>Perkins</td>
<td>R077312</td>
<td>Alexander</td>
<td>Suspension - 2 years (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Rankin</td>
<td>L045468</td>
<td>Morrilton</td>
<td>Suspension Terms and Conditions</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Russell</td>
<td>R104348</td>
<td>Ft. Smith</td>
<td>Probation - 2 years (a)(1), (a)(6)</td>
<td>(a)(1)</td>
<td>October 9, 2019</td>
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<tr>
<td>Ruth</td>
<td>L055201</td>
<td>Ft. Smith</td>
<td>Probation - 1 year (a)(6)</td>
<td>(a)(6)</td>
<td>October 9, 2019</td>
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<tr>
<td>Schwartz</td>
<td>R066257</td>
<td>Bentonville</td>
<td>Suspension - 2 years (a)(6)</td>
<td>(a)(6)</td>
<td>October 9, 2019</td>
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<tr>
<td>Shackleford</td>
<td>R122097</td>
<td>Lowell</td>
<td>Letter of Reprimand (a)(1), (a)(7)</td>
<td>(a)(1)</td>
<td>September 18, 2019</td>
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<tr>
<td>Sharp</td>
<td>L051040</td>
<td>Concord</td>
<td>Suspension - 2 years (a)(4), (a)(6)</td>
<td>(a)(4)</td>
<td>October 9, 2019</td>
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<tr>
<td>Shelnutt</td>
<td>R082257</td>
<td>Benton</td>
<td>Probation - 1 year (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Slavens</td>
<td>L056584</td>
<td>Greenwood</td>
<td>Probation Status Removed</td>
<td>(a)(9)(a)</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>Smith</td>
<td>L033837</td>
<td>Huntsville</td>
<td>Suspension - 2 years (a)(9)</td>
<td>(a)(9)</td>
<td>October 10, 2019</td>
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<tr>
<td>Swaim</td>
<td>L060522</td>
<td>Royal</td>
<td>Suspension - 1 year (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
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<tr>
<td>Terrell</td>
<td>L030730</td>
<td>Harrisburg</td>
<td>Voluntary Surrender (a)(9)(a)</td>
<td>(a)(9)</td>
<td>October 10, 2019</td>
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<tr>
<td>Tidwell</td>
<td>L054211</td>
<td>El Dorado</td>
<td>Probability - 2 years (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
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<tr>
<td>Tilliver</td>
<td>R108067</td>
<td>Van Buren</td>
<td>Probability Status Removed</td>
<td>(a)(9)</td>
<td>September 27, 2019</td>
</tr>
<tr>
<td>Walker</td>
<td>L059189</td>
<td>Texarkana</td>
<td>Probation - 1 year (a)(6), Rules</td>
<td>(a)(6)</td>
<td>October 9, 2019</td>
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<tr>
<td>Walters</td>
<td>R091806</td>
<td>Benton</td>
<td>Suspension - 2 years (a)(9)</td>
<td>(a)(9)</td>
<td>October 9, 2019</td>
</tr>
<tr>
<td>Warren</td>
<td>L041859</td>
<td>Conway</td>
<td>Letter of Reprimand (a)(6)</td>
<td>(a)(6)</td>
<td>September 9, 2019</td>
</tr>
<tr>
<td>Williams</td>
<td>L056778</td>
<td>Camden</td>
<td>Voluntary Surrender (a)(4), (a)(6)</td>
<td>(a)(4)</td>
<td>September 26, 2019</td>
</tr>
</tbody>
</table>
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To:
Arkansas Children's Nurses
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Online nursing programs are designed to meet the educational requirements for occupational licensing in the state of Arkansas. Individual state boards of nursing may regulate out-of-state nursing education programs or clinical placement courses. Visit online.uark.edu/nursing for current state authorization information by program.

The Bachelor of Science in Nursing degree program, the Master of Science in Nursing degree program and the Doctor of Nursing Practice degree program at the University of Arkansas Division of Health Sciences School of Nursing are accredited by the Commission on Collegiate Nursing Education (www.ncesaccreditation.org).
The renewal procedure of the Arkansas State Board of Nursing (ASBN) is a cyclical biennial renewal process. To renew your Arkansas nursing license on time and maintain an active status, you must renew your license within the 60 day period preceding your expiration date. Your license expiration date should always be the last day of your birth month. If you were born in an even-numbered year, your license will expire in even-numbered years. If you were born in an odd-numbered year, your license will expire in odd-numbered years.

For example: If your date of birth is July 23, 1965, then your license will be due for renewal in July of every odd numbered year and must be renewed before it expires on July 31, 2019… July 31, 2021… July 31, 2023… etc. The initial period of licensure in Arkansas, whether licensed by examination or endorsement, is for a period of three (3) to twenty-seven (27) months, depending on the nurse’s date of birth. Any time a license is issued mid-renewal cycle, the next time the renewal date falls, the license must be renewed.

All nursing licenses are renewed online and each nursing license type must be renewed separately. Advanced practice nurses must have an active RN license (in Arkansas or a multistate license in a compact state).

The first step in the license renewal process is creating an account in the Arkansas Nurse Portal or signing into an account you have already created. Go to www.arsbn.org and create an Arkansas Nurse Portal account if you have not created one. If you already created an Arkansas Nurse Portal account, sign in. How-to instructional videos are available for viewing at www.arsbn.org. Click on the red box titled Arkansas Nurse Portal How-to Videos. Click on How-to Video(s):

How to Create a Nurse Portal Account with an Existing License and How to Renew a License

Next, you will submit a renewal application online. Once you are 60 days from license expiration a renewal link will be available in your Arkansas Nurse Portal account. You will click on the renewal link to begin the process of submitting a renewal application. You will need your education and employment history and payment method information. Some important areas to note as follows.

**Continuing Education**

The continuing education (CE) requirements have not changed. For complete information regarding CE requirements go to www.arsbn.org. Click on the Education tab and then click on the continuing education link and review the Frequently Asked Questions.

If you are using the CE option for compliance, the renewal application no longer requires that you specifically list information about each CE course that you have taken and you do not upload your certificates in the message center.

There is a specific question within the renewal application that will ask you to affirm that you “have met the continuing education requirements during the 24 months immediately preceding the renewal date (current renewal cycle.)” In other words, you mark yes if you have completed the required CE hours and you are saying that the information on the license renewal application that you submitted to the ASBN is factual. You do not need to send or upload your CE certificates unless you are notified by the board that you have been selected during a random audit for compliance. You must maintain your certificates for at least two renewal cycles or four (4) years in the event you are selected for an audit. If you are selected you will be notified to present photocopies of original certificates of completion to the board. At the time of audit, the board will request that you upload your certificates through CE Broker.

Even if you are not selected for audit, you are encouraged to maintain your CE certificates by registering for a FREE CE Broker account. CE Broker is an electronic tracking system for CE that will allow you to have access to a 100 percent free Basic Account. This account provides an easy way to track your completed CE online and simplifies the process of maintaining your CE records and certificates of completion.

For additional information go to our website at http://arsbn.publishpath.com/ce-broker

Register for CE Broker - https://www.cebroker.com/
**Primary State of Residence (PSOR)**

On the license renewal application you will identify your Primary State of Residence (PSOR). The PSOR or Home state is the state where you can prove you legally reside. You can only have one PSOR. The board can only issue a multistate license if your PSOR is Arkansas and you meet all predetermined criteria. You will not be asked to submit documentation regarding your PSOR unless there is a need for the Board to validate what you have reported. You would be asked to submit one or more of the following documents:

1. Driver’s license with a home address;
2. Voter registration card displaying a home address;
3. Federal income tax return declaring the primary state of residence;
4. Military Form No. 2058 – state of legal residence certificate;
5. W2 from U.S. Government or any bureau, division, or agency thereof, indicating the declared state of residence; or
6. Other documentation as identified by the Board.

For additional information go to our website at [http://arsbn.publishpath.com/compact](http://arsbn.publishpath.com/compact)

At the end of your renewal application, you will submit it for payment – be sure to allow time for the system to process, and do not close your computer or it will remain in an incomplete state. Once you have submitted your application, you will receive an automatic email through your Arkansas Nurse Portal message center. Completion of license renewal is an important process in maintaining an active license. The board has prepared an extensive listing of the most frequently asked questions and it is available at [http://arsbn.publishpath.com/Websites/arsbn/imagesRenewalFAQs8.2019.pdf](http://arsbn.publishpath.com/Websites/arsbn/imagesRenewalFAQs8.2019.pdf)

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**JOHN BROWN UNIVERSITY**, private, evangelical and Christian, seeks a **FULL-TIME DIRECTOR OF NURSING**

To begin July 1, 2020, to provide leadership for the nursing department and overseeing daily operations. Responsibilities include, but are not limited to: participating in review and revision of curriculum; coordinating recruitment of full-time and adjunct faculty and participating in faculty orientation, development, mentoring, and evaluation; maintaining affiliation agreements with clinical agencies and coordinating on- and off-campus learning activities pertaining to all practice experiences for the program; maintaining good standing with the state nursing board and the Commission on Collegiate Nursing Education; coordinating course scheduling and instructor assignments each semester; teaching courses in areas of expertise; mentoring and advising students; serving on university committees; and engaging in scholarly activities. Doctorate in nursing and prior academic leadership experience in a university setting are preferred. Demonstration of effective teaching in an accredited baccalaureate nursing education program, evidence of scholarly potential, and a commitment to Christian higher education are essential.

Submit electronically a letter of interest and vita to [academicaffairs@jbu.edu](mailto:academicaffairs@jbu.edu), Office of Academic Affairs, John Brown University, Siloam Springs, AR 72761. Phone: 479-524-7129. Minorities are encouraged to apply.

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**ARKANSAS STATE UNIVERSITY SCHOOL OF NURSING**

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Follow us on Facebook & Twitter @ThinkNurse!
In 2001 ASBN was innovative by being one of the first states to allow the option of online renewals of a nursing license. During that fiscal year 3 percent of the people renewed their license online. That was a start in the right direction. Online renewals have steadily grown as people have become more comfortable with paying for things online. As would be expected, ASBN has continued to work hard to update technology and streamline processes to better serve the people of Arkansas in the most efficient and effective way possible. One of the ways this has been accomplished is to move to a more automated process. This move has not only changed the way ASBN processes information received, but it also changed the way nurses renew and pay for their licenses. Now everyone must renew their license online.

The Board of Nursing recently received correspondence stating their concern about the need to have a computer and a credit card to renew a nursing license. Although this concern is presented to ASBN much less often than in the past, we do still hear this concern voiced on occasion, and thought we would share the work around.

As ASBN worked to modernize and streamline processes, the Board did consider the potential hardships of the licensees. The following options are available to people who do not have a credit card or a home computer:

**If you do not have a computer:**
- Many places of employment will allow people to renew their license on their work computer
- A family member or friend may have a computer they are willing to let you use
- Local libraries have computers with Internet access
- There is a kiosk in ASBN’s lobby that may be used to renew your license

**If you do not have a credit card:**
- A family member or friend may be willing to allow you to pay with their card (if you reimburse them)
- Prepaid Visa and MasterCard gift cards may be purchased at many local stores and are accepted as credit card payments. (Be sure to add enough to the card to cover any fees)

Thank you for sharing your comments and concerns.

The University of Arkansas for Medical Science College of Nursing will be hosting its Commission on Collegiate Nursing Education (CCNE) on-site evaluation of the Doctor of Nursing Practice program from February 10-12, 2020.

The CCNE policy provides an opportunity for communities of interest to provide written input into the deliberations regarding accreditation. Signed, third-party comments, written in English, will be accepted by CCNE until January 20, 2020. Third-party comments regarding the College’s Doctor of Nursing Practice program should be submitted to CCNE at:

**Commission on Collegiate Nursing Education**
Attn: Third-Party Comments
655 K. Street, NW, Suite 750 • Washington, D.C. 20001
or thirdpartycomments@ccneaccreditation.com
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*To apply, RNS must be currently licensed in the State of Arkansas, with no restrictions.

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Cassie Cox, RN
August 2019

Laurin Pooree, RN
September 2019

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