

# BOARD of NURSING MISSISSIPPI

vol.2 ■ no.1 ■ sept. 2009

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RENEWAL NOTIFICATION**  
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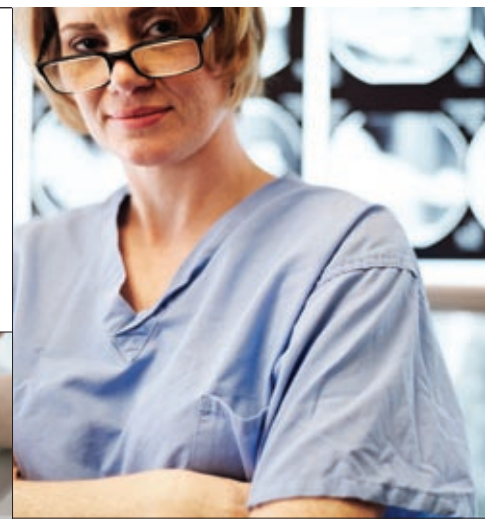
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**MISSION...**

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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**CREATED BY:**

Publishing Concepts, Inc.  
**Virginia Robertson, Publisher**  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223



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MELINDA RUSH, DSN, FNP



## LETTER from the EXECUTIVE DIRECTOR

The Board of Nursing is getting ready for the upcoming renewal for over 13,000 LPNs licensed in Mississippi. The licensing staff has been working very hard to ensure that this year's renewal will be a smooth and efficient process. LPNs may begin licensure renewal on October 1, 2009. Please refer to the article in this issue of our magazine "LPN License Renewal," which details fees, changes in the renewal process, the application, expanded role, inactive licensure, online verification and internet access.

Our fiscal year ended on June 30 and we are pleased with the plans that are being made in the areas of technology. New technology to assist the staff in performing their jobs more efficiently and ultimately serving the nurses of Mississippi has been our utmost goal. Our website is becoming a more user friendly site especially in the area of frequently asked questions and position statements. Latrina McClenton, Director of Licensure and Practice, has revised the RN and LPN licensure applications which are now available online. We hope that these changes will assist you in finding the information you need and facilitate the application process. Plans are also underway to place an online tracking feature on our website to make the initial application for licensure clearer to student nurses and assist nursing faculty as they guide their students through the application and NCLEX process.

The most exciting news for the Board of Nursing is the anticipated move into our new location on November 1, 2009. Our new address will be 1080 River Oaks Drive Suite A-100, Flowood, MS 39232.



**This new building is larger,  
thus a larger conference  
room allowing the board  
to accommodate more  
nursing students and  
interested members of the  
public at hearings.**

We will still be located on Lakeland Drive (Highway 25), but will be 1.82 miles east of the current office and approximately 2 miles east of Interstate Highway 55, across the street from Jackson Preparatory School. This new building is larger, thus a larger conference room allowing the board to accommodate more nursing students and interested members of the public at hearings.

Another area of change for the board is the manner in which we provide educational offerings for the community of nurses at large. Educating nurses about scope of practice and the *Mississippi Nursing Practice Law and Rules and Regulations* is an important responsibility for the Board of Nursing staff. This year, rather than providing numerous small meetings throughout the state and in an effort to better utilize the time and talents of the board staff, the decision was made to offer six educational programs across the state per year. These are open to all licensed nurses and nursing students. The workshops are provided free of charge, but we need an estimate of participants expected to attend each regional meeting. Therefore all participants are asked to complete the registration form located in this magazine and submit this form by fax or mail to the Board of Nursing. This form is also located on our website and will be updated as locations and dates are confirmed.

We look forward to visiting around the state and sharing our message with all of you. Until next time.

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# LPN LICENSE RENEWAL

**ATTENTION ALL LPNS**, your license **expires on December 31, 2009**. You can renew your LPN license between October 1, 2009, and December 31, 2009. This issue of the magazine serves as your notice of renewal for the 2009 LPN renewal. **A postcard notification will not be mailed.** Failure to receive a renewal notification will not relieve you from the responsibility of renewing your license by the December 31, 2009, expiration date. Remember to notify the board in writing of address changes so that we may send your license and other information as needed to the correct address. It is strongly recommended that you renew your license as soon as possible within the renewal period to avoid last minute anxiety and unforeseen difficulties.

This year December 31st is on a Thursday. The board offices will be closed for the New Year's holiday on Friday, January 1, 2010, and will reopen on January 4, 2010. As a reminder, if your license is not renewed by the December 31, 2009, date your license will be considered lapsed. Working with a lapsed license constitutes working without a license.

## Renewal Fees and Methods of Payment

- \$100.00 LPN active license renewal fee
- \$10.00 for each LPN expanded role certification - IV therapy and/or hemodialysis
- \$25.00 LPN inactive license renewal fee
- Money orders or cashier's checks are the preferred method of payment.
- Personal checks are an acceptable method of payment. When submitting a personal check you will need to include your LPN license number or social security number and a phone number on the check.
- For online renewal, payments must be made by either credit/debit card (Visa and MasterCard only). A United States

**It is strongly recommended that you renew your license as soon as possible within the renewal period to avoid last minute anxiety and unforeseen difficulties.**

billing address or a United States Armed Forces billing address is required for payment.

## Changes to the Renewal Process

For the first time, LPNs with expanded role certification will have the ability to renew certification online when renewing their license without having to complete a separate form. The LPN renewal application has been revised and now includes a section for your e-mail address and a disciplinary question. Please be advised that any statement made on the renewal application which is false and

known to be false by the applicant at the time of making such statement shall be deemed fraudulent and will subject the applicant to disciplinary proceedings.

Allow additional time for the renewal process if you disclose that you have been disciplined by any disciplinary licensing board or agency or convicted of a felony or misdemeanor in any court of law (excluding speeding tickets), or if charges are currently pending against you since your last renewal. If any of the prior mentioned offenses are applicable, you will not be eligible to renew online. You will need to complete and submit a paper application along with the appropriate documentation. It is important that you follow the instructions and complete the application accurately.

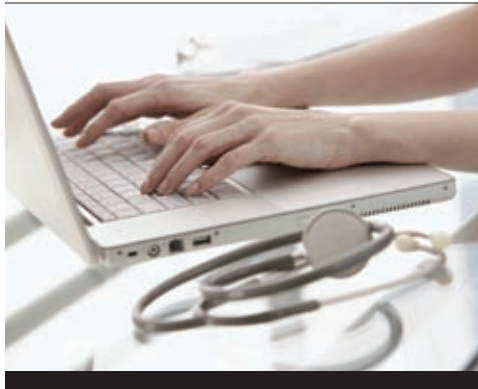
## Renewal Application

LPN license renewal can be completed online at [www.msbn.state.ms.us](http://www.msbn.state.ms.us). Online renewal will decrease the time between application and issuance of your renewed license. It takes approximately five to seven business days to receive your license using the online process.

If you need a paper renewal application, you may print it from [www.msbn.state.ms.us](http://www.msbn.state.ms.us) > Applications > LPN Renewal. Return the completed application along with any additional documentation, as applicable, to the board office. If using the paper application, it takes approximately two to three weeks to receive your license. Incomplete applications will be returned to you, and consequently will delay the renewal process.

Any application postmarked after December 31, 2009, will be considered late and

will be returned to you. You will then be required to apply for licensure reinstatement if you wish to maintain an active license. An additional fee will be added for reinstatements immediately following the renewal period.



## A postcard notification will not be mailed.

### LPN Expanded Role Certification

If applicable, remember to renew your expanded role certification for IV therapy and/or hemodialysis when renewing your LPN license. If you do not wish to renew your expanded role certification please indicate this on the renewal application.

LPNs renewing expanded role certification must certify completion of at least 10 contact hours of continuing education and/or in-service education for each area of certification within the previous two (2) years prior to renewal. Proof of the required continuing education must be provided upon request of the board. **Remember, random audits will be performed to determine compliance** with continuing education requirements for renewal of expanded role certifications.

If you need a paper application for LPN expanded role renewal, you can print it from [www.msbn.state.ms.us](http://www.msbn.state.ms.us) > Applications > LPN Renewal Certification Expanded Role.

### Inactive License

If you wish to hold an inactive license, select inactive under the employment status

section of the application. A person holding an inactive license may not practice as a nurse in Mississippi. If you wish to return to active licensure status you must apply for licensure reinstatement.

### Online License Verification

The board provides free online license verification ([www.msbn.state.ms.us](http://www.msbn.state.ms.us)) to allow users the ability to obtain licensure information by a combination of social security number and last name or license number and last name. The online license verification can be used by you or your employer at anytime, and is an excellent tool to use to check or verify the status of your license.

For those who renew after December 29, 2009, renewal information may not be uploaded to the online licensure verification system until Monday, January 4, 2010, and licensure status will not appear as active. Therefore, it is advisable that you renew at least 5 to 10 days prior to the end of the year.

### Internet Access

We are continually making efforts to enhance our online services and hope to eventually offer more and more interactive applications and forms in the future. As technology evolves we encourage you to increase your use of our online features and services as we prepare to move toward more seamless processes.

If you would like to use our online features, but do not have a computer, try checking with your employer or contact your local library to inquire about public access to a computer. Most public libraries provide free internet access; please contact your local library to obtain more information. A listing of Mississippi public libraries can be obtained from the Mississippi Library Commission at <http://www.mlc.lib.ms.us/>.

If you do not have access to the internet to obtain renewal applications and forms, contact the Mississippi Board of Nursing at 601-987-4188.

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BRETT THOMPSON, ESQ.

DIRECTOR of DISCIPLINARY DIVISION



# LAW and ORDER

The longest-running prime time TV series Law and Order begins with these infamous words narrated by Steven Zirnkilton: "In the criminal justice system, the people are represented by two separate yet equally important groups: the police, who investigate the crime, and the district attorneys, who prosecute the offenders. These are their stories...."

One can identify and draw many parallels from the primary purpose of the board to that of the TV series. One commonality is that

the board's primary purpose is to protect the public. The responsibility that the disciplinary division and the prosecutor carry out is to

investigate and take legal action against nurses who have violated the nursing practice law and/or any rules and regulations of the board.

It is by initiating this protective purpose, however, that often times those nurses who are disciplined become offended and a spirit of resentment among them is then born. The value of a professional license can easily be appreciated. The need for great credence to fairness and justice should always be at the forefront of any investigation. However the reality is that within the legal department the majority of cases involve the use and abuse of drugs and alcohol. An average of 1,200 allegations was investigated in 2008. An estimated 40 percent or (480) cases are actually referred to legal and of those 480, roughly 300 are cases regarding alcohol and/or drugs. Like it or not, there are a significant number of nurses who have substance abuse issues.

Cases that are laden with drugs and alcohol are typically cases that involve nurses who divert narcotics from the facilities, test positive for illicit drugs from pre-employment drug screens, forge prescriptions for narcotics, etc. Some nurses have been adjudicated guilty from other courts of law with possession of paraphernalia, possession of marijuana (or other drugs), forgery prescription and other such similar violations. While it is unfortunate a nurse and/or applicant has a court record, the Board of Nursing cannot ignore felonies and/or misdemeanors and patterns of behavior that certainly are inconsistent with our laws and rules.

Another similarity one can glean from the TV Law and Order series is related to the high burden of proof that must exist before presenting a case before the board

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panel. While the board admittedly is quasi-criminal in nature, the evidence presented must be clear and convincing. The clear and convincing standard is the highest standard in a civil court of law. Therefore, the disciplinary division has the duty to present to the hearing panel only those cases that can be proven by this evidentiary standard and to dismiss any case that cannot.

Law and Order contains very serious subject matter. The themes are hard nosed and the message to the public is to keep the streets clean of offenders. So to is the seriousness of those cases that come before the board for investigation and litigation. While we are not in the business of jailing nurses, the board's primary mission is to protect the public by regulating nurses' licenses.

Nursing is a profession. Nurses are professionals. The nursing practice law and the rules and regulations of the board were promulgated and approved to maintain the integrity of the profession and to create consequences for those professionals who cannot abide by those rules and regulations. The legal division will continue to advocate for maintaining the highest standards for the profession of nursing and to protect the public through enforcement of our laws and rules.

The belief that law and order, by its combination and connotation, does not equate in some nurses' minds as being warm and fuzzy is understandable to some degree. However, at the very least one must have a respect for the system and the purpose(s) for which the system is intended. If you are watching Law and Order you always get a sense that the district attorneys did their best to be fair and to hold those offenders accountable according to the laws. In the same vein, the disciplinary division will continue to exercise fairness, to respect the nursing profession and nurses as professionals and to protect the public by enforcing the nursing practice law and the rules and regulations of the board.

# MECSAPN

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

The Mississippi Educational Consortium for Specialized Advanced Practice Nursing (MECSAPN) was established for the purpose of offering collaborative curricula for gerontological and psychiatric-mental health nurse practitioners.

The intent of the **MECSAPN** is to offer specialized advanced practice nursing clinical tracks that are accessible through all of the university graduate programs of the state. The students choosing these tracks are admitted, take core curriculum courses, and graduate from the NP programs of ASU, DSU, MUW, UMMC, or USM. The courses for the specialized clinical tracks are taught via distance learning by UMMC faculty. Graduates of BSN programs complete the MSN with an emphasis in Geriatric NP or Psychiatric Mental Health NP roles. Core courses can be taken at any consortium school.

**Post-MSN and Post-FNP programs of study are available. FNP and ANPs receive 270 hours toward GNP clinical hours requirement.**

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## DIRECTOR of ADVANCED PRACTICE



## THE SKY IS THE LIMIT...OR IS IT?

### Understanding Scope of Practice for the APRN

The issue of scope of practice is one that deserves our attention and should be clearly understood by all practicing advanced practice registered nurses. As we ebb ever closer to the 2015 date and the adoption of the APRN Consensus Model, APRNs need to be cognizant of what their limits and boundaries are so as not to put their practices and their licenses in jeopardy. Scope of practice can be defined as those activities that a health care provider is allowed to perform within a specific profession. While experience and environment can often stretch the APRNs' knowledge and competency beyond the basic educational competencies intended, care must be taken to remain within the legal boundaries of practice for all of the roles within the APRN umbrella.

The scope of practice regulates who the APRN can see and treat and under what circumstances and collaborative agreement one can provide care. It also determines the APRN's ability to bill and be paid for services provided, the ability to be covered under malpractice and sets the limits and privileges of licensure and certification.

Today approximately 8 percent of all malpractice claims filed against APRNs are the direct result of practicing outside of the scope of practice and interestingly about 34 percent are filed due to the failure to meet minimum standards of practice. Both of these situations often are the direct result of the APRN expanding way beyond how they were prepared to provide care for patients. While originally intended to provide primary care, the nurse practitioner in particular, now has increased opportunities to practice in acute-care and sub-specialty roles, but the question remains; is he or she adequately prepared to provide services in these areas?

Scope of practice statements do not in and of themselves lend one to be able to apply a typical decision making tree. What needs to take place for one to validate the scope of practice for one role or another (i.e. geriatric, pediatric, adult, family, acute care, psychiatric) is an accurate evaluation of five domains of practice. These are knowledge, role validation, competence and skill, environment and ethics.

In the first domain, **knowledge**, if one is to say that they are practicing within their scope, they must answer yes to the following questions:

- Did the program of study prepare them to see this population of patients?
- Did the program of study have supervised clinical and didactic training that focused on the population?
- Did the program allow for opportunities that prepared the learner for subspecialty roles within this role?

In the next domain, **validation**, one needs

to also answer **yes** to all the following questions:

- Is the person licensed in the state he/she are practicing in the particular role he/she are ascribed to?
- Is there ongoing or additional licensure or certification required for the skill?
- How do the governing professional organizations define the role and specialty scope of practice statements?
- Are there professional standards that validate the practice role?
- Is public verification of preparation available to all for staff, families, credentialing bodies other interested parties?

In the third domain, **competence and skill**, one needs to realistically evaluate each question and determine if it supports his/her particular role.

- What are the competencies so as to treat a particular patient and does the nurse practitioner possess this competency?
- Did the training that the nurse practitioners obtain include didactic and clinical hands on training?
- Has the person obtained and demonstrated those competencies needed to fulfill a stated role?
- Is competency being maintained by virtue of educational enhancement in an ongoing manner?
- Does the nurse practitioner meet the standards of care for all treatment and management of patients?
- Has a specialty preceptorship, fellowship or internship been experienced by the practitioner espousing to be capable of providing subspecialty care?

When evaluating the domain of **environment** one needs to assess issues related to access of care, whether the environment is adequate to deliver care and given the individuals credentials, is his/her level of ability equal to the level needed to provide the specific type of care they are providing?

And lastly with regard to the **ethics** domain, one should assess if he/she understands the consequences of treating a patient, deter-

health nurse practitioner the following guidelines can serve the practitioner well in understanding his or her boundaries. While originally intended to provide primary care in similar type settings it is now accepted and educational programs have been structured to provide for adequate preparation in primary, tertiary, acute care and long term settings. The areas of health promotion, health protection, disease prevention and treatment

cared for by the PNP, care of that patient may be continued into adulthood. The **gerontologic nurse practitioner** delivers care to the young-old, old, frail and old-old elders. The young old would be defined as an individual between the ages of 55 and 75. The rest will include all of the older age groups of patients until death. An exception to this age constraint would be if a disease that is normally considered to be uniquely one of aging (i.e. Alzheimer's) in patients younger than 55, the GNP may care for that patient, specifically addressing the needs of the illness. Lastly, the **family nurse practitioner** may provide care to a much broader base of patients including all ages and genders from birth to death and including patients during pregnancy and the post-partum period.

In other areas of advanced practice it is also important to explore scope of practice issues for the certified nurse midwives and the certified registered nurse anesthetist. The **certified nurse-midwives** are within their scope of practice when they provide for the management of women's health care, focusing on **COMMON** primary care issues, family planning and gynecological needs of women, pregnancy and childbirth, post partum services and care of the newborn. Consultation and referrals are part of this specialty's responsibilities so as to not exceed the boundaries of practice which can be perceived by many boards as more limited and proscribed than some others. The **certified registered nurse anesthetist**, the oldest sub-specialty of all midlevel providers, working in a wide variety of settings can legally administer all forms of anesthesia including general, regional local and sedative types of anesthesia and this may be administered to patients across the life span.

Scopes of practice set boundaries and guidelines for all who practice and those rules and regulations that determine what the scope of practice for each role is must be adhered to so as to maintain the legitimacy of the practice. Just as a job description outlines what one will and will not be responsible for doing, scope of practice mandates what is and what is not allowed for the APRN.



Scopes of practice set boundaries and guidelines for all who practice and those rules and regulations that determine what the scope of practice for each role is must be adhered to so as to maintain the legitimacy of the practice.

mine if safety would be at all compromised by either acting or choosing not to act in a particular situation and evaluate the impact of either a personal or professional relationship with a patient that might either enhance or take away from the ability to provide adequate care to a patient.

It is often hard to be objective in evaluating ourselves, but it is important to be able to meet the standards outlined above. If you have to answer no to these questions then whatever you are doing may well be outside your scope of practice and it would be in your best interest to call the board to see if in fact you are functioning within the legal limits of your scope.

While it is inevitable that scope of practice for each role is ever changing, care must be taken to understand the boundaries of each role. With every expansion of scope of practice come more questions and questioning of ones credentials and ability to function as such, therefore APRNs must understand that the sky is **not** the limit and boundaries do exist within each role.

When examining the roles of adult, family, gerontologic and pediatric and women's

are within the scope of practice for all the specialties and assessment of health status, diagnosis of health status, development of a plan of care and implementation of that plan complete the desired competencies for the APRN. The limitations for scope are in the type and ages of the patients that one can see and these are not subject to interpretation of the institution or individual, rather they are prescribed by the educational foundation that the APRN possess. The **adult nurse practitioner** may only see adolescents and adults across the lifespan with the definition of adolescents for the State of Mississippi being 13 (most define adolescence as the teen years) and over. The **women's health nurse practitioner** can provide care to women across the life cycle with emphasis on conditions **unique to women from menarche through the remainder of the life cycle**. The **pediatric nurse practitioner** delivers care to newborns, toddlers, preschoolers, school aged, adolescents and young adults. Young adults would include up to and including 21 years of age. An exception for the PNP is when a patient who has a condition considered pediatric in nature (i.e. cystic fibrosis) has been



# Defining the Future of Nursing: THE APRN CONSENSUS MODEL

The APRN Consensus Model for practice for advanced practice nurses (APRNs) was approved in the summer of 2008, endorsed by more than 40 professional nursing agencies in 2009 and whose plans for its enactment in 2015 are now under way. The National Council of the State Boards of Nursing is busily readying for the changes that will be related to the adoption of this model as well. This comprehensive model will have far reaching implications for licensing boards, accreditation agencies, certification agencies and educational programs. The model came about because of a lack of common definitions related to the APRN role, lack of standardization of programs preparing APRNs, a proliferation of specialties and subspecialties and the lack of common legal recognition across jurisdictions. The benefit of this model is that it will facilitate the mobility of APRNs from state to state, ensure the public safety by providing a model for standardization, increase access to health care and that it advocates appropriate scope of practice for specific training.

In the new APRN Model there are four roles which include certified registered nurse practitioner, certified nurse midwives, certified registered nurse anesthetist and clinical nurse specialist. These four roles will all be identified by the title of APRN. There are four arms of the APRN's underlying preparation to consider when examining this model and they include licensure, accreditation, certification and education and each of these have specific requirements and standards that must be met in order to adhere to the model.

Boards of nursing will be required to license APRNs in one of four roles with a population focus and these boards will be solely responsible for this licensure except in those few states where midwives are licensed by the board of midwifery only. Only graduates from an accredited program can be licensed and national certification will be required na-

tionwide. Licenses will only be granted when preparation and certification are congruent. There will be no temporary licenses granted in any state.

In addition, boards of nursing may license APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision in those states that allow such. Boards of nursing can provide a mechanism for grandfathering that will allow those APRNs currently licensed to continue to do so with no requirements to meet new eligibility requirements and APRNs will continue to have an option for compact licensure. Each state board of nursing **must** have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives **from all four APRN roles**.

Accreditors will be responsible for the evaluation of all graduate and post graduate

programs with an emphasis on the APRN, role and population core requirements. Each accrediting agency must also include an APRN visiting team when reviewing APRN programs and continued monitoring these throughout the accreditation period must also be assured.

Certification agencies must establish **psychometrically sound** testing that has legally defensible standards for APRN examinations for licensure, assess APRN core and role competencies across at least one population focus of practice, assess specialty competencies **separately** from the APRN core, role and population foci. This certification exam must require congruence between education and the type of exam a person is eligible to take, provide a mechanism for ongoing competence and maintenance of certification, participate in a relationship with boards of nursing that make his/her processes transparent and finally he/she must participate in a mutually agreeable mechanism to ensure communication with the board of nursing at all times.

Educational programs will be required to adhere to the requirement of the model in their approach to education. In order to have a track eligible for APRN license in any state some educational programs will need to make changes in their curriculum so as to meet the standardization required nationally by the model. These changes will include establishing a means to ensure attainment of the **APRN core, role core and population core competencies**. Each program **must** be nationally accredited in order for its graduates to be eligible for licensure. Each program must include **at a minimum**, three separate comprehensive **graduate-level** courses (the APRN Core) in:

- Advanced physiology/pathophysiology, in-

cluding general principles that apply across the lifespan;

- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

Additional content, specific to the role and population, in these three APRN core areas should be integrated throughout the other role and population didactic and clinical courses. These courses must:

- Provide a basic understanding of the principles for decision making in the identified role;
- Prepare the graduate to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; and
- Ensure clinical and didactic coursework is comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus.

Preparation in a specialty area of practice is optional, but if included must build on the APRN role/population-focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to obtain certification for licensure in and to practice in the APRN role and population focus. Programs will be held to a higher standard and will be evaluated in a more comprehensive way. This increased evaluation will ultimately produce better prepared graduates who have similar preparation regardless of which program they have attended. The ultimate goal of adoption of the model is to promote patient safety and public protection and congruity among programs across the nation.

For Mississippi, adoption of the model will take place in 2015 as scheduled and educational programs will need to begin the processes needed to comply with preparation standards. Students applying to graduate programs will

need to be aware if the standards are being met in a program so as to ensure their eligibility for sitting for certification examinations and ultimately receiving licenses to practice. The matter of grandfathering is currently being adopted by nearly all the states and it is anticipated that Mississippi will follow suit with this as well, but ultimately this decision will rest with the board members.

Standardization of educational programs,

licensure and accreditation practices and uniform student preparation is essential so as to produce the highest level graduate and to add credibility to our profession. It actually creates an added layer of protection for the public by ensuring standardization of education, credentialing and certification across the 50 states. Hopefully all agencies and educational programs in the state will welcome this model which has been a long time in coming!



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

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MARIANNE R. WYNN, BA

## DIRECTOR of RECOVERY NURSE PROGRAM



## Codependency, Self Care, Nursing Code of Ethics and Professional Boundaries

I spend a lot of my time meeting and talking with nurses who are in crisis mode. The issues that bring nurses into my office often arise from lack of self care resulting in stress, anxiety, untreated depression and addiction. The stories have similar themes; relationships with alcoholics or abusive individuals, stress in job situations, caretaking of co-workers and family, the pressure of being the sole provider and sleep deprivation. Today's nurses find themselves juggling children, marriage, higher education and employee shortages in their work environments. The result of all this over achievement is lack of sense of self, personal interests, self care and an indefinable inner life.

Sometimes I want to jump up and say, "Hey, Florence Nightingale, when was the last time you read a book, went to the beach, said no to a co-worker, had a physical, turned down an extra shift or went on vacation?"

The common threads of these stories wind back to a tangled skein of boundaries, codependency, perfectionism and low self esteem. The outcome often involves violations of the nurse's code of ethics and ensuing impairment.

### Codependency, what is it?

- A tendency to place the needs and wants of others first and to the exclusion of acknowledging or addressing ones own;
- Difficulty adjusting to changes at work or at home (electronic MARs, administrative changes, staffing shortage);
- Difficulty in asking for help or for what you need (orientation, training, personal time);
- Workaholicism (working back to back shifts);
- Taking on more than you can handle professionally and personally; and

- A pattern of relationships with needy or unstable people.

### How does this relate to the International Code of Ethics for Nurses?

"The International Counsel of Nurse's Code of Ethics was first adopted in 1953; the revision that is cited here is from 2006. It is a guide for action based on social values and needs. It will have meaning only as a living document if applied to the realities of nursing and health care in a changing society.

To achieve its purpose the code must be understood, internalized and used by nurses in all aspects of their work. It must be available to students and nurses throughout their study and work lives. The four elements of the International Counsel of Nurses' Code of Ethics for Nurses: **"nurses and people, nurses and practice, nurses and the profession, nurses and co-workers"** give a framework for the standards of conduct." In order to translate the code into action it is recommended to "Reflect on what each standard means to you.

Think about how you can apply ethics in your nursing domain. Discuss the code with co-workers and others, use specific examples from experience to identify ethical dilemmas and standards of conduct as outlined by the Code. Identify how you would resolve the dilemmas." (<http://www.icn.ch/icncode.pdf>).

### The Code of Ethics and Common Violations Influenced by Codependent Behaviors

The first element of the code is nurses and people. The code reads: "In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual and community are respected."

### Nurses and People

Problems of sleep deprivation, stress and over commitment threaten a nurse's ability to promote a safe environment for his/her patients. Sleep deprivation and ensuing mental impairment can occur when a nurse is working multiple shifts to compensate for staff shortages. This often manifests in administration of medication errors such as administering wrong amounts, pulling more medication than needed to save time and failure to waste medications according to procedure. Caretaking, an element of codependency comes into play when the nurse seeks to meet the increasing demands of the administration, co-workers and patients.

### Nurses and Practice

Sometimes nurses will act outside of the scope of their practice in initiating care prior to communication with the physician wanting



to meet what is identified as the pressing and immediate needs of the patient. This is the point where motivations for control and care overstep the boundaries of assigned duties.

Perfectionism often stems from a compelling need to maintain what is perceived as control of a chaotic work situation. Stresses arise from interactions with co-workers, the demands of families and patients needs.

### Nurses and Co-workers

Perfectionism caretaking and poor communication manifest in relationships with co-workers in ways that ultimately can create unethical situations. Need for control can override a cooperative relationship with co-workers. Perfectionism can result in criticism of co-workers and an atmosphere of enabling and control that ultimately cripples co-workers ability to learn from experience and error. The semblance of the heroine of the unit becomes a manifestation of martyrdom.

Coupled with the nursing shortage and increased numbers of patients, a culture of nurses who give to the point of depletion is becoming a threat to safety in practice and violations of ethical and professional boundaries.

### SUGGESTED SOLUTIONS:

- Attend a codependents anonymous meeting. The meetings are free and can be found by state on the CODA website. The meetings are based on a 12 step program of recovery which offers written guidelines on changing codependent thoughts and behaviors.
- Start journaling about your life and all of your responsibilities. Make a pie chart that divides up how you spend your time. Make a list of new goals for the areas of your life that are revealed as too little or too much. Compare it to where you are now.
- Take at least one night a week to care for yourself. Enjoy a bath, a movie,

*continued on page 16*

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watching the game with friends or whatever makes you happy.

- Enroll in online continuing education courses on ethical and professional boundaries.
- Honestly evaluate your diet, exercise and sleep patterns to see if they are adequate and healthy. Take time for your own health care, get a wellness exam, go to the dentist, sit down and talk with your physician or nurse practitioner about your health needs.
- Seek counseling from human resources or get a referral to a counselor for new coping skills, greater communication and self discovery.
- Pick up a book by one of the pioneers in the field of codependency. Facing Codependence: What It Is, Where It Comes from, How It Sabotages Our Lives by Pia Mellody, Andrea Wells Miller, and J. Keith Miller, Breaking Free: A Recovery Workbook for Facing Codependence by Pia Mellody and Andrea Wells Miller, The Language of Letting Go (Hazelden Meditation Series) by Melody Beattie, Codependent No More: How to Stop Controlling Others and Start Caring for Yourself by Melody Beattie.

### BENEFITS OF CHANGE

When nurses pick up the tools of transformation their stories shift and change, the formerly exhausted and overwhelmed begin to live stories of self care translated into healthier environments in their work, discovery of self, relationships with families, friends and co-workers. Twelve step meetings are revealed as communities of honesty, commonality and positive solutions. Counseling experiences define the self separated from an outer sense of identification. Outdated survival skills are dropped and new skills implemented. The nurse as a human being opposed to a human doing is revealed. Florence Nightingale steps free of the cocoon and takes flight.

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## PRACTICE, DISCIPLINE & LEGAL ASPECTS OF NURSING

The purpose of this presentation is to provide information to licensed nurses and students regarding the functions of the board, functions of the licensed nurse, discipline, investigations and licensure. Information for licensure by examination and NCLEX registration for applicants will also be provided.

**REGISTRATION FORM:** *Check the date you plan to attend*

[ ] November 5, 2009  
1:00 – 5:00

**MISSISSIPPI UNIVERSITY FOR WOMEN**

Nissan Auditorium in Parkinson Hall, Columbus, MS  
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[ ] November 6, 2009  
8:00 – 12:00

**ITAWAMBA COMMUNITY COLLEGE**

Fine Arts Auditorium, Tupelo, MS  
*Registration deadline: October 30, 2009*

[ ] January 15, 2010  
9:00 – 1:00

**SOUTHWEST MISSISSIPPI COMMUNITY COLLEGE**

Horace Holmes Student Union, Summit, MS  
*Registration deadline: January 11, 2010*

[ ] March 4, 2010  
1:00 – 5:00

**DELTA STATE UNIVERSITY**

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[ ] April 30, 2010  
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Email: Practice@msbn.state.ms.us  
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*There is no fee for registration or participation.*



# STAFF DIRECTORY

## ADMINISTRATION

**Dr. Melinda Rush, DSN, FNP**

Executive Director

601-944-4840

mrush@msbn.state.ms.us

**Nancy Herrin**

Administrative Assistant

601-944-4828

nancyherrin@msbn.state.ms.us

## ADVANCED PRACTICE

**Dr. Linda Sullivan, RN, DSN, FNP-BC, PNP-BC**

Director of Advanced Practice

601-944-4851

lsullivan@msbn.state.ms.us

**Sherron Fair**

Licensing Officer - APRNs

601-944-4835

sfair@msbn.state.ms.us

## FINANCE AND TECHNOLOGY

**James Mack**

Director of Finance and Technology

601-944-4848

jmack@msbn.state.ms.us

**Tony Graham**

Human Resource Director

601-944-4866

tgraham@msbn.state.ms.us

**Cameron Pell**

Accounting Auditor

601-944-4848

cpell@msbn.state.ms.us

**Dan Patterson**

Senior Systems Administrator

601-944-4839

dpatterson@msbn.state.ms.us

## DISCIPLINE

**Brett Thompson, Esq.**

Senior Attorney

601-944-4830

bthompson@msbn.state.ms.us

**Sharon Frazier**

Paralegal

601-944-4847

fraziers@msbn.state.ms.us

**Shantannar Montgomery**

Administrative Assistant

601-944-4831

smontgomery@msbn.state.ms.us

**Marvia Davis Luckett**

Compliance Officer

601-944-4856

mdavis@msbn.state.ms.us

**Vera Rucker**

Compliance Investigator

601-944-4854

vrucker@msbn.state.ms.us

## INVESTIGATIONS

**Ann Ricks, RN, BSN**

Director of Investigations

601-944-4844

aricks@msbn.state.ms.us

**Shannon Cook**

Investigator

601-944-4827

scook@msbn.state.ms.us

**Michael Dixon**

Investigator

601-944-4867

mdixon@msbn.state.ms.us

**Alan Inman**

Investigator

601-944-4843

ainman@msbn.state.ms.us

**Dwayne Jamison**

Chief Investigator

601-944-4846

djamison@msbn.state.ms.us

**Jane Phillips**

Investigator

601-944-4849

jphillips@msbn.state.ms.us

**Sunni Sanger**

Investigator

601-987-4188

ssanger@msbn.state.ms.us

**Adelia Bush**

Administrative Assistant

601-944-4845

abush@msbn.state.ms.us

## LICENSURE AND PRACTICE

**Latrina Gibbs McClenton, RN, MPH**

Director of Licensure and Practice

601-944-4833

lmcclenton@msbn.state.ms.us

**Deborah Armstrong**

Licensing Officer - Examinations

601-944-4832

darmstrong@msbn.state.ms.us

**DeAundra Johnson**

Licensing Officer - LPN Expanded Role & CHTs

601-944-4838

dpayton@msbn.state.ms.us

**Angela Jones**

Receptionist

601-944-4831

ajones@msbn.state.ms.us

**Carolyn Owens**

Licensing Officer - Endorsements

601-944-4829

cowens@msbn.state.ms.us

**Gloria Perry**

Licensing Officer - Reinstatements

601-944-4834

gloria@msbn.state.ms.us

**Dotie Stewart**

Administrative Assistant

601-944-4855

dstewart@msbn.state.ms.us

## RECOVERING NURSE PROGRAM AND COMPLIANCE

**Marianne Wynn**

Director of Recovering Nurse Program

601-944-4836

mwynn@msbn.state.ms.us

**Vanessa Gray**

Legal Secretary

601-944-4837

vgray@msbn.state.ms.us

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# disciplinary SUMMARY

The following disciplinary actions were taken at hearings conducted by the Mississippi Board of Nursing on June 3-4, 2009, and July 22-23, 2009, or reflect actions accepted by the licensees or applicants for licensure by agreed order. All information contained in this summary is public.

NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
<b>JUNE 3-4, 2009</b>			
Anderson, Bettye	P-077390	Documentation Course, Legal Aspect Workshop, Fine	Falsified or made incorrect entries on records
Boler, Cynthia	R-852069	Revocation	Violated an order, rule or regulation of the board
Boling, Gina	R-824877	Formal Reprimand	Engaged in Conduct likely to deceive, defraud or harm the public
Bowie, Tarsha	P-317992	Fine/Legal Aspect Workshop, Documentation Workshop	Acted in manner inconsistent with the health and safety of a patients
Brothers, Stacey	R-869954	Voluntary Surrender	Violated an order, rule or regulation of the board
Bryant, Evelyn	R-617598	Legal Aspect Workshop/Care of Critically ILL Patient Pharmacology Course	Engaged in unprofessional conduct as identified by the Board in its rules
Bryant, Margaret	R-630624	Voluntary Surrender	Violated an order, rule or regulation of the board
Buckner, Shareen	R-609536	Pharmacology Course/Management of Patients With Chronic Pain Syndrome Course	Failed to meet generally accepted standards of such nursing practice
Callahan, Venus	R-142350 FNP	Voluntary Surrender	Has been convicted of felony, or a crime involving moral turpitude
Chambers, Brenda	R-869166	Care of a patient with a Peg Course/Legal Aspect of Nursing Course, Documentation Course	Falsified or made incorrect entries on records/ Failed to meet generally accepted standards of such nursing practice
Cleveland, Leslie	P-319325	Revocation	Violated an order, rule or regulation of the board
Cook, Mary C.	R-865880	Formal Reprimand/Medication Administration Course	Acted in manner inconsistent with the health and safety of a patients
Easterling, Leigh Ann	P-314817	Revocation	Violated an order, rule or regulation
Gant, Tammy	P-260251	Legal Aspect Workshop/Fine	Practiced nursing beyond the authorized scope
Greer, Shirley	P-316844	Revocation	Addicted to or dependent on alcohol or other habit-forming drugs
Hammons, Rhiannon	P-319796	Voluntary Surrender	Violated an order, rule or regulation of the board
Harmon, Bradley	R-87161	Voluntary Surrender	Violated an order, rule or regulation of the board
Hill, Helen	R-868621	Voluntary Surrender	Violated an order, rule or regulation of the board
Hunley, Irene	R-823447	Fine/Medication Administration Course/Legal Aspect of Nursing Workshop	Falsified or made incorrect entries on records
Joiner, Terry	R-707473 FNP	Legal Aspect of Nursing Workshop/Management and Treatment of GI Disorders (2 CEU)	Failed to meet generally accepted standards of such nursing practice
Karl, Rebecca	P-314086	Legal Aspect of Nursing Workshop	Practiced nursing beyond the authorized scope
Keel, Carolyn	R-810629	Documentation Course/Formal Reprimand/Fine/12 Months Monitored Practice	Falsified or made incorrect entries on records
King, Deborah	R-568031	Pharmacology Course/Fine	Engaged in unprofessional conduct as identified by the board in its rules/ Practiced nursing beyond the authorized scope
Little, Frana Burnham	P-317355	Documentation Course/Fine	Falsified or made incorrect entries on records
Lott, Tiffany Lauren	R-878334	Restricted Licensure for minimum of 12 months	Possessed, obtained, furnished or administered drugs except as legally directed
McKinley, Tonia	P-322113	Medication Administration Course	Acted in a manner inconsistent with the health or safety patients
McMurtey, Bridgett	P-320071	Reinstated with Stipulations	Failed to meet generally accepted standards of such nursing practice
Meadows, Donna	R-802172	Voluntary Surrender	Violated an order, rule or regulation of the board
Miller, Lisa	R-865293	Revocation	Violated an order, rule or regulation of the board
Miller, Michael	R-796545	Voluntary Surrender	Violated an order, rule or regulation of the board
Moore, Wendy	P-320438	Voluntary Surrender	Engaged in conduct likely to deceive, defraud or harm the public
Patch, William	R-79896	Revocation	Violated an order, rule or regulation of the board
Payne, Linda	R-866004	Legal Aspect of Nursing Workshop/Assessment Course/Care of Patients With Wounds Course	Acted in a manner inconsistent with the health or safety of patients
Piconi, Victoria		Revocation	Physical, mental or emotional condition
Sanders, Chasity	R-86962	Revocation	License or privilege to practice suspended or revoked in another Jurisdiction
Sims, Loyd	R-739814	Restricted Licensure for a minimum of 12 months	Violated an order, rule or regulation of the board
Tapp, Colette	R-788478	Legal Aspect of Nursing Workshop	Misappropriated drugs, supplies or equipment



NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
Thomas, Tracy	R-85411	Revocation	Violated an order, rule or regulation of the board
Travis, William	R-869453	Revocation	Engaged in conduct likely to deceive defraud or harm the public
Walker, Sherri	R-858984	Voluntary Surrender	Engaged in unprofessional conduct as identified by the board in its rules/ Misappropriated drugs, supplies or equipment
Woolhiser, Catrina	P-319151	Documentation Course/Legal Aspect of Nursing Workshop/Care of a Patient with a Peg	Practiced nursing in a manner that fails to meet generally accepted standards of nursing
<b>JULY 22-23, 2009</b>			
Becker, Nicholas	R-875072	Patient Rights & Dignity Course/Patient Confidentiality Course	Acted in manner inconsistent with the health and safety of a patients
Breland, Ruby	P-279093	Voluntary Surrender	Violated an order, rule or regulation of the Board
Britnall, Jill	R-862860	Reinstatement of Nursing Denied with Non-Drug Recommendations	Restoration Hearing
Butler, Janice	R-661082	Restricted Licensure for a minimum of (6) months/ Formal Reprimand/Legal Aspect Workshop	Acted in manner inconsistent with the health and safety of a patients
Campbell, Natalie	R-869323	Revocation /with Drug Related Recommendations	Engaged in conduct likely to deceive, defraud or harm the public/ Falsified or made incorrect entries on records/ Physical, mental or emotional condition
Carter, Sharon	P-255532	Revocation	Violated an order, rule or regulation of the Board
Clark, Melissa	R-868262	Voluntary Surrender	Falsified or made incorrect entries on records
Dickson, Jennifer	P-296324	Revocation /with Drug Related Recommendations	Addicted to or dependent on alcohol or other habit forming Drugs/Physical, mental or emotional condition, engaged in conduct likely to defraud or harm the public/
Edwards, Bonnie	R-870033	Voluntary Surrender	Acted in manner inconsistent with the health and safety of a patients/ Falsified or made incorrect entries on records
Enlow, Cinderella	P-320936	Revocation	Violated an order, rule or regulation of the Board
Evans, Tammy	R-855566	Legal Aspects Workshop	Engaged in unprofessional conduct as identified by the Board in its rules
Farris, Felicia	R-874790	Legal Aspect Workshop/Care of Patient with Vascular Access Device Course	Acted in manner inconsistent with the health or safety patients/Falsified or made incorrect entries on records
Frederick, Raynee	R-878933	Voluntary Surrender	License or privilege to practice suspended or revoked in another Jurisdiction
Galloway, Cleveland	P-316717	Revocation	Engaged in unprofessional conduct as identified by the Board in its rules Engaged in conduct likely to deceive, defraud or harm the public
Harper, Ollie	R-510769	Fine/Scope of Practice Course	Engaged in unprofessional conduct as identified by the Board in its rules Practiced nursing beyond the authorized scope
Hill Marilyn	P-320102	Voluntary Surrender	Addicted to or dependent on alcohol or other habit-forming drugs
Holman, Gregory	P-323832	Formal Reprimand	Engaged in conduct likely to deceive, defraud or harm the public
Ingram, Misty	R-868463	Revocation	Violated an order, rule or regulation of the Board
Jackson, Claude	P-314086	Restricted for a minimum of (6) months/Formal Reprimand/Care of Patients with Central Line Course	Acted in a manner inconsistent with the health or safety patients
Jones, Nancy	R-574597	Revocation	Violated an order, rule or regulation of the Board
Land, Tracy	R-858246	Restrictions Extended for minimum of six (6) months	Violated an order, rule or regulation of the Board
Leach, Connie	P-271938	Restricted Licensure for a minimum of (36) Thirty-Six Months	Falsified or made incorrect entries on records
Leviskis, Patricia	R-760186	Reinstatement of Nursing License with Drug Related Stipulations	Restoration Hearing
Lowe, Candy	R-864675	Revocation	Engaged in conduct likely to deceive defraud or harm the public
Mullins, Anna Bailey	R-873618	Revocation	Engaged in conduct likely to deceive defraud or harm the public; Engaged in unprofessional conduct as identified by the Board in its rules
Robinson, Cynthia	R-864175	Voluntary Surrender	Engaged in unprofessional conduct as identified by the Board in its rules/ Possessed, obtained, furnished or administered drugs to any person Including self
Robinson, Marc	R-868775	Restricted Licensure for a minimum of (24) Twenty-Four Months	Engaged in unprofessional conduct as identified by the Board in its rules/ Possessed, obtained, furnished or administered drugs to any person Including self
Rogers, Tammy	P-320986	Restrictions of Nursing License with Drug Related Stipulations	Engaged in conduct likely to deceive, defraud or harm the public
Shedd, Richard	R-824165	Voluntary Surrender	Violated an order, rule or regulation of the Board

NAME	LICENSE #	ACTION	VIOLATION OF THE NURSING PRACTICE LAW
Smith, Betty	P-23404	Revocation	Violated an order, rule or regulation of the Board
Smith, Delane	P-321275	Revocation	Physical, mental or emotional condition/ Falsified or made incorrect entries on records
Smith, Lauren	R-877473	Legal Aspect of Nursing Workshop/Medication Administration Course; Documentation Course/Medication	Falsified or made incorrect entries on records/ Acted in manner inconsistent with the health or safety patients
Swinney, Deborah	P-209295	Formal Reprimand/Legal Aspect of Nursing Workshop Documentation Course	Engaged in unprofessional conduct as identified by the Board in its rules/ Practiced nursing beyond the authorized scope
Talavera, Norma	P-316387	Medication Administration Course	Acted in a manner inconsistent with the health or safety patients
Tisdale, Donna	P-299695	Voluntary Surrender	addicted to or dependent on alcohol or other habit-forming drugs
Welch, Susan	R-85102	Reinstatement of Nursing License with Drug Related Stipulations	Restoration Hearing
Wells, Deborah	R-856924	Reinstatement of Nursing License with Non-Drug Related Stipulations	Restoration Hearing
West, Iris	P-322616	Formal Reprimand/Legal Aspect of Nursing Course	Engaged in unprofessional conduct as identified by the Board in its rules/ Practiced nursing beyond the authorized scope
Whitaker, Jimmie	R-630152	Documentation Course/Legal Aspect of Nursing Workshop/Formal Reprimand/Fine	Acted in a manner inconsistent with the health or safety patients; Engaged in unprofessional conduct as identified by the Board in its rules/ Practiced nursing beyond the authorized scope
Williams, Jennifer	P-319622	Reinstatement of Nursing License Denied with Drug Related Stipulations	Restoration Hearing
Wilson, Belinda	R-875436	Voluntary Surrender	Addicted to or dependent on alcohol or other habit-forming drugs/Falsified or made incorrect entries on records

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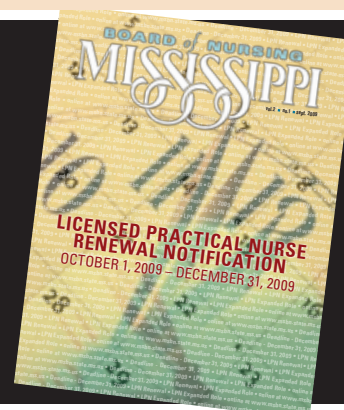
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Every summer we took a family vacation. My parents, brothers and I would load up in the car and head to places like the Grand Canyon, Mexico, Florida ... amazing destinations, but what made these some of the best times of my life were the stops and side trips we made along the way.

My journey in life has taken many side trips. Nursing is actually a second career for me, after I realized I wanted to do something that would make a difference. We do remarkable things every day in the Baptist DeSoto ICU, helping patients recover from life-threatening illness or open heart surgery. Not only are our nurses highly skilled, but we know that every patient is someone's "Ward or June," and we can make the critical difference in their journey.

— Lisa Miller, director of ICU, SD and Telemetry



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