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Silver Tsunami -
Arizona 2007
Nurse Supply &
Demand Report

RN/LPN License Renewal – Less Than One Month to Complete

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VOL 3 • Nº2 • MAY 2008
2ND QUARTER

4 From the Executive Director:
Arizona's 2008 Nursing Supply &
Demand Report

6 Staff Directory

8 Arizona Registered Nursing
Programs 2007



10 Arizona State Board of Nursing
Refresher Course Survey 2007

14 RN/LPN License Renewal less
Than Two Months to Complete!

15 Challenges in Establishing a
New RN Nursing Program in Arizona

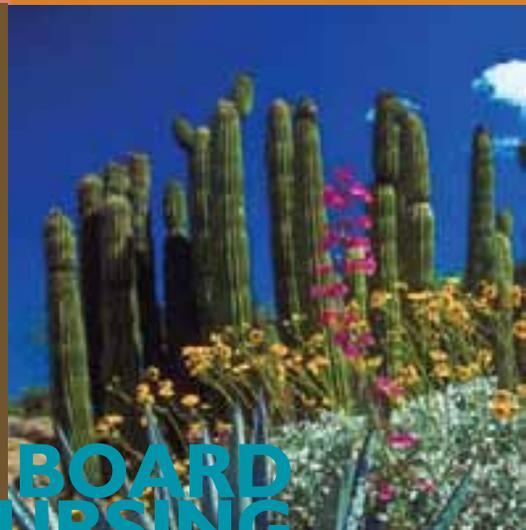
20 Arizona's Current & Future
RN/LPN Supply



21 AzBN Job Opening -
Nurse Practice Consultant
Position

22 Education Corner

23 Regulation Rundown



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every nursing student, hospital administrator
and nursing school administrator in the state



24 Case Study: Patient Abuse is
Never Acceptable

26 It's in the Stars

29 Disciplinary Actions

37 Scope of Practice
Committee Report



From the Executive Director & Staff

JOEY RIDENOUR, RN, MN, FAAN

Arizona's 2008 Nursing Supply & Demand Report: *Nursing Program Enrollments Doubled 2001-2007 & Shocking News Projected for 2017*

The nursing supply of nurses in Arizona has been a continual and growing concern for almost a decade. Last year marked the fifth anniversary of the passage of Senate Bill 1260 mandating nursing programs develop a plan to double nursing graduates. The great news is that the nursing education programs are to be congratulated for their outstanding achievements in doubling the number of admission of nursing programs since 2001-2007.

The shocking news is that the new data from the 2007 RN Licensure Renewal Surveys analyzed in the fall of 2007, informs that the nursing supply and demand has been significantly understated for the past five years and is indeed a moving target. The Arizona Hospital and Healthcare Association January 2008 article on "The Impact of Arizona's Nursing Shortage: From Classroom to Patient Room to Board Room" describes the current nursing shortage more a supply and demand problem versus the classic shortage. Nurses are in high demand because Arizona's population growth is the second fastest in the nation. With more than a 50% increase in census from approximately the last 15 years, the need for healthcare services has increased across the entire healthcare delivery system.

In this edition of the Arizona Board of Nursing Regulatory Journal, 2007 supply and demand data will be provided by Pamela Randolph, RN MS, Associate Director Education & Evidenced Based Regulation and Beth Hartman Ellis, PhD, Project Director, Arizona Workforce Data Center, Arizona Hospital & Healthcare Association. There is also a report on the AzBN Refresher Course Surveys completed in 2006-2007. The data provides factors that influence successes in refresher courses.

Some of the insights of the Arizona nurse supply & demand are:

1. Associate & Baccalaureate Programs total admissions increased from **1,413** in 2001 to **2,985** in 2007 or 111%.
2. There were approximately **2,700** qualified applicants who were not admitted for the semester for which they applied in 2007 versus approximately **1,100** in 2004 or **145% increase**.
3. **86%** of RN class of 2007 graduated on-time.
4. Approximately 15% of the Arizona RN's who have an active license are over the age of 60; an additional 17% are ages 55-60; therefore 32% or approximately **one third of the RN's are 55 or older**.
5. Based on the 2007 RN supply data, there is an annual attrition rate of **3.5** percent.
6. To match the population growth, close the gap on the US average ratio of 825 per 100,000 residents and Arizona's 681 ratio, replace those baby boomers leaving the workforce – also called the "**silver tsunami**" - Arizona will need an additional total number of 48,772 RN's by 2017 or **approximately 4,900 more per year**.

The need for sustained and continued growth of the RN workforce is now understood and greater than envisioned. The cooperation and innovative strategies by nursing education systems, employers of nurses, regulatory bodies, nursing leadership, state organizations, policy makers and healthcare delivery systems will be greater than any decade in the last 50 years.

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ARIZONA REGISTERED NURSING PROGRAMS 2007

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ASSOCIATE DIRECTOR/EDUCATION AND EVIDENCE BASED REGULATION

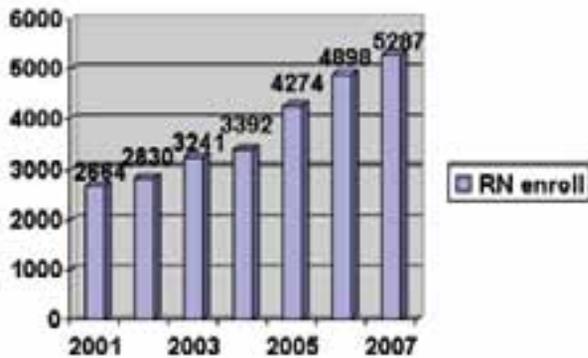
Annual Reports Data

The Arizona State Board of Nursing (Board) requests an annual report from all Arizona pre-licensure nursing education programs. For this publication, only RN program enrollment, admissions and graduates are reported. The full report which includes attrition rates, PN programs, graduate programs, faculty data and RN to BSN programs is available at www.azbn.gov.

Registered Nurse Program Enrollment

In 2007, RN enrollment increased by 7.9 percent to 5287 students (additional 389 students). Increases in enrollments in RN programs occurred each year between 2001 and 2007: 6.23 percent in 2002, 14.5 percent in 2003, 4.7 percent in 2004, 26 percent in 2005, and 15 percent in 2006. During the past seven years, RN program enrollment has increased 98 percent (2623 students). Program enrollment gains vary from year to year with increases ranging from a high of 26 percent in 2005 to a low of 4.7 percent in 2004.

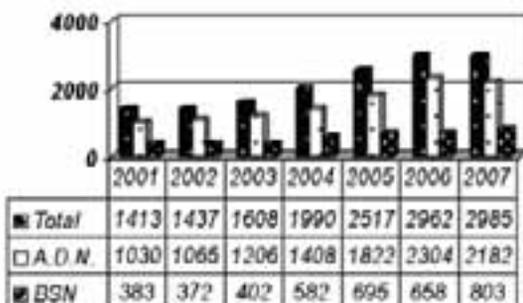
RN PROGRAM ENROLLMENT



Registered Nursing Program Admissions

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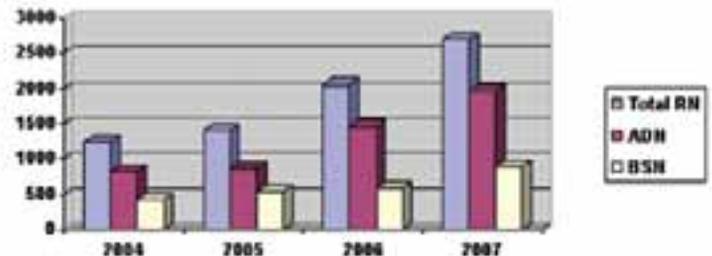
ASSOCIATE AND BACCALAUREATE PROGRAM ADMISSIONS



RN PROGRAM STUDENTS NOT ADMITTED

For RN programs, there were 2693 qualified applicants who were not admitted to the semester for which they applied. Programs with the largest number of qualified applicants that were not admitted were the Maricopa Community College District Nursing Program (1856), Arizona State University (261), Northern Arizona University (179), University of Arizona (178) and Grand Canyon University (115). It is interesting to note that other than the MCCDNP program, demand remains highest for baccalaureate programs.

QUALIFIED RN APPLICANTS NOT ADMITTED

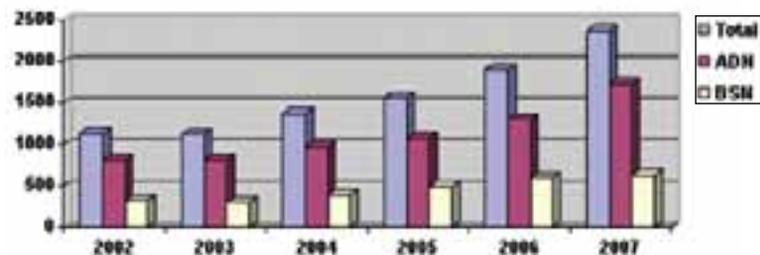


PROGRAM GRADUATES

There was a 24 percent increase in RN graduates in 2007 with increases in both associate and baccalaureate degree graduates. Associate degree graduates increased by 33 percent, and baccalaureate graduates increased by six percent. Limits to growth include shortages of faculty and clinical placements for students. There was a 108 percent increase in graduates from RN programs between 2002 (1133) and 2007 (2364), thereby doubling the graduates from all RN nursing programs in the five year time span allotted in SB 1260.

Twenty-seven percent of RN graduates earned a BSN in 2007, which is lower than the proportion of BSN/A.D.N. graduates in 2005 and 2006. This may be due to the more rapid effects of expansion in a two year program versus a four year program. Nationally, BSNs accounted for 38 percent of RN first-time test takers (NCLEX Reports – 2007). Some experts suggest that the ideal mix of bachelors degree prepared nurses to associate degree prepared nurses is 60/40 (Aiken).

RN PROGRAM GRADUATES



Characteristics of RN Graduates

Eighty-six percent of RN graduates finished in the time allotted for their program. Fourteen percent (342) of the gradu-

ates took extra time to finish the program, with only 40 students taking more than 150 percent of the allotted program time. There was an increase in the proportion of graduates who finished on time in 2005 (85 percent), 2006 (87 percent), and 2007 (86 percent) as compared to 2004 (77 percent), with corresponding decreases in the proportion RN graduates who took more than the allotted time to complete the program. In comparing this data with attrition data, the 86 percent of the class of 2007 that graduated on-time represent 69 percent of the students admitted to these cohorts (see attrition section).



SUMMARY

The systematic and routine collection of nursing program data will assist the Board, nursing programs, nurses, and the public in understanding nursing education enrollment trends and in setting realistic goals. Registered nursing program enrollments and graduates increased in 2007 due to both expansion of existing programs and the establishment of new programs. RN program admissions did not increase to any substantial extent, indicating that at the present time, resources are not sufficient to support continued rapid expansion. There continues to be an increasing number of potential nursing students either waiting to enter programs or being denied admission into nursing programs. The need for sustained and continued growth of the RN workforce in Arizona is well documented. Cooperation and dedication of resources from government, education, and service will be required to support the education of a sufficient number of new nurses to meet state and national health care needs in the future.

ARIZONA STATE BOARD OF NURSING REFRESHER COURSE SURVEY 2007

PAMELA RANDOLPH RN, MS
ASSOCIATE DIRECTOR/EDUCATION AND EVIDENCE BASED REGULATION

BACKGROUND

In 2003, the Arizona State Board of Nursing implemented a requirement for 960 hours of nursing practice within the previous five years (equivalent to six months full time) to renew an RN or LPN license. Renewing nurses are asked to sign a statement testifying they meet the practice requirements and to provide the practice setting. The Board interprets practice very broadly, consistent with the statutory definitions of professional and practical nursing (A.R.S. § 32-1601) and includes non-patient care activities such as consulting, recruiting nurses, teaching, coordinating care and supervision of nursing or nursing related services. Practice also includes providing nursing services in a volunteer capacity and any employment where the license is required or recommended. If a nurse does not have the required hours of practice, the nurse may either inactivate the license or enroll in a refresher course. A mini-survey of Arizona State Board of Nursing approved refresher courses was conducted in early 2007 to gather enrollment and completion data from calendar year 2006 and again in 2008 to reflect such data in 2007.

RESULTS 2007

Nine RN and three LPN refresher programs reported enrollments in 2007. All approved refresher programs responded to the survey. The results are tabulated below.

Total RN Enrollment 2007: 286
Number of RN refresher students admitted to the refresher program in 2007: 245
Number of RN students admitted in 2006 who continued enrollment into 2007: 41
Number of RN students who graduated from the program in 2007: 157
Of those admitted in 2007, number of RNs continuing in the program into 2008 at the recommended pace (e.g. regular students): 64
Number of RNs who failed or withdrew from the program in 2007: 38
Number of RNs who remain in the program but are repeating or lagging due to failure or other reasons: 25*

Total PN Enrollment 2007: 41
Number of PN refresher students admitted in 2007: 37
Number of PN students admitted in 2006 who continued enrollment into 2007: 4
Number of PN students who graduated from the program in 2007: 26
Of those admitted in 2007, number of PNs continuing in the program into 2008 at the recommended pace (e.g. regular students): 13
Number of PNs who failed or withdrew from the program in 2007: 2
Number of PNs who remain in the program but are repeating or lagging due to failure or other reasons: 4

TOTAL	327
	282
	45
	183
	77
	40
	29

The criterion for approval of a refresher course includes:

- A minimum of 40 hours of didactic instruction and 112 hours of supervised clinical practice for a licensed practical nurse program;
- A minimum of 80 hours of didactic instruction and 160 hours of supervised clinical practice for a registered nurse program;
- A planned and supervised clinical experience that is consistent with course goals and provides an opportunity for the student to demonstrate safe and competent application of program content. The student may spend up to 24 of the required clinical hours in a supervised lab setting;
- Instruction in current nursing care concepts and skills including:
 - o Nursing process;
 - o Pharmacology, medication calculation, and medication administration;
 - o Communication;
 - o Critical thinking and clinical decision making;
 - o Delegation, management, and lead-

ership; and

- o Meeting psychosocial and physiological needs of clients

DATA COLLECTED

Refresher courses approved by the Arizona State Board of Nursing were asked to provide information regarding their courses for calendar year 2006. The information requested:

- The number of persons who successfully completed your refresher in 2006
- The number of persons who dropped out of the refresher in 2006
- The number of persons who failed at least once in 2006
- The total 2006 enrollment

In 2007, the data form was revised to separate RN and LPN enrollments to include admissions, continuing students, graduates, withdrawals/failures, and students lagging in their coursework. Students who had failed or withdrew were placed in the one category as they represent nurses "lost" to the workforce. Finally, programs were asked for the number of students continuing in the program in 2008.

*one program has 15 repeating who are internationally educated and are struggling with TOEFL or NCLEX RN

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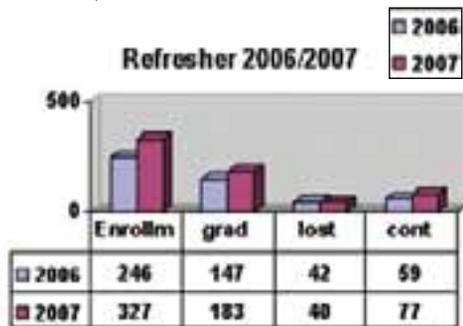
327 students enrolled in 2007, 183 graduated and 77 continuing at normal pace indicated that 80 percent of students are either successful or have the potential for success. Twelve percent are lost to the program either through failure or withdrawal, and eight percent are lagging behind; the majority of these are internationally educated and struggling with either English language proficiency exams or NCLEX passage.

Programs were also asked to report how many students enrolled as a result of a consent agreement or Board disciplinary order. There were 11 such students, the majority attending a traditional on-ground program with faculty-supervised clinical.

Three students were offered the program as preparation for NCLEX and did not count these enrollments. There were nine students who had a current license and did not need the course to meet the practice requirement, and these students were not included in the numbers. Programs were also asked to report how they verified licensure prior to clinical for their students. All reported either using the Board of Nursing Web site or placing a copy of the license in the student's file. Many programs used both methods of verification. The Board requires either a temporary or permanent license to complete the clinical portion of the program.

COMPARISON TO 2006 DATA

Some of these data can be compared to 2006 data, as shown in the chart below.

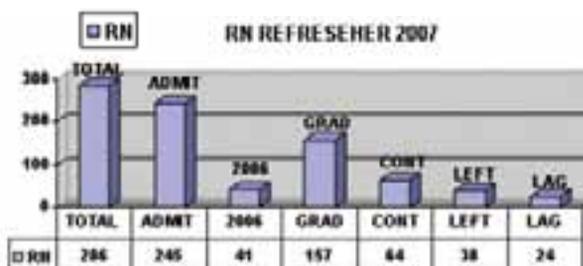


Enrollments represent 1.9 percent of nurses renewing in 2006 and 2.2 percent in 2007 (12,547 nurses renewed in 2006—12,756 in 2007). In 2006, there were 246 enrollments in all Arizona Board-approved refresher courses. This number increased 33 percent to 327 students in 2007. Enrollment figures may be slightly inflated due to the same person re-enrolling after a withdrawal or failure of the course. The percent of students completing the pro-

gram within the calendar year decreased slightly with 59 percent of students completing in 2006 and 56 percent completing in 2007. A smaller percentage of students withdrew or failed from programs in 2007 compared to 2006, with 17 percent leaving programs in 2006 and 12 percent in 2007.

RN REFRESHER PROGRAMS

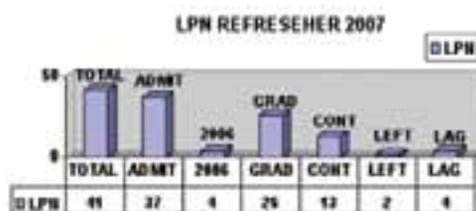
The majority of refresher program students were RN refreshers. Of total enrollments, 86 percent were admitted within the calendar year, and 14 percent were continuing from 2006. In 2007, 55 percent of RN refreshers successfully completed within the calendar year, 13 percent withdrew from the program before finishing, and 22 percent are continuing enrollment into 2008. Eight percent of students are either lagging behind the recommended pace or repeating the course due to failure.



Two percent (six students) of enrollees are unaccounted for in the data provided regarding graduation etc.

LPN REFRESHER PROGRAMS

The small numbers of LPN students make comparisons somewhat esoteric. A total of 41 persons were enrolled in LPN refresher courses in 2007. Sixty-three percent graduated, and 31 percent are continuing enrollment at the normal pace in 2008. Five percent withdrew or failed, and 10 percent are continuing the program but at a slower pace.



DISCUSSION

A meeting of refresher course sponsors was held in the Board offices on January 31, 2008. The agenda included a review of the preliminary results of the survey and factors influencing success in the refresher courses. Some of the insights the program directors

were able to share include:

- Both time away from nursing and time “in” nursing practice are critical to the success of the student. A student who has been away from nursing for a long period of time but has a 10+ year period of practice was observed to be more successful in returning to the work environment than a nurse who has a shorter gap in his/her career but little practice (e.g. practiced for two years, away for five years).
- Group support within the program is critical to the success of students—the combination of some face-to-face time with electronic communication between students improved success rates in one program.
- Clear expectations and deadlines for each component of the course assist the student in time-management.
- A large number of students need computer skills for success both in the course and in the clinical setting.
 - No program has been successful in graduating a student who has been away from nursing 20 years or more.
 - In addition to the refresher program, graduates need at least a year to adjust to the workplace in an acute care setting.
 - After some time in the workplace, some refresher students may be ideal candidates for clinical teachers in nursing programs, provided they meet the educational requirements.
- Some nurses, by virtue of their past practice in critical and urgent care settings, have stated both to refresher course providers and Board staff that their past practice should exempt them from the practice/refresher course requirement. Program directors stated that this background offers no special advantage in a refresher program.
- Programs were divided as to whether to place a student in a critical care area or in special populations units (pediatrics, maternity) for clinical experiences. One program offers the option only if the student enrolls in the pre-licensure specialty courses for those populations. Another course tailors the curriculum to the specialty area. Others do not offer it as an option.

All participants agreed that the meeting was valuable and encouraged Board staff to continue to gather these data and provide a forum for sharing on an annual basis.

RN/LPN LICENSE RENEWAL LESS THAN ONE MONTH TO COMPLETE!



by Judy Bontrager, RN,
MN, *Associate Director of
Operations -Licensing*

Approximately 12,000 licensed nurses will need to renew their licenses by June 30, 2008. Please take a moment to check if your license will be expiring this year.

If you are due for renewal, you are encouraged to submit your online renewal **NOW**. As stated in the March issue of the Arizona State Board of Nursing Journal, there is a ***new statutory requirement for every applicant*** to submit documentation of citizenship or lawful presence in the United States.

Since January 1, 2006, we have received approximately 16 percent of the anticipated renewals for 6/30/08. Prior to the implementation of the requirement for citizenship/lawful presence documentation, the average number of days from the time we received an online renewal until the license was mailed was one day. Since the implementation of the new requirement for citizenship or lawful presence, the cycle time for online renewal to the mailing is 13 days due to the need to merge/marry documents.

In 2007, approximately 75 percent of the renewal applicants renewed May 15 to June 30. Please submit your renewal application online no later than June 1 to ensure you receive your renewed license before June 30, 2008.

CHALLENGES IN ESTABLISHING A NEW RN NURSING PROGRAM IN ARIZONA



This document is prepared by the Education Department of the Arizona State Board of Nursing to inform prospective programs of issues to carefully consider in order to successfully establish a new or satellite campus nursing program.

CLINICAL SITES

The availability of appropriate clinical sites is a challenge nationwide and is especially critical in Arizona. Although new programs frequently report that they will only use weekends, nights and evenings for clinical, many subsequently find that these clinical times do not allow students to achieve the clinical objectives. The use of non-traditional hours also poses a challenge in recruiting faculty; many prospective faculty members are willing to take a salary cut to teach only if they are guaranteed daytime hours and no weekend work. Additionally, the program must consider the safety factors and potential liability in having a daytime program and night-time clinical experiences. There has been



one reported student death from falling asleep at the wheel after driving home from a night clinical. Learning may also be impaired when students attend daytime classes after a night of clinical.

Clinical availability is dependent on a number of factors including hospital construction projects, number of nurses

orienting on the unit, preceptor availability and fatigue, acuity of the patients, average patient census, transition to electronic medical record and the presence of other students on the unit. Shortages are especially pronounced in pediatrics, maternity and psych-mental health units. Non-acute or community based experiences are frequently being used for these experiences. Long term care facilities are being increasingly used for first semester experiences. In rural communities, the program must carefully consider the number of beds and the usual census of the facility in the area and ascertain if the local facility can meet the objectives of the program. If consideration is given to offering clinical out-of-

[continued>>](#)

state, faculty must be licensed in the remote state if it is a non-compact state, then the approval of the remote nurse licensing board must be obtained for both compact and non-compact states. The use of simulation experiences can augment and enrich clinical experience but cannot replace meaningful patient care clinical experiences in the major areas of nursing practice—medical surgical, critical care, wellness, maternity, pediatrics and psych-mental health.

High fidelity simulation also requires a significant investment in personnel and technology including faculty time commitment.

Successful programs have a rich blend of acute-care, chronic care and community based clinical experiences. They utilize high fidelity simulation to augment and enhance clinical learning opportunities. Successful programs have a reputation for excellence among clinical facilities and provide sufficient faculty to carefully oversee student practice without unduly burdening staff nurses. They have clear, exacting policies for student and faculty conduct at clinical sites and seek to develop and maintain professional relationships with clinical site personnel.

FACULTY

Talented faculty members are a critical factor to the success of any nursing program. There is a well documented shortage of nursing faculty, with many current faculty members due to retire in the next 10 years. Programs need to consider if a prospective faculty member has the credentials and experience to teach, AND whether the person has the talent, drive, and motivation to teach. Possession of a master's degree does not necessarily mean the potential faculty member has the necessary pedagogical skills to be an effective instructor. Faculty members also need to be clinical experts and current in their specialty field. In Arizona, faculty requirements include a master's degree in nursing and two years of patient care experi-

SUCCESSFUL PROGRAMS HAVE A RICH BLEND OF ACUTE-CARE, CHRONIC CARE AND COMMUNITY BASED CLINICAL EXPERIENCES. THEY UTILIZE HIGH FIDELITY SIMULATION TO AUGMENT AND ENHANCE CLINICAL LEARNING OPPORTUNITIES.



ence for didactic faculty, or at least a bachelor's degree in nursing and three years patient care experience for clinical faculty (for further clarification see R4-19-204). Faculty members are now commanding and receiving top salaries, and many programs are paying nursing faculty more than other faculty due to the nursing shortage.

Successful programs have a mix of experienced and new faculty, an effective evaluation plan for faculty, and a formal faculty mentoring program. They also offer competitive salaries and have a pool of qualified applicants from which to choose. Successful programs provide additional support for faculty in the form of private offices, up-to-date learning materials, lab and computer support personnel, and assistance with advising.

STUDENT PREPARATION FOR THE RIGORS OF A NURSING PROGRAM

Due to high starting salaries, nursing is attracting many prospective students. In Arizona in 2007, there were 2,833 qualified students who applied and were not admitted to a nursing program. However, many of these students are not prepared for the rigors of a nursing program. Nursing students must comprehend large amounts of technical material, write in a concise, legally defensible manner, calculate and titrate intricate dosages of potentially lethal medications and learn new psychomotor skills at a rapid pace. Many students who try to fulfill family and employment obligations while maintaining full-time

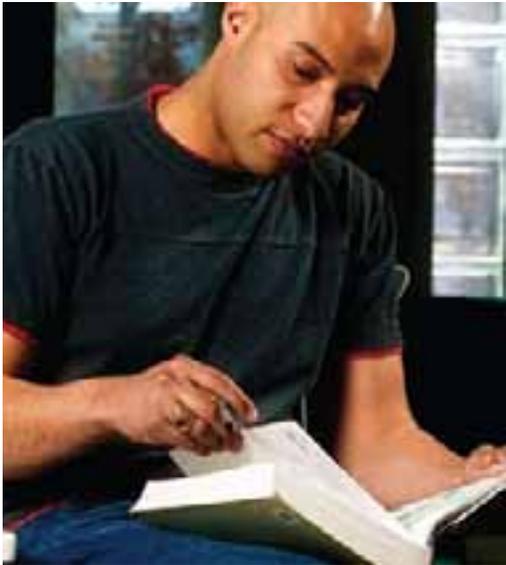
study find that they cannot succeed in a nursing program. Educationally disadvantaged students may find the program particularly challenging due to deficits in reading and math. Attrition rates are high if programs accept students without fundamental reading, writing and math skills. High grades in prerequisite courses do not always reflect the student's true abilities. Many students take prerequisite courses on a part-time basis and are not prepared for the additional burden of a full credit load, which most nursing programs require. If a program does not establish clear educational and testing criteria for admission and students are progressed in the program without attaining essential competencies, the student is at risk for NCLEX failure.

Successful programs have clear admission standards that reflect the abilities needed for success in nursing. They also provide rich information to students about the rigors of the program, clear advisement, and establish an early warning system for students in academic difficulty. Successful programs realize that some students, despite the best intention, will not succeed in the program. Successful programs strive to maintain a 90 percent or above first time NCLEX pass rate.

ADMINISTRATIVE REQUIREMENTS

Prospective programs must be aware of the statutory and rule-based requirements to establish and maintain a nursing program. Nursing programs are

regulated by the Arizona State Board of Nursing, and rules and statutes are strictly enforced. The administrator of a nursing program must be able to fully understand every rule and be able to produce evidence of compliance. The Board does not grant waivers of rule. The Board requires that programs appoint a nursing administrator with control over all administrative aspects of the program. This has been challenging for programs with complex organizational charts and blurred relationships. The administrator must have excellent written and verbal communication skills to relay information about the program to the Board. The administrator must also be well versed in the legal requirements and responsibilities inherent in administering a nursing program.



Successful programs have clear lines of authority and communication that are reflected in the organizational chart. They empower nursing faculty to develop and change curriculum, admission standards, progression standards and graduation requirements. They seldom have grievances and are able to resolve most disputes at the faculty-student level. They have sufficient resources to support responsible growth and have a robust written and implemented evaluation plan that serves to initiate positive changes in the program. They have a strong, committed, experienced nursing administrator who is respected by faculty and peers.

Arizona's Current & Future RN/LPN Supply

BETH HARTMAN ELLIS, PH.D.
PROJECT DIRECTOR, ARIZONA WORKFORCE
DATA CENTER
ARIZONA HOSPITAL & HEALTHCARE
ASSOCIATION



What is the **current and future** RN supply in Arizona? Only Arizona-specific data can answer this question. Prior to 2007, the only available statistics were from the Health Resources and Services Administration (HRSA). According to HRSA in 2004, the Arizona RN average ratio per 100,000 residents was 681, compared to the U.S. average of 825 per 100,000 residents.

In response to Arizona's need for timely and current healthcare workforce data, the Arizona Hospital & Healthcare Association's Healthcare Institute has recently spearheaded a new project to collect and analyze Arizona-specific healthcare workforce supply and demand data. The Arizona Healthcare Workforce Data Center is a collaborative effort on the part of Arizona's healthcare community, State Licensing Boards, and the Arizona Department of Health Services. The State Licensing Boards provide supply data from the license renewal process. Demand data are generated from vacancy and turnover rates reported by Arizona's hospitals and long term care facilities to the Arizona Department of Health Services. Data maintenance and analysis are provided by Arizona State University's Center for Health Information and Research. The Arizona Board of Nursing eagerly responded to the opportunity to be the first Licensing Board to participate in the Arizona Healthcare Workforce Data Center Project. The Board of Nursing provided access to RN administrative data and has

also been instrumental in the development of new survey questions to gather needed workforce data.

The first RN supply survey was initiated during the 2007 license renewal process. A sample of 5,896 RNs, which was representative of the total RN population in Arizona, provided the basis for statistical modeling of future RN supply needs.

The results indicate that:

- 1.) approximately 15 percent of the Arizona RNs who have an active license are over the age of 60.
- 2.) an additional 17 percent of the Arizona RNs who have an active license are ages 55-60.
- 3.) assuming that all RNs who are over 60 years of age, and 70 percent of those 55 to 60 years of age in 2007 are out of the workforce by 2017, then Arizona needs to replace 9,561 RNs by 2017.
- 4.) based on the 2007 RN supply data, there is an annual attrition rate of approximately 3.5 percent.
- 5.) with a 3.5 percent attrition rate, Arizona will need to replace 19,089 RNs by 2017.

6.) To match the population growth and close the gap between the U.S. average ratio of 825 per 100,000 residents and Arizona's 681 ratio, Arizona will need an additional 20,122 RNs by 2017.

7.) Hence, the total number of **additional** RNs needed in Arizona by 2017 is 48,772.

Those statistics are just a sampling of the information gleaned from the 2007 analysis. Currently, data are being collected during the 2008 RN and LPN renewal cycle that concludes June 2008. Information from this renewal cycle will be compared with 2007 information to provide a current and Arizona-specific statistical picture of our state's nursing shortage. The report for 2008 is expected to be available by late fall 2008.

** The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses. Health Resources and Services Administration. Accessed February 28, 2008 at <http://bhpr.hrsa.gov/healthworkforce/>.*

Arizona State Board of Nursing Job Opening NURSE PRACTICE CONSULTANT POSITION

There is an opening at the Arizona State Board of Nursing for a full-time nurse practice consultant. The primary duties of this position are to investigate allegations of nurse practice act violations by licensed nurses and advanced practice nurses. This position requires a Master's Degree in nursing or related field. The successful candidates will have excellent written and oral communication skills, the ability to objectively obtain and analyze information, knowledge and applicability of the nurse practice act including scope of practice and standards of care, and effective time management skills. For more information, please contact Valerie Smith, RN, MS, FRE, Associate Director, Investigations and Compliance at 602-889-5206 or vsmith@azbn.gov.



Education Corner

PAMELA RANDOLPH RN, MS
ASSOCIATE DIRECTOR/EDUCATION AND
EVIDENCE BASED REGULATION

EDUCATION COMMITTEE CALL FOR NEW MEMBERS

The Board is seeking qualified applicants for a two year position on the Education Committee. The Education Committee makes recommendations to the Board on educational matters. Their specific goals and objectives are detailed below.

Duties of the committee members include:

- Read and analyze materials distributed before each meeting
- Attend all-day (9:30-3:00) meetings every two months in Phoenix (usually on Fridays)
- Participate in the committee's deliberations/work
- Promote awareness within their program/agency of the committee's work
- Work in collaboration with other committees
- Participate in ad-hoc committees as needed

Applicants should either be a faculty member or director of a nursing program or represent an agency that provides clinical experiences for nursing students and/or hires new graduates. Knowledge of curriculum, educational trends, nursing workforce needs, and teaching methods is highly desired. Persons interested in serving on the Education Committee should e-mail prandolph@azbn.gov or kgrady@azbn.gov for an application and any questions.

Goals and Activities of the Education Committee

GOAL 1: Nursing programs in Arizona meet regulatory requirements of the Board and are sufficient to prepare graduates for safe nursing practice.

Activities:

- Review and make recommendations

on nursing program applications (RN, LPN, and APRN) and site surveys for proposal, provisional, full, and renewed approval

- Review and make recommendations on applications from out-of-state nursing programs planning to conduct clinical learning in AZ
- Review and make recommendations on applications for program change
- Review and make recommendations on refresher program applications for initial and renewed approval
- Review and make recommendations for Board action on programs that self-report rule violations
- Develop strategies to improve nursing education within the context of faculty shortages and limited clinical sites
- Explore new and innovative processes/strategies for assessing and assuring the quality of nursing education in Arizona.

GOAL 2: Nursing programs in AZ maintain a first time NCLEX pass rate of 90 percent or higher.

Activities:

- Monitor quarterly reports and pass rates
- Recommend strategies for nursing programs with a pattern of lowered NCLEX pass rates, as needed
- Develop action strategies to address lowered pass rates statewide, as needed
- Review and provide feedback on proposed changes to the test plan as requested by NCSBN

GOAL 3: Changes in rules, statutes, and advisory opinions of the Board related to nursing education are based on available evidence, best practices, and expert opinion.

Activities:

- Review and suggest revisions to pro-

posed rules affecting nursing education and practice

- Review and respond to proposed statutory changes affecting nursing education
- Review and revise advisory opinions related to nursing education, as necessary

GOAL 4: Clinical competence of licensees investigated by the Board for practice breakdown is assessed using sound criteria.

Activities:

- Compile a description of clinical competency assessments/tests being utilized by nursing programs to assess student clinical performance
- Explore the feasibility of utilizing existing clinical competency tests to measure clinical competency of RNs or LPNs being investigated for practice issues/errors
- Monitor activities of NCSBN Continued Competency Committee
- Develop criteria for competency assessment.

GOAL 5: Education Committee processes and outcomes are sufficient to meet or exceed the goals of the committee.

- Discuss and evaluate the effectiveness of current policies, practices, and goals of the Education Committee

Implement strategies to enhance the effectiveness of the Education Committee

Board Actions on Education Matters

March 2008

- Granted full approval to Pima Medical Institute RN Program
- Dismissed complaints against Grand Canyon University FNP Program, Trendsetters Academy CNA Program and Eastern Arizona College
- Issued Notice of Deficiency to International Institute of the Americas

RUNDOWN

Nurse Practice Act Changes

Every five years, the Board considers what changes may need to be made to the statutes governing the Board of Nursing. The Board is currently reviewing the Nurse Practice Act (NPA) to determine what changes are needed to best position the Board to respond to future health care needs. The Board has decided to continue to work on a comprehensive overhaul of the NPA for the 2009 legislature. A draft of proposed changes will be posted for public comment and information following acceptance by the Board.

The potential merger of the Nursing Board with the Respiratory Care Board does not appear to be imminent this legislative session.

Articles 1 and 4

A preliminary draft is currently posted on the Board Web site for general public review and comment. A docket opening has been filed with the Secretary of State. The draft rules have been submitted to the Governor's Regulatory Review Council (GRRC) for a courtesy review. The courtesy review has been received and changes made. The current version will be considered by the Board at their May meeting and posted on the Web site. Comments on all rulemakings are encouraged.

**The person to contact at the Board regarding regulation is: Pamela Randolph
Associate Director Education and
Evidence-based Regulation
602-889-5209 • Fax: 602-889-5155
E-mail: prandolph@azbn.gov**



PATIENT ABUSE IS NEVER ACCEPTABLE

Nurse X was on duty at a Long Term Facility on the evening shift. Early in the shift, one of the Certified Nursing Assistants (C.N.A.) noted that one of the residents who she knew well had her door closed. The resident never closed the door, so the C.N.A. went to the resident's room. The C.N.A. found the resident hovered in her bed, and she had positioned her body in such a manner that she could observe anyone entering the room. The C.N.A. asked the resident what was going on and the resident said, "That man hit me." The RN in charge that evening was a male nurse. The C.N.A. noted that the resident had a bruise on her cheek as well as some skin abrasions. There was blood on a paper towel which was on the floor. The resident told the C.N.A. that the RN had hit her and he was cursing at her because she did not want to take her medications. The resident said she was afraid of him.

The C.N.A. immediately called the Director of Nursing (DON) at home. The DON immediately came to the facility. The DON interviewed the resident and the staff in order to obtain more details. The DON then called the administrator who also came to the facility. The administrator also called the police.

The police accompanied the administrator and the nurse to the Resident's room. The resident was terrified and refused to talk in the presence of the nurse, but told staff he was the person who had hit her. After they left the room, Nurse X was arrested and charged with Physical Abuse, a felony charge. The office of the county attorney where Nurse X lives assigned a detective to the case. The Board staff kept in touch with the detective regarding his investigation. It was later learned by Board staff that Nurse X had undergone a lie detector test and had failed the test. Nurse X admitted to the detective that he had slapped the resident because he got mad when the resident spit her medications out at him.

When Board staff interviewed Nurse

X, he denied hitting the resident. Nurse X was reminded that his work history identified counseling related to allegations of verbal abuse, as well as concerns about his performance. Nurse X had been reported to the Board of Nursing on two previous occasions.

When the case was presented at the Board meeting, Nurse X was not present. The Board voted to Issue an Interim order for an anger management evaluation. Nurse X was given 15 days to schedule this evaluation and 45 days to complete it. If the evaluation was not completed, Notice of Charges would be issued. He failed to complete the evaluation, and Notice of Charges were issued. The Notice of Charges identified findings of facts specific to this incident. Nurse X had 35 days to respond to the Board requesting a hearing or another meeting with the Board. Nurse X failed to respond.

The case was then presented to the Board, and the Board voted to revoke the license.

Lessons to be learned:

- Staff who suspect abuse need to immediately report the suspected abuse to their supervisors.
- Internal investigations should be conducted as soon as possible, and if appropriate, law enforcement should be notified.
- Witnesses should be encouraged to document the factual information related to the event as soon as possible and be prepared to testify if necessary.
- Anger issues that result in abuse should not be ignored. Physically hitting a patient for any reason is never acceptable.

Nurse X violated the following:

Violations of Law:

ARS 32-1663 (D) AS DEFINED IN ARS 32-1601 (16 (d) and (j))

"Unprofessional conduct" includes the following whether occurring in this state or elsewhere:



(d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.

(j) Violating a rule that is adopted by the board pursuant to this chapter.

Violation of Rules:

A.A.C. R4-103 (2) (9) (28 a.b.c.) and (31) (adopted effective November 13, 2005)

2. Intentionally or negligently causing physical or emotional injury.

9. Failing to take appropriate action to safeguard a patient's welfare or to follow policies and procedures of a nurse's employer designed to safeguard the patient.

28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification.

a. name, address, telephone number, social security number, and license number if applicable.

b. Date of the charge, and

c. Nature of the offence.

31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

ARS 32-3208 (A) and (d) Criminal Charges

A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory Board in writing within ten working days after the charge.

It's in the stars: Board Member Running for National Office as NCSBN Celebrates 30th Anniversary

It is a rare opportunity to be able to participate in and influence public policy at the national and international level. As a member of the Arizona State Board of Nursing and the current Area I Director of NCSBN, the office of president is open for me to be a candidate and I have been accepted for the slate of candidates. I believe I am well-prepared for this posi-

tion and if elected, would be the first governor appointed board member to be elected in National Council's thirty year history. Previously, all presidents have been board executive officers.

As I contemplated why I would be a good candidate and how I could meet the needs of member boards and advance the development of the science of nurs-

ing regulation, many experiences come to mind. In Arizona, since I was appointed to the board of nursing, I have been most fortunate to work with colleagues on the Scope of Practice committee and the Education Committee. We have addressed policies specific to conscious sedation, RN's performing lumbar punctures, the role of the LPN and many others. Each time, the team of nurses focused on the existing regulations, considered public safety, and challenged assumption when appropriate. More recently, as the Co-Chair of the Education Committee, the team of educators from across the state considered recommendation for board approvals for nursing schools in unprecedented numbers. To be sure, this increased statewide angst about quality and access to clinical sites in a way that has challenged the best of us! Yet, even without roadmaps for the future, we have embraced the challenges and made decisions that support our regulatory intentions and protection of the public.

These experiences have laid the groundwork for involvement in committees of the National Council of State Boards of Nursing, the national membership organizations for 59 boards of nursing. I chaired the Practice Breakdown committee for 4 years and contributed to the creation of TERCAP (Taxonomy of Error Root Cause Analysis and Practice-Responsibility) and the publication of a textbook describing this work.

Challenges facing NCSBN

The challenges of leading NCSBN are uniquely focused on assuring transparency and developing evidence for the work of nursing regulation. The work of the NCSBN Board of Directors continues to be to actively be involved in identifying and addressing current member board challenges and looking around the corner to identify future regulatory challenges. The Board of Directors is also accountable to ensure that these challenges are clearly identified and become the core initiatives of the NCSBN strategic plan. As the strategic plan evolves, it must necessarily include a research agenda that meets the

needs of member boards in creating and transferring knowledge to support evidence based regulation. The specific challenges/opportunities for the next three years are: 1) assuring that the member board core competencies have been identified and that education and experiential learning is ongoing through NCSBN offerings; 2) exploring new ways to increase the transparency of the NCSBN “glass house” through member board access to information, involvement and influence in decisions that impact state board effectiveness; 3) exploring new methods.

Addressing the challenges

Nursing regulation of the future will need to be responsive, evidence-based and tightly linked to the protection of the public. As an experienced nursing leader and current member of NCSBN Board of Directors, I will use my knowledge, education, experience, networking expertise and passion for excellence to continue the established pathway of NCSBN. My ten years of experience as a Board Member in nursing regulation and over 35 years experience in patient care operations, nursing education and self-employment provide a broad range of experiences and perspectives that will assist me in this role. Specifically, I plan to support the efforts to accelerate the work of determining continuing competency mechanisms, to continue to assure testing excellence and security in the electronic world, support the ongoing creation of evidence-based regulatory practices and contribute to the science of regulation through a disciplined research program.

As always, I welcome your suggestions and comments. Finally, if you have friends or colleagues in other states, please let them know that I am running for office and would appreciate not only their support, but also their ideas about nursing regulation and how to actively support patient safety and protection of the public. It’s in the stars to have us to collectively further the development of evidence based regulation. I believe together we will make nursing regulation the best that is can be. Thank you!

*Kathy Malloch, PhD, MBA, RN, FAAN
Member and Past President, Arizona State Board of Nursing, Area I Director, National Council of State Boards of Nursing Board of Directors*

CNA DISCIPLINARY ACTION

*Not reported in previous Newsletter

JANUARY-FEBRUARY-MARCH 2008

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
3/10/2008	Alexander, Aisha N.	CNA999949402	Revoked	Unable to Practice Safely - Substance Abuse; Unprofessional Conduct; Failure to Cooperate
1/23/2008	Beverly, Jonathon J.	CNA Applicant	Certificate Denied	Criminal Conviction
1/23/2008	Blanton Pierce, Kimberly	CNA542091803	Withdrawal of Application	Criminal Conviction; Failure to Meet the Initial Requirements of Certification
3/1/2008	Brooks, Robert C.	CNA1000003119	Stayed Revocation	Practicing Beyond Scope; Unable to Practice Safely
3/10/2008	Brown, Sedell	CNA1000002270	Revoked	Unable to Practice Safely - Substance Abuse; Violation/Failure to Comply Board Order; Unprofessional Conduct
3/6/2008	Brunette, Heidi J.	CNA1000015329	Civil Penalty	Fraud/Deceit - Criminal Conviction; Failure to Cooperate
1/25/2008	Burrell, Dawn M.	CNA1000014963	Stayed Revocation	Criminal Conviction
2/25/2008	Caballero, Jessica C.	CNA999999898	Civil Penalty	Patient Abuse
12/20/2007*	Cabrera, Cynthia A.	CNA1000015392	Civil Penalty	Criminal Conviction; Fraud/Deceit
3/10/2008	Chavez, Chrystal G.	CNA999949040	Revoked	Fraud; Criminal Conviction; Failure to Cooperate
2/21/2008	Combo, Vusumzi S.	CNA999953374	Voluntary Surrender	Patient Abuse
3/10/2008	Decena, Dresden Roy	CNA1000007680	Stayed Revocation	Patient Abuse
1/22/2008	Eddington, Carl	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
2/28/2008	Fimbres, Gianna L.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit; Unable to Practice Safely - Substance Abuse
2/20/2008	Finley, Janet K.	CNA999993166	Stayed Revocation	Substandard or Inadequate Care; Patient Abuse
3/4/2008	Finn, Christina N.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate
12/26/2007*	Fosu, Daniel K.	CNA1000003180	Stayed Suspension	Unable to Practice Safely - Substance Abuse; Fraud; Unprofessional Conduct
1/23/2008	Fredrickson, Deonna J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/10/2008	Freeman, Rebecca L.	CNA999990665	Revoked	Criminal Conviction; Misappropriation of Property; Unable to Practice Safely - Substance Abuse
1/2/2008	Gillespie, Laura J.	CNA710583103	Voluntary Surrender	Failure to Maintain Records; Practicing Beyond Scope; Unprofessional Conduct
3/10/2008	Hatcher, Karla D.	CNA999988970	Revoked	Unable to Practice Safely - Substance Abuse; Failure to Comply Board Order; Failure to Cooperate
2/27/2008	Hillyard, Jaime L.	CNA999952937	Revoked	Failure to Comply Board Order
3/10/2008	Hughes, Jason M.	CNA1000007406	Revoked	Sexual Misconduct; Unprofessional Conduct; Fraud
3/10/2008	Ibarra, Alfredo J.	CNA1000005202	Revoked	Criminal Conviction; Fraud; Failure to Comply Board Order
1/24/2008	Jennings, Mary E.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/3/2008	Jones, Earletta J.	CNA Applicant	Certificate Denied	Fraud - Unspecified; Failure to Cooperate
1/9/2008	Kelsey, Cynthia D.	CNA999996386	Stayed Revocation	Criminal Conviction
3/18/2008	Lott, Candida D.	CNA999999266	Voluntary Surrender	Unable to Practice Safely - Substance Abuse
2/10/2008	Martin, Laura L.	CNA999952200	Civil Penalty	Patient Abandonment
2/8/2008	Martin, Rachel E.	CNA1000001130	Civil Penalty	Patient Abandonment
1/11/2008	Martinez, Blanca A.	CNA1000011174	Stayed Revocation	Patient Abandonment; Patient Neglect
3/10/2008	Matueny, Ernest A.	CNA1000003628	Revoked	Violation of Fed/State Statutes/Rules; Criminal Conviction; Fraud
1/23/2008	McAughey, Terry F.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit; Failure to Cooperate
3/10/2008	McGrew, Anthony R.	CNA1000008766	Revoked	Fraud; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
2/28/2008	McNeil, Meghan K.	CNA1000005064	Suspension	Diversion of Controlled Substance
1/24/2008	Murrieta, Esteban J.	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
3/10/2008	Nichols, Karen J.	CNA709529113	Revoked	Dual Relationship/Boundaries; Exploiting a Patient for Financial Gain; Fraud
1/14/2008	Olague, Rudy C.	CNA999997473	Civil Penalty	Breach of Confidentiality
1/23/2008	Oldham, Jordan R.	CNA Applicant	Certificate Denied	Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/10/2008	Quintero, Lisa M.	CNA570261803	Revoked	Violation of Fed/State Statutes/Rules; Criminal Conviction; Fraud

JANUARY-FEBRUARY-MARCH 2008

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
3/10/2008	Rabatine, Marjorie L.	CNA999989451	Revoked	Unable to Practice Safely - Substance Abuse; Unprofessional Conduct; Failure to Cooperate
2/22/2008	Ramos, Gilbert R.	CNA1000015257	Stayed Revocation	Criminal Conviction
2/25/2008	Reis, Patricia L.	CNA1000015258	Stayed Revocation	Criminal Conviction
2/25/2008	Roberson, Liesl E.	CNA803787203	Stayed Revocation	Failure to Comply Board Order; Patient Abuse
3/10/2008	Romero, Anna L.	CNA1000008501	Revoked	Failure to Comply Board Order; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
3/13/2008	Ross, Shawna T.	CNA999996365	Voluntary Surrender	Failure to Comply Board Order; Patient Abuse; Unprofessional Conduct
2/22/2008	Thorley, Chad S.	CNA Applicant	Certificate Denied	Fraud; Failure to Cooperate
3/4/2008	Vazquez, Martha M.	CNA1000010048	Stayed Revocation w/ Fine	False Reports/Falsifying Records
3/10/2008	Wheelis, Judy A.	CNA561447674	Revoked	Patient Abuse; Unprofessional Conduct; Failure to Cooperate
2/22/2008	Zuniga, Elizabeth M.	CNA999991118	Revoked	Failure to Comply Board Order; Criminal Conviction



CNA Discipline ACTION CLEARED

JANUARY - FEBRUARY - MARCH 2008

EFFECTIVE DATE	NAME	LICENSE
2/11/2008	Begay, Bobbinett	CNA1000002087
2/13/2008	Coles, Jessica D.	CNA1000011666
3/11/2008	Ibanez, Emmanuel U.	CNA999996768
1/23/2008	Rekucki, Katie M.	CNA999995567
2/11/2008	Saxon, Flavia T.	CNA1000003907
3/20/2008	Thornton, Wendy A.	CNA1000011535
2/18/2008	Widdison, David M.	CNA1000003612

RN/LPN DISCIPLINARY ACTION

*Not reported in previous Newsletter

JANUARY-FEBRUARY-MARCH 2008

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
1/23/2008	Archbold, Kristen H.	RN150036	Civil Penalty	Practicing Without Valid License
3/25/2008	Ballard, Susan	RN151566	Civil Penalty	Criminal Conviction, Fraud - Unspecified
1/3/2008	Barnes, Laura S.	RN065967	Revocation	Violation/Failure to Comply Board Order, Unable to Practice - Substance Abuse
1/23/2008	Barnes, Sharon C.	RN086500	Decree of Censure	Misappropriation of Property
1/23/2008	Benson, Erica R.	RN131597	Summary Suspension	Fraud, Immediate Threat to Health or Safety, Unauthorized Administration of Medication
2/19/2008	Benson, Erica R.	RN131597	Voluntary Surrender	False Reports/Falsifying Records, Unable to Practice - Substance Abuse, Diversion of Controlled Substance
3/20/2008	Bessett, Jeannie M.	RN101464	Decree of Censure	Substance Abuse - Positive Drug Screen
1/3/2008	Bocchicchio, Cynthia L.	RN089150	Probation	Practicing Beyond Scope, Unable to Practice - Substance Abuse
3/3/2008	Caley, Joann O.	RN133413	Probation	Unable to Practice - Substance Abuse
2/29/2008	Cantave, Molonne	RN Endorsement	License Denied	Disciplinary Action Taken by any Licensing Authority
2/29/2008	Carden, Betsy	RN120373	Probation	Unable to Practice - Substance Abuse

JANUARY-FEBRUARY-MARCH 2008

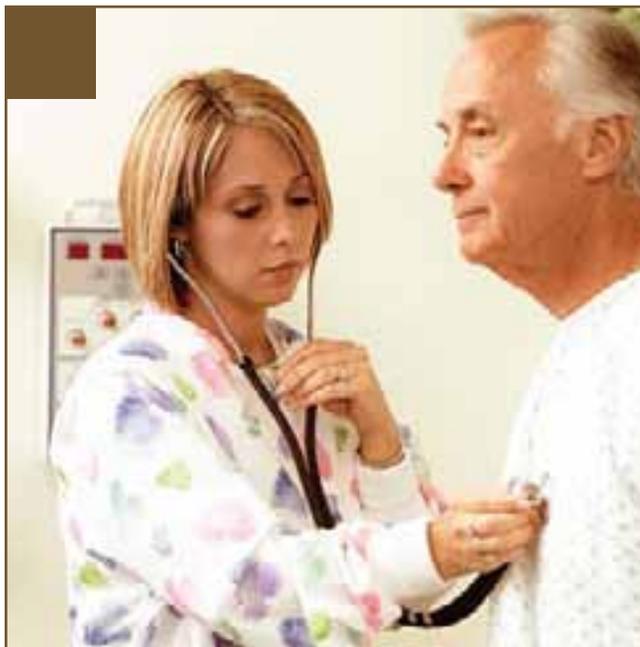
EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
3/7/2008	Castillo, Lauramelia G.	LP027835	Revocation	Violation/Failure to Comply Board Order
1/24/2008	Charous, Jamie B.	RN134576	Decree of Censure	Unable to Practice - Substance Abuse
12/26/2007*	Coleman Jr., Wellington J.	RN Endorsement	License Denied	Disciplinary Action Taken by any Licensing Authority
3/7/2008	Conner, Pamela L.	RN118960	Stayed Revocation w/Suspension	Unable to Practice - Substance Abuse
3/7/2008	Cook, Melissa H.	RN070956	Revocation	Violation/Failure to Comply Board Order
3/3/2008	Cordero, Mario Eleno III C.	RN119197	Decree of Censure	False Reports/Falsifying Records, Substandard or Inadequate Care
1/24/2008	Covington, April M.	RN146764	Civil Penalty	Criminal Conviction
2/27/2008	Dabney, Janet L.	RN086912	Voluntary Surrender	Unable to Practice Safely, Substance Abuse
2/28/2008	Darling, Michael	LP Endorsement	License Denied	Criminal Conviction, Misappropriation of Property, Unprofessional Conduct
3/23/2008	Davis, John D.	RN129018	Stayed Revocation w/Probation	Violation/Failure to Comply Board Order, Failure to Maintain Records
3/25/2008	Diaz, Nydia M.	RN151569	Civil Penalty	Criminal Conviction, Fraud - Unspecified
1/25/2008	Dinenna, Victoria L.	RN110514	Voluntary Surrender	Violation/Failure to Comply Board Order
12/12/2007*	Dubey, Jean M.	RN093841	Decree of Censure Civil Penalty	Practicing Beyond Scope, Unauthorized Administration of Medication, Error in Administering Medication
1/29/2008	Dwiggins, Clarissa S.	RN150637/ CNA999998784	Civil Penalty	Unprofessional Conduct
3/11/2008	Fox, Cheryl D.	RN066877/LP021085	Stayed Revocation w/Probation	Unprofessional Conduct
1/9/2008	Franken, Charlene R.	RN Endorsement	License Denied	Misappropriation of Property, Unprofessional Conduct, Failure to Cooperate with Board

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
1/22/2008	Frankley, Alison E.	RN150331	Probation w/Civil Penalty	Criminal Conviction, Fraud/Deceit - License/Credentials
3/26/2008	Garland, Pamela L.	RN091820	Stayed Revocation w/Suspension	Violation/Failure to Comply Board Order
3/10/2008	Gillette, Leslee Mae	LP036114	Stayed Revocation w/Suspension	Unable to Practice - Substance Abuse
3/12/2008	Gladden, Stanley	RN070153/AP167	Decree of Censure	Violation of Fed/State Statutes/Rules, Criminal Conviction, Narcotics Violation or Other Violation of Drug Statutes
3/3/2008	Grubor, Alisa D.	RN137105/LP040256	Decree of Censure	Practicing Beyond Scope
1/23/2008	Hadley, Frank J.	LP036210	Probation	Unprofessional Conduct, Unable to Practice - Substance Abuse
3/7/2008	Harris, Deborah S.	RN117814	Revocation	Violation/Failure to Comply Board Order
1/9/2008	Harrison, Harry N.	RN Endorsement	License Denied	Criminal Conviction, Failure to Cooperate with Board
2/27/2008	Hauck, Michael J.	RN Endorsement	License Denied	Fraud/Deceit - License/Credentials
1/16/2008	Hommel, Mary O.	RN059534	Reinstatement Denied	Violation/Failure to Comply Board Order
3/7/2008	Jackson, Dianette J.	RN133532	Revocation	Unprofessional Conduct, Patient Neglect, Failure to Cooperate with Board
1/4/2008	Johns, Cynthia L.	Compact LP, NE	Revocation-Privilege to Practice	Fraud/Deceit - License/Credentials
3/19/2008	Johnston, Chris E.	RN102748	Suspension	Sexual Misconduct, Unprofessional Conduct
2/29/2008	Jones, Tiffany N.	LP041678	Decree of Censure	Patient Abandonment
3/7/2008	Keinath, Geneva K.	LP020912	Revocation	Violation/Failure to Comply Board Order
2/7/2008	Koslowski, Werner S.	RN147894/LP042496	Revocation	Violation/Failure to Comply Board Order
2/11/2008	Kramer Jr., Mike	RN094894	Suspension/Indefinite	Violation/Failure to Comply Board Order, Unable to Practice - Substance Abuse
2/23/2008	Kulaga, Anne	RN102925	Civil Penalty	Violation of Fed/State Statutes/Rules, Misappropriation of Property
3/7/2008	Lacey, James J.	RN104464	Revocation	Violation of Fed/State Statutes/Rules, Criminal Conviction, Failure to Cooperate with Board
3/7/2008	Landrum, Margie T.	RN139534/CRNA0480	Revocation	Fraud/Deceit - License/Credentials, Substandard or Inadequate Care, Diversion of Controlled Substance
1/17/2008	Latimer, Barry H.	RN038469/CRNA0050	Stayed Suspension w/Probation	Criminal Conviction
2/18/2008	Manuel, Phyllis A.	RN138610	Stayed Suspension w/Probation	Disciplinary Action Taken by any Licensing Authority, Failure to Maintain Records
2/13/2008	Martinez, Anthony	Compact RN, TX	Voluntary Surrender- Privilege to Practice	Practicing Beyond Scope, False Reports/Falsifying Records
3/6/2008	McClure, Melanie S.	RN096004	Decree of Censure	Breach of Confidentiality, Substandard or Inadequate Care
2/29/2008	McMillian, Katherine S.	LP Endorsement	License Denied	Narcotics Violation or Other Violation of Drug Statutes
12/13/2007*	McPheron, Kristi L.	TLP044186	Probation	Criminal Conviction
12/30/2007*	Merrill, Leslie J.	LP041062	Decree of Censure	Improper Delegation/Supervision
1/8/2008	Metzler, Jerry D.	RN027832/SN0854	Voluntary Surrender	Sexual Misconduct
3/11/2008	Middagh, Brenda J.	RN071351	Voluntary Surrender	Unprofessional Conduct, Unable to Practice - Psych/Mental
3/19/2008	Mohr, Stacy M.	LP043997	Civil Penalty	Practicing Without Valid License
1/9/2008	Monteer, Rebel D.	LP Endorsement	License Denied	Criminal Conviction, Failure to Cooperate with Board
3/31/2008	Morris, Martha R.	RN021218	Decree of Censure	Unprofessional Conduct, Improper Delegation/Supervision
2/20/2008	Moser, Cassandra D.	RN115058	Decree of Censure	Breach of Confidentiality, Conflict of Interest
3/19/2008	Myczynsky, Megan S.	RN123625	Suspension/Indefinite	Violation/Failure to Comply Board Order
2/13/2008	Nelch, Bruce F.	RN131549/LP039292	Probation	Criminal Conviction
3/4/2008	Ochoa, Lisa M.	RN129875/LP038809	Decree of Censure	Practicing Beyond Scope
2/13/2008	Olds, Don P.	RN107273/LP033882	Decree of Censure	Substandard or Inadequate Care, Failure to Maintain Records
1/30/2008	Ortega, Virginia M.	RN133580	Decree of Censure	Unable to Practice - Substance Abuse
1/3/2008	Pearlman, Joan E.	LP030406	Voluntary Surrender	False Reports/Falsifying Records
1/18/2008	Pearson, Barbara J.	RN138591	Voluntary Surrender	Violation/Failure to Comply Board Order, Unable to Practice - Substance Abuse

JANUARY-FEBRUARY-MARCH 2008

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
3/7/2008	Pitman, Brenda Y.	RN063427	Revocation	Violation/Failure to Comply Board Order, Unable to Practice - Substance Abuse
1/23/2008	Quon, Victor	RN150228	Civil Penalty	Practicing Without Valid License
3/7/2008	Ridgell, Willa M.	RN065870/LP019176	Revocation	Unable to Practice Safely, Incompetence, Negligence
2/28/2008	Rouse, Jennifer	RN Endorsement	License Denied	Failure to Meet Licensing Board Reporting Requirements, Unprofessional Conduct
3/3/2008	Ryan, Brenda Jo	RN124189 w/Suspension	Stayed Revocation Substance	Unable to Practice - Substance Abuse, Diversion of Controlled
12/11/2007*	Sanchez, Daniel A.	RN Endorsement	License Denied	Disciplinary Action Taken by any Licensing Authority, Unable to Practice - Substance Abuse, Substandard or Inadequate Care
1/4/2008	Schafer, Barry P.	RN117895	Probation	Sexual Misconduct
1/7/2008	Sims, Lisa A.	RN Endorsement	License Denied	Disciplinary Action Taken by any Licensing Authority, Unable to Practice - Substance Abuse, Failure to Cooperate with Board
2/4/2008	Slater, Darren M.	RN092230	Voluntary Surrender Substance	Unable to Practice - Substance Abuse, Diversion of Controlled
2/15/2008	Solis, Lakeshia S.	TLP043449	Civil Penalty	Practicing Without Valid License
2/11/2008	Stockman, Reed	RN090874/CRNA0242	Decree of Censure	Breach of Confidentiality
3/17/2008	Talmon, Marian B.	RN079039/AP0337	Stayed Suspension w/Probation	Violation/Failure to Comply Board Order
3/19/2008	Taman, Marwa	RN142731	Suspension/Indefinite	Unprofessional Conduct, Unable to Practice Safely, Failure to Maintain Records
1/9/2008	Taukus, Robert	RN Endorsement	License Denied	Unprofessional Conduct, Failure to Cooperate with Board
2/7/2008	Tendoseschate, Julene T.	RN131366	Revocation	Violation/Failure to Comply Board Order
2/4/2008	Thalman, Ronald A.	CNA100006803	Voluntary Surrender	Failure to Meet the Initial Requirements of a License, Criminal Conviction

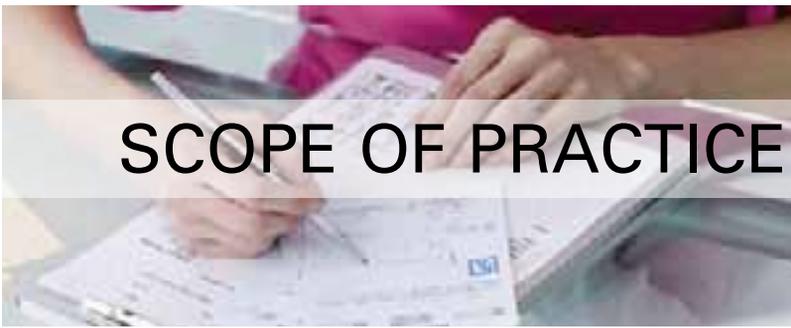
EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
2/4/2008	Thalmann, Ronald A.	LP Exam	Voluntary Withdrawal of Application	Failure to Meet the Initial Requirements of a License, Criminal Conviction
3/7/2008	Thooft, Robert J.	RN104254	Revocation	Violation of Fed/State Statutes/Rules, Sexual Misconduct,
2/5/2008	Toler, Candace V.	LP027275	Voluntary Surrender	Unprofessional Conduct, Narcotics Violation of Other Violation of Drug Statutes, Unauthorized Dispensing of Medication
3/26/2008	Trinidad, Fernando	LP023035	Decree of Censure	Unable to Practice - Substance Abuse
3/7/2008	Tritz, William M.	LP038529	Revocation	Unable to Practice - Psych/Mental, Substance Abuse
2/19/2008	Van de Van, Sherry L.	LP038821	Decree of Censure	Substandard or Inadequate Care, Patient Neglect
1/24/2008	Wallace, Mariah J.	RN143434	Civil Penalty	Practicing Without Valid License
1/29/2008	Wayland, Karen S.	RN105983/LP028758/ CNA699678427	Revocation	Violation/Failure to Comply Board Order
2/2/2008	Wheeler, Rosanna M.	RN093704	Decree of Censure	False Reports/Falsifying Records
3/7/2008	Whipple, Max D.	RN115742	Revocation	Disciplinary Action Taken by any Licensing Authority, Diversion of Controlled Substance
3/31/2008	Wilson, Joanna	RN151646	Civil Penalty	Criminal Conviction, Unprofessional Conduct
1/3/2008	Woodall, Kristin A.	RN119409	Stayed Revocation w/Suspension	Unable to Practice - Substance Abuse
2/13/2008	Woods, Sandra	RN083582	Voluntary Surrender	Unable to Practice - Substance Abuse
1/4/2008	Wright, Lisa J.	Compact LP, TN	Revocation-Privilege to Practice	Practicing Beyond Scope, Substandard or Inadequate Care, Failure to Maintain Records
2/8/2008	Zeitler, Amanda L.	LP040208	Probation	Criminal Conviction



RN-LPN Discipline ACTION CLEARED

JANUARY - FEBRUARY - MARCH 2008

EFFECTIVE DATE	NAME	LICENSE
3/19/2008	Boles, Karen L.	RN073242
3/19/2008	Case, Rebecca S.	RN069044
3/19/2008	Damgar, Rebecca G.	LP029050
3/14/2008	Duvall, Kelly M.	LP042497
2/1/2008	Gonzales, Jennifer A.	RN138297/LP040429
3/19/2008	Iglesias, Kong Suk	RN111985/LP033517
2/15/2008	Levenson, Brenda L.	LP042834
1/15/2008	Maxwell, Eve	RN136176
1/23/2008	Miller, Paul A.	RN126972
3/25/2008	Morgan, Tina L.	RN115990
1/23/2008	Murray-Taylor, Tracy F.	RN120023
1/25/2008	Nichols, Shenna A.	RN125632
3/19/2008	Pastore, Jane M.	RN119983
1/23/2008	Peters, Heather M.	RN131376
2/20/2008	Sanchez, Jeanette N.	RN126855
2/18/2008	Scott, Rachel C.	LP034329
3/19/2008	Smith, Beverly J.	RN094754
3/21/2008	Snage, Shirley I.	RN038104
1/31/2008	Zaczkowski-Beliveau, Anne M.	RN105757



SCOPE OF PRACTICE COMMITTEE REPORT

Co Chairs: Karen Hardy, RN, MSN, and Pat Johnson, LPN
Judy Bontrager, RN, MN, Associate Director/Operations

At the January and March 2008 Board meetings, the Board approved the following Advisory Opinions.

New Advisory Opinion

- **Nitrous Oxide Administration** – This opinion states it is within the scope of practice for a registered nurse (when specific requirements are met) to administer nitrous oxide as a single agent. It is not to be administered concurrently with any other sedative or depressant.

Updated Advisory Opinions

- **Injection of Tumescence Lidocaine: Role of the RN**

- **Laser (Pigment and Vascular Specific) for Cutaneous Procedures**
- **Pre Hospital Nursing**
- **Deep Sedation for Ventilated Patients**
- **Intravenous Infusion Therapy/ Venipuncture: The Role of the LPN**
- **Analgesia by Catheter Techniques- Epidural, Intrathecal, Interpleural, Perineural, Subcutaneous**

The Scope of Practice Committee proposed a significant change to the Board on this advisory opinion. After much discussion and review of the literature and a survey conducted by Amy Warengo, RN, MSN, and Susan Mayer, RNC, MSN, both SOP Committee members, the committee

voted to recommend a change in the role of the Obstetrical RN and NOT permit the RN to increase or decrease the rate of the continuous epidural infusion. This change would make this role consistent with the Association of Women's Health, Obstetric and Neonatal Nurse's (AWHONN) position. The Board approved the changes in the opinion.

Please review all advisory opinions on the Board's Web site at www.azbn.gov, click on resources and then click on advisory opinions.

ARIZONA STATE BOARD OF NURSING
4747 North 7th Street, Suite 200
Phoenix, AZ 85014-3653

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