

# arizona STATE BOARD OF NURSING

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AUGUST 2011

## REGULATORY JOURNAL

### 1921 - 2011 90 YEARS

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This magazine is mailed 3 times a year to over 90,000 Arizona licensed nurses and reaches every nursing student, hospital administrator and nursing school administrator in the state.



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**From the Executive Director**  
JOEY RIDENOUR, RN, MN, FAAN

## ARIZONA STATE BOARD OF NURSING 1921-2011 90TH ANNIVERSARY

During the early 1900s, state nurses associations were organized for the sole purpose of seeking legislation to pass nurse practice acts (NPA) in each state. The NPA's were merely registration acts or lists of trained nurses who voluntarily signed or registered to be recognized as a nurse. North Carolina was the first state to enact a nursing practice act in 1903, and by 1923 all states had nurse practice acts in place.

The Arizona State Board of Nursing was created in 1921. Historical information entered into the first book of minutes from 1921-1923 you may find interesting are:

1. The first nurse to place her name on the register as "RN # 1" was Sister M. Evangelista Weyand from St. Mary's Hospital School of Nursing, Tucson. (There are now over 71,000 RN's in Arizona.)
2. Nurses coming from other states were to register within a month, sign an affidavit they will remain in Arizona for two years and pay a \$10 fee.
3. The Arizona Board of Nurse Examiners (Arizona State Board of Nursing) borrowed \$259 from the Arizona State Nurse's Association to "put the board in operation."
4. If the Board failed to repay the debt, the newly purchased typewriter would become the property of the Arizona Nurses Association and the Board would be reported to the state.
5. First Secretary and full time staff member was paid \$2,000 year or \$166 month.
6. The Secretary was instructed to contact California, New York, Maryland and California and inform them they were the only states in which reciprocity would be established.
7. Superintendants of schools of nursing throughout the state were sent a letter instructing them to adopt three arm badges: white for graduate nurses, blue for undergraduate nurses and red for practical nurses. Nurses were to be instructed that they "must wear these badges while in that institution."
8. A.R.N. was the first title for nurses: Arizona Registered Nurse.
9. Sister Evangelista was appointed Chairman of a committee to develop a list of questions for the October 1921 test. Board Members were assigned to submit questions for the test.
10. Three schools of nursing were recommended to add to the accreditation list of the American Nurse's Association: St. Mary's Hospital School of Nursing, Tucson; Arizona Deaconess Hospital School of Nursing (Good Samaritan), Phoenix and St. Joseph's Hospital

School of Nursing, Phoenix.

11. At end of fiscal year June 1923, the Board paid off the debt to the Arizona Nurse's Association with a remaining balance of \$25.65



***"For what is the present, after all, but a growth out of the past?"***

***-Walt Whitman, American Poet***

For over 90 years, nurse competency and patient safety has been the "public good" of the Arizona State Board of Nursing. In this edition of the AzBN Regulatory Journal, Pam Randolph provides a historical overview of the evolution of nursing education in Arizona. The Executive Director or the Arizona Nurses Association, Robin Schaffer, also provides historical AzNA information as the organization was formed for the sole purpose of enacting the Nurse Practice Act. Also featured is the history of St. Mary's (Carondelet) as the first school of nursing in Arizona. Special thanks to those in our history who pioneered patient safety and to nurses today who create new ways for making patients safe.

*Joey Ridenour RN MN FAAN*



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BY PAMELA RANDOLPH RN, MS,  
ASSOCIATE DIRECTOR OF EDUCATION AND EVIDENCE-BASED REGULATION

# HISTORY OF REGULATION OF Arizona Nursing Education

As the Arizona State Board of Nursing (Board) celebrates its 90th year, it seems an appropriate time to examine the Board history in regulating nursing programs. In the 1860's, before the existence of the Board, nursing in the United States was organized around the "Nightingale Model" which relied on student nurses to staff hospital units. Despite a web search of Cumulative Index to Nursing and Allied Health Literature (CINAHL), a discernable curriculum was not found and the so-called "model" appears to be a compilation of the principles found in Nightingale's famous work, *Notes on Nursing*. Nightingale believed in establishing a patient care environment to promote healing. She advocated a rigorous hands-on training program accompanied by scientific knowledge, which is considered the foundation of modern nursing. Student nurses were expected to do laundry, prepare meals and clean rooms in addition to caring for patients. They worked 10-12 hour shifts, 7 days a week. As hospitals adopted this "model", due to Nightingale's statistical analysis showing improved outcomes, inconsistencies and inequities in nursing training became apparent. Some nursing "programs" consisted of as little as 6 months of bedside training. The movement to regulate nursing sprang from these inconsistencies. In 1901, North Carolina was the first state to pass a licensure law for nurses. The first actual nursing course in the United States was established by Adelaide Nutting at Johns Hopkins Hospital, also in 1901. The first collegiate nursing program was established in 1909.

In 1921, the Arizona State Board of Nursing was established for the purposes of registering trained nurses and overseeing nursing education programs. One of the first nursing programs to be accredited by the newly established Board was St. Mary's School of Nursing in Tucson, founded in


1914. The director of that program, Sister Evangelista Weyand, was also one of the first members of the Board of Nursing. Sister Weyand is the first licensed nurse in Arizona holding nursing license #1. Sister Weyand was assigned the task of establishing the first curriculum standards in 1922. That year Arizona had 3 hospital-based schools of nursing: St. Mary's Hospital (later Carondelet), Tucson; St. Joseph's Hospital, Phoenix; and Arizona Deaconess Hospital, Phoenix (later Good Samaritan Hospital). Minutes of early Board meetings suggest that there was political pressure for the Board to approve nursing programs. Governor Hunt (Arizona's first governor) attended one meeting to question the Board on their decision to withdraw accreditation from a program that reportedly did not fully prepare graduates for floor duties.

A perusal of the minutes of the Board from 1945-1950 reveals that the Board remained intimately involved in the education of students. During the war years it was not uncommon for a student to transfer from one nursing program to another. The Board minutes are replete with entries detailing each transfer student's full academic record and the hours the Board determined appropriate for a student to transfer to the receiving program. I am happy to report that today, this function falls under the authority and responsibility of the program. Prior to 1950, Board members personally visited clinical sites and programs and made recommendations for improvement. In 1945 the Board petitioned the Governor to hire the first education consultant. That year was also notable for the adoption of a national test pool exam for licensure administered by the National League for Nursing. This exam was the precursor to the NCLEX® examination administered today. Prior to that time, each state board administered its own exam, usually drafted by the board

members themselves. In 1947 the Board held its first meeting of educational program directors. After 5 years of requesting an education staff position, the Board hired its first "Education Supervisor", Lucia Allyn, in 1950.

Nationally, an additional recognition mechanism for programs that exceed minimum requirements of a regulatory board was developed by the National League for Nursing in 1952. This was the forerunner to the current National League for Nursing Accrediting Commission (NLNAC), an accreditation held by a majority of associate degree programs in Arizona. With the advent of accreditation, the Board changed its educational oversight process from "accreditation" to "approval". In 1983, state laws (A.R.S. §32-1644) were enacted to enable the Board to recognize national accreditation. In 1998, the Commission on Collegiate Nursing Education (CCNE) was established by the American Association of Colleges of Nursing (AACN) to accredit baccalaureate and higher degree nursing programs. Recently (May, 2011), the Board adopted a position paper, "Concurrent accreditation/ approval site visits", available at [www.azbn.gov/Education](http://www.azbn.gov/Education) and in this issue.

Today the Board oversees 31 RN and 8 LPN programs. Registered nursing programs in Arizona include both private and public, for profit and not-for-profit, and baccalaureate, associate degree and master's entry all hosted by either nationally or regionally accredited institutions. The Board also oversees approximately 130 Nursing Assistant programs, 20 advanced practice programs at 5 universities, 3 medication technician programs and 12 refresher programs. In the early 2000's the education function at the Board became organized into a department with a consultant for C.N.A. programs and an Education Program Administrator (formerly Education



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Consultant). An Administrative Assistant keeps records, maintains correspondence, facilitates state-wide meetings, manages renewals and supports the department. In February, 2007, the position of Associate Director of Education and Evidence-based Regulation was established.

Over the years, it has become apparent that some issues in education are timeless. Board minutes dating back nearly a century contain references to nursing shortages and the need to produce more nurses, lack of qualified faculty, lack of sufficient clinical placements, programs failing to adequately prepare students for practice and how to best accredit new programs. The Board role in nursing education has evolved from overseeing day-to-day program decisions to establishing and enforcing evidence-based standards for education. Throughout its first 90 years the Board has diligently sought to promote excellence in education. Today the Education Department strives to assist programs in attaining and maintaining best practices that promote safe and effective care by graduate nurses.

### Education Corner

#### Board Actions – Educational Programs March 2011

- Reviewed site visit report and voted that Maricopa Skills Center file a report in 6 months to verify resolution of deficiencies.
- Approved change in length of Maricopa Skills Center PN Program.
- Approved increase in pre-licensure enrollment at Grand Canyon University.
- Approved change in length of Brookline College BSN Program for the purpose of admitting generic students.
- Continued provisional approval of the Pima Medical Institute-Tucson RN Program.
- Approved admission of students to ITT Technical Institute.
- Dismissed the complaint against Gateway Community College Nursing Program.

#### May 2011

- Restored full approval of the Mohave Community College RN Program.

- Granted proposal and provisional approval to Mohave Community College PN Program with a report in 12 months.
- Renewed approval to Gateway Community College Fast Track Licensed Practical Nursing Program.
- Renewed approval to Carrington College RN Program with a Letter of Concern.
- Granted continued provisional approval of ITT Technical Institute RN Program with a report in 6 months.
- Approved competency model update for publication.
- Approved amended policy: Nursing Program Expansion when under Provisional Approval.
- Adopted the position paper on Concurrent Accreditation/Approval site visits.
- Dismissed complaint against Fred G. Acosta Job Corps Nursing Assistant Training Program
- Dismissed complaint against Scottsdale Community College.

## 2012 Ninth Annual CNA Educators Retreat

### Empowerment: Making a Difference in Policy and Practice

#### *Certified Nursing Assistant Essay Competition*

The 2012 Ninth Annual CNA Educators Retreat will be held on January 13, 2012 at the Desert Willow Conference Center in Phoenix, Arizona. Empowerment in Practice will be the theme for this exciting event. Program planners have been diligently working on an educational forum that will provide information, tools and strategies for educators to be empowered and to teach CNAs to be empowered in practice.

Certified Nursing Assistants are invited to submit an essay discussing empowerment in practice, sharing an experience in which he/she spoke up and made a difference in practice and/or patient safety. Winners of the competition will attend the CNA Educators Retreat at no cost and participate in the panel presentation and breakout sessions.

#### CONTEST RULES

- Submissions must be from certified

nursing assistants active, in good standing and currently in CNA practice

- Essays submitted for consideration must be prepared by the CNA and be original work
- Only one submission per person
- Submission deadline is September 1, 2011

#### SUBMISSION REQUIREMENTS

- Essays must be at least 500 words, but not exceed 750 words
- Essays must be typed, double spaced, Microsoft Word format
- Entries must include the candidate's full name, certification number, contact information (e-mail address, daytime telephone number, and physical address)
- Entries are to be submitted by

US mail to AZBN, 4747 N. 7th Street, Phoenix, AZ 85014, Attn: CNA Educators Retreat Essay Competition

#### JUDGING

Entries will be reviewed and evaluated by Board staff and members of the 2012 Ninth Annual CNA Educators Retreat Planning Committee. Essays will be judged according to the following criteria: organization/format; development; style; and grammar/spelling. Winners of the competition will be notified by November 1, 2011.

The Arizona State Board of Nursing reserves the right to reject any entry that is not in compliance with the rules and requirements outlined above. Contest winners agree to allow the Arizona State Board of Nursing to post their essays on the AZBN website and use their names and essays in future educational programs or events.

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# AZNA AND AZBN: THE PARTNERSHIP CONTINUES 90 YEARS LATER!

## 1917-1921

In 1917 most of the western states had already organized state nurses associations. Nurses coming to Arizona from other states felt they need an organization to discuss common interests. Between 1917 and 1919, three separate Graduate Nurses Groups were formed representing Maricopa, Pima and Cochise Counties. On December 3, 1919 in Tucson, 42 graduate nurses representing the three County Groups met and voted to organize the Arizona State Nurses Association (ASNA). The main objective of ASNA was to raise the standards of nursing in Arizona.

In order to fulfill the organization's main objective the ASNA officers agreed that a state registration for qualified nurses was needed. Between 1919 and 1921 the ASNA legislative committee worked on preparing the Nurse Practice Act. The Nurse Practice Act Bill was presented to the State Legislature and nurses from around the state were asked to contact their legislators urging them to pass the bill. On the last day of the legislative session in June, 1921, the bill was still not heard so ASNA took action!

Edith Snowden, Chairman of ASNA's Committee on Legislation, with some of her committee members went to the Legislative Chambers to see what could be done. Miss Snowden said in an interview "We went into the balcony with bags of peanuts, jelly beans and popcorn to ward off the pangs of hunger. We sent word down to the Chairman of the Legislature that we were prepared to stay until our Bill was passed. The legislators looked in our direction several times to see if we meant what we said. Finally at 2 A.M. the Bill was passed!" (Shields, 1970).

The first Arizona Nurse Practice Act became law on June 9, 1921. On June 14, 1921, the Arizona State Board of Nurse Examiners was organized in Governor Campbell's office at the Capitol Building in Phoenix. Because the newly organized

State Board of Nurse Examiners had no money, the ASNA Board of Directors voted to charge each ASNA member \$2.00 to defray expenses for initial equipment such as a typewriter.

## 1921-1969

Between 1921 and 1969, Nurse Practice Act amendments (as needed) were written by the ASNA Committee on Legislation with assistance from the Executive Secretary of the State Board of Nursing who was an advisor to ASNA's committee on legislation. Once the amendments were written, they were approved by the ASNA Board of Directors and the General Assembly before they were presented to the Legislature. According to ASNA historical data, ASNA absorbed the cost of necessary legal counsel and public relations because "a nurse practice act protects nurses as well as the public" (Shields, 1970).

## 1970-2011

In the early 1970s, Arizona state offices and various organizations multiplied and not only the nurses, but the public became confused among all the state names. Because ASNA was a nonprofit organization and not a state agency, the ASNA Board of Director in 1973 approved the name change to Arizona Nurses Association (AzNA).

In the last few decades ethical and legal concerns have focused the roles of professional associations and the public responsibilities of regulatory boards. AzNA is the principal voice of nursing in the state on issues as varied as workplace advocacy, scope of practice and professional growth. It has also actively sought to engage policy makers to expand access to healthcare for all Arizonans. Throughout their 90-year relationship, the Arizona State Board of Nursing and AzNA have worked closely on issues related to nursing practice. During the ongoing revisions

to the Nurse Practice Act, AzNA continues to collaborate with AzBN to ensure that the public is protected and that nursing practice is enhanced. AzNA has worked with AzBN to provide clarity by requesting Advisory Opinions. In addition, many AzNA members have served in various AzBN Board appointed positions throughout history.

AzNA congratulates the Arizona State Board of Nursing on their 90 year birthday!

## References:

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# ST. MARY'S - FIRST SCHOOL OF NURSING IN ARIZONA

*Founded by the Sisters of St. Joseph of Carondelet, the congregation was originally established in France. The Sisters came to the United States in 1836 to serve the diocese in Carondelet, Missouri. In 1870, seven Sisters of St. Joseph traveled from San Diego to Tucson to open a school. In 1880, the Sisters opened St. Mary's Hospital, Arizona's first hospital. In 1961, they opened St. Joseph's Hospital to provide services for Tucson's growing east side. The Sisters of St. Joseph of Carondelet began managing Holy Cross in 1981 and assumed ownership in 1987.*

## 1880s

The Southern Pacific Railroad arrives in Tucson a month before the dedication of the 12-bed St. Mary's Hospital on April 24, 1880. The first 11 patients arrive a week later. In 1882, Bishop Salpointe sells St. Mary's to the Sisters for \$20,000 and the promise that it retain its name and remain a hospital for 99 years. During that year a second story is added, doubling the capacity of the hospital. Construction of another addition is begun on the north side of the faculty.

By 1884, the hospital accommodates 50 patients. In 1891, George Goodfellow, M.D., a pioneer in treating gunshot wounds and abdominal surgery, moves from Tombstone to Tucson. A room is set aside at St. Mary's specifically for surgical operations. During the mid-1880s, the Sisters build a 24-bed isolation cottage. The cottage receives the growing number of tubercular patients seeking the benefits of Tucson's sunshine.

## 1890s

In 1893, Sister Fidelia McMahon is named superintendent of St. Mary's, a position she will hold for 27 years. That same year, the Sisters open their first convent on hospital grounds. The two-story structure includes a chapel and parlor on the first floor and dormitories and washrooms on the second. The Sisters convert their old adobe convent into an orphanage.

## 1900s

In 1900, to care for the growing numbers of tubercular patients, Dr.

Hiram W. Fenner designs and oversees the construction of a two-story circular sanatorium at St. Mary's Hospital. Known as the "Round Building", the sanatorium is designed so that each room opens onto a shaded porch, allowing patients easy access to the therapeutic climate.

In 1903, a surgical suite is created on St. Mary's first floor containing operating, sterilizing and preparation rooms and a large emergency room.

In 1907, St. Mary's Hospital and Convent receive electricity. The first month's bill is \$19.40.

St. Mary's opens the Nursing School in 1914 with classrooms, dorms and a two-and-a-half-year-long curriculum. Sisters Francis de Sales Fuller and Mary Evangelista Weyand prepare the curriculum and organize the teaching faculty.

The United States enters World War I in 1917. The Sisters offer the hospital as a place to care for wounded soldiers.

In 1918, Tucsonans find themselves caught in the grip of a global influenza epidemic. Barbara Pateh, a recent nursing school graduate, recounts, "strong young men died from it and there was nothing we could do. We fed them hot broth and cared for their needs."

The X-ray Department opens in a little room off the lobby of the hospital's north wing in 1918.

## 1920s

In 1921, three physicians at St. Mary's are certified as Fellows of the American College of Surgeons: Drs. Meade Clyne, Joel I. Butler and George E. Dodge.

These are the first certified physicians at the hospital.

The Fifth Arizona Legislature on June 9, 1921, passes an act empowering the governor to appoint a State Board of Nursing Examiners. Sister Evangelista is named to the board and is honored by the state when they license her as "R.N. No. 1" of the State of Arizona.

St. Mary's Nursing School is formally accredited in 1922. The sacrifices made by the Sisters to care for the sick are dramatically revealed to Tucsonans on Sunday, March 15, 1925, when a fire in the convent chapel exposes their humble living conditions.

A \$25,000 fund-raising campaign led by businessman Herbert Drachman, author Harold Bell Wright and Bishop Daniel Gercke is completed by 1927. A new convent and chapel is designed by Merritt H. Starkweather and built by A. C. Jacobson. The convent is dedicated January 30, 1927. The chapel is named St. Catherine's to honor the mother of Thomas E. Murray, Jr., a benefactor of the Sisters. It is dedicated December 7, 1928.

In 1928, St. Mary's is accredited by the American College of Surgeons, the first national group to set hospital standards. That year, 1,971 patients are cared for, 1,139 operations are performed and 80 births are recorded at the hospital.

## 1930s

Precious hospital income is lost in 1930 when the Southern Pacific Railroad opens its own facility on Congress Street and closes its St. Mary's clinic.

In 1931, Chester Reynolds, M.D., is St. Mary's first intern. In spite of looming financial problems, two stories are added to the North Wing, increasing the hospital's capacity to 185 beds and 20 bassinets. The American Medical Association (AMA) approves St. Mary's medical residency program after the hospital opens a medical library in 1933 with an adjoining large conference room, morgue and autopsy room. During 1935, 3,036 patients are admitted, 1,688

operations are performed and 169 babies are born. Hospital rates range from \$15 a day for a suite to \$3 a day for a bed in the ward. Private duty nurses now work a 12-hour shift instead of a 20-hour shift.

In October 1936, Sisters at the hospital may wear white habits and veils instead of full length, heavy black serge habits and starched coverall aprons.

St. Mary's School of Nursing gains national recognition in May 1936, when Helen Clark Doyle is selected by United Airlines out of 3,000 candidates as the

year, more than 330 polio patients are treated.

In 1953, St. Mary's reports 2,500 live births with no maternal deaths.

The first use of nuclear medicine in Arizona is performed when St. Mary's doctors use a radioactive isotope to diagnose and treat a thyroid disorder.

In 1959, St. Mary's acquires a heart-lung machine and surgeons perform Arizona's first open heart surgery on an 8-year-old girl. Tucson's first artificial kidney machine is set up at the hospital.

From 1950 to 1960, Tucson's

the nation's 14 "magnet" hospitals for excellence. The Sisters' hospitals in southern Arizona join with others across the U.S. to form the Health Care Corp. of the Sisters of St. Joseph of Carondelet.

In 1983, St. Mary's and St. Joseph's hospitals in Tucson merge, sharing their management services and supplies. St. Mary's develops its Nurse Case Management Program and Home Health Services in 1984.

In 1987, the Sisters purchase the Nogales hospital and name it Carondelet Holy Cross Hospital. Carondelet Holy Family Center opens near St. Mary's for adults who need skilled nursing care.

*St. Mary's is honored by the American Academy of Nursing in 1982 as one of the nation's 14 "magnet" hospitals for excellence. The Sisters' hospitals in southern Arizona join with others across the U.S. to form the Health Care Corp. of the Sisters of St. Joseph of Carondelet.*

## 1990 And Beyond

In 1994, The Healthy Seniors Program, a \$5 million nationally-funded Medicare research project, is launched through Carondelet's Community Nursing Organization for residents in Pima and Santa Cruz counties. The statue of the Virgin Mary and Infant Christ is commissioned from Italy to grace the new main entrance of the hospital. Carondelet Home Health expands its array of services and opens a new office and medical equipment showroom.

After a 17-year break in services, obstetrics returns to St. Mary's in 1995 with the opening of a 19-bed, 22-bassinet Maternal/Newborn Unit. The 125th anniversary of the arrival of the Sisters of St. Joseph of Carondelet to Tucson is celebrated. In its 26th year of operation, a major renovation of the hospital's Burn Unit is launched to enhance inpatient and outpatient services.

Today, Carondelet St. Mary's Hospital, part of Carondelet Health Network, remains the flagship for southern Arizona's oldest and largest not-for-profit health care provider. Carondelet Health Network is part of the Carondelet Health System, a nationwide network of hospitals operated by the Sisters of St. Joseph of Carondelet, which in addition to Arizona, have health care services in New York, Minnesota, Georgia, Idaho, Washington, California, Missouri, Kansas and Wisconsin.

## References:

*Carondelet Health Network, Carondelet History (undated) Retrieved from <http://www.carondelet.org/home/about-carondelet/carondelet-history.aspx>.*

American Nurses Association's "Perfect Nurse". The dedication ceremony for the four-story South Wing is broadcast in 1939 over Tucson's radio station, KTUC. Designed by Roy Place, the wing adds 50 beds, 11 for the first pediatric unit. In May, the nursing school graduates Arizona's first two male registered nurses. St. Mary's is the only general hospital in Tucson to survive the Great Depression.

## 1940s

In 1940, Clark & Company Heating and Cooling installed the first cabinet air conditioners in the hospital's surgical suites and nursery. The operating rooms begin a blood transfusion program.

By 1942, with the U.S. entering World War II, more than half of St. Mary's physicians and nurses enlist for military duty. The Federal Government organizes the Cadet Nursing Corps and students' tuition and expenses are paid -- a first for the hospital.

St. Mary's nine-story Central Services Building opens in 1951, bringing the hospital bed total to 375. The Nursery Department adds 18 incubators to assist premature infants.

## 1950s

The polio epidemic sweeps the U.S. between 1942 and 1956. In 1952, St. Mary's is designated as a national diagnostic and treatment facility. That

population grows from 88,700 to more than 210,000. Facing an acute hospital bed shortage, Tucson Medical Center and St. Mary's share a fund-raising campaign and set funds aside for a new eastside hospital.

## 1960s

In 1962, the hospital opens the Critical Care Unit and trains its first cardiac arrest team who respond to the summons of "Emergency, Dr. Stillheart!"

With little need for a tuberculosis sanatorium, the "Round Building" at St. Mary's is torn down in 1965. St. Mary's School of Nursing's last class graduates in May, 1966, joining the ranks of nearly 900 alumnae

## 1970s

In the spring of 1977, the old nursing school and St. Mary's South Annex are torn down. In 1978, the old convent is demolished to make room for additional hospital expansion.

## 1980s

In December 1980, St. Mary's is one of the first hospitals in the United States to open a Hospice unit. In 1981, the Sisters are asked by the Diocese of Tucson to run what, at the time, was called St. Joseph's Hospital in Nogales, AZ, on behalf of the Minim Sisters.

St. Mary's is honored by the American Academy of Nursing in 1982 as one of



# Scope of Practice Committee

## Introduction

“Scope of Practice” (SOP) is a term used to define the actions, practices or procedures that are permitted for a specific profession. The Board of Nursing receives many calls each day asking about the scope of practice of a Registered Nurse (RN) or an Licensed Practical Nurse (LPN) such as:

- o Is it within the SOP for an RN to insert a peripheral IV into the external jugular?
- o Is it within the SOP for an LPN to administer parental nutrition?
- o Can an RN remove transvenous and epicardial temporary pacemaker wires?
- o Can an RN perform a flexible sigmoidoscopy for screening purposes?

## Current Committee Membership 2011-2013

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Thomas Kraus, RN, BSN

Karla Banning, RN, ACNP, MSN, CCRN

## SOP Committee Goals

- o To review and revise current advisory opinions. Currently there are 66 advisory opinions available on the board’s website. There have been approximately 19,000-20,000 “hits” to the advisory opinions on the web site in the past 6 months
- o To respond to the changing health care environment by addressing SOP issues and developing advisory opinions when appropriate. A recent example of this is the development of an advisory opinion on Medical Esthetic Procedures Performed by Licensed Nurses.
- o To discuss and deliberate on SOP issues that are submitted to the Board, and then make recommendations to the Board. A nurse, facility, or another regulatory agency may address a letter to the Board request-

ing the SOP committee review their request about a certain practice and develop an advisory opinion. This involves sub committees of the SOP committee reviewing existing literature, doing research on community, local, and national Standards of Care; reviewing guidelines and advisory opinions written by other state boards of nursing, obtaining opinions/statements from professional organizations; determining necessary education, etc.

## How to become a SOP member

RN/LPN’s who have an interest in volunteering to become a part of the SOP committee can submit their resume to Judy Bontrager, RN, MN at [jbbontrager@azbn.gov](mailto:jbbontrager@azbn.gov). The next time for committee changes will be in March, 2013.



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# POSITION PAPER ON CONCURRENT ACCREDITATION/APPROVAL SITE VISITS

*(Adopted by the Board on 5/25/2011)*

## Background

The Arizona State Board of Nursing (Board) is the legally authorized entity in Arizona to set standards for nursing education programs (ARS § 1606 (B)(1)). The Board is also required to recognize national nursing accrediting bodies. Under A.R.S. § 32-1644 (C), the Board has limited authority over nursing programs accredited by national nursing accrediting agencies recognized by the Board (NLNAC, CCNE). That authority may only be exercised if the Board receives a complaint, the program falls below Board standards in rule, or the program's accreditation is lost or has lapsed.

In order to exercise appropriate and minimal effective regulation of nationally accredited programs and to determine whether the program conforms to regulatory standards as required in A.R.S. § 32-1644 (C), the Board engages in concurrent accreditation/approval site visits with the national nursing accrediting agency. The Board uses the same self-study provided to the accrediting agency as the basis for the visit. The Board also investigates any program that is the subject of a complaint related to violation of a rule or that falls below NCLEX passing standards.

## Differences and Similarities

### Goals of Approval/Accreditation

Boards of nursing and accrediting bodies have different missions and expectations of nursing programs. An accrediting agency's mission and purpose is to promote sound educational practices. The Commission on Collegiate Nursing Education (CCNE) describes its role as "serving the public interest by assessing and identifying programs that engage in effective educational practices" (CCNE, 2010). The National League for Nursing Accrediting Commission (NLNAC) "supports the interests of nursing education, nursing practice, and the public by the functions of accreditation." NLNAC further recognizes a regulatory role in its statement that, "the monitoring of certificate, diploma, and

degree offerings is tied closely to state examination and licensing rules, and to the oversight of preparation for work in the profession" (NLNAC, 2010). Accreditation processes are voluntary and fees are collected to support the accrediting agency. Nursing accrediting agencies evaluate a program's adherence to standards as an indication of the quality of a nursing program by reviewing the program's self assessment, expected outcomes and plans for improvement. The minimum or initial accreditation period is 5 years, with a typical period for re-accreditation of 8-10 years.

In contrast, the Arizona State Board of Nursing has the overarching mission of protection of the public health, safety and welfare through the regulation of licensees, certificate holders and nursing education programs. Part of accomplishing this mission is the statutory authority and responsibility to set minimum standards for nursing education in rule (A.R.S. §32-1606 (B) (1)) as well as recognize national accrediting agencies. All nursing programs are given an opportunity to provide input into the regulatory standards and consequently held to the same standards. In order to recognize nationally accredited programs, the approval period set by the Board is matched to the accreditation approval period. The self-study prepared for the accreditation visit is accepted in lieu of a self study based on Board rules. Nationally accredited programs are not re-evaluated until the next scheduled accreditation site visit if no deficiencies are found or complaints are received. However, it is rare that a program does not have at least one potential deficiency on reaccreditation. Many of these deficiencies are minor and readily rectified. Once potential or actual deficiencies are resolved, programs are not routinely revisited until the next scheduled accreditation site visit.

The National Council of State Boards of Nursing (2004) notes that Board approval is a mandatory process related to permission for a nursing program to operate by meeting essential educational standards.

Accreditation in most jurisdictions remains voluntary and focuses on program excellence. Approval processes are generally carried out by governmental agencies while accreditation is conducted by private agencies with peer reviewers.

## Standards

Consistent with its mission, Board regulations focus on safety indicators and practices of a nursing program. There are many areas of mutual interest such as: evidence of an effective evaluation plan, sufficient authority vested in the nursing program administrator, utilization of qualified faculty and sufficient resources to operate the program. Consistent with its mission, the Board has additional regulations requiring programs to evaluate protection of patient safety as part of the evaluation plan and implement policies to ensure both students and faculty are physically and mentally able to provide safe nursing care. There are differing standards for curriculum in that the Board requires evidence of level objectives and measurable learning outcomes for each class session whereas the accrediting standards lack this specificity. Additional standards of accrediting bodies that are not addressed in Board rules include opportunities for students and faculty to participate in campus governance, the integration of liberal education, provision of original transcripts of faculty, security of student documents and student loan default rates. Some standards, while similar to those of accrediting bodies, are interpreted and enforced differently. For example, despite having standards related to clinical activities, NLNAC accredits one program that has no instructed clinical practice.

## Follow-up

Most concurrently conducted Board approval/accreditation visits result in reports that cite similar areas of strength and/or concern. Following the visit, the Board provides opportunities for the

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programs to correct any errors of fact and remedy any potential deficiencies. Beyond that, it is current Board practice to allow previously approved programs 6-8 months without formal notice to remedy potential deficiencies. During this time Board staff is available, without cost to the program, to provide consultation, program education and verify compliance. The predominant mechanism whereby accrediting bodies monitor compliance is self reports by programs usually within two years. On rare occasions, the accrediting agency will re-visit the program to verify compliance. If the program is deficient in only a few areas, no follow-up report or visit is required by the accrediting agency.

### Site visitors

Accrediting agencies rely on volunteer site visitors to make determinations of compliance with standards. Although all trained in a similar manner, results of program review vary depending on the site visit team interpretation of the standards. For example, eight formerly consolidated programs were visited within 6 months of each other. All 8 self studies were similar and areas of deficiency were nearly identical across programs, however the results and recommendations from site visitors differed for each program. Dedicated Board staff, thoroughly versed on regulation, concurrently reviewed the programs and found 2 common potential deficiencies of all 8 programs. These deficiencies were remedied by the programs within the 6 month time-frame allotted by the Board.

### Findings

The dissemination of the findings differs between the Board and the accrediting agency. The Board's actions are formal and available to the public. The public is informed on the Board's website when a school is issued a formal notice of deficiency or discipline. When a program has been granted a period to correct potential deficiencies, that information is noted in the Board minutes and available to the public. In contrast, the results of an accreditation survey are confidential and not available to the public or governmental agencies.

### Board Position

It is important for the Board to collaborate with accreditation bodies to support safe and effective preparation of nurses (NCSBN, 2004). The Arizona State Board of Nursing is strongly committed

to the approval process as an integral yet separate part of the accreditation review to ensure that a nationally accredited nursing program is maintaining standards. Most Arizona programs view the current oversight provided by the Board as appropriate. The Commitment to Ongoing Regulatory Excellence (CORE) project under the direction of the National Council of State Boards of Nursing provides nursing regulatory boards with data from both internal and external stakeholders to identify best practices and use benchmarking strategies for Boards of Nursing. Arizona

specific data from the 2007 report that AZ nursing programs rated the effectiveness of Board functions in the area of promotion of quality in nursing programs and responsiveness to innovation in education as very effective (all were above 3.5 on a 4.0 scale). The helpfulness of the Board on educational issues was also rated highly (3.8 of a possible 4.0). 84% of program respondents rated the Board as having adequate regulation of nursing programs with 10% of respondents opining that the Board over-regulated nursing programs and 5% thought the Board under regulated



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nursing programs. (Randolph, 2009).

The Board is committed to supporting programs to achieve their outcomes while ensuring public safety to students and consumers of healthcare.

- **Resources:** With local follow-up and monitoring by the Board of Nursing, many programs are able to secure additional essential resources such as private faculty offices, support personnel and additional faculty to enhance program integrity and positive program outcomes. Board staff can better direct educational offerings to all programs that address common deficiencies. For example, when deficiencies were noted in curriculum development, Board staff provided free workshops for faculty in rural programs; at the most recent Statewide Educator's Meeting a featured speaker presented information on effective evaluation plans.
- **Consultation:** Board staff may be consulted at any time in the process at no charge regarding any potential deficiencies or questions related to the site visit.
- **Background Information:** If requested, Board staff can provide site visitors with an overall history of the program and the Arizona environment as it relates to nursing education including issues such as faculty and clinical availability.
- **Efficiency:** In using the single accreditation self study rather than two separate self studies, the program conserves time and resources.
- **Mutual Learning:** Board staff, site visitors and program leaders learn from each other regarding best practices and innovative methods, differing state regulations, and alternate practices—all programs in the state benefit from the dissemination of this knowledge by Board staff.

The Board of Nursing endorses concurrent site visits as the best process to support quality of educational programs and protect the health, safety and welfare of the public while minimizing disruption and costs to educational programs. Board staff will continue to seek innovations to streamline the accreditation/approval process so that Arizona's nursing education practices are evidence-based indicators of excellence.

Innovations to improve the process of concurrent visits include:

- Increased communication with program

administration regarding the goals and requirements for the visit, especially if there has been a recent change in nursing program administrator

- Explore opportunities with national accreditation teams to divide workload and share results

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# EDUCATION COMPETENCY MODEL UPDATE

In 2003, the Arizona State Board of Nursing adopted and published a framework adapted from the work of the Kentucky Education Mobility Task Force (2001) to inform nurses and the public about the abilities and functions of nurses at different educational levels. The model is currently published on the Board website (AZBN, 2003) and defines competencies within three roles of nursing: Provider of Care, Manager of Care, and Member of Profession. The purpose of the model is to identify professional levels of nursing based on educational preparation and to clarify differences in nursing roles within the profession. The model illustrates, for example, competencies of a nurse with an associate degree in nursing are significantly different than those of a nurse with a master's degree.

In August 2010, the Education Advisory Committee recommended the competency model be reviewed to determine if it should be updated or retired. A subcommittee formed to conduct a review of the Commission on Collegiate Nursing Education baccalaureate and master's competencies (AACN, 1996; AACN, 2006), examine relevant evidence available in the literature and acquire opinions from content experts in the nursing community. The subcommittee elected to begin its work using the Education Competencies Model recently published by the National League for Nursing (NLN, 2010).

## Description of Model

The model is an integrated set of competencies illustrating the complexity of nursing education. Competencies achieved by graduates demonstrate progressively greater responsibilities and performance expectations. Dimensions of nursing education are summarized within five broad program outcomes:

1. Competency is the foundation for clinical performance and the validation of **nursing practice** essential for patient safety and quality care.
2. Nurses must use their skills and knowledge to enhance **human flourishing** for their patients, their communities, and themselves.
3. Nurses should demonstrate sound **nursing judgment**.
4. Nurses should continually develop their **professional identity**.
5. Nurses must approach all issue and problems with a **spirit of inquiry**.

The model is consistent with the Quality and Safety Education for Nurses (QSEN) Competencies as members of the NLN Competency Workgroup were founding authors of the QSEN model. While concerns regarding safety can be found throughout the model, particular concentration is evident within the dimension of clinical nursing judgment.

## Model Alterations and Rationale

The subcommittee critically reviewed the language and structure of NLN Education Competencies Model resulting in the following significant changes:

### Levels of Education

Certified Nursing Assistant and Certified Medication Assistant roles were added to the model to provide the public with descriptive competencies and clarify distinctions between these preliminary levels of preparation. Descriptions of outcomes were informed by the Arizona Nurse Practice Act and Board consultants.

### Nursing Practice

Subcommittee members felt the dimension of nursing practice needed to be fully articulated within a regulatory model to benefit nurses and the public. Nursing practice outcomes explicate the

## EDUCATION ADVISORY SUBCOMMITTEE MEMBERS

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levels of practice associated with levels of educational preparation. Content experts in doctoral and advance practice programs were consulted to review these additions to the model.

## Scope of Influence

The scope of direction and responsibility within the doctoral practice level was enlarged to include healthcare professionals rather than the self-limiting realm of nurses provided in the NLN model. Nurses in leadership positions require skills in judgment, identity, and inquiry in providing supervision and leadership for healthcare providers across diverse disciplines.

## Use of the Model

Adoption of the model will provide a reference for the Board to further develop scope of practice rules and advisory opinions. The publication and dissemination of the model from a regulatory perspective will:

- Delineate competencies for levels of nursing education from nursing assistant through doctoral level
- Summarize professional outcomes while integrating nationally recognized competency and nursing education models
- Be easily accessible to the public and prospective nursing students
- Provide clarification to prospective students, nurses and the public of the complex functions and abilities of nurses by educational levels
- Demonstrate continuity of administrative rules and statutes of the Arizona State Board of Nursing
- Demonstrate the inherent value and contribution of all educational levels within nursing to support the health and well-being of individuals, families and groups within the context of safe, competent nursing care.

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This model is not intended to define the legal scope of practice for any level of nursing. As nursing practice evolves, the model will be updated to encompass the increasing complexity of nursing knowledge and changes in health care delivery systems.

**References:**

American Association of College of Nursing (AACN). (2008) *The essentials of baccalaure-*

*ate education for professional nursing practice.* Washington, D.C.: Author.

American Association of College of Nursing (AACN). (1996). *The essentials of master's education for advance practice nursing.* Washington, D.C.: Author.

Arizona State Board of Nursing (2003). *Arizona State Board of Nursing competency model.* Retrieved from <http://www.azbn.gov/Documents/education/Competency%20Model%20Integrated.pdf>

Kentucky Nursing Education Mobility Task Force (2001). *Nursing education in Kentucky.* Louisville, KY: Kentucky Mobility Task Force.

National League for Nursing. (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing.* New York, NY: Author.

	<b>Certified Nursing Assistant</b>	<b>Certified Medication Assistant</b>	<b>Licensed Practical Nurse</b>	<b>Associate Degree Nurse</b>	<b>Bachelors Degree Nurse</b>	<b>Masters Degree Nurse</b>	<b>Doctoral Research</b>	<b>Doctoral Practice</b>
<b>Human Flourishing</b>	Demonstrate ethical and professional behaviors that maintain patients' rights and support personal and patient development toward self-actualization.	Exhibit caring behaviors respecting the dignity and preferences of patients in the long term care setting.	Promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team.	Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Incorporate the knowledge and skills learned in didactic and clinical courses to help patients, families, and communities continually progress toward fulfillment of human capacities.	Function as a leader and change agent in one's area of practice to create systems that promote human flourishing.	Design and implement research that promotes human flourishing of the nurse, nursing profession, patients, families, communities, populations, and systems.	Systematically synthesize evidence from nursing and other disciplines and translate this knowledge to promote human flourishing within the organizational culture.
<b>Clinical Nursing Judgment</b>	Organize and safely provide quality care based on an established plan of care under the direction and supervision of a professional or practical nurse.	Adhere to prescribed medication administration methods, functioning within the limits of state laws in a safe, competent manner.	Apply nursing principles to provide safe, effective, quality care and promote health for patients, and families.	Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Make judgments in practice, substantiated with evidence, that synthesize nursing science and knowledge from other disciplines in the provision of safe, quality care and that promote the health of patients, families, and communities	Make judgments in one's area of practice that reflect a scholarly critique of current evidence from nursing and other disciplines and the capacity to identify gaps in knowledge and formulate research questions.	Provide leadership in designing and implementing research that expands the evidence underlying nursing practice and strengthens nurses' ability to make judgments	Systematically synthesize evidence from nursing and other disciplines and translate this knowledge to enhance nursing practice and the ability of healthcare providers to make judgments in practice.
<b>Professional Identity</b>	Identify essential functions of one's role within the healthcare team and how personal strengths and standards of conduct influence provision of quality care and promotion of safety and health.	Identify essential functions within the long term care team and the allowable acts, conditions and restrictions governing medication administration.	Assess how one's personal strengths and values affect one's identity as a practical nurse and one's contributions as a member of the health care team.	Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Express one's identity as a nurse through actions that reflect integrity, a commitment to evidence-based practice, caring, and safe, quality care for diverse patients, families, and communities; and a willingness to provide leadership in improving care.	Implement one's area of practice in ways that foster best practices, promote the personal and professional growth of oneself and others, demonstrate leadership, promote positive change in people and systems, and advance the profession.	Implement one's role as a research scholar committed to a spirit of inquiry, the systematic investigation of nursing-related problems, and the dissemination of research findings, in a manner informed by a sense of responsibility to shape a preferred future for our profession.	As a nurse-scholar, seek ways to translate research findings into practice, and help design and implement changes in healthcare practice and health policy that will best serve a diverse population and a diverse healthcare workforce.

	<b>Certified Nursing Assistant</b>	<b>Certified Medication Assistant</b>	<b>Licensed Practical Nurse</b>	<b>Associate Degree Nurse</b>	<b>Bachelors Degree Nurse</b>	<b>Masters Degree Nurse</b>	<b>Doctoral Research</b>	<b>Doctoral Practice</b>
<b>Spirit of Inquiry</b>	Update and refine skills through inservice or educational training to acquisition of tasks that pose minimal risk to the patient and for which the results are reasonably predictable.	Frequently consults pharmaceutical sources to update knowledge of medications to assure safe and competent practice.	Question the basis for nursing actions, considering research, evidence, tradition, patient preferences and needs, to ensure patient safety, competent nursing practice, and contribute to positive patient outcomes.	Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.	Act as an evolving scholar who contributes to the development of the science of nursing practice by identifying questions in need of study, critiquing published research, and using available evidence as a foundation to propose creative, innovative, or evidence-based solutions to clinical practice problems	Contribute to the science of nursing in one's area of practice by analyzing underlying disparities in knowledge or evidence; formulating research questions; and systematically evaluating the impact on quality when evidence-based solutions to nursing problems are implemented.	Engage in the science of discovery by designing and implementing research studies and disseminating findings to improve nursing practice, nursing education, or the delivery of nursing services.	Disseminate practice-based knowledge by engaging in practice with an open mind, systematically studying the practice of other healthcare providers, and reviewing extant research to formulate evidence-based proposals enhancing nursing practice, nursing education, or the delivery of healthcare services.
<b>Nursing Practice</b>	Demonstrates proficiency to perform nursing care tasks according to clear, exact, and unchanging directions that do not require assessment, interpretation, or decision-making.	Performs nursing assistive and medication administrative tasks under the supervision of a professional or practical nurse as allowed by state law.	Incorporate nursing knowledge to contribute to the data collection, planning, treatments, and evaluation of client care under the supervision of the professional nurse.	Incorporate nursing knowledge to assess, plan, deliver, and evaluate nursing care within the context of the multidisciplinary team in health care settings.	Integrate nursing knowledge, science and research to assess, plan, deliver, evaluate, and manage nursing care within the context of the inter-professional team in diverse settings of healthcare delivery.	Function as a leader and change agent in practice and education, substantiated with evidence to assess, plan, deliver, administrate, and evaluate nursing care.	Design, implement, and disseminate research that informs nursing practice and nursing knowledge.	Systematically synthesize evidence from nursing and other disciplines and translate into the administration, delivery and evaluation of patient care.

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FEBRUARY – MARCH – APRIL – MAY 2011

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
2/4/2011	Abdi, Hidig N.	CNA1000002480	Revoked
3/9/2011	Adams, Michael A.	CNA Applicant	Certificate Denied
4/27/2011	Allen, Consuela S.	CNA999988500	Certificate Denied
2/4/2011	Anderson, Laura M.	CNA1000022128	Revoked
4/7/2011	Arrieta, Berna A.	CNA1000028434	Decree of Censure
2/4/2011	Attson, Tamara L.	CNA999994216	Revoked
3/24/2011	Avila, Josephine	CNA393836803	Civil Penalty
3/4/2011	Bailey, Vicki L.	CNA999948995	Revoked
9/15/2010*	Ball, Damian R.	CNA1000004780	Revoked
5/31/2011	Bartalos, Robin L.	CNA1000007381	Voluntary Surrender
3/4/2011	Bartell, Robin G.	CNA Applicant	Certificate Denied
2/4/2011	Begay, Priscilla M.	CNA288189103	Revoked
4/25/2011	Bell, Willie C.	CNA1000019500	Stayed Revocation w/Suspension
5/13/2011	Bilal, Hatim H.	CNA Applicant	Certificate Denied
2/11/2011	Bopape, Lesedi B.	CNA1000027848	Civil Penalty
3/18/2011	Campos Lopez, Martha E.	CNA Applicant	Certificate Denied
5/11/2011	Capistran, Matthew J.	CNA1000022388	Revoked
4/29/2011	Carter, Phillip D.	CNA Applicant	Certificate Denied
6/7/2011	Chavez, Patti J.	CNA999991634	Stayed Revocation w/Suspension
3/3/2011	Clark-chavez, Alfred J.	CNA393169353	Stayed Revocation
2/25/2011	Coles, Jessica D.	CNA1000011666	Revoked
3/4/2011	Collins, Joann M.	CNA850064641	Renewal Denied
2/4/2011	Collins, Raymond	CNA1000003963	Revoked
3/24/2011	Conlon, Ana H.	CNA1000005198	Revoked
9/15/2010*	Cook, Jakki J.	CNA1000020801	Revoked
3/9/2011	Crace, Rachael D.	CNA Applicant	Certificate Denied
5/24/2011	Curtis, Karen A.	CNA999996315	Voluntary Surrender
2/4/2011	Cusseaux, Alisa A.	CNA1000027718	Civil Penalty
5/6/2011	Dakai, Louis F.	CNA598819504	Revoked
3/10/2011	Duenas, Isabel J.	CNA Applicant	Certificate Denied
2/12/2011	Ekren, Elizabeth L.	CNA1000005080	Civil Penalty
3/11/2011	Emery Enriquez, Angela M.	CNA1000014069	Revoked
2/22/2011	Francisco, Phoebe A.	CNA999999726	Stayed Suspension
5/5/2011	Fuller, Coty D.	CNA Applicant	Certificate Denied
5/4/2011	Garcia, Linda	CNA999949180	Renewal Denied
2/21/2011	Garrett, Nicole S.	CNA1000027941	Civil Penalty
2/4/2011	Goode, Brenda L.	CNA1000012067	Revoked
5/6/2011	Grijalva, Jessica M.	CNA1000022225	Revoked
2/17/2011	Grijalva, Tracie A.	CNA1000016447	Voluntary Surrender
2/4/2011	Gutierrez, Maria R.	CNA1000011519	Revoked
2/25/2011	Guyer II, David L.	CNA Applicant	Certificate Denied
3/2/2011	Hamilton, Brenda J.	CNA680738983	Civil Penalty
2/19/2011	Hanson, Sheryll L.	CNA1000023915	Civil Penalty
3/2/2011	Hernandez Jr, Inez	CNA Applicant	Certificate Denied
3/11/2011	Hill, Geneva	CNA326952247	Revoked
3/11/2011	Irving, Katherine A.	CNA999950173	Revoked
3/11/2011	Jenkins, Shujuan T.	CNA1000011754	Revoked
5/5/2011	Johnson, Jermyn J.	CNA1000028002	Revoked
4/1/2011	Johnson, Meagan P.	CNA1000000303	Decree of Censure
2/25/2011	Jones, Annette	CNA Applicant	Certificate Denied
2/4/2011	Jose, Demetria L.	CNA1000004417	Revoked
2/4/2011	Khan, Sharon F.	CNA999946884	Revoked
5/9/2011	Lape, Toni D.	CNA Applicant	Stayed Revocation
12/7/2010*	Lucona, Cheryl H.	CNA Applicant	Certificate Denied
2/7/2011	Luna Guerrero, Jose O.	CNA1000027857	Civil Penalty
4/21/2011	Maloney, Stella	CNA854036803	Stayed Suspension
3/18/2011	Martin, Edwin R.	CNA Applicant	Certificate Denied
5/4/2011	Martin, Ryan D.	CNA Applicant	Certificate Denied
2/4/2011	Martinez, Jose R.	CNA999991056	Revoked
5/12/2011	Martinez, Leonardo F.	CNA Applicant	Certificate Denied
3/11/2011	Matson, Tracy H.	CNA999995046	Revoked
3/16/2011	McCoy, Michael R.	CNA Applicant	Certificate Denied
3/23/2011	Mena Sanchez, Jonathan	CNA Applicant	Certificate Denied
4/11/2011	Morales, Gloria	CNA348742733	Decree of Censure with Civil Penalty
2/4/2011	Morendo, Shauna R.	CNA1000008265	Revoked
4/12/2011	Murrieta Canez, Amanda C.	CNA1000016595	Decree of Censure
5/13/2011	Nez, Sherilene A.	CNA Applicant	Certificate Denied
5/6/2011	Nordstrom, Paul N.	CNA999947598	Revoked
3/11/2011	Nyman, Nina M.	CNA1000007267	Revoked
4/4/2011	Oda, Heather F.	CNA Applicant	Certificate Denied
5/5/2011	Olivares, Daniel G.	CNA999999428	Revoked
3/11/2011	Oneill, Harmony H.	CNA999997613	Revoked
2/24/2011	Orduno, Lillian M.	CNA999991848	Decree of Censure with Civil Penalty
5/25/2011	Parcel, Dorothy J.	CNA999990354	Decree of Censure
3/11/2011	Patton, Tiffany D.	CNA999995229	Revoked
4/29/2011	Peralta, Leroy	CNA Applicant	Certificate Denied
2/3/2011	Peter, Dalia F.	CNA Applicant	Certificate Denied
4/13/2011	Pickett, Ted H.	CNA1000006319	Voluntary Surrender
3/18/2011	Pizano, Jackie A.	CNA Applicant	Certificate Denied
3/18/2011	Presley, Ventress L.	CNA Applicant	Certificate Denied
3/23/2011	Quraan, Mallick A.	CNA Applicant	Certificate Denied
4/6/2011	Reed, Ryan K.	CNA1000028380	Stayed Revocation
5/25/2011	Richardson, Merlene	CNA921914103	Decree of Censure
3/16/2011	Roberts, Lacy R.	CNA Applicant	Certificate Denied
1/6/2011*	Salcido, Yesenia	CNA1000028129	Civil Penalty
3/11/2011	Sanfilippo, Paula	CNA1000011992	Suspension

continued &gt;&gt;&gt;

FEBRUARY – MARCH – APRIL - MAY 2011

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
2/4/2011	Sayer, Michelle D.	CNA716098713	Revoked
3/30/2011	Servantez, Steffenie A.	CNA Applicant	Certificate Denied
3/18/2011	Spotten, James C.	CNA Applicant	Certificate Denied
5/3/2011	Stevens, Julie L.	CNA1000028567	Stayed Revocation
4/8/2011	Taylor, Terry L.	CNA Applicant	Civil Penalty
3/11/2011	Tejada, Katie L.	CNA1000013791	Suspension
3/4/2011	Thomas, Lashawn	CNA999987242	Stayed Revocation
3/16/2011	Thompson, Angela M.	CNA Applicant	Certificate Denied
4/4/2011	Turner, Michelle M.	CNA Applicant	Certificate Denied
3/31/2011	Ulrich, Sean M.	CNA1000028313	Civil Penalty
5/6/2011	Valenzuela, Cristina M.	CNA1000009740	Revoked
4/11/2011	Walker, Patrick L.	CNA1000028480	Civil Penalty
2/7/2011	Walley, Louise A.	CNA1000009037	Decree of Censure
2/3/2011	Wegleitner, Dulce C.	CNA Applicant	Certificate Denied
3/11/2011	Wilkinson, Paige N.	CNA1000019756	Revoked
2/4/2011	Williams, Anita B.	CNA1000019612	Revoked
3/9/2011	Williams, Robert J.	CNA Applicant	Certificate Denied
2/4/2011	Wise, Kyle A.	CNA1000019434	Revoked
5/6/2011	Yazzie, Christine A.	CNA1000005046	Civil Penalty
3/11/2011	Yazzie, Lisa A.	CNA1000002459	Revoked
3/30/2011	Yocupicio, Richard A.	CNA Applicant	Certificate Denied

## CNA Discipline - ACTION CLEARED FEBRUARY, MARCH, APRIL, MAY 2011

EFFECTIVE DATE	NAME	LICENSE
3/16/2011	Hill, Enika C.	CNA999951121
2/22/2011	Mailboy, Vivian	CNA1000011881
3/30/2011	Miranda, Diana Y.	CNA999995576
2/13/2011	Stevens, Suzanne C.	CNA1000021011
3/22/2011	Wells, Laura J.	CNA410147824
4/21/2011	Wooten, Celeste P.	CNA999950504



## RN/LPN DISCIPLINARY ACTION

FEBRUARY – MARCH – APRIL - MAY 2011

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
4/7/2011	Abejero, Madeleen A.	LP Endorsement	License Denied
2/25/2011	Agboola, Althea M.	LP038729/CNA100130103	Stayed Revocation with Suspension
4/28/2011	Aliff, Ruby D.	RN Endorsement	License Denied
3/2/2011	Allen, Tonya L.	RN136991	Probation
2/3/2011	Anzalaco, Vincent J.	LP036426	Revocation
5/4/2011	Atonna, Patrick W.	RN Exam	License Denied
3/21/2011	Aunquoe, Karen L.	RN083176/LP026104	Probation
3/9/2011	Austin, Kattie L.	RN Endorsement	License Denied
3/11/2011	Baker, Ashley A.	RN043001	Revocation
6/6/2011	Baker, Callie	RN126644	Decree of Censure
4/18/2011	Barcher, Michael J.	RN Endorsement	License Denied
4/21/2011	Bartholme, Kathryn L.	RN093994	Decree of Censure
3/24/2011	Bartlett, Wilhelmina M.	RN145576	Summary Suspension
3/24/2011	Baumer, John J.	RN126319	Reissuance Denied
5/25/2011	Bertoldo, Ola R.	LP030654/CNA982593103	Civil Penalty
2/9/2011	Blankenship, Gerald D.	RN116999	Civil Penalty
2/22/2011	Bostick, Claudia	LP043836	Decree of Censure
5/5/2011	Bounds, Jo A.	RN097382/LP031052/ CNA598910641	Revocation
5/25/2011	Bowers, Lorraine H.	LP029856/CNA230186717	Decree of Censure
4/19/2011	Boyd, Richard O.	RN098682/CNA200313377	Reissuance with Stayed Revocation Probation
3/11/2011	Boyer, Timothy L.	RN124471	Revocation
5/5/2011	Bradley, Lynn B.	RN040502	Decree of Censure
2/1/2011	Bruneel, Michele M.	RN166950	Civil Penalty
5/5/2011	Caicedo, Lisa L.	RN114652	Stayed Revocation with Probation
5/25/2011	Caicedo, Lisa L.	RN114652	Probation
3/11/2011	Caldwell, Madeline	RN076272	Revocation
3/11/2011	Carter, Gina L.	RN092529/ CNA529058869	Revocation
4/27/2011	Chavez, John E.	RN144529	Voluntary Surrender
4/1/2011	Christianson, Laura J.	RN076329	Stayed Suspension with Probation
2/1/2011	Coates, Janice M.	RN103753	Voluntary Surrender
5/23/2011	Cole, Ryan	RN142804	Voluntary Surrender
2/17/2011	Coleman, Patricia A.	RN081223	Voluntary Surrender
2/3/2011	Conlon, Roxanne R.	RN048895	Revocation
2/5/2011	Copeland, Dawn M.	RN120149	Probation

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
4/13/2011	Craig, Marlene E.	RN168071	Probation
3/11/2011	Croom, Charisse Y.	RN146350/LP042967/ CNA1000003618	Revocation
3/1/2011	Delos-santos, Debrah A.	RN131245	Probation
3/2/2011	Dia, Lapriel L.	RN140133	Decree of Censure
6/3/2011	Distefano, Julie D.	LP039767	Revocation
3/9/2011	Ebuen, Sylvia R.	RN088219	Stayed Revocation with Probation
5/5/2011	Ehlers, John V.	RN098283	Revocation
3/16/2011	Engesser, Amber M.	RN136287/LP040498/ CNA999994211	Voluntary Surrender
3/8/2011	Evans, Carrie F.	Compact, RN - CO RN184836	Voluntary Surrender-Privilege to Practice
6/1/2011	Forcier, Kathleen E.	LP039866/CNA277017394	Revocation
3/11/2011	Foth, Allan W.	RN146861	Revocation
6/9/2011	Gallo, Michele M.	RN035809/AP0096	Decree of Censure
6/2/2011	Gardner, Malikha V.	RN168507	Decree of Censure
5/13/2011	Grey, Lynn M.	RN125780	Voluntary Surrender
3/23/2011	Hall, Gwendolyn L.	RN026024/AP0244	Probation
5/5/2011	Handt, Wendy J.	RN138813	Decree of Censure
2/4/2011	Haskins, Laurie A.	RN134758/LP040032	Revocation
4/11/2011	Helms-Ratliff, Sandra K.	LP011879	Voluntary Surrender
5/5/2011	Hicks, Barry	LP042063	Revocation
3/11/2011	Hinkle, Mark A.	Compact, RN - MO RN135943	Revocation-Privilege to Practice
2/20/2011	Huckaby, Lynmarie L.	RN150936	Decree of Censure
2/3/2011	Huebner, Russell J.	RN138242	Revocation
5/4/2011	Hutchins, Jay J.	LP047387	Probation
2/28/2011	Jackson, Michelle S.	RN161996/LP045318	Probation
3/9/2011	Johnson, Carma J.	RN Endorsement	License Denied
4/13/2011	Johnson-Swanson, Debra A.	RN059424	Probation
4/12/2011	Jones, Jessica S.	RN145379	Voluntary Surrender
5/5/2011	Jordon, Melvin L.	RN130699	Revocation
3/23/2011	Judge, Leigh A.	RN101337	Stayed Suspension with Probation
2/28/2011	Kalush, Joseph D.	RN142512/AP2566	Civil Penalty
5/5/2011	Kegley, Amber J.	RN151207/LP042906/ CNA1000006924	Revocation
2/3/2011	Kelly, Ann M.	RN086705	Revocation
2/3/2011	Kelly, Stephen M.	RN083407	Revocation
5/17/2011	Kibler, Ramona M.	RN062310	Stayed Revocation with Suspension
4/19/2011	Kincade, Pamela A.	RN079852	Probation
3/23/2011	Klein, Kimberly M.	RN103355	Probation
3/11/2011	Koffler, Olivia L.	RN155733	Revocation
5/5/2011	Kopecky, Anne M.	LP045030	Revocation
3/11/2011	Krickovich, Carrie A.	LP043263	Revocation
3/11/2011	Kulp, Karen L.	RN135128	Revocation
5/24/2011	Kulyk, Sonia	RN122120	Probation
5/5/2011	Lackey, Terri J.	RN119687	Revocation
5/1/2011	Lambert, Jeff J.	RN155863	Decree of Censure
4/28/2011	Lauricella, Joseph C.	RN139205	Voluntary Surrender
3/11/2011	Lee, Vicki K.	RN131699	Revocation
3/11/2011	Loyde, Theresa J.	RN155936	Revocation
3/4/2011	Mackin, Deborah L.	RN107956	Revocation
5/11/2011	Maloney, Jeffrey R.	RN095109	Revocation
5/25/2011	Manganelli, Tammy E.	RN118422/AP3222	Probation with Fine
3/11/2011	Martin, Stacy L.	LP034335	Revocation
3/14/2011	McClain, Colleen	RN133007	Stayed Revocation with Probation
6/2/2011	McFaddin, Dena R.	RN168540	Civil Penalty
3/11/2011	McQueen, Bonnie L.	RN090111	Voluntary Surrender
5/5/2011	Millsap-Smith, Carolyn L.	LP033934	Stayed Revocation with Probation
2/3/2011	Minshall, Stephanie L.	RN133062	Revocation
5/5/2011	Mitchell, Lori A.	LP036552	Revocation
5/3/2011	Morris, Craig A.	RN127668	Stayed Revocation with Probation
3/4/2011	Mullany, Rose A.	TRN085183	Revocation
2/11/2011	Nelson, Stephanie M.	RN141676	Civil Penalty
2/3/2011	Nelson, Teri A.	LP044240	Revocation
2/11/2011	Nevarez-Kells, Loretta J.	RN047854/AP0192	Probation
5/25/2011	Nichols, Richard L.	RN000099091/LP031647	Decree of Censure
2/3/2011	Nickerson, Jennifer A.	RN126917	Revocation
3/1/2011	Nielson, Barbara J.	RN144498	Probation
2/3/2011	Norris, Matthew J.	RN129636	Revocation
3/11/2011	Oneal, Mary A.	RN128457	Voluntary Surrender
3/24/2011	Pacheco, Melissa G.	RN118541	Suspension
6/13/2011	Pack, Kathleen A.	RN106977	Voluntary Surrender
2/4/2011	Peguero, Natalie M.	RN139267	Stayed Revocation with Suspension
5/31/2011	Peguero, Natalie M.	RN139267	Revocation
5/25/2011	Pesch, Tara M.	LP038386/ CNA999952037	Decree of Censure
3/1/2011	Peworski, Charles R.	RN094660	Decree of Censure with Fine
2/3/2011	Polk, Antonia D.	RN149043	Revocation
4/27/2011	Purser, Nicole E.	RN122422	Decree of Censure
3/30/2011	Race, David M.	RN Endorsement	Civil Penalty
2/1/2011	Rees, Douglas M.	RN142998	Voluntary Surrender

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
2/1/2011	Reeves, Christine L.	RN125837	Voluntary Surrender
2/3/2011	Ricafort, Mariano Jr.	RN140045	Revocation
3/11/2011	Rojas, Jill K.	LP041227	Revocation
4/18/2011	Romero, Blaine M.	RN161537/LP045371/ CNA999996773	Civil Penalty
2/11/2011	Rupert, Melissa G.	LP042694/CNA999950476	Decree of Censure
2/26/2011	Rutherford, Lajuane E.	RN162498	Probation
4/8/2011	Sangalang, Richard	LP041835	Voluntary Surrender
3/7/2011	Santa Cruz, Sarah A.	RN157505	Probation
3/31/2011	Scarbeary, Lisa K.	RN161148	Stayed Revocation with Suspension
2/4/2011	Schwab, Kyle C.	RN129021	Decree of Censure
5/25/2011	Scoe, Carole J.	RN140100	Decree of Censure
3/31/2011	Smail, Glenda J.	RN145380	Voluntary Surrender
6/16/2011	Small, Charles C.	RN128770	Probation
3/23/2011	Smith, Barbara R.	RN135381	Suspension
5/16/2011	Smith, Beverly J.	RN094754	Civil Penalty
5/18/2011	Smith, Shanin D.	RN145276	Voluntary Surrender
4/20/2011	Smith, Sheila K.	RN107880	Civil Penalty
2/4/2011	Sonne, Hilda A.	RN047379	Decree of Censure
2/3/2011	Sprouse, James K.	LP041108	Revocation
5/23/2011	Stanislaus, Donna L.	RN129832	Decree of Censure
2/25/2011	Stehle, Heidi L.	LP040399	Probation
2/3/2011	Thompkins, Ursula M.	RN125036	Revocation
3/11/2011	Thompson, Carol A.	RN090693/LP029393/ CNA296365103	Probation
3/14/2011	Thompson, Conscience D.	LP041380/CNA100001835	Voluntary Surrender
2/2/2011	Tipps, Lynda M.	RN123264	Voluntary Surrender
6/2/2011	Tolliver, Joe A.	LP040272	Revocation
3/4/2011	Tuck, Debora L.	RN086567	Probation
2/3/2011	Vallejo, Linda Y.	LP026856	Revocation
2/3/2011	Wallace, David R.	RN145925	Revocation
3/11/2011	Whatley, Clara J.	RN143381	Revocation
5/25/2011	Wood, Heather L.	RN100912	Stayed Revocation with Probation
4/5/2011	Woodard, Grace L.	RN141772	Voluntary Surrender
3/4/2011	Yandell, Julie D.	TRN165059	Revocation
3/23/2011	Zerbel, Ashley M.	RN158213/LP044459/ CNA1000007430	Summary Suspension

## RN-LPN - UPDATED LICENSURE STATUS

FEBRUARY – MARCH  
 APRIL – MAY 2011

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/3/2011	Backman, Daniel E.	RN065323	Reinstatement with Probation
4/11/2011	Eller, Elizabeth A.	RN165490	Probation
3/24/2011	Kyer, Juliana H.	LP033724	Reinstatement with Stayed Revocation Probation
2/26/2011	Somerlik, Miloslava	LP031393	Stayed Revocation with Probation

## RN-LPN - ACTION CLEARED

FEBRUARY – MARCH - APRIL - MAY 2011

EFFECTIVE DATE	NAME	LICENSE	EFFECTIVE DATE	NAME	LICENSE
6/14/2011	Allen, Bryan K.	RN081433/LP016930	3/30/2011	Fulcher, Jeanne D.	RN037765/AP0022
6/14/2011	Allen, Sandra E.	RN118216	3/7/2011	Hagglund, Marjorie R.	RN078065
6/1/2011	Bolton, Barbara L.	RN044058	3/30/2011	Jones, Evan E.	RN140947/CNA1000005084
5/26/2011	Boyd, Anne P.	RN088106	6/1/2011	Kramer Jr., Mike	RN094894
3/3/2011	Caley, Joann O.	RN133413	4/25/2011	Lehne, Jamie R.	RN135957
3/23/2011	Collazo, Linda C.	LP043667/CNA1000009092	5/4/2011	Mason, Priscilla	RN085502/LP027667
2/14/2011	Davies, James C.	LP039894	6/16/2011	Muir, Bryan K.	LP044840
6/6/2011	Ewing, Deana	RN106682	2/23/2011	Turner, Louis C.	RN112365
			4/20/2011	Wallace, Michele K.	RN135041/LP039664

# CNA CORNER

BY PAMELA RANDOLPH RN, MS, ASSOCIATE DIRECTOR EDUCATION  
AND EVIDENCE BASED REGULATION  
LILA VAN CUYK, RN, BSN, EDUCATION CONSULTANT

## New Process for C.N.A. Programs

Due to enhancements at D&S Diversified Technologies and the need for increased efficiency in the processing of C.N.A. Exam Applications, the following changes are being implemented as of July 1, 2011.

- All instructors should enter student information online with D&S Diversified Technologies at [https://www.dandsdiversifiedtech.com/AZ/AZCNA\\_Startup.html](https://www.dandsdiversifiedtech.com/AZ/AZCNA_Startup.html) upon enrollment of the student—this information will be used to populate the D&S Testing Application, the Certificate of Completion and the Board Application.
- Upon completion of the course, the instructor will enter the passing information on the D&S website for those students who meet the AZBN requirements for certification. **DO NOT ENTER COURSE COMPLETION DATA BEFORE THE FINAL COURSE REQUIREMENTS ARE MET.**
- The instructor would then download and print 2-3 copies of each graduates certificate of completion; one copy for the Board application, one copy for the student's records and one copy for the program, unless electronic records are kept.
- The instructor will also print and provide a copy of each student's pre-populated Application for Certification by Exam, instructing students to provide the additional required information and to send to the Board
- Graduates or the program should then arrange for testing with D&S Diversified Technologies.

For any questions and technical assistance in using the D&S website, please contact D&S personnel who are ready and willing to assist in any way they can. For questions on the application process at the Board, please contact Judy Bontrager at [jbbontrager@azbn.gov](mailto:jbbontrager@azbn.gov). Fingerprint cards can be ordered through our website [www.azbn.gov](http://www.azbn.gov) or by e-mailing [dkunkle@azbn.gov](mailto:dkunkle@azbn.gov).

## C.N.A Retreat

Please reserve January 13th for the 2012 Ninth Annual CNA Educators Retreat. The meeting location has changed to the Desert Willow Conference Center in Phoenix, Arizona. Desert Willow is the sister facility of the Black Canyon Conference Center, so participants can expect the same attention to quality. This year's theme is "Empowerment in Practice." Please invite nursing assistant students and nursing assistants to submit an essay in this year's essay contest. An announcement and submission guidelines are in this issue and posted on the Board website [www.azbn.gov](http://www.azbn.gov). Registrations will be accepted after July 1, 2011.

## Tips on Measuring Fluid Intake

Measuring Fluid Intake is a challenge for candidates in the manual skills exam. From January through June this year, only 76% per cent of the 660 candidates who had this skill on their state test passed. Fluid Intake vies with Blood Pressure (75%) for lowest pass rate.

### The three major errors in Fluid Intake:

1. Recording the amount left in the container rather than the amount that is consumed by the resident.
2. Trying to determine the precise amount for each of the three containers, rather than estimating amounts.
3. Not recording the total intake on the I&O sheet

### Tips for successfully obtaining the fluid intake:

1. Determine the size of the container? At the testing there will only be 120 ml and 240 ml containers. There will be 3 containers. The amount in each container is preset by the test observer, but different candidates will get different amounts.
2. The expected answer is to be in ml. not ounces.
3. The expected answer is what is consumed, not what is left in the glass.
4. There is no graduate available for measuring. The candidates must estimate.

5. The Board is asking them to estimate to the nearest  $\frac{1}{4}$ ,  $\frac{1}{2}$  or  $\frac{3}{4}$ , E.g.  $\frac{1}{4}$  of 120 ml = 30 ml. Do not have them try to estimate the precise amount, E.g. 37 ml.
6. Candidates must add the three amounts together, then write the total on the I&O sheet provided. If they only record the total on their worksheet, that will not count.
7. The candidate must be within 30 ml of the correct answer to pass.
8. The correct total is a bolded item in the state test and the student will automatically fail their skills test. if the total is incorrect.

## Farewell to Lila Van Cuyk

Lila Van Cuyk RN, BSN, Education Consultant for C.N.A. Programs, plans to retire in November. Over the past 4 years, Lila has cheerfully and diligently surveyed programs and promoted excellence in nursing assistant education. Lila has been a valued member of our team, always willing to take on a new challenge with conscientious attention to detail. She has cheerfully worked with all types of C.N.A. programs, offering her assistance freely. Faced with physical challenges, Lila rarely missed work and never complained. Lila has been a student advocate for fair and equitable testing and has contributed to changes in the C.N.A. exam and exam process. She will be remembered fondly as a role model and inspiration for all of us. Happy Retirement Lila!



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*AZ Magazine, BestCompaniesAZ*
- 2010 Top 100 Best Places to Work in Healthcare  
*Modern Healthcare*
- 2011 Top 25 Workplaces for Women  
*AZ Magazine, BestCompaniesAZ*
- 2011 The Valley's Healthiest Employers  
*Business Journal, Phoenix*

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