NURSES DAY AT THE CAPITOL

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On the Cover: Nurses Day at the Capitol, February 20, 2020

The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.
Staff at the Board of Nursing is frequently asked scope of practice questions, and most of the time they are not easy to answer because the answer isn’t always black and white. A nurse’s scope of practice is determined by the Arkansas Nurse Practice Act and Rules. An additional resource for determining scope of practice is the Decision Making Model, which is located on the ASBN website under the Laws and Rules Tab. The Model walks you through the question of whether an activity and/or task is within your scope of practice. One of the main components of the model is, “Have you been trained with documented competency on this specific activity or task?” If the answer is no, then it isn’t within your scope of practice and you cannot perform the activity or task.

Upon graduation from an RN or PN program, the graduates’ scope of practice is basically the same. They are considered generalists because they are educated to provide care for all population groups from newborn though geriatrics. They are educated in the five main areas of practice: mental health, pediatrics, women’s health, medical, and surgical. They are educated to provide care in the acute care setting as well as the primary care setting. As they progress down their professional pathway, there become major differences in each nurse’s scope of practice. For example, the ICU nurse has ventilators, vasopressor drips, and ICP monitors in their scope of practice, and the nurse who chose the path of Labor and Delivery has fetal monitoring, pitocin drips and fundal massage in their scope of practice. Your scope of practice is dynamic and specific for you. It changes throughout your career. As you obtain additional education and are trained in new skills you expand your scope of practice.

Several years ago an LPN called me in a panic about her scope of practice. Her employer was demanding she manage the IVs of her patients. She had just moved to Arkansas from a state that did not allow LPNs to manage IVs. In Arkansas, IVs are definitely within the scope of practice of an LPN, but my answer to her was, “IVs are not within your scope of practice. Obtain the education and have your competency documented and it will be within your scope of practice.”

According to the Nurse Practice Act, practice for LPNs must occur under the direction of a registered nurse, an advanced practice registered nurse (APRN), a licensed physician, or a licensed dentist. Practice for an RN requires the administration of medications and treatments to be prescribed by practitioners authorized to prescribe and treat (a physician or APRN). Neither RNs nor LPNs may ever function independently in any setting. The RN and LPN are educated as generalists. However, in contrast, the APRN is educated as a specialist. Each APRN chose a specialty path, such as women’s health, adult, pediatric, anesthesia, etc. Several specialties further breakdown practice into primary and acute. The APRN’s education and certification define the scope of practice, and the only way to expand the scope of practice is to obtain an additional educational degree and advanced certification. Institutions that employ APRNs can place restrictions on scope of practice beyond that allowed by the state licensing authority. However, institutions cannot expand scope of practice beyond what is allowed by law.

The differentiation between acute and primary care seem to cause the most confusion and frustration among APRNs and employers. It is not the institutional physical boundaries that differentiates the APRN’s practice, it is the type of patient. For example, a primary care provider can work in a hospital setting as long as they only provide care for primary care patients, such as in a clinic setting. A primary care APRN providing care as a hospitalist has stepped over the boundary into acute care. The same problem occurs when the acute care APRN provides care in a clinic setting.

Scope of practice is not always easy to draw the line around, but each nurse is responsible for knowing their scope of practice and practicing within this scope. Stepping over the line may result in disciplinary action. My best advice to you is to know your scope of practice and do not let other nurses, your employer or physicians talk you into stepping over the line. Licensure is a privilege, so protect it at all times!
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DO NURSES “EAT THEIR YOUNG?”

When asked to give advice to nursing students visiting our hearings, Board member Melanie Garner, LPN, often tells them that they should help each other and basically just be nice to each other. It sounds like pretty basic advice. In fact, it seems like this would be more appropriate advice for kindergarteners than aspiring medical professionals. After all, as we just love to tell people, nursing is the most trusted profession in America. I’m so proud to be part of such a highly regarded profession! Aren’t you? Of course you are!

For longer than the Gallup polls have been telling us how trustworthy and ethical we are, some have been saying that the hallmark of the nursing profession is the fact that nurses “eat their young.” I ran a Google search of this phrase, which produced over 34 million results. Results ranged from scholarly articles to memes and YouTube videos. Four of the videos, including one TED Talk, totaled more than a million views. There are also books and dissertations on the topic.

The expression “nurses eat their young” describes the incivility and bullying that is said to plague the profession. Another term for this behavior is lateral violence. Many organizations are implementing programs and strategies to try to combat the problem. Though the problem does not exist only in the nursing profession, according to scores of articles in print and on the web, nursing appears to be where it is most prevalent. Many nurses describe it as a tradition.

So just how common is lateral violence in health care? My Google search of that term produced over 10 million results; the first four were health care specific. According to a January 2014 article in the American Nurses Association Online Journal of Issues in Nursing, at least forty four percent of nurses had experienced lateral violence and over ninety percent had witnessed it. Some sources suggest the number is much higher for new nurses.

What is the harm in all this? Do we really have to behave as if Ms. Manners is looking over our shoulders? Yes, we do. Lateral violence in the workplace causes increased absence, reduced job satisfaction, elevated stress, and increased turnover. Bullying, rudeness and incivility cause a loss of focus that reduces our ability to provide excellent care to our patients. The horror stories of personal experiences with lateral violence by nurses and nursing students give compelling evidence that it is a real problem in some institutions.

Employers have a vested interest in curtailing this sort of bad behavior. If bullying causes increased turnover, employers bear the cost of replacing the nurses. Most estimates for training an ICU nurse range from sixty to seventy thousand dollars per nurse. Some estimates run much higher.

There is also the effect on patient care. When patients witness incivility among their caregivers, they lose confidence in them as professionals. When nurses are distracted by hostility directed toward them by peers, they are more likely to make mistakes that can cause patient harm.

So lateral violence in our ranks damages our reputation as a profession and puts our colleagues and patients at risk. Also, lateral violence places a large economic burden on our employers, thereby driving up the cost of health care for everyone. Seems like a terrible tradition.

Regarding Ms. Garners advice, we really shouldn’t need it. We are the most trusted profession in America, and we should behave like the experts who earned that trust. Let’s all try to help each other out and just be nice!
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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.

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
ADVANCED 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

April 8 ...................... Hearings
April 9 ...................... Hearings
May 6 ...................... Hearings
May 7 ..................... Business Meeting
June 10 ................... Hearings
June 11 ............. Board Strategic Planning
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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Primary Care’s Role in Developmental Disability Treatment

By Maya Lopez, MD; Jill Fussell, MD; Angela Scott, MD and Chad Rodgers, MD, FAAP

Parents often face an unexpected and radical change in their lives when their child is diagnosed with a developmental disability (DD). They may experience different emotions, including guilt and grief over their child’s condition, but relief that a diagnosis has been made, and worry about their child’s future.

Parents will have many questions, but concrete answers may not be what is most useful to the family after a diagnosis. Initially, parents need a helping hand to rebuild the vision they have for their family. It should be founded on an understanding of normal development, acceptance of the disability, yet an optimistic outlook and a belief in a hopeful future for their child.

When a child with a DD visits their primary care physician’s (PCP) office, nurses are in a key position to assist. They can help parents understand the evaluation results in a culturally sensitive way, assist with services referrals, coordinate care and support the family.

Provide concrete information on interventions that have helped children with similar needs. Understanding specific recommendations and action steps can help families appropriately channel their desire to “do whatever it takes” to help their child. Creating this care plan together can solidify the relationship with the PCP and nursing staff as the family’s allies on their journey.

Give parents developmental charts to help them understand appropriate developmental expectations. Free ones are available on the Centers for Disease Control and Prevention’s Learn the Signs. Act Early website (https://www.cdc.gov/ncbddd/actearly/index.html).

Parents will benefit from interacting with other parents whose journey is similar. They will realize they are not alone, can talk to someone who understands and gain a glimpse of a possible future for their child.

Encourage families to contact the Arkansas Autism Resource and Outreach Center (www.aaroc.org or 800-342-2923) to connect with other families and community resources. AAROC is a family-led, statewide charitable organization for families of children with autism spectrum disorder (ASD).

Familiarize yourself with local services at the Arkansas Better Beginnings website (arbetterbeginnings.com). Click the Find Child Care button (bottom of page) to see a database of all licensed early child-care and education programs. The database can compile a list of programs by location or age range.

Programs for children considered to be educationally at risk (due to significant poverty, history of abuse or caregivers with limited education) can provide environmental stimulation and family support. They include:

- Head Start provides environmental stimulation in a classroom setting plus family support (arheadstart.org)
- ABC for School Success (humanservices.arkansas.gov/about-dhs/dcc/programs-services/Arkansas-better-chance-program) provides a classroom setting and home visiting

AR Home Visiting programs are home-based and target family education (arhomevisiting.org), including Following Baby Back Home, Healthy Families America, HIPPY.
Arkansas, Parents as Teachers, Nurse-Family Partnership and SafeCare Arkansas

**Programs for children with significant developmental needs include:**

- Outpatient private providers who offer direct therapy
- Early Intervention Day Treatment (EIDT) provides a structured setting with direct therapy for 0-5 yrs. and school-age children during summers; focuses on children with severe or complex developmental needs, or significant medical/nursing needs
- First Connections (0-2 yrs.) offers family-centered services in home and community settings ([arkansas.gov/dds/firstconnectionsweb/#fc-home](http://arkansas.gov/dds/firstconnectionsweb/#fc-home))
- Local school cooperatives (3-5 yrs.) provide direct therapy in a school or community setting


Pediatric subspecialists (developmental and behavior pediatrics (DBP), neurology and psychiatry) and experienced PCPs can perform diagnostic evaluations in conjunction with child psychologists, educators, speech-language pathologists, occupational and physical therapists. In Arkansas, diagnostic evaluations led by DBP physicians are accessed at the UAMS Dennis Development Center in Little Rock. The UAMS Schmieding Center in Lowell provides diagnostic evaluations led by neuropsychologists ([http://pediatrics.uams.edu/clinical-programs-affiliates/](http://pediatrics.uams.edu/clinical-programs-affiliates/)). Child neurology and child psychiatry are available at UAMS and Arkansas Children’s Hospital ([http://www.archildrens.org/a-to-z-services-list](http://www.archildrens.org/a-to-z-services-list)).

The UAMS Developmental Behavioral Pediatrics section is working with the state to expand developmental specialty care throughout Arkansas through the DBP Outreach Clinics and Arkansas Co-BALT program. Send outreach clinic referrals to the Dennis Developmental Center. The Arkansas Co-BALT program trains and mentors mini-teams of community-based clinicians (PCP and a nurse or speech-language pathologist) to provide developmental evaluations. Teams receive intensive three-day training on conducting diagnostic interviews and specific developmental assessments. Schedule appointments at [www.cobaltar.org](http://www.cobaltar.org).

The Individuals with Disabilities Education Act (IDEA) requires a free and appropriate public education, in the least restrictive environment, to all eligible DD children from birth to 21 years. Arkansas’ early intervention (EI) services for children birth to 2 years, 11 months are available through First Connections ([https://dhs.arkansas.gov/dds/Firstconnectionsweb/#fc-home](https://dhs.arkansas.gov/dds/Firstconnectionsweb/#fc-home)). Make referrals online or phone 800-643-8258 or 501-682-8158; fax 501-683-4745.

Helping families connect with these resources and following up to ensure the child is getting appropriate help, can make a world of difference for Arkansas families coping with a new DD diagnosis.
For eighteen years in a row, nurses have been ranked #1 as the most honest and ethical profession. The 2019 Gallup poll reports eighty-five percent of Americans rate nurses as having “high” or “very high” levels of honesty and ethics. A therapeutic relationship is the foundation of developing trust with our patients. Maintaining a professional boundary with patients ensures the relationship is therapeutic and meets the needs of the patient. But what is a professional boundary? What does it mean to cross a boundary? How does a boundary crossing differ from a boundary violation? These three important terms are defined below.

PROFESSIONAL BOUNDARY – A social, physical, or psychological limit in a therapeutic relationship between a nurse and a patient or their family which promotes the client’s dignity, independence, and best interests

BOUNDARY CROSSING – A brief excursion across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient

BOUNDARY VIOLATION – The result when there is confusion between the needs of the nurse and those of the patient. An act based on the needs of a nurse and not the best interest of the patient

Nurses have knowledge, skills and access to information which patients and families interpret as power. This imbalance in the nurse’s power and patient’s vulnerability can lead to boundary crossings and violations. The National Council of State Boards of Nursing (NCSBN) describes a continuum of professional behavior. The continuum assists nurses in evaluating professional-patient interactions. Under-involvement is when the nurse distances her/himself from the patient and includes patient abandonment and neglect. Over-involvement includes boundary crossings, boundary violations and sexual misconduct.

There is not a specific line separating professional behavior of a therapeutic relationship with behavior of under-involvement and over-involvement.

The increased use of social media has also blurred the lines between a nurse’s personal and professional life. A nurse must establish and maintain professional boundaries with patients and the online environment. Any post, comment, or video via social media regarding place of employment, an incident or person related to a nurse’s employment may be a violation of patient confidentiality, privacy and a boundary violation.

It may also cause alarm from your employer or even patient’s family and friends. For example, if you post on social media, “Work was horrible today”, your employer (or another employee who will report it to your employer) might see your post and not appreciate the negative publicity. Even more alarming would be if the same post was made, and the family or friends of one your patients see the post and their imagination runs wild and assume your horrible day was because of their family member….maybe the unit was understaffed…the patient had an undesirable outcome that day…was it because of the unit being understaffed? …if the unit was not understaffed, would the undesirable event even have occurred?…should we be concerned about the care we are receiving?… What the public does not know is your horrible day was because your shoe rubbed a blister on your foot. Can you see how an innocent post about work can be misconstrued?

continued on page 14
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Types of Boundary Crossings/Violations

- Sharing intimate and personal information about your personal life or problems as the patient may see you as a friend instead of their health care provider
- Calling a patient a nickname or term of endearment, such as “honey” and “sweetie”
- Giving or receiving gifts, doing special favors, or keeping secrets for or with patients
- An unprofessional demeanor, including using loud speech, off-color jokes, racial slurs, and profanity
- Spending inappropriate amounts of time with a patient, visiting the patient off duty, showing favoritism, or thinking you are the only one who can meet the patient’s needs
- Taking a photo, audio, or video of a patient on personal devices
- Sharing or posting any patient related images or information
- Speaking negatively about coworkers or employers with patient or family
- Touching a patient inappropriately
- Having a romantic or sexual relationship with a patient, including behaviors that can be interpreted as flirting
- Do not keep personal or health care-related secrets with a patient
- Be cognizant of violations involving social media, patients, family members and treatment
- Know your facility’s social media and cell phone policies, state and federal laws and professional standards
- Do not “friend”, accept “friend” requests, “follow”, “chat”, or “tweet” with patients
- Always tell a patient why you are touching them before doing it
- It is never appropriate to act on an attraction or have sexual contact with someone under your care

How do you establish and maintain a professional boundary?

- Practice nursing within the Professional Standards and Code of Ethics of nursing
- Draw a line between your personal and professional life
- Do not share personal information because you need to talk or feel better
- The relationship between you and your patient must remain therapeutic, not social
- Address patients formally (Mr., Mrs., Ms., Miss) unless patient allows you to use their first name because the manner in which you address a patient reflects a degree of professionalism.
- Be aware of your body language and facial expressions
- Say no graciously to a client that offers a gift outside of your employer’s policy on gifts and always report offers of unusual or large gifts to your supervisor
- Do not confuse the patient’s needs with your own wants or desires

The American Nurses Association’s Code of Ethics states, “When acting within one’s role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships.” Remember, it is always the responsibility of the nurse to maintain a professional boundary when caring for patients. The best prevention is education. Know what professional boundaries are, how to establish them and how to maintain them.

Join ThinkNurse and Poe Travel for our 12th CE Cruise aboard the Carnival’s Glory while earning your annual CE credits and write them off your taxes. Prices for this cruise and conference start at $900.00 p/p and are based on double occupancy (bring your spouse, significant other, or friend). Prices include 7 nights, port charges, government fees, and taxes. A $250 non-refundable p/p deposit is required to secure your reservations. Please ask about our cruise layaway plan! Rates guaranteed until November 1, 2020.

This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

For more information about the cruise and the curriculum please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.
Thirty Years of Learning

This year marks my 30th anniversary of being a nurse. I was barely 22 years old when I graduated from nursing school and thought I knew just about everything there was to know about being a nurse. As the days after graduation turned into months, the months turned into years, and the years have turned into decades (YIKES!). I have learned that there is something, if not many things, to be learned every single day. Learning never stops. The older you get, the more you realize you just don’t know.

So with that being said, I would like to share my list (in no particular order) of things I have learned over the years.

1. Treat every patient as a person and not a diagnosis because your patients are human beings.
2. Listen to family members. Family members can often give valuable information that may impact your patient’s diagnosis and care. I took care of a baby years ago whose mother brought him to the pediatrician because “he was crawling funny.” The pediatrician listened, and determined the baby was crawling funny because he had a brain tumor.
3. Be kind – not only to your patients and their families, but to your co-workers as well. When there is drama in the workplace, it’s easy to lose focus on why you are there.
4. Be respectful. Every human being is worthy of respect.
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Come Grow with Us

From patient care technician to a nationally certified nurse, Jami Travis has grown personally and professionally during her 23-year career at UAMS. As a UAMS nursing student, she worked part-time in our hospital and continued to work here after she earned her BSN. She advanced to RN IV status and was named manager of the Orthopedic and General Surgery unit in 2011. Jami is one of more than 400 UAMS nurses who hold specialty credentials, receive financial incentive and reimbursement for certification and work in an environment that values and supports their knowledge and skills.

“As I earned my degrees and completed additional training, I have been rewarded with promotions and additional responsibility. We are all encouraged to continue to learn and grow.” - Jami Travis, MNSc, RN, BC-Med/Surg

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whether you read them or not.

19. If you don’t know, ask. We all start somewhere. It’s okay to admit you don’t know something. It is not okay to pretend that you do. There are no dumb questions.

20. Confidential information is just that – confidential! HIPAA is serious business with serious consequences when violated. Do you want your confidential information breached? Another one of my well-used mantras during the time I served as a privacy officer, is “when in doubt, don’t give it out.”

21. Don’t forget the (or more) rights of medication administration. Ever. For obvious reasons.

22. Document. Document. Document. I do believe every single nursing instructor has said this more times than they care to count—"If it’s not documented, it wasn’t done." Plaintiffs’ lawyers love this.

23. Punctuality is a “virtue.” Working 24 hour shifts years ago made me really appreciate my co-workers who came to work on time. We all know things happen (sick kids, traffic accidents, busted water heaters, etc.), but we have all worked with folks who are rarely on time. Try not to be one of them.

24. Be a good team member. Again, for obvious reasons.

25. Be a patient advocate. When patients are sick, they are often vulnerable and overwhelmed. They may not feel empowered to speak up or to ask questions. Be their advocate. That’s part of being a nurse.

26. Be a peacemaker, not a pot-stirrer. Your team will function better without all of the distractions of drama. Can you really provide excellent nursing care if you are focused on stirring the pot?

27. Be prepared. Always. How you prepare, depends on your role. When I was flying, we would pack our pockets and check our ship to ensure that we had all our supplies, and that all our equipment was working. Don’t blow off checking your crash cart equipment. One day you might have to use it on someone you love.

28. Learn good time management skills. Learning time management skills is not easy. I remember one Sunday afternoon (years ago) having a patient who needed IV meds, chemo and blood. I didn’t really know what I should give first without messing up my patient’s schedule. I didn’t want the medications to be late, or the blood or chemo to expire. I can still hear my nurse supervisor saying, “Now you are in a pickle.” Find that good mentor to help you master those skills.

29. Show compassion. Look at every patient as if they are the person you love the most in this world. If you were the patient, you wouldn’t expect anything less.

30. Be proud of who you are — a NURSE! Every day you have the opportunity to impact lives. Impact them in a positive way. Maya Angelou once said, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” How are you going to make your patients, their families, or your co-workers feel today? You are a nurse. You have the power to change lives! Use it wisely!
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Grounded in a love of God and a love of learning, Ouachita is the #1 “BEST VALUE COLLEGE IN ARKANSAS” (Niche.com).
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 have to be an expert at communication to step into the role of mentor. Instead, it is an awareness that therapeutic communication is a tool/skill that is used to help this mentor/mentee relationship grow and become productive, that is important. It might even encourage some experienced nurses to step forward as a mentor, understanding that growth is both expected and inevitable for the mentor as well as the mentee.

What is the difference between a preceptor and a mentor?

While a preceptor can undoubtedly become a mentor, the two roles generally serve different purposes. A preceptor is usually assigned to provide a formalized orientation for the preceptee with the relationship being set over time. Additionally, preceptors assist the preceptee with fine-tuning clinical or management skills with a focus on work-related activities. On the other hand, mentors are sought out by the mentee and the relationship generally lasts over a long period of time, sometimes a lifetime. A mentor also helps orient the mentee to the work culture and shares meaningful experiences to promote personal, professional, and clinical growth.

What can I do as a mentor to be productive and positive?

Current or future mentors can prepare themselves for the role of a mentor in several ways. The first item of preparation involves emotional intelligence, which requires mentors to understand not only others but also themselves. Finding your
purpose for why you want to take part as a mentor is essential— it should be for more than a promotion at work. In this regard, remember that mentoring is not about you (the mentor), but about helping the mentee thrive in their role with the ultimate goal of providing, maintaining, or fostering excellent patient care. Bradbury-Jones, Irvine, and Sambrook (2010) suggest providing mentor-mentee experiences that focus on the mentee as being valued as a learner, person, and team member. By promoting inclusive experiences with a sense of value, mentors can help create rapport with mentees to promote a feeling of safety and belongingness in the relationship. Finally, mentors should focus on crafting meaningful feedback to mentees. Meaningful feedback is more than saying the person “did a good job” – it involves promoting the strengths and focusing on a plan for the weaknesses of the individual.

In closing, there is no one characteristic or aspect for a successful mentorship experience. However, an awareness of appropriate communication techniques, emotional intelligence, and the use of meaningful feedback are imperative factors to help promote personal and team-based growth (see Figure 1). As we go into the new year and 2020 Year of the Nurse and Midwife, focusing on effective mentoring is key to growing our novice nurses and continuing to foster nursing excellence.

References
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Disciplinary Actions
FEBRUARY 2020

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.

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In order to practice nursing in Arkansas you are required to keep your nursing license active. It is your responsibility to make sure your license is renewed prior to the expiration date. You are required to renew your license biennially within the sixty (60) day period preceding your license expiration date. If you do not renew your license by midnight on the expiration date, your license is considered inactive expired. If you continue to work as a nurse with an inactive expired license it is considered unlicensed practice and will be subject to disciplinary action. Once it becomes inactive expired, you have additional requirements to complete in order to reactivate your license.

The Arkansas State Board of Nursing (ASBN) frequently receives calls from nurses who have inadvertently allowed their Arkansas nursing license to expire or lapse. Subsequently, the license is inactive-expired. Some of the more common questions are listed below.

**Q.** If I cannot renew my license by the expiration date, is there a grace period?

**R.** No, there is no grace period. The license status is inactive-expired from the time that your license expires until it is renewed.

**Q.** My nursing license just expired. Can I continue to work in my nursing position until it is renewed?

**R.** No, there is no grace period. If your license has expired it is in an inactive expired status, and you must cease the practice of nursing until you have a valid license to do so.

**Q.** I did not renew my license by midnight of my renewal deadline. How do I renew my license?

**R.** A license that is expired is renewed electronically through the Arkansas Nurse Portal. If you have not already done so, go to the ASBN website and create an Arkansas Nurse Portal account. Once your account is created, log in to access your portal account and click on the renewal link. This will be a late renewal application. An additional five (5) hours of continuing education is required (this is affirmed via an eligibility question-do not upload certificates) and there will be a $100.00 late fee in addition to the regular renewal fee. Complete and submit the application.

**Q.** Is my inactive-expired license automatically renewed and updated to an active status as soon as I submit an application?

**R.** No, your late renewal application and inactive expired license is reviewed by board staff to determine if additional information is needed. Once information is received, it is reviewed to determine if you practiced nursing while your nursing license was inactive expired.
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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 Biomedical and Pharmaceutical Sciences School of Nursing are accredited by the Commission on Collegiate Nursing Education (www.cnc.org).
Q. How do I know if additional information is needed?
R. The board will notify you through the message center in your nurse portal account.

Q. Do I need to notify my employer that my license has expired?
R. You are encouraged to be forthcoming and notify your employer. The Board may contact your employer to verify employment information.

Q. Can I be disciplined for letting my nursing license expire?
R. Yes, continuing to practice nursing on an inactive expired license will be considered unlicensed practice and may be subject to disciplinary action. There are variables that assist the board in determination of what action to take including length of time that unlicensed practice occurred.

The best way to prevent license expiration and subsequent board action is to be aware of the date that your license is due to expire.

There are various things that you can do to enhance your ability to remember your nursing license expiration date.

### 1. Know how to check your license expiration date.

If you have not done so already, go to the ASBN website and create an Arkansas Nurse Portal account. Once you log in to your account, you will be able to check the status of your license, including the expiration date. Your license information is available twenty-four hours a day, seven days a week. Options for license verification are available via accessing our website, www.arsbn.org, and clicking on the blue box titled "Verify License or Certificate.”

### 2. Register for Nursys® E-Notify.

This is a free licensure notification system provided by the National Council of State Boards of Nursing that allows you to receive automatic emails regarding licensure status, including renewal alerts. Register via accessing the ASBN website and clicking on the Licensing tab, then click on the e-Notify link.

### 3. If you are a new licensee by examination or endorsement, check the expiration date of your license as soon as it is issued.

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 your date of birth. When an initial license is issued mid-renewal cycle, you must renew the next time the renewal date falls.

### 4. Place a reminder on your calendar, phone app or daily planner.

Once you know your license expiration date, identify a method to remind yourself when your license is due for renewal.

### 5. Renew as soon as possible.

The ASBN mails out a courtesy reminder card prior to your license expiration date. However, as identified herein, set personal renewal reminders so that you do not have to solely rely on the renewal card. The renewal link is available in your Arkansas Nurse Portal account sixty (60) days prior to your expiration date.

### 6. Keep your address current with the Board of Nursing.

It is important to keep your address current with ASBN in order to receive notifications and communications that ASBN may mail to you. You can update your address via accessing your Arkansas Nurse Portal Account and updating your profile.

### 7. Do not depend on anyone else to keep up with your license expiration date.

Take responsibility as a professional to maintain your own licensure information.

### 8. Check on your license status once you have submitted your renewal application.

Your late renewal application is not automatically renewed. Do not begin working just because you have submitted an application. Your license status must reflect active status before you can return to the practice of nursing.

The mission of the ASBN is to safeguard the life and health of its citizens, so protection of the public is a principal charge. Renew your license on time so that you can continue to provide care to your patients.
EVERY MORNING MY HUMAN SHAVES OFF HIS FACE FUR, HE’S FUNNY LIKE THAT.

—TUCK
adopted 05-04-11

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“EVERY MORNING MY HUMAN SHAVES OFF HIS FACE FUR, HE’S FUNNY LIKE THAT.”
Have You Created an Arkansas Nurse Portal Account?

In June of 2019, we rolled out our new Nurse Portal! This is one step we have made to become paperless. We are receiving recurring questions, so here’s a few items to help with the transition to the Arkansas Nurse Portal.

Note that if you have not set up a portal since June 2019, you will need to create a new account. This is a brand new system where we will communicate with you, and you can see information pertaining to your nursing license. You should use a personal email address – NOT a work or school email address – as firewalls often will block the notifications you will receive. You should not give your password to anyone, even your employer.

- Please keep in mind that when using the Nurse Portal, it is best to use a desktop or laptop computer. The system is not set up to be used on a phone or tablet, and you will not see the full screen if using anything other than a desktop/laptop computer.
- If you are having trouble remembering your password, please use the “forgot password” link on the login screen. If you do not receive an email, please check your spam folder.
- When renewing a license, you no longer need to list your CEAs. You will just acknowledge that you obtained them, and you must keep your CE documentation for at least four years in case you are audited.
- If you need to submit documentation and we ask you to upload it through the Portal, you will need to go to your main Arkansas Nurse Portal page, scroll down to “Message Center” and click on “Inbox”. Once there, compose a new message and select the department in which you need to send your documents. Then, select “Attach Files” and send it when you are finished. Don’t forget to include a brief description in the type box to tell us what you are sending.

If you have a specific question or need, don’t hesitate to call us. We are always happy to help!
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