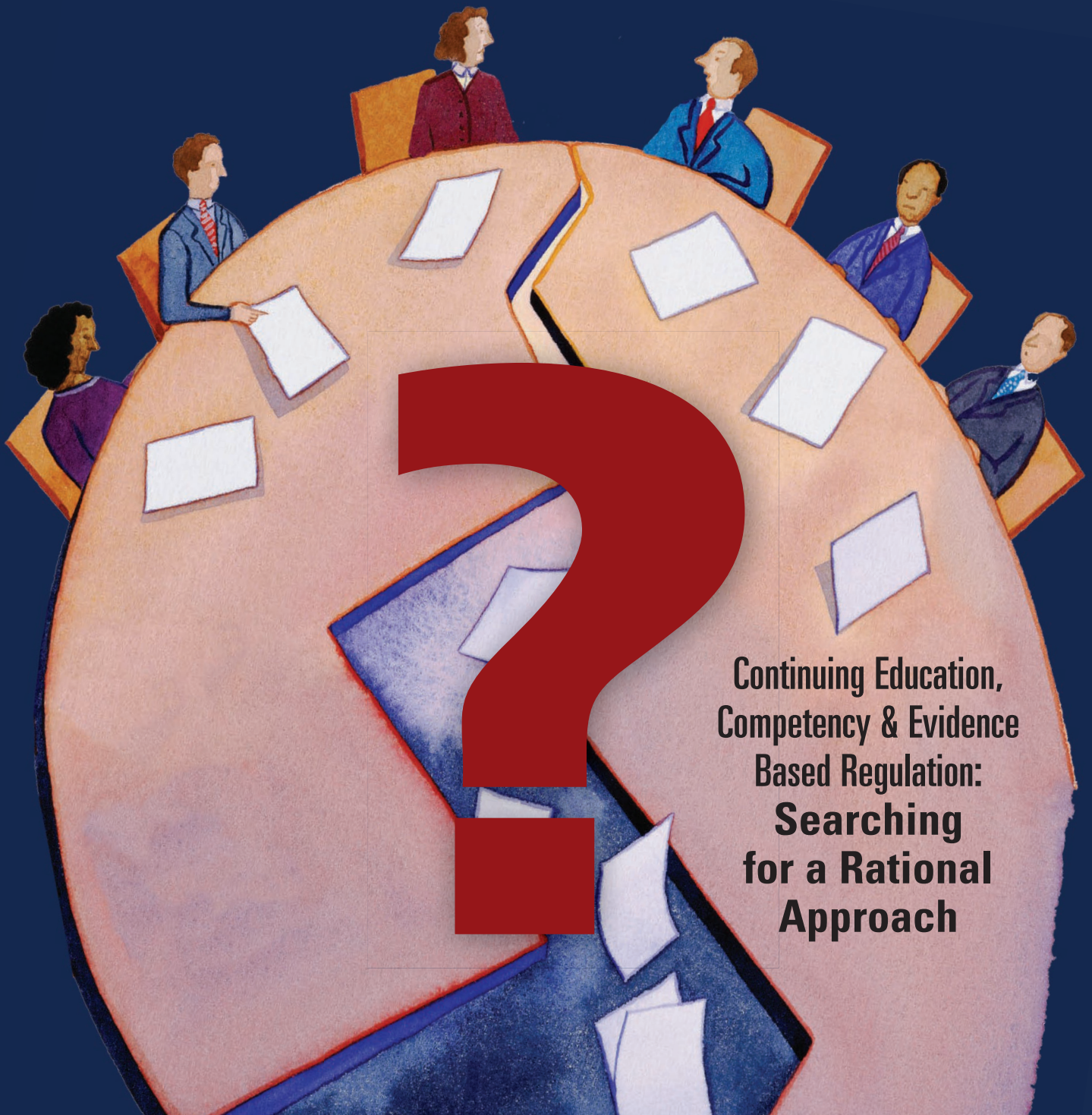


arizona STATE BOARD OF NURSING

VOL 6 • Nº1
MARCH 2011

REGULATORY JOURNAL



Continuing Education,
Competency & Evidence
Based Regulation:
**Searching
for a Rational
Approach**

**MANDATORY CONTINUING EDUCATION:
AGREEMENTS & DISAGREEMENTS**

It's an honor...



Phoenix Children's Hospital is proud to be among the first organizations to receive an Arizona's Most Admired Companies Award from Best Companies AZ and Arizona Business Magazine. Proud because our employees played a pivotal role in earning us this distinction, and because our culture continues to make us a great place to care and work!

...and a privilege.

Join us in transforming Phoenix Children's Hospital into a world class medical campus that will set a new standard in children's health care. We are currently the only free standing specialty children's hospital in Arizona, and our \$588 million expansion will put us on track to become one of the foremost pediatric hospitals in the nation. If you're a dedicated professional with a desire to be the best, we invite you to help shape the future of a growing, thriving organization where opportunities for personal and professional development will continue for years to come!

Phoenix Children's Hospital offers outstanding benefits effective the first of the month after your start date, as well as excellent salaries. EOE.



**Arizona's 2010
Most Admired
Companies**

AzBusiness  bestcompaniesaz

For a complete list of our open positions, please visit our website:

www.phoenixchildrens.com



**PHOENIX
CHILDREN'S
Hospital**



PUBLISHED BY

ARIZONA STATE BOARD OF NURSING

4747 North 7th Street, Suite 200

Phoenix, AZ 85014-3655

Phone: 602.771.7800

Main fax: 602.771.7888

CANDO fax: 602.771.7882

General e-mail: arizona@azbn.gov

Website: www.azbn.gov

GOVERNOR

The Honorable Janice K. Brewer

Joey Ridenour, RN, MN, FAAN

EXECUTIVE DIRECTOR

Judy Bontrager, RN, MN

ASSOCIATE DIRECTOR/OPERATIONS

Valerie Smith, RN, MS, FRE

ASSOCIATE DIRECTOR/ INVESTIGATIONS/

COMPLIANCE

Pamela Randolph, RN, MS

ASSOCIATE DIRECTOR/EDUCATION &

EVIDENCE BASED REGULATION

BOARD MEMBERS

Kathy Scott, RN, MPA, PhD, FACHE

PRESIDENT

Kathy Malloch, PhD, MBA, RN, FAAN

VICE PRESIDENT

Patricia (Pat) Johnson, LPN

SECRETARY

Theresa (Terri) Berrigan, LPN

MEMBER

Leslie Dalton, MSN, RN

MEMBER

Lori A. Gutierrez, BS, RN-C, RAC-CT, CBN

MEMBER

Denise Link, RNP, PhD, CNE, FNAP

MEMBER

Randy Quinn, MSN, CRNA

MEMBER

Charleen Snider, BSN, RN

MEMBER

Kathryn L. Busby, JD

PUBLIC MEMBER

M. Hunter Perry

PUBLIC MEMBER

EDITION 21

VOL 6 • N°1 • MARCH 2010

4 From the Executive Director

6 Continuing Education, Competency, and Regulation: Searching for a rational approach

8 Staff Directory



9 Continuing Education and Continuing Competency: What's the Difference?

12 House of Representatives House Bill 2091

14 Scope of Practice Committee Report

17 CNA Corner

19 Title Protection for Advanced Practice

20 Registered Nurse Practitioner (RNP) Practicing in an Acute Care Setting



arizona STATE BOARD OF NURSING

REGULATORY JOURNAL

CREATED BY:

Virginia Robertson, PUBLISHER

vroberson@pcipublishing.com

Publishing Concepts, Inc.

14109 Taylor Loop Road

Little Rock, AR 72223

FOR ADVERTISING

INFORMATION:

Greg Jones

gjones@pcipublishing.com

501.221.9986 • 800.561.4686 ext. 105

ThinkNurse.com

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



23 CNA Exam Changes

25 CNA Disciplinary Actions

27 RN/LPN Disciplinary Actions



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

Mandatory Continuing Education: **AGREEMENTS & DISAGREEMENTS**

The overall trend during the 1970's, 1980's, 1990's and early 2000's had been towards a passage of mandatory continuing education (CEU) in most states. Mandatory continuing professional education is by no means a universally applauded concept as evidenced by two recent reports: 1.) Institute of Medicine Report (2010): The Future of Nursing – Leading Change, Advancing Health and 2.) Patricia Benner, et al Education nurses: A call for radical transformation (2010).

Mandatory continuing education for health professionals refers to the regulatory requirement that professionals show evidence of participation in a given number of units of continuing education. Queeny & English (1994) definition of mandatory continuing education:

“Education required for a professional practitioner to maintain the right to practice; use a professional title or to earn/maintain specialty certification.”

State CEU legislation first appeared in 1971, when the state of New Mexico mandated continuing professional education as a licensing requirement for physicians (Young, 1980). During the 1980's there began a more concerted effort to link continuing education with competency (Queeny & English 1994)

House Bill 2091 mandating continuing education for nurses was introduced this legislative session as found on page 12.

Proponents of mandatory continuing education argue:

1. Expecting voluntary participation is unrealistic. Those who need it most may be least likely to participate.
2. Mandates are necessary to protect the public from incompetent or out-of-date practitioners.
3. Although imperfect, it is better than such alternatives as retesting through examination or practice review.
4. By choosing a profession, professionals submit to its norms. A license to practice implies consent to be governed by the rules of the profession and legislature.
5. Some public policy makers assert “it is counter intuitive to not believe that mandatory continuing education is not a public protection issue.”

Opponents of mandatory continuing education offer the following arguments:

1. It violates lifelong learning principles, such as voluntary participation, the informal nature of adult education, and adult self-direction.
2. By definition, professionals are supposed to be autonomous, self-managed, and responsible for lifelong mastery of knowledge.
3. Evidence for improved practice is scant or lacking. All that is mandated is “seat time” or attendance, which will not necessarily change attitudes, motivation, determination to practice responsibly, or ability to learn to enhance practice.
4. Many continuing education units lack relevance to practitioner needs
5. Professionals should be accountable for safe/effective performance, not participation.
6. There are economic motives behind the provision of CEU's as may be perceived as a “cash cow.”

In summary, those opposing legislation mandating mandatory continuing education raise objections to its implementation and regulatory effectiveness in relation to continued competency. Opinions on the pro side run equally ardent, with proponents staunchly defend the need for and rationale behind mandatory continued education, even while at the same time admitting the need for reform. Finally, it should be noted that proponents and opponents of mandatory continuing education agree on two major points: 1. professional knowledge faces rapid obsolescence and 2.) all health professionals must commit to lifelong learning.

This edition of the AzBN Regulatory Journal will provide an update on the issues related to mandatory continued education and outline the work of the AzBN Education Subcommittee on Continued Competence. Our collective role as nurses, professional organizations, nurse executives and educational leaders is to work with legislative leaders to continually evaluate and search for the best public policy based on continuing competence evidence before making legislative changes.

Queeny, D., English, J. (1994). *Mandatory Continuing Education: a status report. Information series n. 357.* Columbus, OH: ERIC Clearinghouse on Adult, Career & Vocational Education, 1-15.

Young, W. (1980) *Mandatory continuing education: the bright side of the picture. Setting the Pace, 1 (1), 12-15.*

Joey Ridenour RN MN FAAN



MAYO CLINIC

Embark
on an Adventure

Benefits start first day

Competitive salaries

Generous relocation package

On-site child care

Continuing education

Tuition assistance



SCOTTSDALE



PHOENIX

This is an excellent time to join a top-rated organization for a new adventure in nursing. As a nurse at Mayo Clinic, you will join a team whose vision is to provide the best nursing care in the world. Our nurses have access to leading-edge technology and an electronic medical record to assist in caring for their patients. As an integrated medical practice, Mayo Clinic has a multi-campus system that spans Phoenix and Scottsdale. Our extensive range of specialties and resources offer a unique combination that makes for an environment of discovery, achievement, education and growth.

Mayo Clinic currently has RN opportunities in a range of disciplines, including immediate openings in Surgical Services and Hematology/Oncology, and offers outstanding benefits on the first day of hire, including continuing education, van pool/Valley Metro passes and on-site child care for employees.

For more details on all open positions and nursing programs, and to apply, visit our Web site at www.mayoclinic.org/jobs-sct.

www.mayoclinic.org



Look for us on Facebook at **Jobs at Mayo Clinic**, and follow us on Twitter at: twitter.com/mayoclinicjobs

As an equal opportunity employer, we value diversity. Mayo Clinic conducts reference checks; drug testing is required of all new hires.



BY PAMELA RANDOLPH RN, MS
KATHY MALLOCH, PH.D., MBA, RN, FAAN

CONTINUING EDUCATION, COMPETENCY, AND REGULATION: Searching for a rational approach

Background:

In 2002 the Board was given the statutory mandate to “adopt rules to establish competency standards for obtaining and maintaining a license” (A.R.S. §32-1606(B) (21)). In implementing this requirement, the Board examined existing literature relying heavily on Smith’s (2003) report that nurses in states that require continuing education and those that do not receive equivalent amounts of continuing education related to their nursing role/job. While nurses in states mandating continuing education may have engaged in more continuing education overall, the relationship to the continued competency of the nurse in his/her work was not known or identified. In fact the excess education was in areas not related to their current work (Smith, 2003).

Smith (2003) further asked nurses to rate various factors that contributed to their current competency. Experienced nurses rated actual work experience highest when compared to continued education, mentoring, self study and basic nursing preparation. Reflecting that evidence, in 2004 the Board adopted A.A.C. R4-19-312 requiring nurses renewing a license to have practiced 960 hours in the past 5 years or complete a Board approved refresher course.

Since that time the Board has continued to explore effective ways to measure and reasonably ensure the competency of licensed nurses. Recently the Board was challenged in its decision not to require continuing education as a condition of renewal. It was opined by some that continuing education is a “hallmark of a profession”. The Board agreed to re-examine the literature and work towards

an effective regulatory solution to the competency issue. Under the leadership of Board President, Kathy Scott, the Board established the Continued Competence Subcommittee as part of the Education Advisory Committee. The committee charter includes the following:

- Review current criteria for competency, as well as recent literature related to continued competency assessment of healthcare professionals and other professionals working in high-risk industries.
- Develop recommendations for determining and regulating continued competency of nurses in Arizona for the State Board of Nursing to review that include:
 - Periodic evaluation of nursing practice competency;
 - Nurse accountability for lifelong learning;
 - A focus on patient safety; and
 - Financial implications.
 - Legislative language, rules and recommendations for Board review and approval

The subcommittee has extensively explored the concepts of both continuing education and competency. Both of these concepts have provided insight to the nature of determining continuing competence to practice in nursing.

At the national level

Interestingly, National Council of State Boards of Nursing (NCSBN) is also struggling with the demonstration of continuing competence for licensure. This topic has been studied over the last five years intensively. Solutions from requiring a re-testing exam every 3-5

years to certifications to documenting continuing education hours have been debated extensively for their validity and relationship to nurse competence and patient safety and outcomes. It is hoped that recommendations will be available in 2011.

Continuing Education

While a CE event may contribute to competency Forestland, et.al. (2009) in an extensive review of 81 trials of educational meetings concluded that:

“Educational meetings alone or combined with other interventions, can improve professional practice and healthcare outcomes for the patients. The effect is most likely to be small and similar to other types of continuing medical education, such as audit and feedback, and educational outreach visits. Strategies to increase attendance at educational meetings, using mixed interactive and didactic formats, and focusing on outcomes that are likely to be perceived as serious may increase the effectiveness of educational meetings. Educational meetings alone are not likely to be effective for changing complex behaviors.” (abstract)

Regehr and Myopolous (2009) extensively examined professional continuing education models. Current continuing education models rely heavily on the professional’s ability to self assess performance for flaws. However research does not support this assumption. Humans tend to justify poor performance in ways that enhance self-esteem. A classic example of this is the gambler’s report of losses as “near wins”. Regehr and Myopolous (2009) further contend that even when a practitioner knows their gaps

in knowledge, left to their own devices, the practitioner will tend to attend educational events that reinforce current knowledge rather than address gaps in competency. The author's state that this should not be surprising as learning one's areas of weakness is inherently difficult with less perceived benefit. Regehr and Myopolous also report, similar to Forsetlund et.al. (2009), that even when knowledge is gained, actual changes in practice do not necessarily result from attendance at an educational event.

Competency

The AZBN Continued Competence Subcommittee reviewed 29 studies and reports and developed the following definition of competency:

"Competency 'is an expected level of performance that integrates knowledge, skills, abilities and judgment' (A.N.A., 2010). Acquiring and maintaining competence is a dynamic process that requires on-going re-definition within the context of nursing practice. It is reflected in and best assessed by actual performance. Competency is supported when the nurse acquires, enhances and maintains knowledge, skills, attitudes, and abilities that promote sound nursing judgment."

This definition recognizes the dynamic properties of competency as reflected in practice and assessed in practice. Competency is complex and reflected in behavior. Cognitive knowledge of the behavior as measured by NCLEX, skill exams and teacher made tests are a necessary foundation for competency, but not an assurance of competency. For example, all nurses in every single nursing program for the past 50 years have been taught the importance of hand-washing. They have been required to demonstrate this skill on numerous occasions, yet lack of appropriate hand hygiene is still a major public health threat. In fact, health care agencies have delegated the regulatory role of ensuring hand hygiene to patients and family members by posting signs encouraging patients and visitors to remind health care providers to wash their hands.

For the past year, the Board has partnered with Scottsdale Community

College and Arizona State University on a project entitled "Measuring Competency with Simulation" sponsored by National Council of State Boards of Nursing. Review of 63 videos of nurses performing simple medical-surgical simulations reveals that consistent areas of low competency in both new and experienced nurses are infection control and documentation. There are extensive educational efforts in both these areas in nursing programs.

Reghr and Myopolous (2009) suggest that competency can be effectively developed in the workplace. Most practitioners do not reflect on practice when patient progress is proceeding normally, however clinical challenges and problems in practice provide opportunities for practice improvements through reflection, problem solving, learning, and broad application of the solution for improved patient outcomes. The authors describe the process as effort intensive but a fruitful avenue for practice improvement through practice.

Progress of the Arizona State Board of Nursing Continued Competency Subcommittee

The Continued Competence Subcommittee has met 3 times and is scheduled to meet this month to continue its work. The committee has explored the following ideas:

- Certifications—There is an identified need to link certification with improved patient safety/outcomes. The literature validates that such studies have not been done. Certification involves passing an exam which verifies knowledge and to some extent, skill. Re-certification is tied mostly to continuing education in the field. It was decided that certification might be one way some nurses could validate competency coupled with practice related to the area of certification. Due to varying requirements however, it will not fit for all nurses.
- Mentorship—Members agreed that the literature was interesting and mentorship appeared valuable from the nurse's career and self-fulfillment potential, however there are no studies tying mentorship directly to improved outcomes.

- BSN Preparation—Literature linking a high percentage of BSN staff to improved outcomes is compelling. The NY initiative "BSN in 10" was also reviewed. The Committee noted that completing an advanced nursing degree may be a valid measure of competence. Most RN/BSN programs in AZ are nationally accredited and follow broad standards/essentials established by accrediting bodies relating to excellence in education but not necessarily linked to patient outcomes. However, there are significant differences in accredited programs. For example only 2 of 5 accredited BSN completion programs in AZ require clinical experience as part of the program. There are also non-accredited programs. The Board does not have jurisdiction over BSN completion programs.
- Partnering with Employers: It was opined that a fruitful avenue to explore might be jointly developed guidelines by AZBN and industry representatives for an employee competency program incorporating formal opportunities for reflective practice in addition to continuing education opportunities and development of evidence for practice improvement.

For further information on this issue, please contact Pamela Randolph at prandolph@azbn.gov.

References:

- American Nurses Association. (2010). *Nursing: Scope and Standards of Practice, 2nd Edition*. Washington, DC: Authors. (Specifically Chapter 8, Education).
- Forsetlund L., Bjørndal A., Rashidian A., Jamtvedt, G., O'Brien, M., Wolf, F., Davis, D., Odgaard-Jensen, J., & Oxman, A. (2009). *Continuing education meetings and workshops: effects on professional practice and health care outcomes (Review)*. *The Cochrane Library*. 2009, Issue 4.
- Regehr, G., & Mylopoulos, M. (2008). *Maintaining competence in the field: Learning about practice, through practice, in practice*. *Journal of Continuing Education in Health Professions*. 28 (1), 19-23.
- Smith, J. (2003). *Exploring the effectiveness of continuing education mandates*. NCSBN Research Brief. 6 Retrieved on 8/25/10 from <https://www.ncsbn.org/CEStudy.pdf>

STAFF DIRECTORY

ADMINISTRATION

Joey Ridenour, RN, MN, FAAN
Executive Director
602.771.7801
jridenour@azbn.gov

Judy Bontrager RN, MN
Associate Director - Operations & Licensing
602.771.7802
jbontrager@azbn.gov

Valerie Smith RN, MS, FRE
Associate Director
Investigations/Compliance
602.771.7804
vsmith@azbn.gov

Pamela Randolph RN, MS
Associate Director Education & Evidenced Based Regulation
602.771.7803
prandolph@azbn.gov

Lila Wiemann
Administrative Assistant to the Executive Director and Associate Director Investigations/Compliance
602.771.7806
lwiemann@azbn.gov

Cristina Oates
Administrative Assistant to Associate Director Operations/Licensing
602.771.7805
coates@azbn.gov

CANDO

Judy Pendergast, RN, JD
Nurse Consultant – CANDO
602.771.7864
jpendergast@azbn.gov

Olga Zuniga
Administrative Secretary – Monitoring & CANDO
602.771.7865
ozuniga@azbn.gov

COMPLAINTS-INTAKE

Dolores Hurtado, Senior Investigator
Complaints-Intake Triage Coordinator
Nurse Consultant
602.771.7845
dhurtado@azbn.gov

Jennifer McWilliams
Legal Assistant
602.771.7831
jmcwilliams@azbn.gov

EDUCATION

Debra McGinty, RN, PhD
Education Program Administrator
602.771.7877
dmcginty@azbn.gov

Lila Van Cuyk, RN, BSN
Nurse Practice Consultant/
CNA Programs
602.771.7857
lvancuyk@azbn.gov
Karen Gilliland
Administrative Assistant
602.771.7856
kgilliland@azbn.gov

FISCAL SERVICES

Randi Orchard
Fiscal Services Manager
602.771.7810
rorchard@azbn.gov

Norma Salter
Accounting Technician
602.771.7809
nsalter@azbn.gov

HEARINGS

Susan Barber, RN, MSN
Nurse Practice Consultant-
Hearing Dept
602.771.7851
sbarber@azbn.gov

Vicky Driver
Admin. Assistant-Hearing Dept
602.771.7852
vdriver@azbn.gov

Deborah Richards, JD
Senior Investigator
602.771.7850
drichards@azbn.gov

INVESTIGATIONS NURSE PRACTICE CONSULTANTS

Angela Hill, RN, BSN
602.771.7811
ahill@azbn.gov

Janeen Dahn, MS, FNP-C
Advanced Practice Nurse Consultant
602.771.7814
jdahn@azbn.gov

Jeanine Sage, RN, MSN
602.771.7815
jsage@azbn.gov

Karen Grady, MS, RN, FNP, BC
602.771.7821
kgrady@azbn.gov

Mary Rappoport, RN, MN
602.771.7816
mrappoport@azbn.gov

Sister Rachel Torrez, RN, MS
602.771.7818
srachel@azbn.gov

Stephanie Nelson, RN, MS
602.771.7819
snelson@azbn.gov

V. Ann Schettler, RN, MHL, CLNC
602.771.7812
aschettler@azbn.gov

SENIOR INVESTIGATORS

Bonnie Richter
602.771.7828
brichter@azbn.gov

Doug Parlin
602.771.7822
dparlin@azbn.gov

Kirk Olson
602.771.7824
kolson@azbn.gov

Ron Lester
602.771.7825
rlester@azbn.gov

Linda Monas
602.771.7826
lmonas@azbn.gov

Lynda Hemann
602.771.7827
lhemann@azbn.gov

LEGAL SECRETARIES

Barbara Melberg
602.771.7840
bmelberg@azbn.gov

Dorothy Lindsey
602.771.7841
dlindsey@azbn.gov

Trina Smith
602.771.7844
tsmith@azbn.gov

INFORMATION TECHNOLOGY

Cory Davitt
Network Operations Director
602.771.7808
cdavitt@azbn.gov

Adam Henriksen
Information Technology Director/
Webmaster
602.771.7807
ahenriksen@azbn.gov

LICENSING

Becky Melton
RN/LPN Exam
602.771.7830
bmelton@azbn.gov
Donna Frye
RN/LPN Renewals
602.771.7833
dfrye@azbn.gov

Erica Hernandez
CNA Renewals
602.771.7836
ehernandez@azbn.gov

Helen Tay
CNA Exam/Endorsements
602.771.7832
htay@azbn.gov

Paula Delphy
RN/LPN Endorsements
602.771.7834
pdelphy@azbn.gov

Lisa Youtsey
Exam Tech
602.771.7835
lyoutsey@azbn.gov

MAILROOM

Debra Kunkle
602.771.7876
dkunkle@azbn.gov

MONITORING

Tammi Bymers, RN, MSN
Nurse Practice Consultant
602.771.7862
tbymers@azbn.gov

Esther Garcia
Legal Assistant
602.771.7861
egarcia@azbn.gov

Brent Sutter
Legal Secretary
Monitoring & CANDO
602.771.7860
bsutter@azbn.gov

RECEPTIONISTS

Madelyn Emerson
602.771.7871
memerson@azbn.gov

Nancy Davis
602.771.7872
ndavis@azbn.gov

Susan Kingsland
602.771.7873
skingsland@azbn.gov

RECORDS

Anne Parlin
602.771.7875
aparlin@azbn.gov

CONTINUING EDUCATION AND CONTINUING COMPETENCY: WHAT'S THE DIFFERENCE?

Continuing education (CE) encompasses specific learning activities for the purpose of enabling healthcare professionals to maintain knowledge and skills and stay current with new developments following initial licensure. It has generally been thought that mandatory attendance at continuing education events encourages the best possible care, improves patient outcomes, and protects patient safety. Continuing education is often acquired by attendance at formal conferences and completion of academic courses. While many health professions have adopted these methods to assess a health care professional's continued competency, there is little evidence these activities have any effect on professional behaviors or health-based outcomes (IOM, 2009). The Institute of Medicine committee appointed to study current continuing education models in health professions cited significant flaws in the way continuing education was conducted, financed, regulated and evaluated. They found the scientific evidence to support current models for continuing education programs was "fragmented and undeveloped". It was evident from their research that most health professionals utilized continuing education to meet regulatory requirements rather than identify personal knowledge gaps and find programs to address particular learning needs. The committee expressed concern about the extent to which pharmaceutical and medical device companies have developed and financed continuing education opportunities, which raised questions about conflict of interest and the use of CE to increase market share. The Institute concluded the problems with continuing education could not be "remedied by anything short of a coordinated, national effort". The committee's report concluded with a recommendation to create a private-public entity to engage all stakeholders in the delivery of health care and regulation of continuing education.

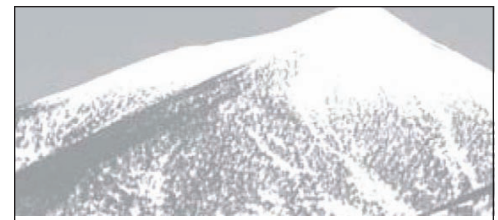
According to the National Council of State Boards of Nursing (2010), continuing education is required in 36 states with wide variation in the number and types of required continuing education courses from

state to state. Fifteen states require specific subject matter to maintain nursing licensure. While one state might require a course in law and rules, another requires courses focusing on end of life, AIDS, domestic violence, child abuse, pain management and pharmacology. The IOM committee determined such wide variations in CE regulation lead to "inconsistent learning and conflict with efforts to achieve high levels of competence and practice". The committee could find no clear link between continuing education and patient outcomes or protection of patient safety. In 2002, the State Board of Nursing considered imposing continuing education requirements for continued licensure but shared similar concerns and instead established a minimum practice requirement of 960 minimum practice hours per renewal period.

More recently the Board has explored a profession-wide movement away from continuing education and toward continuing competence. The foundations of continuing competence embrace a more holistic view of the individual nurse participating in collaboration with education, industry, regulation and the professional nursing organizations. Continuing competence supports the ethic that each nurse has a responsibility to demonstrate continuing competence through acquisition of new knowledge and skill and appropriate, safe application of sound nursing principles in practice. Continuing competence assumes a culture that holds nursing accountable for lifelong learning, supports focused improvements in nursing practice and values periodic evaluations (NCSBN, 2005). Continuing competence is a value shared among healthcare providers to assure evidence-based practice and safeguard patient safety.

The concept of continuing competence is discussed in the more recent recommendations of the Institute of Medicine report on The Future of Nursing (2011). Recommendation 6 specifically challenges the profession to ensure that nurses engage in lifelong learning. The committee envisions health care

continued >>>



NORTHERN ARIZONA
UNIVERSITY
College of Health and Human Services

Salaries are Competitive

The School of Nursing at NAU seeks innovative, enthusiastic individuals who have a passion for nursing and a desire to build strong nursing education programs. Our vacancies are:

- ✓ 1 Full-time Assistant Clinical Professor – **Flagstaff Campus**
- ✓ 2 Full-time Tenure Track Assistant or Associate Professor positions on Flagstaff Campus
- ✓ 1 Full-time Assistant Clinical Professor with primary teaching responsibilities in the American Indian Program located in **St. Michaels (Window Rock)**, Arizona
- ✓ 1 Full-time 12 month Assistant Clinical Professor – clinical simulation coordination for students – **Flagstaff Campus**
- ✓ 1 Part-time Assistant Clinical Professor – **Flagstaff Campus**
- ✓ 1 Full-time Assistant or Associate Clinical Professor – **Tucson**
- ✓ 1 Full-time Assistant Clinical Professor – **Yuma**

The nursing programs include traditional, accelerated, RN to BSN and American Indian Reservation based students as well as master's degree programs with specialty in Family Nurse Practitioner, Nursing Education, and Nurse Generalist. Faculty will have the opportunity to address health care challenges of diverse populations in rural settings. The faculty position will support baccalaureate level students in the classroom, clinical teaching and/or in graduate courses in family health (NP) and nursing education. Teaching assignments are contingent upon qualifications and experience and are commensurate with rank.

Northern Arizona University is a 25,000-student institution with its main campus in Flagstaff, a four-season community of about 62,000 at the base of the majestic San Francisco Peaks. NAU's emphasis on undergraduate education is enhanced by its graduate programs and research as well as distance learning. The university is committed to a diverse and civil working and learning environment. Please visit the NAU recruitment website at <http://hr.nau.edu>.

Continuing education (CE) encompasses specific learning activities for the purpose of enabling healthcare professionals to maintain knowledge and skills and stay current with new developments following initial licensure.

organizations, health care disciplines, and schools of nursing coming together to provide interprofessional continuing competency programs. These professional development collaborations would necessarily move the “classroom” closer to the point of care. Already, the development and prioritization of core competencies is currently under construction as six professional accreditation agencies together articulate definitions of competency: the Association of American Medical Colleges; the American Association of Colleges of Osteopathic Medicine; the American Dental Education Association; the American Association of College of Pharmacy; the Association of Schools of Public Health; and the American Association of Colleges of Nursing (AACN). Providing core, interprofessional competencies will allow each discipline to identify specific objectives and goals and tailor the learning process to curricular needs. In this new vision, control of learning shifts to the individual practitioners to be the architects of their own learning process. Reaching across the multidisciplinary spectrum of healthcare, continuing competency may provide evidence-based practices and offer interprofessional, collaborative learning opportunities to more readily address patient safety issues and lead to improved patient care outcomes. To be competent, nurses must obtain and maintain a particular level of skill which could be periodically verified to assure the health care professional's ability to deliver care reflecting indicators of safe, competent practice. The key difference between continuing competence and current continuing education methods is the interaction of multiple healthcare disciplines and incorporation of evaluation methods to assure continuing competence. The mission of the Arizona State Board of Nursing is to protect the public health, safety and welfare through the safe and competent practice of nurses and nursing assistants. Intended to build the capacity for lifelong learning, continuing competence as it is currently being conceived and formulated may provide the mechanism by which competence is assured.

References:

Institute of Medicine. (2009). *Redesigning continuing education in the health professions*. Washington, D.C.: National Academy of Sciences. Retrieved from <http://books.npa.edu/catalog/12704.html>

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, D.C.: National Academy of Sciences. Retrieved from http://www.nap.edu/catalog.php?record_id=12956

National Council of State Boards of Nursing. (2005). *Continued Competence Concept Paper*. Chicago, IL: Author. Retrieved from https://www.ncsbn.org/Continued_Comp_Paper_TestingServices.pdf

National Council of State Boards of Nursing. (2010). Member board profiles: *Continued competence/Assistive personnel/Scope of Practice*. Retrieved from https://www.ncsbn.org/2010_Continued_Compence_Assistive_Personnel_Scope_of_Practice.pdf

Recommended Reading:

Allen, P., Lauchner, K., Bridges, R. A., Francis-Johnson, P. McBride, S. G., and Olivarez, A. (2008). Evaluating continuing competency: A challenge for nursing. *The Journal of Continuing Education in Nursing*, 39(2), 81-5.

Cusack, L., and Smith, M. (2010). Power inequalities in the assessment of nursing competency within the workplace: Implications for nursing management. *The Journal of Continuing Education in Nursing*, 41(9), 408-412.

Jordan, C., Thomas, M. B., Evans, M. L., and Green, A. (2008). Public policy on competency: How will nursing address this complex issue? *The Journal of Continuing Education in Nursing*, 39(2), 86-91.

Tilley, D. D. S. (2008). Competency in nursing: A concept analysis. *The Journal of Continuing Education in Nursing*, 39(2), 58-64.



Summit Healthcare
REGIONAL MEDICAL CENTER


Exciting Opportunities!

Work and play in the cool, beautiful White Mountains of Arizona where the quality of life is as high as our tall pines. Enjoy four mild seasons in the playground for outdoor activities including fishing, hiking, skiing, horseback riding, biking, golfing, hunting, and other outdoor adventures. Join a friendly, rural community with quality schools and a safe family environment. Summit Healthcare, a growing 81-bed medical center, has much to offer you!



Current Positions Available
Seasonal ER RN
Labor & Deliver
Float RN

Contact:
Lola Gray 928-532-6367 ph 928-532-8995 fax
lgray@summithealthcare.net
2200 E. Show Low Lake Road
Show Low AZ 85901
www.summithealthcare.net



The **pay**, the **benefits**, the **bonus**,
the **caring**, the **opportunity**
is yours with...

HEALTHTEMP

**Now hiring RN's
and CNA's**

You're invited to join our dynamic registry.
Health Temp, Arizona's largest and most
respected agency offers:

- Top Wages
- Block Assignments
- Daily Pay
- Local Assignments
- Sign On Bonus
- Statewide
Assignments
- Direct Deposit
- Priority Contract
- Credit Union
- Individual
Insurance

**All RN Areas Available.
Call 602-234-1944,
520-577-9088
or 800-486-8367 for
additional info.**

www.healthtemp.com



Fiftieth Legislature - First Regular Session

[Email a Member](#) | [Email Webmaster](#)

[change session](#) | [printer friendly version](#)

[Senate](#)

[House](#)

[Legislative Council](#)

[JLBC](#)

[More Agencies](#)

[Bills](#)

[Committees](#)

[Calendars/News](#)

HOUSE OF REPRESENTATIVES

HB 2091

nurses; continuing education

Sponsor: Representative Heinz

X Committee on Health and Human Services
Caucus and COW
House Engrossed

OVERVIEW

HB 2091 requires continuing education as part of the license renewal process, and establishes criteria regarding that process.

Summary of Proposed Strike-Everything Amendment to HB 2091

HB 2091 requires continuing education as part of the license renewal process, and establishes criteria regarding that process.

HISTORY

The State Board of Nursing (Board) was established on June 9, 1921, through House Bill 32, and in 1952 the Nurse Practice Act was rewritten to include the qualifications of Board members. The Board consists of nine members all of whom are appointed for five year terms beginning and ending on June 30. The Board assures that standards of practice are met and that persons engaged in the practice of nursing are competent. It approves individuals for licensure, registration and certification, approves educational programs for nurses and nursing assistants, investigates complaints, and determines and administers disciplinary actions.

PROVISIONS

Requires, beginning April 1, 2013, an affidavit to be filed for a renewal application that states the licensee has completed at least sixty hours of continuing education (CE) for a registered or practical nurse, a clinical nurse specialist, or a registered nurse practitioner.

Allows an extension by the Board for a licensee to complete the requirements for a renewal application if a written request is submitted with the renewal application.

Allows any of the following to provide CE courses:

- A nursing program recognized by the Board or other state board of nursing.
- An entity approved or certified by an organization recognized by the Board, and specifies that if the entity is not approved or certified, the licensee may only claim six hours per year from that entity.
- Any CE provider recognized by any state board of nursing.
- A regionally or nationally accredited postsecondary school.

Requires the Board to recognize CE units as follows:

- One semester credit is equivalent to fifteen CE hours.
- One quarter credit is equivalent to ten CE hours.
- One hour of employer sponsored or continuing education provider sponsored education is the equivalent of

one CE hour.

Requires the licensee to maintain CE records for five years.

Exempts a licensee from CE for two years immediately following initial licensure by the Board.

Provides that CE requirements do not apply to a licensee who, during the renewal cycle:

- Has been placed on inactive status.
- Demonstrates that the licensee has been employed outside the U.S. for at least one year.
- Is employed by a federal agency outside of the state.
- Is serving in the U.S. armed forces outside the state.
- Has suffered from a total physical disability for at least one year.
- Has had total responsibility for an immediate family member who suffers from a total disability for at least one year.
- Has shown good cause to the Board for exemption.

Requires the Board to submit a report to the Governor, the President, the Speaker, and a copy to the Secretary of the State, regarding the effect and benefits of the CE requirements.

Requires the Board to prorate the CE requirements to reflect the number of months remaining before licensure renewal following the effective date of this act.

Repeals this section from and after December 31, 2020

Defines, for the purposes of this section, *continuing education*.

Fiftieth Legislature
First Regular Session 2 February 10, 2011

Making a Difference By Serving Those Who Serve

**NOW Hiring RNs
For The Following!**

**CM Supervisor
ECHO Program**

**Health Coach-Behavioral
Health (Depression/Anxiety)**

**Clinical Communicator
(Technical writing)**

**Quality Study Coordinator -
Quality Management**

For details please see our
website at www.triwest.com

TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region. Visit the website for a company overview and highlights of our benefits.

We are proud to be an Equal Opportunity Employer providing a smoke-free, drug-free environment. Applicants must be able to pass a drug test and a DoD-mandated background investigation.

www.triwest.com



COLLEGE OF NURSING

NURSING FACULTY POSITIONS AVAILABLE

The University of Arizona, College of Nursing is seeking clinical scholars to support our educational mission.

Visit www.uacareertrack.com for additional information, minimum qualifications and to apply.

To apply go to: www.uacareertrack.com
and refer to job number 46896, 46551,
46381, 45437 and 45412.

Reviews of applications will continue until positions are filled.

The University of Arizona is an EEO/AA Employer – M/W/D/V.

LONG-TERM CARE CONFERENCE

Aug. 23-24, 2011 | Chicago



You are invited to the 2011 NCSBN Long-term Care Conference: A Regulatory Perspective and Future Implications at the Swissôtel Chicago.

This conference will provide a forum where participants will hear speakers present key issues in long-term care today and what the future may bring. There will be an emphasis on regulatory implications in long-term care, including the promotion of patient safety with effective communication across the workforce, a discussion of delegation and a panel discussion on issues in education consistency. There will also be time for participants to dialogue about issues, such as scope of practice, education consistency and testing, and building teams in long-term care.

Objectives:

1. Explore the present and future regulatory implications in long-term care;
2. Discuss pertinent education issues related to unlicensed assistive personnel (UAPs), medication aides/assistants (MAs), licensed practical/vocational nurses (LPN/VNs) and registered nurses (RNs) who work in long-term care; and
3. Identify a preferred future for long-term care and how we might get there.

Who should attend:

Educators of UAPs, MAs, LPN/VNs and RNs who work in long-term care; Long-term care/nursing home administrators; State and federal administrative agency staff; and UAPs, MAs, LPN/VNs and RNs who work in long-term care. CE provider

number/expiration date: ABNP1046, October 2014

Accommodations for the 2011 NCSBN Long-term Care Conference are provided by the Swissôtel Chicago in Chicago, Ill.

When Tuesday, August 23, 2011 8:00 am - Wednesday, August 24, 2011 4:00 pm Central Time

Where Swissôtel Chicago
323 E. Wacker Drive
Chicago, IL 60601

Fees

View Event Summary

View Event Agenda

RSVP Friday, August 12, 2011

CO CHAIRS: KATHY SCOTT, RN, MPA, PHD, FACHE & PAT JOHNSON, LPN
STAFF: JUDY BONTRAGER, RN, MN & TAMMI BYMERS, RN, MSN

SCOPE OF PRACTICE COMMITTEE REPORT



At the January, 2011 Board meeting, the Board approved the following advisory opinions.

New Advisory Opinions

- **Wound Care: The Role of the LPN** – This advisory opinion states that it is within the scope of practice for an LPN to contribute

to the initial assessment of wounds through the gathering and recording of assessment data, and to perform basic and advanced wound care in collaboration with the RN or Licensed Independent Practitioner (LIP). The General requirements clearly state it is the RN or LIP who is responsible for the assessment of the patient and develops the initial and ongoing plan of treatment performed by the LPN. The advisory opinion also defines the instruction required for LPN's to do basic wound care, advanced wound care and sharp wound debridement.

- **Flouride Varnish: Oral Health Screening** – This advisory opinion states that it is within the scope of practice for an RN to perform oral health screening/assessments and apply fluoride varnish under the supervision of a Licensed Independent provider (LIP) who possesses specific knowledge, skills

and abilities in oral health screening/assessment and fluoride varnish application procedures. It is also within the scope of practice of the LPN to apply fluoride varnish under the supervision of an RN. The advisory opinion also defines the instruction that is required for this procedure.

Updated Advisory Opinions

- **Assessing Patient-Client Conditions: The Role of the RN**
- **Intubation: Endotracheal, and the Use of Advanced Airway Devices: The Role of the RN**
- **Ventilator Care by LPN's**
- **Blood Cell Salvage: The Role of the RN**
- **Intravenous Administration of Radiologic Contrast Media**

Please review all the advisory opinions on the Board's Web site at www.azbn.gov, under Resources tab.

Share your unique vision with us.

THE ART OF NURSING



At University Medical Center, we provide our nurses with an array of professional advantages to allow them to practice the true art of nursing. With your specialized skill, passion for excellence and compassion for others, you can help us give our patients a brighter future.

With our commitment to professional development, advanced technology and low nurse-to-patient ratios, you'll have the support and time you need for an inspirational nursing career.

- Case Manager
- NP – Pain Management
- NP – Trauma
- RN – OR
- RN – Critical Care
- RN - IMC/MS

To learn more about our rewarding career opportunities and the unique advantages that we offer, please visit us online at www.umcarizona.org or send an email to nurserecruitment@umcaz.edu. If you would like to speak with a recruiter, please call 800-524-5929. We are an Equal Opportunity Employer.

www.umcarizona.org

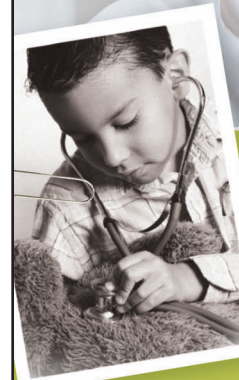


Tucson, Arizona

JACKSONVILLE UNIVERSITY SCHOOL OF NURSING

You Dreamed of Being a Nurse.

Now Become the Nurse You Dreamed of Being.



Earn Your RN to BSN Online!

RNs: Get 30 Credits Free!
Call 800-571-4934
JacksonvilleU.com/PC

One of "America's Best Colleges"
U.S. News & World Report

© 2009 All Rights Reserved.
Made Available by University Alliance™ -
The Nation's Leading Universities Online.
SC: 19173421 | MCID: 2742

You can pursue your passion in paradise



Our 181-bed facility is home to advanced healthcare technology and a full range of specialized treatment options. If you share our passion for community-focused caring, consider a career with our facility as a:

Registered Nurse—Full Time & Seasonal

Havasu Regional Medical Center offers excellent opportunities in all aspect of nursing. We also offer an excellent compensation and benefits package, including health, dental, vision, life insurance, 401K and a generous vacation plan.

For further details regarding job opportunities or to apply, visit our website www.havasuregional.com. We support a drug-free environment, EOE.



101 Civic Center Lane, Lake Havasu City, Arizona 86403

**It's time.
Time to make
the leap. Time
to resume
the pursuit.
Your name,
followed by
three big letters.**

BSN or MSN. Three initials that can make the difference. RNs can prepare to advance their education and their careers while working with our online options: **RN to BSN Online Degree Completion Program, RN-BSN to MSN Online Bridge Option and Master of Science in Nursing (MSN) Degree Program.** With over 120 years of history in providing excellence in nursing education, Chamberlain College of Nursing offers a proven education model with degree options to take you to the next step. Keep moving forward. Online. On your time.



CHAMBERLAIN
College of Nursing
chamberlain.edu
888.556.8226



National Management Offices | 3005 Highland Parkway | Downers Grove, IL 60515

Accreditation:

Chamberlain College of Nursing is certified to operate by the State Council of Higher Education for Virginia, 101 N. 14th Street, Richmond, Virginia 23219, 804-225-2600. The VA Board of Nursing has provided Chamberlain College of Nursing with the authority to advertise the program and to admit students to its Arlington campus location. Arlington Campus: 2450 Crystal Drive, Arlington, VA 22202

Chamberlain College of Nursing is accredited by The Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools, www.ncahlc.org, one of the six regional agencies that accredit U.S. colleges and universities at the institutional level. The bachelor of science in nursing degree program at the Addison, Columbus, Jacksonville, Phoenix, and St. Louis campuses and the master of science in nursing degree program are accredited by the Commission on Collegiate Nursing Education (CCNE, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791). The bachelor of science in nursing degree program at the St. Louis and Columbus campuses and the associate degree in nursing program are accredited by the National League for Nursing Accrediting Commission (NLNAC). The bachelor of science in nursing degree programs at the Phoenix and the Addison campuses are candidates for accreditation by NLNAC. Candidacy is the first step toward NLNAC accreditation. (NLNAC, 3343 Peachtree Road NE, Suite 500, Atlanta, Georgia 30326, 404-975-5000) The Arlington and Chicago campuses are pursuing programmatic accreditation for the bachelor of science in nursing degree program on their respective campuses. Accreditation provides assurance to the public and to prospective students that standards of quality have been met. *Program availability varies by location.* AC0103. ©2010 Chamberlain College of Nursing, LLC. All rights reserved.

EDUCATION CORNER

DEBRA MCGINTY RN, PhD.
EDUCATION PROGRAM
ADMINISTRATOR

Innovative Directions to Narrow the Education – Practice Gap

While all appears calm to the unsuspecting observer, there is a veritable flurry of activity behind the scenes amongst members of the Education Advisory Committee. Recent publications and local presentations this past fall by Patricia Benner (2010) and Linda Burnes Bolton (Institute of Medicine [IOM], 2010) launched critical discussions and calls to action around the state. Members of the Education Committee are participating in focused discussions to evaluate everything from current theory underlying the formation and sustainability of nursing competency to implementation of IOM recommendations. Members of the Committee and the Education Department are examining the Board's advisory opinion regarding preceptorships, and the use of simulation to measure competency.

Competency Model

This subcommittee retrieved the Board's competency model from the archives and updated the structure, concepts and outcomes. Fortuitously, the National League for Nursing (2010) just spent the better part of two years creating a systems model to demonstrate the progression of competency from LPN to DNP. Developed by leaders from both education and practice, the framework provided an excellent springboard to adjust for consistency and add the certified nursing assistant and certified medication assistant roles. Look for the revised model on our website this spring under the education section. A special thank you goes to committee members Dr. Sally Doshier (Northern AZ University), Ms. Carolyn McCormies (Eastern AZ College), Mr. Brian Stewart (Pima Community College), and Dr. Brenda Morris (Arizona State University), for their investment of time and energy into this project.

Continued Competence

With renewed interest to seek continuing education requirements at the legislature, a subcommittee formed to examine indicators of continued competence (advanced degrees, certifications, and research).

Discussions have centered on the diverse roles of nurses and workplace centered competency programs. This subcommittee is tasked with defining competency and reviewing evidence that ties competency to patient outcomes.

Institute of Medicine

A volunteer group has formed to conduct a statewide assessment of Arizona's current status in relation to the 8 recommendations of the IOM report, *The Future of Nursing: Leading Change, Advancing Health*. The group is also developing plans to form a Regional Action Coalition (RAC) as part of a national

effort to reform nursing and health care for the future.

The group's work will be disseminated on a Board of Nursing sponsored website. Check for updates this spring. Volunteer members represent education, industry and regulation. The group is currently seeking a non-nurse partner. For more information contact Pamela Randolph at prandolph@azbn.gov.

Preceptorship Advisory Opinion Review

During its December meeting, Education

continued on page 18 >>>



Come join our Nurse Practitioner teams in Arizona!

We invite you to explore the rewarding opportunities with one of the largest NP group practices in the state of Arizona. INSPIRIS employs over 50 full time and part time nurse practitioners in a variety of clinical settings. The INSPIRIS clinical model is built around proactive, preventative care; early, aggressive care in the appropriate location; and Advance Care Planning that identifies and supports patient centered care.

Our patients are the chronically ill --- those with complex medical needs. Clinical settings include nursing homes, assisted living centers, group homes, and individual homes.

You will have the unique experience of having a panel of patients assigned to you yet working with a team of nurse practitioners and nurse care managers under the supervision of another very experienced nurse practitioner. INSPIRIS offers autonomy in your practice, flexibility in your work week, and clinical challenges that will help you grow in your expertise as a nurse practitioner.

"The practice you had in mind all along"

We provide competitive pay, generous benefits including medical, dental, vision, life and long-term disability insurance, three weeks of vacation, 9 paid holidays, 401K plan, mileage reimbursement and continuing education reimbursement. Certified nurse practitioner, Masters Degree required; FNP, ANP or GNP; Active, unencumbered nursing license.

**To learn more about our opportunities direct inquiries and resumes to:
Kathy Rudman / 310-903-3460 / kathy.rudman@inspiris.com**



INSPIRIS

www.inspiris.com



with very encouraging findings. This joint venture between Arizona State University, Scottsdale Community College and the Arizona State Board of Nursing was funded by the National Council of State Boards of Nursing through its Center for Regulatory Excellence. The project team developed and established initial reliability and validity of a Nursing Performance Profile tool to be used in simulation scenarios. The team will be seeking to publish their result in the Journal of Regulatory Excellence and is applying for Phase II of the grant. Team members from Scottsdale Community College include Janine Hinton, Nick DeFalco



Committee members discussed specific objectives for preceptorships associated with capstone experiences. Members asked if the current advisory opinion relates to all programs as different models are evident. Observations regarding continuity and quality of the student experience were shared. Members agreed there was a need for data to support the model and to identify specific problems as finding placement for students is becoming increasingly difficult. There is a need to articulate how the preceptorship model prepares students for practice and supports the transition from education to practice. The group will review the preceptorship advisory opinion, identify concerns, and offer recommendations to nursing programs and healthcare facilities.

Measuring Competency with Simulation

Phase I of Measuring Competency with Simulation has been completed



You've arrived.

You've put years of hard work, education and training into establishing a great career for yourself. Your compassion and commitment to quality caring have placed you among the best in the profession.

Now it's time to enjoy the incomparable rewards of a career with Yavapai Regional Medical Center in Prescott, Arizona. The acuity and advanced technology are just what you're used to. But living here is far beyond the expected.

Please apply now for future openings in:

- Cath Lab/Angio Suite
- Perinatal/Gyn Services
- Emergency Department
- ICU, CVICU, CVOR
- Med/Surg/Tele
- Surgical Services

To take the first step, visit us online at www.yrmc.org. If you are a qualified candidate for any of these positions, please apply online or e-mail resumes to VIPCareerNetwork@yrmc.org. For further information, contact our recruiter at 877-976-9762.

Two great hospitals.
One caring spirit.



**YAVAPAI REGIONAL
MEDICAL CENTER**
Prescott, Arizona

and Kathy Miller; team members from ASU include Debra Hagler, Ruth Brooks, Beatrice Kastenbaum and Dan Weberg. Mary Mays, formerly from ASU, is providing statistical expertise. Pamela Randolph is the Board representative.

It's an exciting time to be (or become!) a nurse educator in Arizona! All around the state discussions about developing, improving, and sustaining nursing competencies are taking place. Taken together, these efforts will offer new directions to better prepare and sustain our nursing workforce. For additional information contact Debra McGinty at dmcginty@azbn.gov.

Recommended Reading:

Benner, P. Sutphen, M., Leonard, V., & Day, L. (2010). *Education nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, D.C.: National Academies Press. Retrieved from <http://thefutureofnursing.org/IOM-Report>

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.

Robert Wood Johnson Foundation. (2011). *Initiative on the future of nursing: Campaign for action*. Retrieved from <http://thefutureofnursing.org/content/regional-action-coalitions>

Board Actions – Educational Programs November 2010

- Granted provisional approval to Brown-Mackie College Tucson LPN Program with a report 12 months after admission of students.
- Granted provisional approval to East Valley Institute of Technology LPN Program under probationary terms with a report 12 months after admission of students.
- Renewed approval of the CNS, FNP, and ACNP Programs at Grand Canyon College.
- Approved program change at Central Arizona College RN Program.
- Approved change from current Second Degree Accelerated BSN track to a Masters Entry into Practice track at The University of Arizona.
- Issued Notice of Deficiency to ITT Technical Institute.
- Issued Notice of Deficiency to Mohave

Community College.

- Accepted Plan of Correction for Cactus Wren Nursing Assistant Training Program.
- Accepted Terms of Probation as implemented and deficiencies corrected at Star Canyon Nursing Assistant Training Program.

January 2011

- Deferred decision for Mohave Community College Proposal for LPN Program until remedies for current RN program deficiencies are approved.
- Approved change in length of Mohave Community College RN Program.
- Renewed approval of all NP Programs at Arizona State University.
- Adopted Licensure Subscription Service for Employers/Educational Institutions to track licensure changes.
- Renewed approval of University of Phoenix LPN to BSN program.
- Accepted Plan of Correction as being satisfactorily implemented and deficiencies corrected at Scottsdale Community College Nursing Assistant Training Program.
- Approved changes to Certified Nursing Assistant Testing effective March 1, 2011.

TITLE PROTECTION FOR ADVANCED PRACTICE NURSES

In 2005 the Board amended its administrative rules to place title protection for advanced practice nurses in rule (R4-19-510). Four years later, in 2009, nearly identical title protection for advanced practice rules was placed in statute (A.R.S. § 32-1636). The Board is required to review agency administrative rules every 5 years to determine if they are still effective and enforced and submit the review to the Governor's Regulatory Review Council (GRRC) for approval. Agencies can also elect not to review a rule in order to let an obsolete rule expire. In an amended 5 year rule review report, the Board is electing not to review R4-19-510 and allow it to expire. This is based on the advice of GRRC and recommended by the Advanced Practice Advisory Committee. This rule is replaced and trumped by ARS §32-1636. Below is a comparison of the rule and statute.

Statute A.R.S. §32-1636 Use of titles or abbreviations
Rule R4-19-510 Use of Title

C. Only a person who holds a valid and current certificate issued pursuant to this



chapter to practice as a registered nurse practitioner in this state may use the title "nurse practitioner", "registered nurse practitioner" or "nurse midwife", if applicable, or use any words or letters to indicate the person is a registered nurse practitioner. A person who is certified as a registered nurse practitioner

shall indicate by title or initials the specialty area of certification.

D. Only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a clinical nurse specialist may use the title "clinical nurse specialist" or use any words or letters to indicate the person is a clinical nurse specialist. A person who is certified as a clinical nurse specialist shall indicate by title or initials the specialty area of certification. Under A.R.S. § 32-1666, a person shall not practice as a registered nurse practitioner, also known as a nurse practitioner, a certified nurse midwife, also known as nurse midwife or a clinical nurse specialist, or use any words or letters to indicate the person is a registered nurse practitioner, nurse practitioner, certified nurse midwife, nurse midwife, or clinical nurse specialist unless certified by the Board.

Pamela Randolph at prandolph@azbn.gov may be contacted for further information.

REGISTERED NURSE PRACTITIONER (RNP) PRACTICING IN AN ACUTE CARE SETTING

Background

Registered nurse practitioner (RNP) education has progressed beyond the apprentice model of “see one, do one, teach one.” (Swenson, 2006). It is no longer acceptable to substitute registered nursing experience and physician oversight for a formal nurse practitioner program consisting of didactic and clinical study informed by national standards. Authority to practice does not flow from a physician’s license (Swenson, 2006) but from a rigorous credentialing process that includes verification of appropriate educational preparation including supervised clinical practice and competency testing at the advanced practice level. Similar to other professions, the scope of registered nurse practitioner practice is based upon the didactic and clinical education obtained in a basic RNP program (Klein, 2008).

RNP Education

Registered nurse practitioner education has evolved into a system consisting of advanced core and focused specialty courses. This educational model prepares graduates for advanced nursing practice as direct care providers within a focused population of care (also known as specialty area). RNP education does not follow the medical model therefore RNPs do not readily fit into the process used by facilities to credential physicians and medical residents. Care must be taken in credentialing the RNP to ensure full utilization of scope of practice based on the RNP’s training, practice setting and education (Kleinpell, Hrvanek and Hinch, 2008). Administrators are challenged with ensuring that appropriate mechanisms exist to credential and privilege RNPs within the institution appropriate to their scope of practice (Kleinpell, Hrvanek and Hinch, 2008). The primary component of the RNP ability to practice is their licensure and recognition through national certification in an established population area of practice (Klein 2008). In Arizona prior to July 1, 2004, not all nurse practitioners were required to hold national certification, but all have been through a review of their education for consistency with their assigned specialty population as part of the qualification for state board certification; state board certification is required for practice in Arizona. Population is not only defined by

diagnosis, gender, and age, but also by acuity and type of care needed.

There are 2 broad categories of RNP preparation: primary care with didactic and clinical education focused on health promotion, disease prevention and treatment of patients primarily in ambulatory and community settings; and acute care with

didactic and clinical education focused on the management of patients with complex acute, critical and chronic health conditions primarily in acute care (hospital) settings (NONPF 2002, 2004). Within primary care, RNP practice is further specialized to a population of care (Pediatric, Adult, Gerontology, Family, Women’s Health, etc).



Journey to a place where caring comes naturally.

With facilities in Cottonwood, Flagstaff and Sedona, **Northern Arizona Healthcare** is the largest healthcare provider in Northern and Central Arizona. We are dedicated to providing our communities with the highest quality care available. We achieve this mission by utilizing the most advanced technology to assist our staff and encouraging our patients to take an active role in their treatment.

Flagstaff Medical Center is currently seeking:

- Clinical Manager- CCU
- Clinical Manager- CVICU
- Clinical Manager- Med/Surg
 - RN- CVICU
 - RN- PICU

Verde Valley Medical Center is currently seeking:

- Clinical Manager- Cath Lab
- Director, Perinatal Services
- Neonatal Nurse Practitioner

Employees of NAH enjoy a generous benefits package that includes competitive salaries, free core medical insurance, wellness programs, a new hire on-boarding program, weekend differentials, tuition reimbursement and much more!

To learn more about opportunities at NAH and the communities that we serve, please visit www.nahealth.com/careers.



Patients Are Our Purpose



Northern Arizona Healthcare

Acute care RNP specialties are currently limited to neonatal, pediatric and adult.

Additional nurse practitioner specialty areas of preparation include Adult or Family Psychiatric and Mental Health Nurse Practitioner and Certified Nurse Midwife. The educational preparation and practice in these populations of care include management of clients in both primary and acute care settings.

Additional Competencies and Overlapping Scopes of Practice

An individual RNP may enhance their competencies by learning additional skills/procedures within their scope of practice through additional didactic education and supervised clinical practice as specified in A.A.C. R4-19-208 (C). For example, since primary care of infants is within their scope of practice, a pediatric or family nurse practitioner could perform a circumcision after obtaining and demonstrating this competency through completion of a formal didactic and clinical instruction course. In contrast, an adult RNP, even after completion of the same course, could not perform circumcisions because care of infants is outside the scope of adult nurse practitioner practice. While the Board recognizes that there is some overlap in scopes of practice between specialties, an individual may not expand scope to a different specialty without completing a basic NP program in that specialty. For example a pediatric nurse practitioner may be qualified to follow some patients into young adulthood before transitioning their care to an adult or family practitioner, overlapping with Adult/FNP scope; and a family nurse practitioner may be qualified to treat common, self-limited depression or anxiety, overlapping with psychiatric nurse practitioner scope; but neither is qualified to practice within the full scope of the others' specialty area.

RNP's in Acute Care Settings

Due to recent limits regarding the use of physician residents, acute care facilities have sought to hire nurse practitioners to fill "hospitalist" roles with scant attention as to whether the educational preparation of the NP is consistent with the role. For example, an FNP with some pediatric ICU experience as an RN was believed to be qualified to take an acute care pediatric NP position in the pediatric intensive care unit.

While the Board does not limit the employment setting of the NP, the role within that setting must be consistent with the formal education and scope of the NP's education, certification and specialty. "An RNP shall only provide health care services

within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained" (A.A.C. R4-19-508 C). According the National Organization of Nurse Practitioner Faculties (2004), the acute care RNP "practices in any setting in which patient care requirements include complex monitoring and therapies, high intensity nursing intervention, or continuous nursing vigilance within the range of high acuity care" (pg. 13). Acute care nurse practitioners receive "highly focused education that includes psychomotor skill assessment and evaluation in many complex procedures. They are prepared to manage complex unstable patients similar to those managed by hospitalists" (Klein, 2008, pg 277). Therefore it is the position of the Board that an RNP who provides acute care services cannot exceed the limits of the advanced practice specialty area. Sole and independent management of the care of complex unstable patients in an acute care setting, including but not limited to an intensive care unit, is in the exclusive domain of the nurse practitioner who has completed an approved acute care nurse practitioner program. A primary care nurse practitioner may have a role in assisting or directing management of the acute care patient as long as the aspect of care is within the limits of their specialty and role of nurse practitioner certification.

Role of Primary Care RNPs in Acute Care Settings

There is a role for the primary care NP in an acute care facility if the role is consistent with the educational preparation and certification of the NP. The primary care NP may admit his/her own patients and manage referrals to appropriate specialties, as it is within scope for a primary care NP to facilitate transitions between health care settings and to provide continuity of care for individuals and family members.

Patients admitted to an acute care facility will benefit from the inclusion of a primary care RNP on the health care team to assist in the management of some aspects of care consistent with the primary care RNPs scope of practice. Primary care RNP preparation focuses on management of health promotion, disease prevention, and ongoing care of individuals and families (Klein, 2008). The National Organization of Nurse Practitioner Faculties (2002) describe the primary nurse practitioner role in managing and negotiating health care delivery systems as one of "overseeing and directing the delivery of clinical services within an integrated system of health care" (pg. 20, 24 28, 33,

38). A hospital-based primary care RNP could coordinate care between specialty physicians; plan the patient's discharge; order and review results of diagnostic tests; initiate referrals; advocate for the patient; and monitor the patient's progress through the system. An acute exacerbation of a chronic illness could be managed by a primary care NP if the nature of the person's exacerbation is manageable in an ambulatory setting. If an exacerbation of a chronic illness is such that the person is unstable or critically ill, then that person's care team should include someone with acute care credentials, at least until the situation is under control and stable.

Summary

In summary the RNP is expected to utilize appropriate judgment to determine if a specific role or procedure within a patient care situation is within the scope of practice that he or she is educationally prepared to provide. "Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate," (ARS § 32-1606 (17) (d)(vi)) are part of the legal scope and responsibilities of all registered nurse practitioners. Experience as an RN, on-the-job training, having a physician sign off orders, and the personal comfort of the RNP are not a sound basis for accepting an assignment or role beyond the RNP's scope of practice.

Questions and Answers

1. Can a primary care nurse practitioner treat hospital patients as long as they are not in the ICU?

The primary care RNP's role in any setting must be within their scope of practice consistent with their educational preparation. An oft-quoted caveat is that the RNP can treat any condition in an acute care setting that they could treat in an office setting. While this may have some practical applicability, it will not cover the RNP for practicing outside his/her scope. The condition that led to the patient's hospital admission may influence the treatment of even the simplest condition. For example, an RNP may be very competent at treating urinary tract infections (UTI) in an office setting. However, when a patient is admitted to the hospital with a diagnosis of dehydration, diarrhea and acute renal failure and subsequently develops a UTI, that patient needs a different treatment approach than an ambulatory client with an episodic illness. The primary care RNP's

continued on page 22 >>>

educational preparation and supervised clinical practice did not include this content. Therefore, absent additional formal training, independent management of this particular patient's UTI would be considered outside the scope of primary care nurse practitioner practice.

2. How does my experience as an RN expand my RNP scope of practice?

Your experience as an RN may give you some familiarity with a particular patient population but does not determine your scope of practice as a nurse practitioner. Your RNP scope is based on the didactic education and clinical practice obtained in your RNP program.

3. Can a primary care RNP write hospital orders?

The Nurse Practice Act allows for primary care RNPs to write orders for hospitalized patients within their scope and limits of the specialty area. Employers may choose to be more restrictive than the nurse practice act, they cannot be less restrictive. RNPs who choose to practice in those more restrictive environments must discuss any concerns they have about practice policies that are more restrictive than the NPA with the facility administration.

4. Can a primary care RNP perform invasive procedures?

The Board does not maintain a list of approved procedures. In general, primary care RNPs may only perform primary care procedures within the limits of their scope and the demonstrated and evaluated competency of the RNP. First and foremost, the patient and procedure must be appropriate to the RNP scope of practice. The condition necessitating the procedure must be one that the RNP is educationally and experientially prepared to manage. The RNP must have demonstrated and evaluated competency in the procedure. Consistent with A.A.C. R4-19-508 (C), education should consist of formal didactic learning and supervised documented clinical practice as prescribed by an accrediting body, accredited university, or professional association. Finally the RNP must be able to recognize and manage complications including emergencies that would result from the procedure. If the patient's acuity level requires an invasive procedure and management in an acute care setting this suggests that the sole management of the patient is beyond the scope of practice of the FNP.

5. If a procedure is illegal in AZ, but legal in other states, is it within the scope of practice for an RNP to perform the procedure in AZ?

No, the Board's authority to regulate nursing practice comes from legislatively enacted statutes. The broad scope of RNP practice is contained in the statutory definition of registered nurse practitioner (see ARS § 32-1606 (15) below). If the legislature subsequently prohibits an RNP from performing an activity, for whatever reason, that activity is clearly outside the legal scope of practice.

6. Does scope of practice change based on the scarcity of acute care RNP programs and graduates in AZ?

No. Scope of practice is based on formal education and supervised clinical practice within the basic RNP program. The scarcity of appropriate programs for training acute care nurse practitioners does not allow others without that training to assume the role.

7. Can a primary care RNP who successfully completes life-support education (ACLS, PALS or NRP) run a code in a hospital?

An RN (including NP) may provide care consistent with the recognized guidelines of the organization offering the life-support course. The provider with the highest level of training and proficiency in resuscitative procedures should direct the code.

8. I completed an acute care nurse practitioner program before there was a recognized specialty or exam so was certified as an adult NP. What is my scope of practice?

The Board recognizes that with emerging specialty populations, there is often confusion and occasionally inconsistent certification due to lack of a certification exam or approval of the specialty. RNP scope of practice is based on the didactic and clinical education obtained in the basic RNP program. Prior to the emergence of the acute care specialty, some Pediatric NP programs may have contained both a primary and acute care focus, and some Adult NP programs may have included either a primary or acute care track. Graduates of programs that included an acute care focus or track may qualify for acute care certification, and their educational preparation would support acute care practice. For consistency the Board would advise that graduates pass the acute care national certifying exam (if qualified) and seek additional Board certification. The Board recognizes that not all graduates of these programs will qualify for the exam, especially if the program was not part of a graduate degree program.

Applicable Regulations
ARS § 32-1606 Definitions

15. "Registered nurse practitioner" means a professional nurse who:

- (a) Is certified by the board.
- (b) Has completed a nurse practitioner education program approved or recognized by the board.
- (c) If applying for certification after July 1, 2004, holds national certification from a national certifying body recognized by the board or provides proof of competence if a certifying examine is not available.
- (d) Has an expanded scope of practice within a specialty area that includes:
 - (i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.
 - (ii) Managing the physical and psychosocial health status of clients.
 - (iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.
 - (iv) Making independent decisions in solving complex client care problems.
 - (v) Diagnosing, performing diagnostic and therapeutic procedures, prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.
 - (vi) Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate.
 - (vii) Delegating to a medical assistant pursuant to section 32-1456.
 - (viii) Performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

ARS § 32-1606 B. The board shall:

12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner in collaboration with a licensed physician.

R4-19-508. Scope of Practice of a Registered Nurse Practitioner
A. An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation

or condition occurs in a patient that is beyond the RNP's knowledge and experience.

- B. In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601(15) and 32-1606(B) (12), may perform the following acts within the limits of the specialty area of certification:
1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria;
 2. For a patient who requires the services of a health care facility:
 - a. Admit the patient to the facility,
 - b. Manage the care the patient receives in the facility, and
 - c. Discharge the patient from the facility;
 3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform;

4. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health;
 5. Perform therapeutic procedures that the RNP is qualified to perform;
 6. Prescribe treatments;
 7. If authorized under R4-19-511, prescribe and dispense drugs and devices; and
 8. Perform additional acts that the RNP is qualified to perform.
- C. An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

References

Klein, T. (2008) Credentialing the nurse

practitioner in your workplace: Evaluating scope for safe practice. *Nursing Administration Quarterly*. 52 (4) 273-278.

Kleinpell, R., Hravnak, M., & Hinch, B. (2008) Developing an advanced practice nursing credentialing model for acute care facilities. *Nursing Administration Quarterly*. 52 (4) 279-287.

Swenson, D. (2006) Advanced registered nurse practitioners: Standards of care and the law. *Journal of legal nurse consulting*. 17 (4) 3-6.

The National Organization of Nurse Practitioner Faculties (2002). *Nurse Practitioner Primary Care Competencies in Specialty Areas; Adult, Family, Gerontological, Pediatric, and Women's Health*. Available at www.nonpf.org. Accessed July 2, 2009.

The National Organization of Nurse Practitioner Faculties (2004). *Acute Care Nurse Competencies*. Available at www.nonpf.org. Accessed July 7, 2009.

CNA EXAM CHANGES

ARIZONA STATE BOARD OF NURSING

BOARD APPROVED ON JANUARY 26, 2011

TEST ADVISORY PANEL

The Test Advisory Panel (TAP) members meet every year to review both the written and manual skills test for C.N.A. Certification. The panel is composed of volunteers from throughout the state representing private and public programs and industry. The panel met on January 12, 2011 and made their recommendations which were presented to the participants in the C.N.A. Educator's Retreat on January 14, 2011 with positive feedback. On January 26th, 2011 the Board of Nursing approved the following recommendations.

Written Exam Changes

The TAP reviewed 221 new written test items and retained 141 for use on AZ candidates. The TAP also recommended the addition of 3 items in the category of "Role and Responsibility". This increases the items in the category from the current 4 to 7 and increases the total written test items from 72 to 75.

Skills Exam Changes

Eliminate Skill # 11 "Handwashing" as a separate skill and embed appropriate hand



hygiene into all skills that currently require verbalization of handwashing

- o Rationale: Skill demonstration tests need to authentically reflect the practice environment and actual skill set expected. The less pretending, the more valid the test (Jefferies, 2005). Hand hygiene is of critical importance to infection control and to allow verbalization instead of actually cleaning hands negates the importance of this activity. Hand hygiene is a habit that needs constant reinforcement and

involves tactile/kinesthetic learning which occurs only with repeated consistent practice. It is currently problematic that there is the potential for programs to practice these skills according to the steps in the manual which requires verbalization of hand hygiene rather than performance.

Changes in the Handwashing steps include:

- Requiring a minimum of 20 seconds of washing. Rationale: per CDC Guidelines
- Eliminating the specification that only 2 towels be used. Rationale: it is not incorrect to use more than 2 paper towels
- Clarifying that contamination means touching the sink or faucet during/ after the procedure. Rationale: some observers have been overzealous in failing candidates for "recontamination" if they touch anything after washing their hands—this is overreaching for a clean technique.
- Recontamination is not a key step.

continued on page 24 >>>

Rationale: if hand hygiene is performed frequently as recommended, a one-time minor recontamination is unlikely to place a resident in jeopardy. It will be scored as a procedural error however.

All candidates will have either Skill #4 "Bedpan and Output" or #15 "Perineal Care Female".

- Within these scenarios, candidates will be required to demonstrate hand hygiene with sanitizer prior to the task and hand washing with soap and water at the end of the scenario consistent with CDC Guidelines

Rationale: Provides all candidates with an authentic opportunity to wash hands with soap and water. Tests the appropriate use of hand sanitizer within the skill. These are frequently performed CNA activities so it is appropriate that all be tested on one or the other.

Add Skill: "Putting on isolation gown and gloves".

Rationale: this was a suggestion from the community and was viewed as important by committee members. It supports the increased emphasis on infection control in health care facilities. It is commonly performed in LTC facilities.

Change effective date from April 1 to March 1

- For this year and in the future meet in early fall so changes can be communicated to the Board and CNA Community for a January 1 effective date.

Rationale: High school programs have nearly completed all instruction by April 1. A March 1 effective date would allow for instruction earlier when the students are still in the classroom. In the future, an even earlier date is suggested. To accommodate this request, the TAP meeting will be uncoupled from the CNA

Retreat can occur earlier.

CHANGES IN INDIVIDUAL SKILLS

Skill #6 "Blood Pressure"

- o If candidate makes more than 2 attempts, it will be counted against their score. Rationale: multiple BP readings on an actor is a comfort/safety issue; CNAs should be able to reliably measure BP in two attempts—if unable this skill needs more practice in the program. FYI: one student took 8 readings in an exam.

Skill # 7 "Denture care"

- o Add to step # 10: "Cleans and dries equipment and returns to storage". Rationale: failure to dry equipment

encourages the proliferation of microorganisms.

Skill #8 "Dressing the Bedridden Patient"

- o Eliminate step #5 "Resident always remains lying in bed" Rationale: due to variances in interpretation, some test observers and instructors are teaching that the CNA cannot lean the person forward to put a shirt on. This is contrary to standard dressing procedures in textbooks. The original intent of placing this step in the test was that the CNA should not sit the resident at the bedside. The instructions will be modified to include that the CNA not sit the resident at the bedside for demonstration of this skill.

Skill #12 "Mouthcare—Brushing Teeth"

- o Eliminate optional use of toothettes for this. Rationale: it would be inappropriate to apply toothpaste to a toothette, which is a required step so this option will not authentically test teeth brushing. This option was added last year to provide for comfort for the actor; to decrease discomfort associated with multiple tooth brushing, it will be suggested that actors/observers provide a very soft toothbrush.

Skill #13 "Mouthcare Comatose Patient"

- o Add 2 additional steps: "Maintains respectful, courteous interpersonal interactions and all times"; and "leaves call light or signaling device and water within easy reach". Rationale: standards of care for comatose patients support appropriate provider interactions and communication; Call lights need to be available to every resident regardless of neurological status—lack of a call bell within reach of a comatose resident is a violation of DHS standards for LTC facilities.

Skill # 15 "Perineal Care Female"

- o Eliminate from step #3, "asks resident if they would like a third party present". Rationale: this is not a practice in the long term care facility; changes of diapers and pericare occur many times a day and LTC facilities lack available personnel to routinely chaperone this activity.

REFERENCES

Jeffries, P. R. (2005). A framework for designing, implementing, and evaluating simulations used as teaching strategies in nursing. *Nursing Education Perspectives*, 26(2), 96-103.

Nurses
Nurse Managers

What Magnet means to us...



...it's a feeling of pride and accomplishment every day.

...it's peace of mind, knowing we can count on patient ratios that let us deliver the kind of patient care we became nurses for.

...it's the voice we have with shared governance; our Unit-Based Patient Care Councils truly allow us to drive our practice.

...it means knowing the full strength of SHC's leadership is behind us as we go above and beyond - in world-class patient care and professional growth.

...it's confidence that no matter what, SHC won't budge on their commitments to great nursing through Magnet status.

Join us!

Nationally renowned Scottsdale Healthcare (SHC) is a leader in medical innovation, talent and technology — and deeply committed to the nurse Magnet program. We are committed to our core strategy of being the best place to work for talented staff.

Explore opportunities at

www.shc.org

Text RNJobs to 447363 [HireMe] for exclusive employment messages.



World-Class Patient Care

EOE/AA/M/F/D/V

CNA DISCIPLINARY ACTION

OCTOBER-NOVEMBER- DECEMBER 2010, JANUARY 2011

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
12/5/2010	Alexander, Heather M.	CNA1000011827	Civil Penalty	Filing False Reports or Falsifying Records
11/10/2010	Ali, Sadia M.	CNA99999715	Voluntary Surrender	Patient Abuse; Patient Neglect
10/29/2010	Bailey, Vicki L.	CNA999948995	Summary Suspension	Failure to Cooperate With Board Investigation; Criminal Conviction; Fraud
12/27/2010	Banks, Simmenett E.	CNA750712070	Civil Penalty	Drug Screening Violation
11/5/2010	Bilal, Amir H.	CNA1000007747	Revoked	Patient Abuse; Sexual Misconduct; Unable to Practice Safely
1/4/2010*	Brent, John T.	CNA999950704	Civil Penalty	Patient Abuse; Patient Neglect
12/21/2010	Brown, Stephanie L.	CNA999998880	Civil Penalty	Criminal Conviction
10/7/2010	Brummett, Brandy L.	CNA1000013598	Civil Penalty	Criminal Conviction; Failure to Cooperate With Board Investigation
1/20/2011	Burke, Deloros	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation; Narcotics Violation or Other Violation of Drug Statutes
12/9/2010	Burkhardt, Bianca B.	CNA1000013677	Civil Penalty	Violation of Federal or State Statutes, Regulation or Rules; Criminal Conviction; Failure to Cooperate With Board Investigation
10/25/2010	Burney, Rose M.	CNA1000013473	Civil Penalty	Non-Sexual Dual Relationship or Boundary Violation
12/17/2010	Butler, Ramona C.	CNA1000027232	Civil Penalty	Criminal Conviction
1/31/2011	Carley, Elisa L.	CNA1000027628	Civil Penalty	Criminal Conviction
7/6/2010*	Carusillo, Anthony H.	CNA999994704	Voluntary Surrender	Patient Abuse; Abusive Conduct Toward Staff
10/21/2010	Chapman, Joanne M.	CNA1000026429	Stayed Revocation	Alcohol or Other Substance Abuse; Criminal Conviction; Failure to Cooperate With Board Investigation
9/1/2010*	Chase, Ashley R.	CNA Applicant	Certificate Denied	Failure to Cooperate With Board Investigation; Failure to Meet Licensing Board Reporting Requirements; Criminal Conviction
12/31/2010	Chee, Leander	CNA999992480	Civil Penalty	Criminal Conviction
11/18/2010	Chintankwa, Tamina D.	CNA999950485	Civil Penalty	Patient Abuse
12/14/2010	Cruz, Roberta A.	CNA999996389	Civil Penalty	Criminal Conviction
11/17/2010	Diaz, Michael	CNA Applicant	Certificate Denied	Criminal Conviction
1/19/2011	Dilyou, Regina A.	CNA643067803	Renewal Denied	Criminal Conviction; Misrepresentation of Credentials; Failure to Cooperate With Board Investigation
11/5/2010	Dixon, Elizabeth A.	CNA1000010077	Revoked	Criminal Conviction; Failure to Cooperate With Board Investigation
1/14/2011	Ellisor, Christy L.	CNA1000018682	Voluntary Surrender	Failure to Cooperate With Board Investigation; Misappropriation of Patient Property or Other Property
11/5/2010	Engel, Jon A.	CNA552005863	Revoked	Patient Abuse; Criminal Conviction; Failure to Comply with Health & Safety Requirements
10/28/2010	Escobar, Carolyn R.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Disclose; Failure to Cooperate With Board Investigation
1/12/2011	Falcon, Carolyn J.	CNA552913677	Revoked	Violation of or Failure to Comply with Licensing Board Order
12/22/2010	Finley, Nekochoer L.	CNA Applicant	Certificate Denied	Criminal Conviction
1/20/2011	Fraiberg, Alexandria J.	CNA1000023340	Revoked	Violation of or Failure to Comply with Licensing Board Order
11/24/2010	Fulton, James A.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
1/20/2011	Galberth, Stephanie L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation; Narcotics Violation or Other Violation of Drug Statutes
12/9/2010	Gambold, Kristina L.	CNA9999948569	Decree of Censure	Patient Abuse
1/13/2011	Garcia, Albert J.	CNA Applicant	Certificate Denied	Fraud/Deceit or Material Omission in Obtaining License or Credentials; Violation of Federal or State Statutes, Regulation or Rules; Failure to Cooperate With Board Investigation
12/7/2010	Gearhart, Brittney M.	CNA Applicant	Civil Penalty	Criminal Conviction; Failure to Cooperate With Board Investigation
1/6/2011	Gibbons, Beatrice M.	CNA1000008113	Renewal Denied	Criminal Conviction
12/15/2010	Gibbs, Joseph W.	CNA1000027089	Stayed Revocation	Criminal Conviction
10/27/2010	Gibson, Lanny R.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit or Material Omission in Obtaining License or Credentials; Failure to Cooperate With Board Investigation
12/17/2010	Glamuzina, Debra J.	CNA999996110	Decree of Censure	Breach of Confidentiality; Sexual Misconduct; Other Unprofessional Conduct
1/26/2011	Grabner, William D.	CNA727526103	Voluntary Surrender	Disruptive Conduct; Abusive Conduct Toward Staff
11/29/2010	Haggmana, Tesfai	CNA999990453	Decree of Censure	Abusive Conduct Toward Staff; Filing False Reports or Falsifying Records
7/29/2010*	Hampton, Tanya M.	CNA1000025005	Civil Penalty	Criminal Conviction; Misappropriation of Patient Property or Other Property; Violation of Federal or State Statutes, Regulation or Rules
12/3/2010	Hargarten, Tinna K.	CNA1000027043	Civil Penalty	Failure to Cooperate With Board Investigation
11/26/2010	Hartung, Kurt	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
12/4/2010	Hays, Wayne A.	CNA1000027042	Civil Penalty	Criminal Conviction; Failure to Cooperate With Board Investigation
11/24/2010	Henegar, Hannah M.	CNA Applicant	Certificate Denied	Failure to Cooperate With Board Investigation; Criminal Conviction; Violation of Federal or State Statutes, Regulation or Rules
10/27/2010	Hernandez, Brian K.	CNA1000026558	Civil Penalty	Criminal Conviction
9/30/2010*	Herrera, Christina	CNA860264441	Revoked	Misappropriation of Patient Property or Other Property
12/29/2010	Hill, Enika C.	CNA999951121	Suspension	Violation of or Failure to Comply with Licensing Board Order
11/16/2010	Hilleary, Cassidy E.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
1/13/2011	Howard, Ruby L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
10/27/2010	Hubler, Lynda M.	CNA Applicant	Certificate Denied	Alcohol or Other Substance Abuse; Criminal Conviction; Failure to Cooperate With Board Investigation
1/6/2011	Hunt, Jarhett R.	CNA Applicant	Certificate Denied	Failure to Meet the Initial Requirements of Certification; Failure to Cooperate With Board Investigation; Criminal Conviction
9/30/2010*	Iloh, Ben U.	CNA999991655	Civil Penalty	Filing False Reports or Falsifying Records
11/23/2010	James Jr, Charles B.	CNA1000027226	Stayed Revocation	Criminal Conviction; Failure to Cooperate With Board Investigation; Alcohol or Other Substance Abuse
10/21/2010	James, Whitney J.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
12/16/2010	Johnson, Jermyn J.	CNA1000028002	Stayed Revocation	Criminal Conviction
10/6/2010	Jordan, Redessa P.	CNA1000005119	Stayed Revocation	Abusive Conduct Toward Staff; Unable to Practice Safely; Substandard or Inadequate Care
1/12/2011	Jordan, Redessa P.	CNA1000005119	Revoked	Violation of or Failure to Comply with Licensing Board Order
11/1/2010	Kleppel, Trisha A.	CNA1000018628	Decree of Censure	Substandard or Inadequate Care; Filing False Reports or Falsifying Records
10/21/2010	Landolfi, Niki N.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
10/12/2010	Lekol, Baribuma J.	CNA1000021205	Civil Penalty	Failure to Comply with Health & Safety Requirements; Patient Abuse
11/17/2010	Lewis Jr, Samuel N.	CNA Applicant	Certificate Denied	Criminal Conviction; Fraud/Deceit or Material Omission in Obtaining License or Credentials

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
10/14/2010	Liska, Kimberly L.	CNA999999576	Civil Penalty	Failure to Meet Licensing Board Reporting Requirements; Criminal Conviction
11/9/2010	Livingston, Ashley M.	CNA1000007754	Stayed Revocation w/Suspension	Violation of or Failure to Comply with Licensing Board Order
1/5/2011	Lodwig, Daniel A.	CNA1000000538	Civil Penalty	Drug Screening Violation
11/30/2010	Lopez, Mario A.	CNA1000000094	Civil Penalty	Criminal Conviction; Violation of Federal or State Statutes, Regulation or Rules
11/5/2010	Manoogian, Ron L.	CNA716273759	Revoked	Drug Screening Violation; Non-Sexual Dual Relationship or Boundary Violation
11/5/2010	Mata, Margarita	CNA999993116	Revoked	Fraud/Deceit or Material Omission in Obtaining License or Credentials; Violation of Federal or State Statutes, Regulation or Rules; Failure to Meet the Initial Requirements of Certification
7/20/2010*	McMullin, Annmarie M.	CNA1000000734	Voluntary Surrender	Substandard or Inadequate Care; Failure to Cooperate With Board Investigation
1/10/2011	Merkley, Bryce G.	CNA Applicant	Certificate Denied	Other Unprofessional Conduct; Failure to Cooperate With Board Investigation; Criminal Conviction
11/9/2010	Miller, Dawn M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
12/9/2010	Mullane, Kim L.	CNA999995830	Civil Penalty	Criminal Conviction
11/5/2010	Myers, Rhonda M.	CNA Applicant	Certificate Denied	Criminal Conviction
12/14/2010	Myles, Tonja M.	CNA Applicant	Decree of Censure	Criminal Conviction
12/22/2010	Nathan, Ona D.	CNA Applicant	Certificate Denied	Criminal Conviction; Misappropriation of Patient Property or Other Property
10/30/2010	Nelson, Emma J.	CNA Applicant	Stayed Revocation	Deferred Adjudication; Narcotics Violation or Other Violation of Drug Statutes
11/22/2010	Nelson, Renata J.	CNA999949901	Stayed Suspension	Criminal Conviction; Alcohol or Other Substance Abuse
12/22/2010	Oliver-Nez, Christopher J.	CNA Applicant	Certificate Denied	Failure to Cooperate With Board Investigation; Criminal Conviction
9/9/2010*	Orosco, Olivia P.	CNA360414913	Voluntary Surrender	Exploiting a Patient for Financial Gain
1/17/2011	Padia, Chelsea R.	CNA1000023839	Stayed Revocation	Drug Screening Violation
10/6/2010	Parker, Amy C.	CNA999989677	Voluntary Surrender	Criminal Conviction; Failure to Cooperate With Board Investigation; Violation of Federal or State Statutes, Regulation or Rules
1/27/2011	Paul, Kettle C.	CNA1000003034	Voluntary Surrender	Patient Abuse; Patient Neglect
1/20/2011	Pennington, Rhonda K.	CNA Applicant	Certificate Denied	Violation of Federal or State Statutes, Regulation or Rules; Failure to Cooperate With Board Investigation; Fraud/Deceit or Material Omission in Obtaining License or Credentials
11/24/2010	Pickett, Cindy L.	CNA621608177	Voluntary Surrender	Alcohol or Other Substance Abuse
1/13/2011	Radke, Tara R.	CNA Applicant	Certificate Denied	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
12/10/2010	Richardson, Rosalind M.	CNA1000010295	Civil Penalty	Patient Abuse
10/27/2010	Rodriguez, Sarah E.	CNA825394441	Reinstatement Denied	License Revocation, Suspension or Otr Discl Action Taken by a Fed, State or Local Licensing Authority; Failure to Meet the Initial Requirements of Certification
8/26/2010*	Rojas, Gabriela	CNA1000005515	Civil Penalty	Criminal Conviction; Patient Abuse
10/27/2010	Romero, Jaysi L.	CNA Applicant	Certificate Denied	Criminal Conviction; Violation of Federal or State Statutes, Regulation or Rules; Alcohol or Other Substance Abuse
1/3/2011	Rud, Donna L.	CNA Applicant	Certificate Denied	Failure to Cooperate With Board Investigation; Criminal Conviction; Substandard or Inadequate Care
1/21/2011	Schaller, Donna M.	CNA1000007597	Voluntary Surrender	Criminal Conviction
10/1/2010	Schmuecker, Megan E.	CNA1000022579	Decree of Censure	Substandard or Inadequate Care; Patient Abuse
1/10/2011	Shi, Aifang	CNA1000005894	Revoked	Practicing Beyond the Scope of Practice; Unable to Practice Safely; Failure to Consult or Delay in Seeking Consultation with Supervisor/Proctor
10/5/2010	Smith, Lynn M.	CNA999950263	Renewal Denied	Failure to Meet Licensing Board Reporting Requirements; Criminal Conviction
11/5/2010	Solis, Veronica	CNA1000018754	Revoked	Patient Abuse; Alcohol or Other Substance Abuse
1/28/2011	Sommerfeld, Kelly J.	CNA1000007595	Revoked	Criminal Conviction; Fraud/Deceit or Material Omission in Obtaining License or Credentials; Violation of Federal or State Statutes, Regulation or Rules
1/27/2011	Tataru, Ana V.	CNA1000012080	Decree of Censure	Practicing Beyond the Scope of Practice
11/17/2010	Tewawina, Effie D.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Meet the Initial Requirements of Certification; Failure to Cooperate With Board Investigation
10/15/2010	Thompson, Marcy K.	CNA1000026428	Civil Penalty	Criminal Conviction
12/12/2010	Waddell, Andrea L.	CNA753238803	Suspension	Patient Abuse
11/9/2010	Warner, Jeffrey M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation; Filing False Reports or Falsifying Records
12/10/2010	Weaver, Terri L.	CNA Applicant	Certificate Denied	Criminal Conviction
10/8/2010	Wells, Laura J.	CNA410147824	Civil Penalty	Failure to Comply with Health & Safety Requirements; Negligence
12/29/2010	Wells, Laura J.	CNA410147824	Suspension	Violation of or Failure to Comply with Licensing Board Order
12/7/2010	Wilhelm, Daryl R.	CNA1000026989	Stayed Revocation	Criminal Conviction; Failure to Cooperate With Board Investigation
12/13/2010	Williams, Delores M.	CNA999998039	Civil Penalty	Failure to Maintain Adequate or Accurate Records; Filing False Reports or Falsifying Records; Patient Abandonment
12/23/2010	Williams, Reba K.	CNA1000027245	Civil Penalty	Criminal Conviction
7/6/2010*	Willie, Ardith M.	CNA1000015095	Decree of Censure	Criminal Conviction; Violation of Federal or State Statutes, Regulation or Rules
11/17/2010	Yaw, Ariana M.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation
10/20/2010	Yerge-Briggles, Deborah L.	CNA Applicant	Certificate Denied	Criminal Conviction; Failure to Cooperate With Board Investigation; Misrepresentation of Credentials

CNA Discipline - ACTION CLEARED

OCTOBER, NOVEMBER, DECEMBER 2010, JANUARY 2011

EFFECTIVE DATE	NAME	LICENSE
11/1/2010	Bejar, Martha A.	CNA1000009963

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
11/29/2010	Abbuhl, Carolyn D.	RN024917	Probation	Unable to Practice Safely by Reason of Physical Illness or Impairment
9/30/2010*	Acosta, Annette L.	RN085264	Revocation	Failure to Comply with Licensing Board Order
10/27/2010	Adams, Glenn S.	LP Exam	License Denied	Failure to Meet the Initial Requirements of a License, Failure to Cooperate With Board Investigation, License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
10/5/2010	Adams, Jason C.	LP041170	Voluntary Surrender	Criminal Conviction, Failure to Disclose, Failure to Maintain Records or Provide Medical, Financial or Other Required Information
10/20/2010	Alexander, Loretta R.	LP028449	Civil Penalty	Criminal Conviction
12/27/2010	Allen, Troy L.	RN129097/LP033835/ CNA513778857	Decree of Censure	Drug Screening Violation 1/11/2011 Arguelles, Marissa G. RN106736 Civil Penalty Filing False Reports or Falsifying Records, Substandard or Inadequate Care
11/29/2010	Ayivi, Osaginwen K.	RN156071	Decree of Censure	Failure to Cooperate With Board Investigation, Criminal Conviction, Unprofessional Conduct
10/6/2010	Baltz, Karissa M.	RN132162	Suspension	Failure to Comply with Licensing Board Order
1/27/2011	Bass, John A.	RN157887/LP043971	Suspension/Indefinite	Drug Screening Violation, Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Unauthorized Prescribing Medicine
10/22/2010	Bates, Gordon A.	LP042008/ CNA250030803	Civil Penalty	Violation of Federal or State Statutes, Regulation or Rules
10/4/2010	Beard, Jennifer L.	RN148464	Suspension/Indefinite	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Failure to Maintain Adequate or Accurate Records, Diversion of Controlled Substance
12/30/2010	Beaumont, Julie	RN086492/LP028393	Revocation	Failure to Comply with licensing Board Order, Drug Screening Violation
10/19/2010	Behnke, Audrey L.	RN148250	Voluntary Surrender	Failure to Comply with Licensing Board Order, Drug Screening Violation, Failure to Maintain Adequate or Accurate Records
11/30/2010	Benson, Barbara O.	RN033085/AP0160	Suspension	Substandard or Inadequate Care, Narcotics Violation or Other Violation of Drug Statutes, Unauthorized Prescribing Medicine
10/22/2010	Bernal, Esmeralda	LP041440/ CNA751958233	Decree of Censure	Error in Prescribing, Dispensing or Administering Medication
1/7/2011	Best, Charlotte A.	RN156195	Revocation	Diversion of Controlled Substance
12/7/2010	Bickle, Jessica A.	LP045211	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
11/30/2010	Bonham, Alexis C.	RN166087	Civil Penalty	Criminal Conviction
10/13/2010	Bowers, Kimberly S.	RN062562	Stayed Revocation with Suspension	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
10/7/2010	Braat, Sheryl L.	RN143215	Decree of Censure	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
1/14/2011	Brandt, Dashiell I.	RN049069	Revocation	Failure to Comply with Licensing Board Order, Drug Screening Violation
1/18/2011	Brant, Gloria R.	LP036750	Reinstatement Denied	Failure to Meet the Initial Requirements of a License
11/5/2010	Brice, Sandra W.	RN020683	Voluntary Surrender	Substandard or Inadequate Care
1/4/2011	Brown, Rebecca L.	RN Endorsement	License Denied	Criminal Conviction
10/20/2010	Byron, Barbara S.	LP038813/ CNA371486903	Decree of Censure	Failure to Maintain Records or Provide Medical, Financial or Other Required Information, Unauthorized Dispensing of Medication
11/29/2010	Cake, Pauline M.	RN111837/ CNA999948686	Probation	Failure to Maintain Adequate or Accurate Records, Unprofessional Conduct-Failure to Consult or Delay in Seeking Consultation with Supervisor/Proctor
11/5/2010	Campbell, Jo Anne W.	RN110917/LP031069/ CNA141548387	Voluntary Surrender	Filing False Reports or Falsifying Records, Failure to Comply with Health & Safety Requirements
12/19/2010	Carter, Martha E.	RN109681	Decree of Censure	Substandard or Inadequate Care
12/29/2010	Caruso, Issemathe B.	RN158322	Voluntary Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment
10/19/2010	Casuse, Raquel	RN Exam	License Denied	Criminal Conviction, Failure to Cooperate With Board Investigation
11/5/2010	Catani, Cynthia A.	LP046985/ CNA999990830	Probation	Narcotics Violation or Other Violation of Drug Statutes
11/4/2010	Cavanary, Susan P.	RN128269	Revocation	Failure to Cooperate With Board Investigation, License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
11/30/2010	Chadwick, Sunshine A.	RN119575/LP033382	Probation	Substandard or Inadequate Care, Failure to Provide Medically Reasonable and/or Necessary Items or Services
8/31/2010	Christianson, Tammy L.	RN132358	Civil Penalty	Criminal Conviction
10/16/2010	Collins, Amy J.	RN071683	Decree of Censure	Practicing Beyond the Scope of Practice, Failure to Comply with Health & Safety Requirements
12/5/2010	Cooper, Kathy A.	RN134587	Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder, Substandard or Inadequate Care
10/21/2010	Crilly, Jean	RN124252	Decree of Censure	Practicing Beyond the Scope of Practice
10/13/2010	Crofton, Juanita L.	RN062095	Voluntary Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment
1/10/2011	Daly, Anastasia L.	RN109974/LP034045/ CNA912961010	Probation	Substandard or Inadequate Care
11/4/2010	Dampf, Marcia	RN165509	Decree of Censure	Practicing Without a License, Error in Prescribing, Dispensing or Administering Medication
10/20/2010	Dejaynes, Margo J.	RN140955/ CNA1000000574	Stayed Revocation with Suspension	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
1/26/2011	Delgado, Joyce A.	LP025990	Summary Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
1/19/2011	Downing, Bethany A.	RN161114	Stayed Revocation with Probation	Failure to Comply with Licensing Board Order
11/4/2010	Doyle, Lisa K.	RN089295	Revocation	Failure to Comply with Licensing Board Order
1/28/2011	Dunn, Steven S.	RN107235	Probation	Drug Screening Violation
10/29/2010	Eller, Elizabeth A.	TRN165490	Suspension	Unable to Practice Safely by Reason of Physical Illness or Impairment,
10/13/2010	Ely, Kelly K.	RN063864	Stayed Suspension with Probation	Substance Abuse; Diversion of Controlled Substance
10/23/2010	Evans, Shari L.	LP040410	Probation	Unauthorized Prescribing Medicine, H1Narcotics Violation or Other Violation of Drug Statutes
10/6/2010	Fleck, Denise C.	RN151954	Decree of Censure	Substandard or Inadequate Care
1/5/2011	Flores, Priscilla A.	RN161110	Civil Penalty	Criminal Conviction
11/12/2010	Foulke, Michelle L.	LP038066	Probation	Substandard or Inadequate Care, Failure to Maintain Adequate or Accurate Records
10/25/2010	Gibson, Bruce J.	RN Endorsement	Probation	Practicing Without Valid License, Criminal Conviction
11/12/2010	Gilbert, Jennifer K.	RN153436	Probation	Failure to Maintain Adequate or Accurate Records

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
10/7/2010	Glynn (Noblin), Lauren K.	RN165661	Probation	Criminal Conviction
1/7/2011	Haines, Deborah C.	RN114470/SN0504	Revocation	Unable to Practice Safely by Reason of Physical Illness or Impairment, Immediate Threat to Health or Safety
1/10/2011	Harker, Lorraine K.	RN153660/ LP043908/ CNA1000007735	Stayed Suspension with Probation	Substance Abuse
1/18/2011	Harris, Marie A.	RN118277	Revocation	Failure to Comply with licensing Board Order
11/29/2010	Henely, Richard J.	RN046579	Decree of Censure	Unprofessional Conduct-Failure to Maintain Adequate or Accurate Records; Filing False Reports or Falsifying Records
12/20/2010	Hughes, Julie A.	RN121518	Decree of Censure	Substandard or Inadequate Care
12/22/2010	Hyatt, James L.	RN109959	Decree of Censure	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
10/29/2010	Jackson, Carmen R.	RN124350	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Diversion of Controlled Substance
1/6/2011	Kappeler, Ramona E.	LP046541/ CNA1000010587	Civil Penalty	Misrepresentation of Credentials
1/27/2011	Keats, Kristi L.	RN Examination	Civil Penalty	Criminal Conviction
11/1/2010	Keener, Wanda D.	LP036302/ CNA343651389	Probation	Error in Prescribing, Dispensing or Administering Medication, Failure to Maintain Adequate or Accurate Records, F6Substandard or Inadequate Care
11/29/2010	King, Karen M.	RN106795/AP2526	Civil Penalty	Filing False Reports or Falsifying Records
11/29/2010	King, Karen M.	RN106795/AP2526	Civil Penalty	Filing False Reports or Falsifying Records
12/14/2010	Lassiter, Cheryl E.	RN069175/LP022396	Revocation	Failure to Comply with licensing Board Order
10/20/2010	Lassiter, Cheryl E.	RN069175/LP022396	Stayed Revocation with Suspension	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
10/21/2010	Lavender, Delores M.	LP038126	Stayed Revocation with Probation	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority, Substance Abuse
12/14/2010	Lee, Adonis C.	RN166242	Civil Penalty	Criminal Conviction
11/10/2010	Legg, Peggy A.	LP036663	Civil Penalty	Criminal Conviction
1/26/2011	Lemert, Donna E.	RN046827	Probation	Practicing Beyond the Scope of Practice, Violation of Federal or State Statutes, Regulation or Rules, Fraud
1/5/2011	Lucero, Traci L.	LP035697/ CNA174565103	Voluntary Surrender	Failure to Comply with Licensing Board Order
9/29/2010*	Luck, Shonna L.	RN120022	Probation	Unable to Practice Safely by Reason of Physical Illness or Impairment, Failure to Maintain Records or Provide Medical, Financial or Other Required Information
11/30/2010	Mackin, Deborah L.	RN107956	Summary Suspension	Criminal Conviction, Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
11/4/2010	Magwood, Bridget T.	RN151468	Revocation	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority, Failure to Cooperate With Board Investigation
10/11/2010	Maloney, Jeffrey R.	RN095109	Stayed Revocation with Suspension	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
11/3/2010	Martin, Colby D.	LP042452	Decree of Censure	Patient Abandonment
11/4/2010	Martinez, Gina I.	RN063113	Revocation	Failure to Comply with Licensing Board Order
12/27/2010	McGlothlin, Monica	RN166360	Civil Penalty	Criminal Conviction
1/20/2011	Mcmillan, Susan E.	RN097099	Revocation	Violation of or Failure to Comply with licensing Board Order
10/29/2010	Meshirer, Kathlene E.	RN132135	Civil Penalty	Violation of Federal or State Statutes, Regulation or Rules, Criminal Conviction, Failure to Cooperate With Board Investigation
10/20/2010	Mochal, Karen R.	RN157610	Voluntary Surrender	Failure to Disclose, Drug Screening Violation, Criminal Conviction
11/29/2010	Moniz, Taressa M.	LP038103	Decree of Censure with Fine	Disruptive Conduct, Criminal Conviction
1/14/2011	Muckerheide, Bonnie G.	RN115153	Voluntary Surrender	Criminal Conviction, Violation of Federal or State Statutes, Regulation or Rules, Filing False Reports or Falsifying Records
10/4/2010	Nelson, Janice W.	RN045858	Stayed Revocation with Probation	Substance Abuse
12/13/2010	Nicholson, Neika S.	LP047073/ CNA1000000063	Civil Penalty	Criminal Conviction
12/29/2010	Norman, Frances J.	RN046670	Voluntary Surrender	Substandard or Inadequate Care
12/31/2010	Nuffer, Rebekah A.	LP044628	Decree of Censure	Substandard or Inadequate Care
9/30/2010*	Ott, Shannon M.	RN118591	Decree of Censure	Criminal Conviction, Violation of Federal or State Statutes, Regulation or Rules, Non-Sexual Dual Relationship or Boundary Violation
1/25/2011	Oyler, Martha C.	RN043144/AP0061	Decree of Censure	Substandard or Inadequate Care
11/30/2010	Paglierani, Judith A.	LP042596	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
12/29/2010	Palmer, Melissa A.	LP047094	Stayed Revocation with Probation	Criminal Conviction
12/21/2010	Passaretti, Barbara L.	RN159289	Decree of Censure	Practicing Beyond the Scope of Practice
11/4/2010	Peek, Tina M.	RN144913	Revocation	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority, Unable to Practice Safely, Substandard or Inadequate Care
11/22/2010	Pemberton, Heather K.	RN138871	Voluntary Surrender	Violation of Federal or State Statutes, Regulation or Rules, Deferred Adjudication
11/1/2010	Pennington, Jennifer F.	RN148653	Probation	Unable to Practice Safely, Failure to Maintain Records or Provide Medical, Financial or Other Required Information
12/6/2010	Pierson, Lynette D.	LP041676	Decree of Censure	Practicing Beyond the Scope of Practice
10/28/2010	Pittaway, Carol L.	RN046335	Decree of Censure	Practicing Beyond the Scope of Practice
11/4/2010	Porras, Debra M.	LP032125	Revocation	Failure to Cooperate With Board Investigation, License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority, Unprofessional Conduct
10/4/2010	Pradia, Vincent P.	LP046914/ CNA999994339	Civil Penalty	Violation of Federal or State Statutes, Regulation or Rules, Narcotics Violation or Other Violation of Drug Statutes
11/30/2010	Ratcliffe, Ophelia K.	LP037371	Probation	Substandard or Inadequate Care, Failure to Consult or Delay in Seeking Consultation with Supervisor/Proctor, Sleeping on duty
1/18/2011	Riley, Sandra E.	TRN059279	Suspension	Failure to Comply with Licensing Board Order
11/4/2010	Robbins, Cathy C.	RN065672	Revocation	Failure to Comply with Licensing Board Order, Drug Screening Violation

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
11/29/2010	Rockney, Susan A.	LP026432	Probation	Substandard or Inadequate Care
10/14/2010	Rodman, Annie M.	RN094835/AP1618	Reissuance with Stayed Revocation Probation	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
12/3/2010	Rosnizeck, Eileen L.	RN133573/LP037150	Revocation	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Diversion of Controlled Substance
12/9/2010	Rucker, Mary S.	RN122100/LP037684	Decree of Censure	Drug Screening Violation
10/19/2010	Savage, Wendy S.	LP027760	Voluntary Surrender	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
1/16/2011	Schmidt, Sherill A.	RN098931	Stayed Revocation with Probation	Failure to Comply with Licensing Board Order
10/18/2010	Scoggin, Patricia A.	RN063442	Decree of Censure	Substandard or Inadequate Care
11/8/2010	Simmons, Kristy K.	RN133727/ CNA99999369	Probation	Failure to Maintain Adequate or Accurate Records, Diversion of Controlled Substance
12/6/2010	Smithberger, Megan E.	RN149566	Civil Penalty	Criminal Conviction
10/31/2010	Spencer, Kathleen J.	RN159533	Probation	Substandard or Inadequate Skill Level, Error in Prescribing, Dispensing or Administering Medication
12/8/2010	Starr, Virginia I.	RN143748/LP038337	Civil Penalty	Unprofessional Conduct
11/4/2010	Steffe, Brian M.	RN127702	Revocation	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
10/25/2010	Stewart, Trishuana A.	LP040950	Suspension	Failure to Comply with licensing Board Order
10/6/2010	Stone, Betty M.	RN154103	Decree of Censure	Inadequate or Improper Infection Control Practices
11/5/2010	Taffer, Rhonda L.	RN156985	Revocation	Drug Screening Violation, Failure to Cooperate With Board Investigation
11/19/2010	Tiessen, Kathleen D.	RN135006	Voluntary Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment
1/1/2011	Timmerman, Leslie A.	RN120405	Probation	Criminal Conviction
1/10/2011	Tooker, Erica M.	RN155388	Revocation	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Failure to Disclose, Diversion of Controlled Substance
12/18/2010	Wall, Jason E.	LP040360	Stayed Revocation with Probation	Failure to Comply with Licensing Board Order
10/13/2010	Walz, Lisa A.	RN143104/LP040789/ CNA100000230	Voluntary Surrender	Failure to Comply with Licensing Board Order
11/5/2010	Warder, Stephanie L.	RN112134	Stayed Suspension w/Probation	Substance Abuse, Violation of Federal or State Statutes, Regulation or Rules
11/3/2010	Wemimo, Kayode J.	LP045219	Probation	Practicing Beyond the Scope of Practice, Unauthorized Administration of Medication, Failure to Maintain Adequate or Accurate Records
11/5/2010	Wilcut, Matthew L.	RN Endorsement	Civil Penalty	Criminal Conviction
11/8/2010	Williams, Kelly L.	RN160817	Probation	Criminal Conviction
11/4/2010	Wood, Laura A.	RN151818	Revocation	Failure to Comply with Licensing Board Order
10/19/2010	Woods-Pierce, Carolyn A.	RN136476	Decree of Censure	Practicing Beyond the Scope of Practice
10/29/2010	Yandell, Julie D.	TRN165059	Summary Suspension	Criminal Conviction, Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse, Sexual Misconduct
12/9/2010	Zack, Michelle A.	LP043948	Probation	Failure to Comply with Licensing Board Order, Failure to Maintain Adequate or Accurate Records, Substandard or Inadequate Care

RN-LPN - UPDATED LICENSURE STATUS

OCTOBER, NOVEMBER,
DECEMBER 2010, JANUARY 2011

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
12/2/2010	Brookman, Pamela R.	LP042515	Probation
Completed terms of Suspension, converted license to Probation with terms and conditions			
1/11/2010	David, Sandra, K.	RN100893	Reissuance with Stayed Revocation Probation
Reinstatement with Terms and Conditions			
10/29/2010	Montgomery, Janet L.	RN079671/LP026003	Reissuance with Probation
Reissuance of RN license, conditional upon completion of RN Refresher Course Program			
1/4/2011	Mullany, Rose	TRN085183	Reissuance with Stayed Revocation Probation
Reinstatement with Terms and Conditions			

RN-LPN - ACTION CLEARED

OCTOBER, NOVEMBER,
DECEMBER 2010, JANUARY 2011

EFFECTIVE DATE	NAME	LICENSE	EFFECTIVE DATE	NAME	LICENSE
1/27/2011	Armijo, Randi L.	RN146421/LP042646/ CNA1000003391	12/16/2010	Morales, Gilbert A.	RN088538
10/29/2010	Hammarbeck, Michelle L.	RN157243	1/6/2011	Nugent (Liston), Stacey D.	RN103334/LP032167
10/22/2010	Howard, Curt B.	RN112908	10/27/2010	Nwankwo, Jude I.	LP040048
10/19/2010	Hoy, Ann V.	RN079222	11/8/2010	Pettet-Bishop, Donna L.	RN112437
10/31/2010	Janis, Karen L.	RN112545	12/17/2010	Stewart, Trishuana A.	LP040950
12/7/2010	Kirkpatrick, Carrie L.	RN144135	1/28/2011	Taras, Christopher J.	RN094548
10/17/2010	Kuk, James M.	RN154979	1/14/2011	Williams, Bobbie E.	RN119038
11/15/2010	Mitoff, Jeffrey S.	RN108447	12/1/2010	Williamson, Karen K.	RN069359
			12/1/2010	Wright, Paulette D.	RN124982/AP1846

Targeted Networking

The "NEW" Classifieds

Reach every nurse in Arizona for as little as \$185.

Contact Greg Jones

gjones@pcipublishing.com

1-800-561-4686 ext. 105

33% OFF RETAIL

FOURTH QTR - 2010 ONLY

ZOLL MEDICAL PRODUCTS
PHILLIPS HEALTHCARE PRODUCTS
PAR EDUCATIONAL SYSTEMS
602-510-3292

American Heart Association
BLS ACLS PALS NRP CNA
PAR EDUCATIONAL SYSTEMS LLC
Simple- Effective learning!
New 2010 Guidelines
www.Pareducation.com
602.510.3292

COMPLAINTS AND DISCIPLINE MATTERS

Over 30 years experience

Terry F. Hall,
Attorney at Law
817 North Second Street
Phoenix, AZ 85004
602 258 1771
602 258 1779 fax
Terry.Hall@azbar.org

RISK MANAGERS /
ADMINISTRATORS
REDUCE LIABILITY

Reduce Liability/ Become
AHA Training Site Now
Simple ASHI- TO -AHA
Instructor Conversion
BLS-ACLS-PALS-NRP-CNA
Certifications

New 2010 Guidelines
www.Pareducation.com

NURSING BOARD COMPLAINT?

Kelly J. McDonald, RN, JD

EXPERIENCED, AGGRESSIVE
TRIAL LAWYER

REPRESENTING AZ NURSES
SINCE 1998

FREE CONSULT FLAT FEES

480-922-1010
kelly@aznurselaw.com

Go to www.aznurselaw.com to learn
more about your rights at the State
Board of Nursing

Cactus Wren Training Program

"Leading the Way" in "Changing Lives One Student at a Time"

COURSE OFFERING:

Nursing Assistant Classes CPR and First Aid
Phlebotomy technician IV certification for LPN's
Caregiver training Caregiver CEU's and Manager CEU's

Registration online is now Available

10640 N. 28th Dr., Bldg C-107 and A-103
Phoenix, AZ 85029
Tel: 602-741-5526, 602-633-2730

WWW.CACTUSWRENHOMECARE.COM

BOARD COMPLAINT/QUESTIONNAIRE? CALL FOR HELP.

Teresa Sanzio, RN, MPA, JD

Experienced
Nurse-Attorney
Nurse Advocate
602-993-3215
TSanzio@aol.com

D. Jay Ryan, AB, JD

Former Board
Attorney &
Administrative Law
Judge
623-937-3737

Lisa Gervase, BS, JD

Former Agency
Attorney &
Administrative Law
Judge
480-515-4801

LGervase@gervaselaw.com

Each has over 10 yrs. nursing board experience
Go to www.arizonanurselawyers.com for more information
City North • 5415 E. High St., #200 • Phoenix, AZ 85054

JOIN OUR TEAM!

Excellent Compensation and Benefits



- Administrative Nurse
- Director of Nursing
- Registered Nurses

To apply, go to www.azstatejobs.gov,
click on "Search for Jobs" button, type in
keyword DES and click on "Search"



For more information, contact
Richard Lopez, Division of Developmental
Disabilities at 602-542-6814



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

DES is an Equal Opportunity Employer. Persons with
a disability may request a reasonable accommodation.
Call the Human Resources Administration at
602-771-2870 to arrange an accommodation or request
alternative format; TTY/TDD 7-1-1.



Anne Fulton-Cavett

EXPERIENCED ATTORNEY

Representing Nurse
Practitioners, RNs, LPNs
and CNAs in Nursing
Board Investigations.

When a complaint has
been filed against you,
your license is on the line.
Don't wait until it is
too late.

(520) 733-0100
anne@cavettandfulton.com



CAVETT / FULTON
Attorneys at Law

6035 East Grant Road / Tucson, Arizona 85712



Chandler Regional Medical Center
 Mercy Gilbert Medical Center
 St. Joseph's Hospital and Medical Center

Members of CHW

CHWCAREERS.ORG/ARIZONA

Experience a truly fulfilling career.

At CHW, our commitment to employee satisfaction is unwavering. We work hard to ensure our employees have the support they need to live their lives to the fullest — both professionally and personally. And by creating an environment that inspires them to perform at their best every day, we're able to continuously deliver the extraordinary care our patients have come to expect.

We're CHW Arizona, comprised of Chandler Regional Medical Center, Mercy Gilbert Medical Center, and St. Joseph's Hospital and Medical Center. Our focus on employee satisfaction has helped us earn recognition as:

- A "Best Place to Work in the Valley" by the *Business Journal, Phoenix*
- One of "Arizona's Most Admired Companies" by the *Best Companies AZ*
- One of the "Top 100 Best Places to Work in Healthcare 2010" by *Modern Healthcare* magazine (second year in a row)
- One of the "Top 25 Best Places to Work for Women 2011" by *AZ Magazine*
- One of the "Valley's Healthiest Employers 2011" by the *Business Journal, Phoenix*

Come and experience the many opportunities we give you to learn, grow and achieve. Whatever it is you're looking for in a career, you can find it at CHW Arizona. For more information, visit chwcareers.org/Arizona.

Live your life on purpose.



Find us on Facebook and follow us on Twitter: CHWAZCareers



EOE. © 2011 Catholic Healthcare West Arizona



Stories of Life. Stories of Hope.

Every day, every hour, our stories of life and hope occur. It's why we're here.



Cancer Treatment Centers of America® is seeking Exceptional Nurses at our Goodyear (Phoenix), AZ location! Start your story today!



“We make an impact here because we understand the voice of the patient and what is important to them, and it makes it very special for us. We never lose sight of why we're here.”

— Anne, CTCA

As our organization continues to grow and expand, our need for exceptional nurses will do the same. Our nurses are able to offer:

- Individualized, whole person treatment options
- Different clinical settings and environments
- Our new universal bed care model
- A fully-digital cancer treatment environment
- The nation's leading cancer technology at your fingertips

We have a competitive compensation offering including:

- An attractive benefits package
- Medical, dental and vision
- 401(k) with matching
- And much more!

Best of all, you'll know that you are using your skills in the service of an inspiring cause — helping patients win the fight against cancer.

*Explore nursing opportunities at
azjobs.cancercenter.com*



at Western Regional Medical Center

Winning the fight against cancer, every day.®