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vol.2 ■ no.2 ■ dec. 2009

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MISSION...

The mission of the Mississippi Board of Nursing is to protect the public through the process of licensure and regulation of nursing.



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LETTER from the EXECUTIVE DIRECTOR

The Board of Nursing has had a busy fall, planning and then actually moving into our new location. We have moved to the City of Flowood, which is just down the street from our former location. A photograph of our new building is on the cover. We are all very excited and pleased with our new environment, new telephone system, and new parking lot! Our new address and phone numbers are posted in this issue of the magazine and on our Webpage at www.msbn.state.ms.us.

The new board room can accommodate a nursing student class comfortably and we ask that schools of nursing call in advance to 601-664-9326 and schedule their times for visiting board hearings.

The educational programs that we are presenting around the state have been very well received and we have enjoyed meeting the nurses and the nursing students. Thank you to all of our hosts and to those who have volunteered to host next spring. If you would like to host a program after June 30, 2010, please contact us now by email at Practice@msbn.state.ms.us or by phone at 601-664-9310 so your area can be included. We need an auditorium that will accommodate 300 - 400 people.

Board staff and their family and friends participated in "The Making Strides for Breast Cancer 5K Walk" held in Jackson on Halloween and the "Walk for Diabetes" fundraisers. Both events were well attended and we collected over \$1,700 while having a lot of fun supporting both of these important causes.

As we head toward the first of the year and the legislative session, criminal back-

ground checks (CBCs) and fingerprinting legislation for the new graduate nurse and the nurse endorsing from another state will be introduced. In efforts to better protect the public, the requirement of CBCs and fingerprinting for licensure is imperative. Requiring CBCs and fingerprinting of our first time licensees will also speed up the process for licensing of those individuals that have a criminal incident in their past.

Nurses work in an environment that affords access to patients' lives in an intimate and dependent manner. Vulnerable individuals are unable to protect themselves. Nurses are placed in a position of public trust and held to the highest standard. The Board of Nursing is responsible for regulating nursing and has a duty to protect the public through exclusion of those individuals who pose a risk. Predicting future behavior by past behavior is one of several ways used to determine who should be granted the privilege to practice nursing. Our current methods of screening individuals cannot detect every unsafe applicant or licensee, but the use of CBCs and fingerprinting

can assure the public that every means available to the Board of Nursing will be used to protect the public.

Another issue to be addressed legislatively in 2010 is the introduction of the definition of the practice of midwifery in the state of Mississippi. The Mississippi State Board of Medical Licensure (MSBML) and the Board of Nursing (MBON) are asking that only certified nurse midwives be

Nurses are placed in a position of public trust and held to the highest standard. The Board of Nursing is responsible for regulating nursing and has a duty to protect the public through exclusion of those individuals who pose a risk.


recognized to practice midwifery in the state. This legislation has resulted from incidences of death and harm to infants born in situations that were less than safe. The MSBML and the MBON were unable in protect the public in these situations and are moving forward to ensure that mothers and babies will be protected in the future. Please support our efforts to protect midwifery in our state and to ensure that our public is protected by using certified nurse midwives.

From myself and the Board of Nursing,
Happy Holidays!

ATTENTION: LPN LICENSES EXPIRE DEC. 31, 2009

Dec. 31, 2009, is rapidly approaching and your LPN license will expire. Remember working with a lapsed license constitutes working without a license. Please renew your license immediately if you have not done so already. If you do not renew by Dec. 31, 2009, additional charges will be applied and you will have to apply for licensure reinstatement. If you do not wish to renew, please notify the board office in writing. As a reminder, the board office will be closed on New Year's Eve, Dec. 31, 2009, and New Year's Day on Jan. 1, 2010, and will not reopen until Jan. 4, 2010. You are therefore encouraged to renew before the Dec. 31 date.

WE'VE MOVED...



Our office has moved to a new location. We are now located at 1080 River Oaks Drive, Suite A100, in Flowood, just down the street from our former location. Driving directions are below and a map to our office can be found on our Web site at www.msbn.state.ms.us.

We also have a new telephone and facsimile numbers.

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From I-20 in Pearl take Exit 52 (475/Airport Road) and travel north to the airport and then left on 475 for 3 miles then left on Lakeland Drive West. Travel 1.15 miles and turn left on River Oaks Drive. Take the second left behind Trustmark Bank and the office is located on the first floor in the next building on the left. Drive to the front of the building where parking and the entrance is located.

From Airport Road on Lakeland Drive in Flowood

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NURSING PRACTICE:

Frequently Asked Questions

Can a Licensed Practical Nurse perform phlebotomy and/or venipuncture?

It is within the scope of practice of the appropriately prepared licensed practical nurse to perform phlebotomy for the purpose of specimen collection provided:

1. The licensed practical nurse is educated and competent in the procedure. This education and competency must be documented initially and on an ongoing basis;
2. There is a medical order for the procedure;
3. The nurse practices according to accepted standards of practice; and
4. The facility has policies and procedures in place addressing all aspects of this issue.

The licensed practical nurse that is not certified in the expanded role of IV therapy may not perform phlebotomy for the purposes of initiating an IV.

On Oct. 2, 2009, the Nurse Practice Committee determined that the prescription medication label as filled by a legally authorized pharmacist pursuant to a physician or advanced practice registered nurse order may be considered as the written medical order.

SCHOOLS NURSES *

In the school setting, what are the medication administration guidelines?

The board has adopted the guidelines, as developed by the Mississippi Office of Healthy Schools, as appropriate as a guideline/resource for school nurses. The nurse functioning in the school nurse role must partner with the local medical



community for approval of physician and/or advanced practice registered nurse orders and procedural protocols. Stipulations, as outlined in the Mississippi Office of Healthy Schools Procedures and Standards of Care (www.healthyschoolsms.org), must be met when the school nurse administers medication, in addition to guidelines set forth by the Mississippi Board of Nursing as applicable.

In the school setting, the appropriately prepared nurse may administer **prescription** medications provided:

1. The nurse must be trained and competent in the administration of medication, knowledgeable about medication side effects, indications, contraindications, disease process or disability prognosis;
2. There must be a written order from the physician detailing the name of the drug, dosage and time interval medication is to be given;
3. There must be written permission from the parent or guardian of the student requesting that the school district comply with the medical order;
4. The nurse may only administer medications from containers which have been appropriately labeled by a pharmacist or a physician;
5. Each medication must be recorded on the medication administration record which includes date, time and signature; and
6. The school/nurse must design, implement and monitor procedures for safe administration and storage of medication.

On Oct. 2, 2009, the Nurse Practice Committee determined that the prescription medication label as filled by a legally authorized pharmacist pursuant to a physician or advanced practice registered nurse order may be considered as the written medical order.

In the school setting the appropriately prepared nurse may administer **over the counter (OTC)** medications provided:

1. The nurse is knowledgeable of the medication being administered, to include but not limited to, indications, contraindications, side effects and dosage;

2. There is a medical order for the medication;
3. There must be written permission from the parent or guardian of the student addressing the medication to be administered and reasons for administration;
4. The nurse must document an assessment as related to the student's complaint and/or symptoms requiring medication administration;
5. The medication must be documented on the administration record which includes date, time and signature; and
6. The school/nurse must design, implement and monitor procedures for safe administration and storage of medications.

On Oct. 2, 2009, the Nurse Practice Committee reaffirmed that a medical order is required for the administration of OTC medications in the school setting. A medical order may be in the form of a medically approved standing order or protocol. Standing orders or protocols should include, but not limited to, the name of the medication, route, dosage, rationale for administration, and emergency provisions should an adverse event occurs or if the client's symptoms worsen or are not relieved by prior intervention.

It is recommended that all orders be client/condition specific even if prescribed on a PRN bases. Standing orders and protocols are certainly not to be used in lieu of medical consultation or intervention. In using standing orders or protocols, the medical provider makes the "medical judgment" as to the specific order, and then the nurse must apply adequate knowledge and skills in following the order. Appropriate documentation of client assessment and evaluation must substantiate intervention.

* For the benefit of the school nurse, this is the first of a two part series of questions that will continue in the next edition of the Mississippi Board of Nursing Magazine.

MECSAPN A statewide consortium for the delivery of specialized advanced practice nursing education.

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Post-MSN and Post-FNP programs of study are available. FNP's and ANP's receive 270 hours toward GNP clinical hours requirement.



Supported by HRSA grant D09HP09062, Dr. Cynthia Luther, PI The University of Mississippi Medical Center

LINDA SULLIVAN, DSN, FNP-BC, PNP-BC

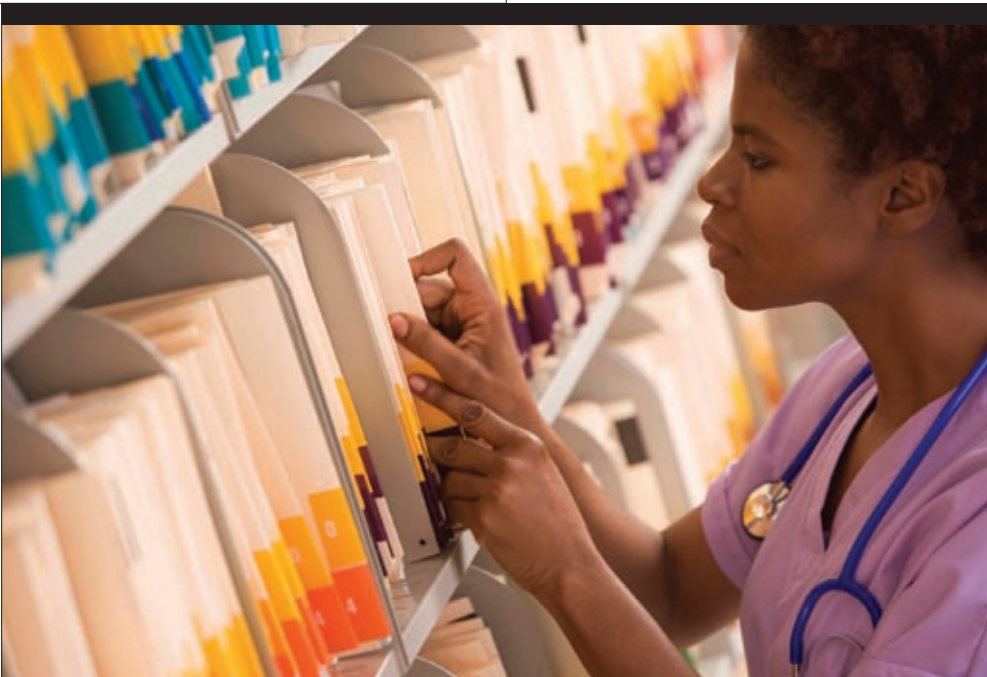
DIRECTOR of ADVANCED PRACTICE

Doctor of Nursing Practice Degree: AN ERA OF CHANGE

Last month we discussed the Consensus Model and implications for practice, education and licensing of the Advanced Practice Registered Nurse (APRN). While we are still trying to digest all those issues, the nurse practitioner must be ready to accept yet another change that is also looming in our very near future. This is the Doctor of Nursing Practice (DNP) degree that will be required for all NPs by the year 2015. The DNP was approved by the American Association of the Colleges of Nursing (AACN) in 2004 as the new level of entry into practice for all nurse practitioners by the year 2015 and has been endorsed by as many as 50 of nursing's professional societies.

doctorates have been around for many years preparing both educators and clinicians with great success. Questions that arise from potential students and experienced nurse practitioners are "how will this make us better at what we do" and "are the costs to the nurse practitioner really worth it?" Educators wonder if this new degree will eliminate or in some way diminish the PhD or research degree. Thus, this new mandate is creating questions for many nurses. The debate goes on, should we or shouldn't we? Thus we struggle with continued changes,

Currently, a master's degree from an approved Master's level nurse practitioner program is the requirement for entry into practice in Mississippi, coupled with national certification from an approved certifying body. Those in practice can appreciate the fact that there has been an ever expanding knowledge base for our practices and this has been coupled with the ever increasing complexity of patient care. Along with continued concerns regarding the readiness and level of preparation for practitioners, some of whom have the potential for independent practice in many states, the APRN leadership began to explore avenues to ensure that the nurse practitioner was better prepared for today's complex practice arenas. Medicine, dentistry, physical therapy, pharmacy and audiology all require a terminal degree for practice and therefore nursing leaders agreed that, at the level of practice now required for nurse practitioners, it was logical to also have as a requirement, a terminal degree that focused



on clinical expertise as the level of entry of advanced practice for nurses.

The concept of the DNP is not new having begun nearly 20 years ago when the first practice doctorate, the ND at Case Western University, was initiated. Other clinical

seeking more informed answers and some assurances that we will be allowed to do what we do best, provide patient care.

The changing demands of this nation's health care environment require the highest levels of preparation for those engaged in

providing this care so as to ensure quality patient outcomes.

The Doctor of Nursing degree requirement may provide some consistency in the requirements for preparation among advanced practice nurses; however, given our history in nursing, it is a valid concern that another degree requirement might muddy the waters even more for both the practitioner and the general public. While there are currently 158 doctoral programs (DNP) available to the APRN with many more planning to open a program in the very near future, it is important to first consider if the clinical degree is the direction one wants to follow in their professional development. Secondly, one should consider if the program they are considering is a well respected program that will provide them an expanded clinical background and one that follows the guidelines that have been set forth in the ANCC guidelines in the Essentials for Doctoral Education. Masters

programs have been consistently extending their programs to meet the demands of graduating a comprehensively prepared nurse practitioner, therefore it seems that the doctorate is now the logical conclusion of this quest. Once completed, the DNP graduate can expect to be prepared at the highest level for clinic as well as possessing expanded theoretical foundations for the practice of nursing.

Despite evidence in support of this requirement, many still see this new requirement as a further attempt to forestall the nurse from achieving advanced practice status. Many continue to argue that they already practice with the highest level of skills and that further education, filled with esoteric courses designed by educators, will not better prepare them. In fact though, the educators that are preparing these individuals are by and large those that also have extensive practice experience and advanced educational preparation credentials. Since

most of us who practice recognize that not a day can go by that we do not continue to learn something, it is reasonable that whatever advanced educational opportunities exist one should seek to become engaged with them if we truly want to demonstrate expertise in the clinical arena. The requirement of a doctorate therefore seems reasonable as a means to improve the level of expertise for nurses. Obtaining a terminal degree in one's specialty is now the gold standard for most areas of professional practice.

As for costs, currently there are many avenues for reimbursement including scholarships, fellowships and HRSA stipends. Since the DNP will be required for practice, the expenses incurred should also be eligible for tax credit deduction. Since nearly every DNP program is currently on line, most nurse practitioners can continue to work while going to school; therefore, no revenue will be lost to them in their practices. In these

continued on page 10

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tight economic times costs and expenses are important considerations but it seems that there are ways to overcome these concerns.

With regard to educators concerns that the PhD will in some way be diminished as students choose the DNP degree over the PhD, this seems unlikely as the two degrees have distinctly different purposes. The focus of the DNP is clinical while the PhD focus is research and as such, it must

be the responsibility of each institution to clearly identify the student's intention prior to admission into either program. If in fact students begin choosing, in surprisingly larger numbers, the DNP option for graduate education, schools need to put their desires for increased revenues behind them and examine the student's intention for the degree. Only students who are, first, qualified and second, who have the

desire for the terminal **CLINICAL** degree should be admitted to the DNP programs and conversely those with aspirations of research and teaching should be admitted to the PhD programs.

Recognizing that there are detractors from the DNP there is at least one point that those with concerns are correct. That is the notion that a degree will make one a better practitioner which is not valid. However, the study one engages in during the quest toward an advanced degree, in this case the advanced terminal clinical degree, can in fact accomplish this goal. Persons seeking knowledge always benefit in the end. For us in practice, the patient will also benefit as we learn new things, both theoretical and practical, during the course of study for the DNP.

Other concerns that have been raised related to the DNP are credentialing issues and these include examinations and their appropriateness for becoming credentialed. Appropriate means of credentialing must be established and the nursing leadership needs to act as one in this quest. Currently there is a little supported option being utilized for very small numbers of students that is suggesting that DNP students must pass the USMLE Step 2 exam that is currently used for medical students. This is not only inappropriate but does a disservice to all those in the DNP programs now. Luckily this idea has been poorly supported and currently work is underway to modify the currently utilized credentialing exams to include the expanded curricula of the DNP programs. Certainly, all of us who understand what a nurse practitioner is have long ago discarded the notion that we are mini-docs and hopefully have embraced the reality that we are the Maxi-Nurses!

Change is always painful and disruptive. Working together with one voice can help though and being informed about a topic can clarify the facts. The DNP is coming and we need to begin to prepare for this requirement by embracing the potential it has for improving both our perception in the community and our competence level.



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to relieve often,
to comfort always.”**
- Anonymous

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Excellence Amongst Us

During the months of May, August and then in December we see all the fresh new faces of nurse practitioners whose dreams have been realized and who have finally graduated. With that graduation comes the complexity of finding a position, the application process, completion of the monitored practice requirement, application for controlled substances and then those first scary days of practice.

Filled with worry and tension in those first few months, many nurse practitioners have the ever present question, "Did I do the right thing?" and to be sure all of us who have ever practiced have asked ourselves that thousands of times. Becoming a seasoned practitioner is a process that takes a long time and the reality is that for a true expert practitioner, there is really never a day that he or she does not have to ask or check out an answer. The real trick to becoming excellent is to experience the reality that practice is challenging and never practice a day that you do not learn something new.

We here at the board encourage all of you to continue to strive for excellence and to seek opportunities to learn each and every day. We know that there are more than one shining stars among those new graduates and remind you to always aspire to be the best at what you do; not the fastest, or the richest or the loudest or the most cantankerous but be the best that you can be. We challenge you to aspire to be like some of the true stars we have in Mississippi, the true leaders that have served to help so many of us along the way to maturity as an APRN.

By way of recognizing the excellence amongst us there are all kinds of honors and certifications that one can achieve and recently two of our own were recognized

specifically for their excellence. One of the most coveted honors for a nurse practitioner is to become a Fellow of the American Academy of Nurse Practitioners (FAAN) and two of our own achieved that honor in June of 2009. The first, Dr. Virginia Cora DSN,



ANP/GNP-BC of Jackson has been a leader in the Advanced Practice arena in Mississippi for many years. It has been my personal privilege to work with her in a number of different areas, education, political and research and she certainly is always a hard act to follow. In practice and education, in research and politics and though her association and influence on the professional organizations to which she belongs, Virginia has left an indelible mark. She is a true leader

and has been a consistent positive voice for advanced practice and for that we wish to recognize her and all her accomplishments. Our next honoree is Amy Smith DSN, FNP-BC of Madison. She has worked in a variety of settings and she too has been an example for all of us. Both in practice and within the profession of nursing Amy has been a leader. Finally, ANCC acknowledged yet another shining star, K.C. Arnold. She won the award for the outstanding certified advanced nurse in 2009 and the things that contributed to receiving that award is all she does and has done for the profession and her patients. K.C. has been a leader,

a pioneer, an advocate and role model for many of us in the nursing community and we applaud her latest achievement. We thank you all for being role models for all of us. Congratulations!

If you know of another shining star amongst us please let us know because there is no better acknowledgment than that from your peers. Thank you all for being leaders in the field and for representing Mississippi in such a very positive way.



COMMUNICATION **PERILS** AND **PITFALLS** FOR NURSING LEADERS

It has been said that the only thing humans do more than breathe is communicate (Yoder-Wise & Kowalski, 2006). Communication skills are necessary to ensure adequate healthcare is delivered as well as being very crucial to the advancement of a nursing career. The Joint Commission found communication errors to be the leading root cause of more than 75 percent of 2,455 sentinel events that were analyzed (Dale Pfrimmer, 2009).

Pfrimmer (2009) identified that hierarchy in an organizational structure to frequently be the cause of error in communication resulting in nursing practice breakdowns. Hierarchy can inhibit individuals from speaking up in critical events due to the individuals at the lower end of the hierarchy feeling afraid or uncomfortable to raise concerns. As effective nurse leaders we need to recognize this hurdle and find ways to flatten the hierarchy to encourage front line nurses and other individuals to speak out as patient advocates and protest for safe healthcare. Nursing leaders need to evaluate their internal systems of communication and see if the culture in their health care unit provides a safe environment for open communication.

According to Roussel (2009), more than 80 percent of upper level management's time is spent communicating - 30 percent speaking, 45 percent listening and the remainder divided between reading and writing. Nursing leaders must understand the importance of communication in the decentralization and participatory management.

When communicating, rarely are the initial comments from an individual fully representative of their actual thoughts and

feelings. Nursing leaders must explore beyond the surface and search the root cause of problems and issues. According to Roussel (2009), different individuals seldom hear the same thing during a conversation. This difference can be contributed to a difference in perception. A person's perception can be molded by personality, environmental influences, educational preparedness and political and cultural differences. While understanding the affect that perception can have on interpretation, it is important in considering ways to enhance the effectiveness of communication.

Often what we say and what is heard is in contrast with our accompanying body language. Non verbal expressions such as posture, positioning of hands, tone and facial expressions are much stronger messages than the verbal content. According to McShane & Glinow (2008), in face-to-face meetings most information is communicated non verbally. Also, non verbal conversations are more analyzed and subject to misinterpretation.

Since 45 percent of a nursing leaders' time is spent listening with our eyes and ears (Roussel, 2009), it is imperative that we learn to master this skill. Some ways to become more effective listeners according to Yoder-



Wise & Kowalski (2006) include setting the scene by removing distractions. In an office setting, clean the desk of clutter, remove distracting documents or papers, cut off the computer and silence ringing phones. Another important measure is to make eye contact. During the first few seconds of a conversation, focus on knowing the person's eye color to ensure eye contact. Nursing leaders should ask questions to avoid excessive talking on their part. Encourage others to keep talking by "lubricating" the conversation with statements such as, "I understand". Smile only occasionally. Constant smiling does not provide reassurance. Yoder-Wise & Kowalski (2006) encouraged appropriate breathing space between sentences to allow participants time to think about the topic at hand. Allowing short periods of silence can encourage insight on the part of the speaker and listener.

Twenty years ago, electronic communication was basically unheard of. At present in our virtual world, e-mail has become the medium of choice for most workplaces. E-mail is also the most misunderstood form of

communication. It is wise to use e-mail with caution. The following are some important things for nurse leaders to remember concerning e-mail:

- Do not respond to e-mail when upset or angry. It is very easy to say things in haste when in retrospect would not have been appropriate to say.
- Understand that e-mail can be a poor communicator for emotions. Facial expressions and nonverbal cues used to interpret the meaning of words are absent. Emotions such as smiley faces are sometimes used but not always effective.
- Do not forget politeness and respect. Individuals are more prone to write things that they would never dare to say face to face.
- Avoid e-mail wars or volleys as they tend to blur the issue at hand. If wars or volleying starts, throw up a white flag, cease e-mailing and communicate face to face.
- Understand that e-mail can contribute to information overload. According to McShane & Glinow (2008), an estimated 22.3 trillion e-mails are transmitted annually. Consider banning electronic communication in your workplace for a day or so to encourage face to face interaction.

To be strong, compassionate, effective nurse leaders, we must learn the value of the art of communication. Our success pivots on our ability to understand and to be understood. My personal goal is to be a more effective listener and I encourage all other nurses to evaluate themselves to determine how effectively they communicate with those around them.

McShane, S. L. & Von Glinow, M.A. (2008). Workplace Emotions, Attitudes and Stress. B. Jordon and J. Weimeister (Eds.) *Knowledge and Practice for the Real World*. (pp. 96 - 129). New York, NY: McGraw Hill/Irwin.

Pfrimmer, M. R. (2009). Teamwork and Communication. *The Journal of Continuing Education in Nursing*, p. 294-295.

Roussel, L. (2009). *Management and Leadership*. Sudbury; Jones and Bartlett. Yoder Wise, P. L., and Kowalski, K. E. (2006). *Beyond Leading and Managing*. St. Louis: Mosby Elsevier.

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If you wish to change your name, go to our Web site at www.msbns.state.ms.us, Licensure/Applications and download the name change affidavit. Complete and submit that form along with the required documentation and fee to the Board of Nursing, 1080 River Oaks Drive, Suite A100, Flowood, MS 39232-9779.

2010 HEARINGS AND MEETING DATES

Disciplinary hearings and business meetings are conducted at 1080 River Oaks Drive in Flowood, Miss. The first two days of the meetings are for disciplinary hearings and the last day is for business and committee meetings. All hearings and meetings are open to the public. The first 30 minutes of each business meeting are designated as an open forum during which time any individual may address the board on matters related to nursing. Participation in this forum may be scheduled upon written request 21 days prior to the business meeting. Dates are subject to change at the board's discretion.

JANUARY 22, 2010
Educational/Planning Meeting

FEBRUARY 3-4-5, 2010
Hearings & Business

APRIL 7-8-9, 2010
Hearings & Business

JUNE 2-3-4, 2010
Hearings & Business

JULY 21-22-23, 2010
Hearings & Business

OCTOBER 6-7-8, 2010
Hearings & Business

DECEMBER 1-2-3, 2010
Hearings & Business



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MDHS ANNOUNCES New Centralized Intake for Reports of Abuse and Neglect

The Mississippi Department of Human Services, Division of Family and Children's Services, is transitioning to a centralized intake system for all reports of abuse/neglect. They recently announced that the Mississippi Centralized Intake will ensure consistent reporting and screening processes, prompt response times, and accurate data collection of child maltreatment reports. This will be staffed by individuals with training and experience in gathering the information necessary to make appropriate and consistent screening decisions and determine if there is a need for the agency to intervene in the lives of Mississippi families.

All reports of abuse or neglect must be routed through the Mississippi Centralized Intake. The MDHS wants nurses to be aware that if you suspect someone is the victim of abuse, neglect or exploitation, to please contact Mississippi Centralized Intake at 1-800-222-8000 or www.msabusehotline.mdhs.ms.gov. The local MDHS office will assist in making the call to Centralized Intake or assist in making an online report of abuse or neglect if assistance is needed.

(Please note the above system is NOT for reporting violations of the Nursing Practice Law.)

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[] January 15, 2010
9:00 – 1:00

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Registration deadline: January 11, 2010

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To register by e-mail or phone please provide the information as requested on this form:

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There is no fee for registration or participation.

On Halloween, Board of Nursing staff, family and friends joined over 4,000 others in downtown Jackson to walk for the “American Cancer Society’s Making Strides Against Breast Cancer.” Staff members also participated in the “Walk for Diabetes” fundraiser on Oct. 4.



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disciplinary SUMMARY

The following disciplinary actions were taken at hearings conducted by the Mississippi Board of Nursing Sep. 30 - Oct. 2, 2009, or reflect actions accepted by the licensees or applicants for licensure by agreed order. All information contained in this summary is public. For confirmation and verification of the most accurate and up-to-date licensure and disciplinary information, go to our Web site at www.msbn.state.ms.us.

NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
SEPTEMBER 30 - OCTOBER 2, 2009			
Allen, Elsie Hooks	R-852719	Documentation Course/Legal Aspect of Nursing Workshop	Acted in a manner inconsistent with the health or safety of patients
Allen, Flocerfida G.	P-059160	Formal Reprimand/Fine	Practiced nursing without a current active license or permit
Allen, Melissa Diane	P-313679	Revocation	Falsified or made incorrect entries on records
Anderson, Karen Vinyard	P-232548	Reinstatement of Nursing License with Non-Drug Related Stipulation	Restoration Hearing
Atkins, Jeanne	R-099830	Legal Aspect/Fine	Practice nursing beyond the authorized scope
Bell, Edna Smith	R-813495	Fine/Assessment of Critically ILL Course	Acted in a manner inconsistent with the health or safety of patients
Blue, Virginia Kent	P-162183	Legal Aspects Workshop/Documentation Course/Six (6) months Monitored Practice	Falsified or made incorrect entries on records
Bragg, Yvonne Hathorn	P-196681	Fine/Legal Aspects Workshop/Medication Administration Course	Falsified or made incorrect entries on records
Bridges, Letitia Lee	P-321852	Revocation	Obtained or attempted to obtain controlled substances by unauthorized means
Bruce, Deborah Denette	P-288985	Formal Reprimand	Acted in a manner inconsistent with the health or safety of patients
Burke, Betty Thornton	P-087300	Legal Aspects Workshop/Documentation Course	Falsified or made incorrect entries on records
Carroll, Summer Maddox	P-319698	Revocation	License or privilege to practice suspended or revoked in another jurisdiction

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NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
Clark, Donna Hopson	R-874291	Legal Aspects Workshop/Post Operative Complications Workshop	Acted in manner inconsistent with the health or safety of patients
Cowans, Barbara Jefferies	R-868809	Reinstatement of Nursing License with Non-Drug Related Stipulations	Restoration Hearing
Diez, Patricia Lee	P-264981	Revocation	Obtained or attempted to obtain controlled substances by unauthorized means
Ferguson, Christine Newman	R-863277	Legal Aspects Workshop/Documentation Course/Fine	Falsified or made incorrect entries on records
Finkel, David K.	R-857871	Reinstatement of Nursing License without restrictions	Restoration Hearing
Flowers, Mary Charleston	P-242063	Voluntary Surrender	Violated an order, rule or regulation of the Board
Francis, Karen Hall	R-857354	Revocation	Violated an order, rule or regulation of the Board
Gonzalez, Laura Elizabeth	R-883663	Formal Reprimand	Engaged in conduct likely to deceive defraud or harm the public
Goodin, Cassandra Franklin	P-322944	Formal Reprimand/Legal Aspect Workshop	Practiced nursing in a manner that fails to meet generally accepted standards
Hansberry, Felicia McGee	R-863354	Restricted License for a minimum of three (3) months/ Legal Aspect Workshop/Documentation Course	Falsified or made incorrect entries on records
Harrison, Monique Christensen	R-856016	Care of Critically ILL Cardiac Patients Course	Acted in a manner inconsistent with the health of safety of patients
Hill, Billie Brewer	P-289364	Extension of Stipulations	Violated an order, rule or regulation of the Board
Hilliard, Taneeah Nicole	P-317498	Voluntary Surrender	Violated an order, rule or regulation of the Board
Hitt, Alethia Gail	R-863767	Voluntary Surrender	Violated an order, rule or regulation of the Board
Huddleston, Emily Jill	P-294922	Revocation	Falsified or made incorrect entries on records
Jackson, Mary Burns	P-166928	Revocation	Engaged in conduct likely to deceive defraud or harm the public
James, Debra Marie	R-861881	Revocation	License or privilege to practice suspended or revoked in another jurisdiction
Johannsen, Tanya Everett	R-862013	Formal Reprimand	Acted in a manner inconsistent with the health or safety of patients
Johnson, Ashley Thigen	P-318162	Revocation	Falsified or made incorrect entries on records/Possessed, obtained, furnished or administered drugs except as legally directed
Johnson, Tonya Sheniece	P-322607	Legal Aspects Workshop/Care of Patient with Wounds Course	Practiced nursing in a manner that fails to meet generally accepted standards
Little, Lois Renee	R-883664	Formal Reprimand	Engaged in conduct likely to deceive, defraud or harm the public
McAlpin, Ronald Wayne	R-827148	Legal Aspects Workshop/Documentation Course	Falsified or made incorrect entries on records
McCarty, Shewonder Deterry	P-320984	Revocation	Violated an order, rule or regulation of the board
Newland, Cynthia Rene	P-195898	Fine/Legal Aspects Workshop/Medication Administration Course	Falsified or made incorrect entries on records
Parker, Amy Kathryn	P-319060	Voluntary Surrender	Acted in a manner inconsistent with the health or safety of patients/ Falsified or made incorrect entries on on records
Peoples, Lori D'Ann	P-318601	Voluntary Surrender	Violated an order, rule or regulation of the Board
Peterson, Thomas Calvin	R-866470	Revocation	Acted in a manner inconsistent with the health or safety of patients/ Falsified or made incorrect entries on records
Pounders, Bobbie Tuttle	P-018040	Formal Reprimand	Acted in a manner inconsistent with the health or safety of patients/ Practiced nursing without a current or active license
Royals, Karen Sue	R-748632	Legal Aspects Workshop/Documentation Course	Acted in a manner inconsistent with the health or safety of patients
Russell, Traci Spradley	P-320391	Revocation	Violated an order, rule or regulation of the Board
Sansing, Tangelia Green	R-733191	Voluntary Surrender	Addicted to or dependent on alcohol or other habit-forming drugs
Seeman, Leanne Jo	P-319591	Reinstatement of Nursing License with Drug related stipulations	Restoration Hearing
Sherer, Benita Kay	R-871602	Revocation	Engaged in conduct likely to deceive, defraud or harm the public
Stovall, Shelly Spruill	R-850499	Revocation	Violated an order, rule or regulation of the Board
Stringer, Penny White	R-729833	Revocation	Violated an order, rule or regulation of the Board
Taylor, Claudia Tucker	R-723932	Voluntary Surrender	Violated an order, rule or regulation of the Board
Watkins, Derek Justin	R-880971	Voluntary Surrender	Falsified or made incorrect entries on records/Acted in manner inconsistent with the health or safety of patients
Wilgus, Pamela Craft	R-662143	Voluntary Surrender	Physical, mental or emotional condition
Williams, Shanekia Shantay	R-878000	Documentation Course/Legal Aspect workshop	Falsified or made incorrect entries on records
Williams, Terri Greenier	P-315869	Revocation	Violated an order, rule or regulation of the Board
Windham, Evelyn Baldwin	R-831673	Documentation Course	Falsified or made incorrect entries on records
Wood, Betsy Follin	R-686069	Documentation Course/Legal Aspect Workshop	Practiced nursing beyond the authorized scope

RETRACTION

On page 21 of the of the Mississippi Board of Nursing Magazine, Vol. 2, No. 1, Sept 2009, the following disciplinary information was published in error:

“Kim Hammons, License Number R-867238; Revocation for being addicted to or dependent on alcohol or other habit forming drugs.....”

“Rhiannon Hammons, License Number P-319796; Restricted for a minimum of (36) thirty-six months, for violating an order, rule or regulation of the Board.”

The Mississippi Board of Nursing retracts this information. The correct disciplinary information is as follows:

“Kim Hammons, License Number R-867238; Restricted for a minimum of (36) thirty-six months, for violating an order, rule or regulation of the Board.”

“Rhiannon Hammons, License Number P-319796; Revocation for being addicted to or dependent on alcohol or other habit forming drugs.....”

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