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syn. Secure, powerful, indestructible

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

Director Sue A. Tedford, MNSc, APRN
Editor LouAnn Walker

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2020 NURSING COMPASSION NOMINEES AND OUTSTANDING NURSE EDUCATOR NOMINEES SEE PAGE 20
As I write this article our country is at a level of chaos that has never been experienced by anyone alive today. The effects of COVID-19 have been felt around the world and in a way that none of us could have ever imagined. There isn’t anything “normal” about life today, and it will never be the same “normal” we were all used to. Get prepared for the “new normal.” With all of the bad news that is coming from the media and in our day-to-day activities, I want to focus on the good that is coming out of this pandemic. What I see most is how nurses, physicians, other frontline workers are doing what they are called to do, and they are being appreciated for what they do. Just a few minutes on social media, listening to the radio or television, you will find countless stories of how communities are thanking these brave workers. I have seen cars filling the hospital parking lots and turning on their flashers, yellow ribbons tied to trees, food provided to the workers, and offers of free lodging so the exposed staff don’t have to take a chance of exposing their family by returning home. There are countless more expressions of appreciation, and people are coming up with some very creative ways to say thank you.

Gov. Hutchinson has done a wonderful job of ensuring Arkansans are as safe and protected as possible during the pandemic. He has signed multiple Executive Orders which allow for greater access to health care. The Nursing Board was able to temporarily suspend several rules to expedite the licensure process in response to the increased need for nurses.

The Board staff have received a flood of calls from nurses wanting to help in Arkansas, as well as the “hot spots.” One morning, a nurse called me about going to New York. As we talked, her voice cracked as she said, “I may not come home from New York.” That is the reality, but she was willing to take the risk because she, like all other nurses, want to help. Nurses from many of our local hospitals have packed their bags and headed for the areas that are in desperate need of bedside nurses. Yes, the money is good, but it doesn’t make up for the risks these nurses are taking with their physical and emotional health.

The physical and emotional toll have been tremendous on the healthcare workers. In Arkansas, we are fortunate that we have not had the overwhelming number of cases that New York, New Orleans and the other hot spots have experienced. As of May 14, our neighbor to the south, Louisiana, has experienced 2,351 deaths and Arkansas only 97. However, don’t kid yourself, ask any front line worker, it has still been extremely difficult during this crisis. Just going to work knowing how contagious COVID-19 really is, isn’t easy. Nurses are used to having plenty of PPE, and now they have to figure out how to manage with the limited supply. They fear for their life and that of their family.

Hospitals are a lonely place for patients under our current restrictions. Patients are scared and have no one to turn to other than the healthcare workers at their bedside. Patients with COVID-19 are alone and it is the nurse who is at their bedside as they struggle through this illness. Even in the face of the emotional and physical toll, these nurses still go to work every day, doing what they are trained to do – care for patients. They put the risks in their back pocket and go anyway. Isn’t this the true spirit of nursing?
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You Know What to Do

It is truly amazing how the world has changed since the last *ASBN Update*. Things may never go back to the way they were. Those who only get their information from national news networks would believe that all nurses, doctors, and people in healthcare are working long shifts every day. The truth is many nurses and ancillary staff are working reduced hours or are laid off. We’ve all seen the hotspots in the news like New York, Chicago, New Orleans, Detroit, and other places where there are large numbers of people infected with the coronavirus. However, in other parts of the country, like Arkansas, where hospitals are not overwhelmed with COVID-19 patients, hospitals are experiencing lower census numbers due to cancellation of elective surgical procedures, reduced demand for radiology, imaging services, and other procedures deemed nonessential. It would be interesting to see census comparisons from this year to last year for large hospitals located in areas that are not COVID-19 hotspots. I have not seen this data in national news or on the Internet. Such statistics are not nearly as exciting as images of flooded hospitals, overworked doctors and nurses, and tent hospitals in Central Park.

I am very thankful we are not experiencing this level of tragedy in Arkansas. I am also thankful that Arkansas has a wise governor who is taking a careful, measured approach to this crisis using science, statistics, and common sense to make his decisions rather than reacting in a knee-jerk fashion.

As of this writing, Arkansas has over 4,000 cases and about 97 deaths. I tend to focus on graphs and numbers, but the sad reality is that each victim of this virus is a very real human tragedy. Arkansas is doing an excellent job of controlling this crisis, but that is little consolation for the loved ones and friends of the victims.

The economic damage from this pandemic is bad and continuing to worsen. Record numbers of new unemployment claims have been made. Some estimate that one quarter of the U. S. economy is devastated. Millions of people employed in nonessential businesses are out of work. Online commerce, on the other hand, is booming. I am trying to support Arkansas-based companies. When shopping for household and grocery items online, I will remember the generosity of Arkansas corporations and families. We all know who these businesses are. Their names are on hospitals, schools, parks and other public facilities. These are the companies I’ll be shopping with.

Most of all, we need to remember that we will recover from this crisis. The road will be long and there will be losses, but we will learn from this. Think about the effect of social distancing on other communicable diseases. There have been at least twenty deaths from influenza in Arkansas this season. The precautions we are using to limit coronavirus have to be reducing the spread of any number of other illnesses, from the flu to strep throat. Many experts agree that we will produce a vaccine for the virus and find effective therapies to treat it. We have experienced world-changing tragedies before and not only survived, but thrived. As nurses we are accustomed to difficult situations. We are part of the solution.

By the time the next *ASBN Update* is published, I hope the pandemic will be in decline. We just don’t know, so stay safe. Keep your distance. Wash your hands. Cover your cough. Wear a mask – you are nurses. You know what to do!

**P.S.** If you are an Arkansas nurse, I welcome you to connect with me on LinkedIn.
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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.

TOTAL ACTIVE ARKANSAS LICENSES
May 2020

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L to R: Lance Lindow, RN, Vice President; Mike Burdine, RN, President; Janice Ivers, MSN, RN, CNE, Treasurer; Stacie Hipp, APRN, Secretary
ADDITIONAL PRACTICE REGISTERED NURSES

In order for your APRN license to remain in an active status, the Arkansas State Board of Nursing (ASBN) is required to have proof that your national certification is current. According to the ASBN Rules, Chapter 4, Section III (6) (2), “The license is lapsed when the national certification upon which licensure was granted expires.” In other words, in order for your APRN license and prescriptive authority to remain in an active status, your national certification must be current and on file with ASBN.

REMEMBER that it is essential for you to:

• Check the expiration date of your national certification. If your national certification expiration date is current up to or past your APRN license expiration date no further action is required at this time.

• If your national certification expiration date is BEFORE your APRN license expiration date you MUST upload a copy of your new current national certification card into your Arkansas Nurse Portal account at least 30 days prior to the certification’s expiration date.

If ASBN does not have your current certification on file, your APRN license and prescriptive authority is inactivated on the day the certification expires.

2020 BOARD DATES

June 10 ................. Hearings
June 11 ..................... Hearings
July 8 ..................... Hearings
July 9 ..................... Hearings
August 12-14 . NCSBN Annual Meeting, Chicago, IL
September 9 ................ Hearings
September 10 .......... Business Meeting
October 14 ............... Hearings
October 15 ................ Hearings
November 18 .............. Hearings
November 19 .............. Hearings

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**ASBN WELCOMES NEW GENERAL COUNSEL**

LouAnn Walker, ASBN Update Editor/Public Information Coordinator

We are pleased to announce the recent hiring of David Dawson to the position of general counsel at the Arkansas State Board of Nursing. A lifelong resident of Arkansas, David was born in Paragould and currently resides in Benton.

He earned his bachelor’s degree in journalism and minor in management from Arkansas State University in Jonesboro.

Dawson earned his Juris Doctorate degree from University of Arkansas at Little Rock William H. Bowen School of Law.

Prior to joining the ASBN, Dawson spent 20 years as staff attorney with the Arkansas Department of Transportation and six years at the Boswell Law Firm. He is recognized with an AV Peer Review rating by Martindale Hubbell.

Dawson is married to his wife of 35 years, Katherine Dawson, CPA, who is a controller with Elliot Electrical in Saline County. He has a married daughter, Mary Katherine Nichols, a music teacher in the Poyen School District, and a son, who graduates in May with a degree in business management and minor in communications from Henderson State University.

In his free time, he enjoys spending time with family, kayak fishing, running and bicycle riding. We welcome him to the staff of the Arkansas State Board of Nursing.

---

**FAILURE TO WEAR A NAME TAG. IS IT CONSIDERED UNPROFESSIONAL CONDUCT?**

The answer is **YES**! “Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public,” is grounds for disciplinary action in ASBN Rules, Chapter 7, Section IV.A.6.r., as an example of unprofessional conduct. ASBN Rules Chapter 1, Section III, reads, “Any person who holds a license to practice nursing in this state shall use the legal title or the abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title, or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is licensed to practice nursing. Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation. The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care.”

The insignia may be a name tag, badge or even monogramming on a lab coat. This insignia must show the nurse to be a LPN, LPTN, RN, RNP or APRN, whichever the case may be. Wearing identification separates the nurse from individuals who are doing nursing functions but are unlicensed personnel. So be sure to wear a name tag and let your patients know that you are a nurse. It helps your patients and it’s the law!

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Across the country there seems to be two primary battlegrounds in the fight against the COVID-19 virus. The first battleground is within walls of the hospitals where nurses provide cutting-edge care for the patients diagnosed with COVID-19. The second battleground is less glamorous but vitally important and is found within the walls of the testing tents and drive-thru screening centers. It is on this second battlefield that you will find one of our Healthcare Heroes, Alisha Ashley.

Alisha Ashley, APRN-FNP

Alisha and her team have been providing care at Health Star Physicians of Hot Springs. Alisha explained that at the first sign of COVID-19 in the United States, the team at Health Star immediately began putting a plan in place for screening and caring for patients with COVID-19. Alisha recalled that many other healthcare organizations thought the staff members at Health Star were a little crazy for the radical plans; at least until the first COVID-19 case was announced in Arkansas. Now, the policies and procedures set in place by Health Star months ago, are serving as an example of best practices for other screening and testing facilities.

PLANNING FOR COVID-19

Alisha described the process in place at Health Star. After entering the parking lot at Health Star, patients proceed to the appropriate triage area by answering questions related to symptoms of respiratory illness. Patients without respiratory symptoms continue to a triage tent for vital signs, including temperature assessment. If the patient is COVID symptom-free and without fever, they go to the waiting room inside the office. If a patient is experiencing respiratory symptoms or fever, they go to the COVID screening tent for more specific assessments. Classic symptoms of COVID-19 are fever, cough, and shortness of breath. Any patient that presents with one or more symptoms go to a special “quarantined” section of the parking lot and remain in their cars.

Once parked in the quarantined parking lot, the patients remain in their car as Alisha and other healthcare providers perform assessments and conduct the necessary treatments and testing. Alisha explained, “Having patients (as well as family and friends) remain in their car, has been effective in decreasing the amount of exposure to the staff as well as other patients.”

EDUCATION

Other procedures deployed to decrease the spread of COVID-19 include extensive teaching and educational handouts provided for every patient who displays COVID symptoms, regardless of the test results. The teaching focus is for the patient as well as those present with the patient. Alisha explained that early in the process of triaging and testing patients, they found that many patients did not fully understand the steps necessary to maintain effective isolation.

Alisha discussed the measures that her team is taking to stay abreast of the latest science regarding the diagnosis and treatment of COVID-19. Each day, the staff at Health Star spends time discussing the latest information regarding the evolving science of caring for patients with COVID-19. Many of these publications, Alisha explained, originate from the State of Washington, where COVID-19 first entered the country. These publications or “white papers”, along with the latest news from the Centers for Disease Control (CDC) guide their practice and continue to change as their knowledge of COVID-19 evolves.

COMMITMENT TO PATIENTS

Alisha also explained that while the urgency of COVID-19 has changed the flow of care, their commitment to their patients with chronic illnesses and established care at Health Star remains steadfast. She described a categorization process that their practice utilizes to track and manage the care of their patients with chronic illnesses. The categories rank 1-5, for example, category 1: patients with comorbidities or better managed chronic illnesses and, category 4 & 5: patients with multiple
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comorbidities or poorly managed chronic illnesses. “Well patient” visits are rescheduled when possible and patients that fall into category 4 or 5 are being prioritized and followed very closely to ensure that they are continuing to stay well and without complications. When at all possible, follow-up visits are conducted via telehealth. However, due to the creative methods used to triage potentially contagious patients, the clinic remains open and able to provide follow-up care to its chronic disease patients.

**TELEHEALTH**

Alisha shared the importance that telehealth is playing in her patient care. In March, President Trump and the Centers for Medicare & Medicaid Services (CMS) removed many of the barriers that prevented nurse practitioners and other healthcare providers from delivering health services using a variety of patient-friendly technology platforms. This regulatory change allows Alisha, and many other nurses, to connect with their patients using FaceTime and other easily accessible methods. Alisha is now able to FaceTime with her diabetic patients and perform the necessary assessments needed for them to receive their routine medication refills. Alisha stressed the importance of being able to continue to provide care to her patients without putting them at risk of contracting COVID-19.

**TEAMWORK**

Alisha spoke candidly about the real possibility of some, if not all, of her healthcare team contracting COVID-19 and explained that every member of the team was being cross-trained to other roles in the event that a team member becomes ill. She shared that her team already functions in a manner that moved fluidly between the traditional roles and job descriptions of clinic staff. Thankfully, Alisha reported that, to date, none of the staff have tested positive for COVID-19.

**COMMUNITY EFFORTS**

The team has received support and assistance outside the clinic staff, and Alisha shared that when the chaos began regarding the availability of personal protective equipment (PPE), a physician’s wife drove to all corners of the state in search of N95 respirators for the staff at Health Star. Alisha stated that they have remained sufficiently stocked with the appropriate PPE and noted that citizens of Hot Springs had dropped off hazmat suits, Clorox wipes, and Lysol, and continue to respond to any need shared on social media sites. She also shared that CHI St. Vincent Hot Springs, a local hospital, collaborated with National Park Community College, a local nursing program, and opened a COVID-19 Call Center. Callers who meet criteria for screening or testing are directed to the testing tent located at Health Star for further evaluation.

**MESSAGE FOR THE PUBLIC**

I asked Alisha if there was one thing that she wished she could better convey to the public, and her answer surprised me. Alisha responded, “The need to follow the quarantine guidelines is real. It is very important to limit the number of people who are out and in public. In addition, the need to encourage and support those in our community who have contracted COVID-19 is equally as important. They have not done anything wrong and should not be treated as lepers. Rather, they need our encouragement. They need to know that we care. They may even have needs that can easily be met by their community.”

Fred Rogers once said, “When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.” Alisha Ashley is a helper. Her team at Health Star have gone beyond convention to serve their patient population, and she wants to encourage us to do the same. Thank you, Alisha, and the staff at Health Star, for helping the citizens of Hot Springs obtain the care they need in creative and innovative ways that help to decrease the spread of COVID-19.
HEALTHCARE HEROES–

Dana Burnett, RN

I am sure by now you have seen some of the images circulating of families unable to visit their loved ones in long-term care facilities. This is arguably the most vulnerable population when it comes to fighting disease and illness of any kind, especially the COVID-19 virus. The nursing professionals and other healthcare staff are doing all they can every day to prevent the infiltration of the COVID-19 virus into these facilities.

Yet, these are our family and friends and they wait with anticipation for our weekly, sometimes daily, visits. We acknowledge the importance of our visits and time spent with them. We are left to wave from closed windows or video chat when possible. Ultimately, we are forced to trust the staff of these facilities to love and care for these people that mean so much to us.

I recently had the privilege of speaking with Dana Burnett, RN, who is the Director of Nursing at Cottage Lane Health and Rehab, a long-term care facility in Little Rock, to find out what it is like now that these healthcare facilities are locked down except for essential staff. The stories she shared brought peace of mind and encouragement that our loved ones are in excellent hands.

When Dana and I spoke, she told me that the health and emotional well-being of their residents was of high priority to the staff during these times of uncertainty and limited visitation. She spoke with compassion and pride as she told countless stories of ways that the staff at Cottage Lane Health and Rehab have rallied around the residents and tried to make this time of quarantine fun and lighthearted.

Dana explained that while most of their residents can fully understand what is going on outside of the facility, some lack the short-term memory capabilities to remember from one day to another why their families are not visiting them. Dana said that once they re-orient the resident to the current crisis, they also try to incorporate meaningful activities to help keep them engaged.

Dana spoke with much appreciation when she told of the lengths that the activity directors of the facility have taken during this difficult time, and she explained that the activity directors have increased their work hours to cover 7 days a week. Dana shared that they have secured several tablets and are now scheduling family video conferencing time for each of the residents. She also shared a story about the activity directors taking an ice chest and decorating it to look like an ice cream truck, even including the music commonly played throughout neighborhoods on summer afternoons. The staff then “drove” the “ice cream truck” down the hallways and allowed residents to select their favorite ice cream.

One activity that Dana spoke of was a game they named “Hallway Scrabble.” Staff line residents up, keeping safe distances, down a long hallway and hand them cardboard letters (much like those used to decorate bulletin boards). The staff will announce a word (such as truck or dog) and residents with the letters needed to form the words will call out their letter until the word has been completed. Hallways compete with one another for prizes, such as pizza parties and special treats. This game, Dana explained, is both entertaining and stimulating for the residents.

The nursing staff is ensuring that the residents are compliant with their medications and are observing them for any early signs of change in their health status. The occupational, physical, and other therapists have also played key roles in personalizing therapy sessions so that residents can keep safe distances while continuing their much-needed interventions to improve their health and wellbeing.

The staff have also found creative ways to both educate the residents regarding proper hand washing and reassuring them that they, themselves, are practicing proper handwashing and infection control techniques. Dana stated that staff taught the residents how to properly wash their hands by placing gloves on the residents and having them “wash” their hands using acrylic paints. The purpose of the exercise was to teach residents how to ensure that they adequately wash all parts of their hands. After each resident had performed their handwashing demonstration, the staff helped them to leave their (now paint-covered) handprints on a bulletin board. Dana explained that the bulletin board now serves as a reminder to the residents about their handwashing exercise and the staff’s commitment to keep them safe.

The underlying message of my conversation with Dana was how proud she was of her staff’s unwavering commitment to their residents. She explained to me that most of her staff regularly pick up extra hours in order to provide for their families. She said that the nature of her staff working extra hours and spending little time outside of work has been key to keeping the risk of staff contamination low. She shared that the facility’s parent continued to page 16
company has donated meals to the staff to limit their need to leave the building during the day and assured me that staff are thoroughly screened each time they arrive at work.

Dana spoke with confidence that her staff was well trained and able to provide exceptional care, both medical and emotional, for the residents at Cottage Lane Health and Rehab. Dana explained that just months prior to the announcement of the COVID-19 pandemic, the staff at Cottage Lane Health and Rehab had completed a simulation exercise on a scenario involving a flu pandemic. She said that staff regularly refer to this training and they are seeing the scenario come to life and were trained and ready to protect their residents.

Dana ended the conversation with acknowledgment and appreciation for the support of their parent company and local community. Local churches have filled their outdoor courtyards with singing for the residents. Families have supported the visitation restriction and found creative ways to stay in touch with their loved ones. Most importantly, the staff that these families are trusting to care for their loved ones, are displaying heroic efforts to provide care and hope to this protected population.

Dana Burnett and the staff at Cottage Lane Health and Rehab are Healthcare Heroes helping to fight the COVID-19 pandemic.

Dana Burnett is a graduate of the University of Arkansas Community College-Hope and the Arkansas Rural Nursing Education Consortium (ARNEC).

HEALTHCARE HEROES

— Nycole Oliver, APRN

Everyone knows the story of Superman and his alias Clark Kent. There was such a contrast in his life as he displayed super-human strength in his noble efforts to save the city of Metropolis, and then worked as a common, news reporter, capturing Lois Lane’s heart, and enjoying the normalcy of life outside of the cape.

Centers for Disease Control and Prevention (CDC) guidelines would surely prevent the wearing of an actual cape. However, if you peer closely into the life of a modern day nurse, you are likely to see a parallel to the superhero, as he or she dons hazmat suits and surgical masks in an attempt to fight the evil of the Covid-19 virus. Our lives are being disrupted, stores depleted of necessities and activities that once filled our calendars wiped away by a microscopic organism that rivals any of Lex Luther’s evil schemes.

Just as Clark Kent was willing to put on his red cape, nurses across Arkansas are waking up each day, dressing in hazmat attire, and standing in harm’s way to care for and protect others in their community. One such example is Nycole Oliver, APRN. In 2019, Nycole was awarded the Arkansas Center for Nursing’s prestigious 40 Nurse Leaders Under 40 Award for her significant contributions to the evolving science of nursing, so it did not come as a surprise to find that in this raging battle against Covid-19, that Nycole is leading efforts in her community.

Nycole is a Family Practice Nurse Practitioner, whom along with caring for and treating her regular patient population, spends her time screening, assessing and evaluating patients for possible exposure. Her tasks include staying on top of the most recent treatment guidelines for COVID-19 patients, notifying patients of their test results, and supplying proper paperwork for patients with negative test results. Nycole explains, “With a negative test result, there is an urgency to acquire the necessary documentation for the patient to return to work, and with a positive test result, there is fear, anxiety related to the unknown, and a need for reassurance and support”.

Ironically, 2020 was deemed the “Year of the Nurse” long before we knew of the COVID-19 virus. I have worked with nurses for a long time, and I have always known my colleagues to be heroes in scrubs. While it is no surprise to me to hear about super-human power nurses are displaying during this current crisis, what caught my attention most about Nycole’s story was the role she plays after she has removed the hazmat suit and mask. You see, while it may be easy to recognize the amazing work she does each day as a nurse, it less likely that you see what Nycole accomplishes each day after her long hours in the testing tent. Nycole, much like many parents across the state, is faced with daily Alternate Methods of Instruction (AMI) assignments, cooking dinner, doing the laundry, and being a wife and mom. Nycole’s son, who normally receives several special education resources and therapies, still needs a mom to help him navigate the AMI educational activities. After spending exhaustive hours providing care as a nurse practitioner, Nycole sets up video chats with her son’s occupational therapist, speech therapist, and teachers to ensure that he continues to flourish in school. She is devoted to her profession. She researches the best treatments for the ailments of her patients, but Nycole is also a mom, and just like the rest of us, she is concerned for the health and safety of her family.
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Yet she gets up every day determined to win this battle against this virus.

I asked Nycole, what keeps her going and what types of support she needs the most, and her answer was simple, yet profound. She spoke of how important it is to be kind. She says, "Be kind to the cashier at the grocery store. Be kind to the teachers trying to reach their students through technology. Be kind to the healthcare worker who explains the need for restricted visitations, and ask your neighbors how they are doing before asking if they have heard the latest on the coronavirus. The truth is we rarely know the worries and anxieties that are facing those we meet throughout our day". As a nurse, Nycole understands better than most, the importance of kindness, compassion, and grace. Nurses have always been there during times of stress and fear, and nurses understand that kindness builds bridges that find solutions.

Nycole ended our talk sharing a story of such kindness that gave her motivation when she needed it most. She said that she came home one afternoon, after a long day of testing, and phone calls, and fear, and she simply wanted to decontaminate, take a hot shower, and attempt to experience some sense of normalcy. When she arrived at home, she found a package with a note. Inside the package was a couple of pairs of leggings. The note explained that the leggings were for her to wear under her scrubs so that she could remove her scrubs after work without having to wear the scrubs inside the house. Nycole said that the gesture and thoughtfulness meant so much and gave her the strength to continue the fight.

Nurses like Nycole are all around us, donning their superhero hazmat suits to fight the war against Covid-19, then returning home to be a mom or dad, husband or wife, neighbor and friend. Our kindness to others is the best way to say THANK YOU!

Nycole Oliver is a Family Nurse Practitioner at Baptist Health – Fort Smith. She is a graduate of the University of Arkansas at Fort Smith and the University of Southern Alabama.

HEALTHCARE HEROES-
Linda Tate, PhD, APRN
We see the unforgettable scenes play out on our television sets each night. Scenes that appear to be the brain-child of some Hollywood producer, certainly not accurate portrayals of the reality facing places like New York or New Orleans. However, the unsettling truth is that there are healthcare facilities that currently lack the healthcare capacity to meet the exponential demands of patients afflicted with the COVID-19 virus. These facilities have been overwhelmed with a daily inpatient census far beyond the usual bed count. Specifically, there is a lack of ventilators, personal protective equipment, and personnel to care for community members most impacted by this pandemic. Furthermore, nurses on the front line of the coronavirus fight have now begun to fall ill, causing a shortage of medical professionals to care for the sick.

In Arkansas, we are closely following Gov. Hutchinson and the Secretary of Health’s daily briefings on how the COVID-19 virus is negatively impacting our state. So far, the numbers remain manageable. We have, for the most part, been able to keep the trajectory of viral spread well below the anticipated curve. Even though reductions in elective surgeries and fewer patient visits have led to unprecedented layoffs and furloughs of healthcare workers, these individuals will surely become the future soldiers needed on the front lines.

On March 11, 2020, Gov. Edwards declared a Public Health Emergency in Louisiana related to COVID-19. To date, the Louisiana Department of Health has reported a total of 17,030 COVID-19 cases with 1,983 patients who are currently hospitalized. Furthermore, 490 patients are being mechanically ventilated and sadly 652 Louisiana COVID-19 patients have died during this pandemic.

I recently had the opportunity to speak with Dr. Linda Tate, PhD, APRN, from the Central Arkansas Veterans Healthcare System. Linda is part of a group of CAVHS nurses who heard the cry for help from their fellow VA nurses in Louisiana and selflessly pledged their services, much like the veterans that they serve. Her role as the Palliative Care Coordinator at CAVHS doesn’t appear to be the most logical fit for the need for bedside nurses. However, Linda is first and foremost a nurse. Though her years of training, education, and expertise have put her in administrative roles, ingrained fundamental nursing skills such as physical assessments and medication administration, coupled with years of specialized training, have expertly prepared Linda for the current COVID-19 battle.

Linda began telling her story by sharing how she was greeted by her fellow colleagues when arriving in New Orleans. She recalled being greeted with overwhelming gratitude by visibly exhausted nurses who had been struggling to save gravely ill coronavirus patients. The scene was something that Linda Tate had never before witnessed throughout her nursing career.

Linda explained that the orientation process was much less involved for her and other CAVHS nurses because they were already familiar with the policy and procedures of the VA healthcare delivery system. The first day included completing an overall facility orientation process.
orientation where she learned about relevant policies/procedures and the location of various departments such as the pharmacy, laboratory, intensive care unit (ICU), and COVID areas. On the second day, the CAVHS nurses were paired 1:1 with a nurse already employed in the Louisiana VA facility. Day three was spent helping in the triage area, where patients were screened for COVID symptoms. According to Linda, these first three days allowed the team of Arkansas nurses to better understand the flow of patients from triage to the appropriate level of care within the healthcare facility. Optimizing patient flow is important because the healthcare staff can quickly and efficiently move patients from the emergency department (ED) to other areas of the hospital thereby improving coordination of care and patient safety.

As Linda prepared for her next day, I asked her if she was nervous. She responded in a very calm manner and stated that, “…although the nature of this virus may be different [from] what we are used to treating, at the end of the day, our patients still need the same thing from us. [That is] compassion mixed with a commitment to provide safe care, whether that is treating cancer or a virus.”

Linda’s background in Palliative Care uniquely prepared her to implement effective strategies to meet the psychological needs of the veteran population. She assured me that every veteran who is triaged is asked the following screening questions: “How are you handling this current crisis? Do you need to talk to anyone?” She recognized that, especially in a patient population with a high incidence of post-traumatic stress disorder (PTSD), it is important to treat the whole person by supporting the veteran’s emotional, social and spiritual needs as well as medical symptoms. Likewise, meeting the psychological needs of the healthcare workers is being placed as equally important. Linda explained that there is a concerted effort made by the administration at the New Orleans hospital to reach out to the healthcare team each day and ask “Are you ok? Do you need to talk to anyone?”

Arkansas Center for Nursing recently put out a survey for nurses who have experienced a change in their normal roles and duties. To date, nearly 500 nurses from around the state have completed the survey. Many of these nurses, just like Linda, have been asked to transition to another role to meet the needs and surge of ill COVID-19 patients at various healthcare agencies. And, just like Linda Tate, many nurses are accepting the challenge with courage, compassion, and a commitment to fulfill their calling. We salute these true healthcare heroes!

Linda Tate, PhD, APRN, is a graduate of Arkansas State University and the University of Arkansas for Medical Sciences.
Congratulations!

TO ALL OF OUR NOMINEES

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Brittany Clark, RN
JoAnn Clark, APRN, CPNP
Jennifer Coley, RN
Leah Cobb, RN
Allison Corbello, RN
Dana Corbett, RNP, PCCN-K
Jackie Cotton, RN
Robert Darr, BSN, RN
Maegan Davis, LPN
Erik Dawes, RN
Amelia Dawson, RN
Brenda DeBose, BSN, RN
Lajeana Dorst, RN
Tanya Duncan, BSN, RN
Monica Dunn, LPN
Amanda Estes, BSN, RN
Nicole Fegely, RN
Natasha Foreman, BSN, RN
Tracie Garrett, BSN, RN
Gabe Gartman, RN
Mandy Green, RN
Sherron Herring, BSN, PCC, RN
Lashond Hill, DNP, SNP, PMHMP, APRN
Cori Hunter-Garland, LPN-2
Tabitha Kamau, RN
Cherish Keener, RN
Suzette Latrice Marks, MSN, RN-BC
Laura Ledbetter, BSN, CPEN, RN
Mindy Linvel, RN
Hayley Liston, RN
Christopher Mallonee, RN
Tiffany Renee Marshall, LPN
Melanie Martin, RN
Jeannette Minyard, MSN, RN
Christopher Pettigrew, RN
Karen Pinkerton, APRN, ANP-BC
Susan Pollard, BSN, RNC-OB, RN
Julia Ponder, APRN
Tori Porter, BSN, RN, NPD-BC
Shirlee Reeves, BSN, RN
Danielle Reichenberg, RN
Tabitha Russell, RN
Edwina Sells, RN
Jennifer Shaw, RN
Marsha Smith, BSN, MHA-ED, RN
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Jillian Swanger, RN
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Amber Whatley, RN
Lucas White, RN
Eryn Zimmerle, BSN, RN

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Dr. Dana Clarin, DNP, APRN, FNP
April Dumond, MSN, RN, OCN
Andrea Eason, MNSC, APRN, FNP-BC, CNN-NP
Diane Fergadis, MSN, RN
Janet Fletcher, MSN, RN
Lynnette Flynn, CCRN-CME, RCIS, CHFN, CNOR, MBHA
Melodee Harris, PhD, APRN, GNP-BC, AGPCNP-BC, FAAN
Stacy Harris, DNP, APRN, ANP-BC
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Melanie Mata, MSN, RN
Anita Mitchell, PhD, RN
Heidi Niswander, DNP, RN
Susan Patton, PhD, MHSA, CNS-BC, CNE
Kimberly Porter, MNSC, RN
Elizabeth Riley, DNP, RNC-NIC, CNE
Becky Russell, MSN, MA, NPD-BC
Leigh Sneed, MSN, RN, CNE, CHSE
Julie Stephens, BSN, RN
Dr. Kimberly Stickley, DNP, APRN, FNP-C, PMHNP-BC
Kathryn Sweetser, RN
Susan Lynne Thielemier, BSN, RN
Shela Upshaw, BSN, RN
Sharon Walters, MSN, RN
Nicole Ward, PhD, RN, APRN, WHNP-BC
Linda Willey, CDP, CADDCT
Misty G. Williams, MSN, RNC-NIC
Joshua Young, MSN, RN

WATCH FOR WINNERS TO BE ANNOUNCED IN JULY ISSUE!
Mentorship is vital to the nursing profession and pays back dividends concerning professional development and lifelong learning. Nursing is a profession that utilizes both formal and informal mentors throughout many phases of one's nursing career. Mentorship can provide novice nurses or nurses who are training for a new role with socialization to the environment and role, knowledge and attitudes for success in a specialty area, and an appreciation for lifelong learning (Vinales, 2015).

Lifelong learning is an undeniable component of the nursing profession. Aside from required professional development, lifelong learning can provide nurses with a sense of accomplishment and satisfaction, as well as aid with knowledge related to evidence-based practice (Stavropoulou et al., 2019).

Mentors have an excellent opportunity to model and instill lifelong learning early on in their mentees' careers. One gap in the area of nursing mentorship may be appropriate training for mentors themselves. How does one effectively mentor another? New mentors may have feelings of self-doubt or confusion regarding their mentorship responsibilities. An effective mentor requires several characteristics, such as active listening, caring, emotional intelligence, effective communication, and a drive to grow others. Additionally, a mentor must possess the necessary knowledge, skills, and attitudes within the nursing specialty to provide mentees with a quality educational experience. Mentors require both emotional and intellectual knowledge to provide mentees with a positive experience and one that lays a foundation for future growth within the nursing profession (Kowalski, 2019).

The use of therapeutic communication is vital to the mentorship relationship and a skill that requires practice to achieve. Certain persons, by nature of their personality, may have an innate capacity to communicate, but that does not automatically give them the skills needed. This takes some training and practice. Such techniques as active listening, reflecting, focusing, and silence, used to encourage the mentee to be open, feel safe, and heard during sessions, are often developed and not innate. In any endeavor that is built primarily on a relationship, being able to communicate and understand the process of communication is essential for the said relationship to progress and be productive. It is recommended that one who undertakes the role of mentor seek to enhance their personal skills in therapeutic communication and it is likely they will have to share these skills with the mentee. With this growth comes the understanding that we likely vary in our communication styles and this can have an impact on the relationship in general, and on the satisfaction of both the mentor and mentee. That being said, one does not...
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at 501-279-4859
Email: fnp@harding.edu
harding.edu/fnp
A lot of things have changed since the last ASBN Update was published. There is not a day that goes by that does not include the mention of COVID-19. Our world has changed dramatically. Simple things we took for granted, like going to church, celebrating a birthday at our favorite restaurant, or hugging a friend we see at the store, are now things that could potentially spread a very scary disease. Social distancing and working from home have become the norm for many people. The Arkansas State Board of Nursing staff is no exception. We are doing our part to keep the services of ASBN functioning while trying to stay safe. If you need to contact ASBN staff, the easiest way is through the nurse portal or by email as many staff members are working remotely.

I am one of the staff members of ASBN who is not a nurse. I have several family members who are nurses and work with quite a few. In these interactions, I have learned that nursing is not just a job. It is a calling and takes a special person to fill. Knowing this, I should not be surprised, yet I have been moved by stories of how people have stepped up to help others. One of the things I found most moving was an announcement at a staff meeting of the number of retired nurses who have come out of retirement just because there was a need.

One day, hopefully soon, this will be part of our past. I will be able to hug Ms. Joanne when I run into her at the grocery store. Until then, stay safe, and be proud of the good work you are doing – the good work of caring for others. COVID-19 may be the reason nurses are being recognized, but the truth is that this selfless act is not something you only do during a pandemic, as you put yourself at risk to care for others every week. Your heart for patients and their care is not only to be admired and respected, but applauded. So thank you – thank you to the well-deserved and often unsung heroes. Thank you to all the nurses.

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

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

### Disciplinary Actions

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>CITY</th>
<th>ACTION</th>
<th>VIOLATION</th>
<th>EFFECTIVE DATE</th>
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<td>Calico Rock</td>
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<td>Mountain Home</td>
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When Do I Get My License?

The Arkansas State Board of Nursing (ASBN) accepts applications electronically through an individual's Arkansas Nurse Portal Account located at www.arsbn.org. National Council Licensure Examination (NCLEX®) exam candidates (RN, LPN, LPN equivalency) are the types of applicants who submit their application to ASBN. When a nursing student is preparing to graduate from a nursing education program and is anticipating taking the NCLEX, ASBN encourages them to make application early. The applicant may make application up to two months prior to graduation. Doing so will enable submission of the criminal background checks. An applicant pays for the criminal background checks through a separate system also located on our website and accessed by clicking on the blue box titled Criminal Background Checks. The state background check is submitted through the system once the applicant completes the process. The federal background check requires that fingerprints are used to

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check the criminal history records of the Federal Bureau of Investigation (FBI). Fingerprint information is obtained in one of two ways, EITHER by 1) Arkansas Live Scan fingerprint scanning or 2) Ink based fingerprint card. After submission of the electronic criminal background check application, the applicant receives an automatic email. The email contains a specific number that is placed on a fingerprint card applicants use to obtain their fingerprints. It is vital that an individual reads and follows the specific criminal background check instructions that are available in the system. Early submission of an examination application facilitates processing by allowing ASBN to potentially receive the criminal background check results prior to an applicant completing the program. If an applicant waits and submits application at or after completion of the nursing education program, ASBN does not receive the criminal background check results until several weeks later, so the application processing time takes longer. Regardless of when an applicant submits an application to ASBN, whether or not an applicant successfully completes the nursing education program, fees are nonrefundable.

Submission of an examination application does not mean an applicant is automatically or immediately processed. Once an application is electronically submitted, it is manually processed through a series of vital steps before an applicant is issued a temporary permit (if applicable) or made eligible to test. New applications are in a queue of applications for review. The ASBN staff initiates processing of an application once the nursing education program director verifies that a student has completed the program requirements. Arkansas program directors have access to a secure Affidavit of Graduation (AOG) portal to review, edit and approve or deny a student’s program completion.

The application status is not updated on a daily basis, but will remain pending until required information is received and a respective application is processed. Processing steps include verification of registration with the testing vendor (Pearson VUE), submission of a complete and accurate application, receipt of program director verification, review of responses to application screening questions, and receipt of clear state and federal background checks.

Registration with the testing vendor (Pearson VUE)

In addition to completing the ASBN Examination Application for Licensure online, an applicant must register with Pearson VUE to take the NCLEX. An applicant is encouraged to make application to Pearson VUE before graduation when submitting the ASBN state application. Registration with Pearson VUE must be complete before ASBN can begin processing an application and before a temporary permit (if applicable) will be issued.

Submission of a complete and accurate application

It is important that an applicant reviews an application before submitting it to ASBN. Any areas that are incomplete or incorrect and do not match the Pearson VUE registration will have to be clarified before processing can occur.

Receipt of program director verification

The nursing director of an applicant’s nursing education program must verify graduation after completion of the nursing education program. The ASBN receives notification via a secure electronic verification process.

Review of responses to application screening questions

An applicant responds to a set of eligibility questions on the ASBN examination application regarding prior conviction(s), drug treatment etc. Refer to the application for specific questions. It is imperative that an applicant respond honestly to the questions. An applicant responding “yes” to any of the questions will be routed for additional review and investigation. For additional information, you may access the Criminal Background Information and Frequently Asked Questions located on our website. Click on the Licensing tab. Receipt of clear state and federal background checks: Arkansas law ACA 17-87-312 requires applicants for licensure by examination to submit to criminal background checks (CBC). If an applicant has pleaded guilty or nolo contendere to or found guilty of any offense listed in ACA 17-3-102, he/she is not eligible for Arkansas licensure. (ACA 17-3-102 provides the applicant an opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.) Processing of an application includes review of the results of the state and federal criminal background checks. An applicant with a state or federal background check that is not clear will be routed for additional review and investigation. An applicant who responds “yes” to any of the questions on the examination application or if there is a positive criminal background check(s), a temporary permit (if applicable) will not be
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issued nor will an applicant be deemed eligible to take the NCLEX until ASBN has reviewed the information and the case is complete.

Once all of the processing steps are completed, ASBN will deem an applicant eligible to test, and the testing vendor (Pearson VUE) will send the Authorization to Test (ATT) via email if an applicant provided an email address on registration with Pearson VUE. The nursing education program is required to submit an official transcript to ASBN prior to release of the examination results and before a permanent license can be issued. An important feature of the online application system is the ability for applicants to check the status of their specific application. An applicant can check the status of an application through the secure nurse portal account and communicate with the ASBN regarding their application through the message center in the nurse portal.

There are often times an application is delayed in processing. A few of the most common mistakes that an applicant may make that will delay processing of an ASBN application follows:

**Failing to submit application (register) to Pearson Vue prior to graduation.**

**Result:** The applicant’s ASBN state examination application is not able to be processed, a temporary permit will not be issued and an applicant will not be deemed eligible to test and receive the Authorization to Test (ATT). The applicant must submit application for licensure to the Arkansas State Board of Nursing and submit application for the NCLEX at Pearson VUE. An applicant should note that the ASBN examination application and the application to Pearson VUE are two separate applications and both must be submitted.

**Failing to create an Arkansas Nurse Portal account**

**Result:** Applicant will not be able to submit an application or receive message center announcements

**Entering incorrect email address in the Arkansas Nurse Portal or on the application**

**Result:** Applicant will not receive automatic email notifications or messages. An applicant should use his/her PERSONAL email account, not the nursing program email. The applicant should check Arkansas Nurse Portal message center frequently, as this is how we communicate with applicant.

**Not clicking the submit bottom at the end of the application:**

**Result:** Application is incomplete, not submitted and is not in work queue for processing. The applicant must submit the application and pay associated fees.

**Failing to register for NCLEX with the testing service (Pearson VUE) prior to application and/or graduation**

**Result:** Application is placed ON HOLD status: The applicant’s state application will not be processed, a temporary permit will not be issued and an applicant will not be deemed eligible to test and receive the Authorization to Test (ATT). The applicant must submit application for both the Arkansas State Board of Nursing licensure and NCLEX at Pearson VUE. Note they are two separate application processes.

**Failing to check the status of the application via the Arkansas Nurse Portal account**

**Result:** The ASBN may post information to the applicant message center regarding missing or additional information that is needed. If the applicant does not check their Arkansas Nurse Portal account, they will not receive this information.

**Failing to respond correctly to eligibility questions and/or submit required court documents for review, if applicable**

**Result:** Applicant fails to inform ASBN of prior issues that are required to be investigated. If an applicant is required to upload documentation for an investigation and does not, an investigator cannot review the required material. Documents can be uploaded during the application process.

**Failing to submit Criminal Background Check (CBC) request through the system on the ASBN website**

**Result:** Application is placed ON HOLD status: Applicant will not have CBC conducted and application will not progress. The applicant must access the Criminal Background system to request Criminal Background Checks and follow instructions. Note: Having fingerprints obtained by Ink based Fingerprint card results in 4 – 6 weeks before ASBN receives results.

In conclusion, an applicant should carefully read and follow instructions in order to submit all required information. The ASBN staff processes applications in as timely a manner as possible.
NCSBN’s International Center for Regulatory Scholarship (ICRS) is offering an invaluable series of free online COVID-19 courses for healthcare professionals. Three of the four courses offer continuing education credit upon completion. Offered in a self-paced and concise format, the courses were designed to provide new, established and returning nurses with training and resources during the COVID-19 pandemic. The courses include: “COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE,” “COVID-19: Nursing Care,” “COVID-19: Basic Law and Ethics for Nurses during COVID-19” and “COVID-19: Credible Information, Hoaxes and the Media.” Nurses and other health care workers are invited to self-enroll through the ICRS Connections Catalog at https://catalog.icrsncsbn.org. Enrollment questions should be directed to icrs@ncsbn.org.
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Terri Morton, RN
February 2020