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NURSING NEWS

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NHNA Fall Conference: Harnessing the Power of Nursing

October 26th was a beautiful Fall day as over 100 nurses and nursing students gathered at SERESC in Bedford, NH to take part in our annual convention.

Special guest speaker, **Donna Cardillo, RN, MA** ("Dear Donna" from Nursing Spectrum and the only nurse blogger for DrOz.com) inspired the crowd with both her keynote: **Nurse Power!–Communicating Your Value, Promoting Your Worth,** and endnote: **Nursing–The Future is Ours!**

Cardillo's opening program was designed to remind nurses of their incredible value and empower them for future success–and definitely succeeded judging by such comments as: "I'm one of those nurses who have been sufficiently disenfranchised by difficult work environments that I've considered leaving the field. I came to get some inspiration–and I did!! Thank you!" "Made me proud to be a nurse!" "Dynamic–engaging–so relevant– motivating and inspirational." "An eye-opening reminder to celebrate our profession!"

Donna's closing session addressed the need–and opportunity–for nurses to take more of a pivotal role in the changing landscape of healthcare. She projected what's in store for healthcare delivery including shifting from acute to community based care; changes in cost and reimbursement plus technology and the workforce itself. She emphasized the need for nursing to reinvent itself in order to evolve into a "superpower" in healthcare–as managers of chronic illness; health and wellness educators; primary care providers, and leaders in politics, administration, policy, finance and education. Donna identified some key issues which hold nurse back: complaining rather than finding solutions; criticizing rather than empowering, clinging to the past and accepting the status quo. To shift from those disempowering mindsets and behaviors and get in shape for the future challenges and opportunities of nursing, Donna feels it is critical for nurses to continue their education and increase their social and professional association affiliations.

After the keynote, participants had the option of attending the following three sessions:

DOCUMENTATION and Malpractice Prevention

Wendy Wright, MS, APRN, FNP, FAANP–Wright & Associates Family Healthcare

Nurses are performing more services with more and more patients–and the number of malpractice claims made against all health care professionals is on the rise. It is essential for nurses to take all possible steps to avoid being on the receiving end of a malpractice claim. Wendy covered the components of such a claim: duty and breach of duty; injury and proximate cause, and then identified techniques to prevent claims through documentation improvements and increased confidentiality. She further offered strategies to improve patient documentation and raised awareness of careless conversations that can unwittingly reveal confidential information.

"Great speaker, such an important subject in this world today–protecting ourselves as nurses should always be practiced."

MEET or TWEET: MULTI GENERATIONAL COMMUNICATIONS

Paula Johnson, RN, BSN, MPA–Dartmouth Hitchcock Medical Center

There is currently a wider age range represented in the workforce than ever before–working side by side as peers or as managers and staff. Johnson addressed the differing communication styles and needs of nurses within this highly diverse,

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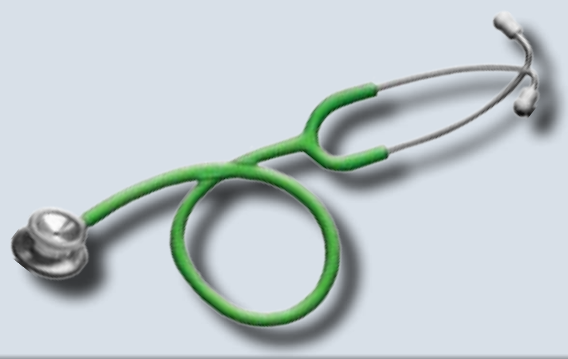
Inside...



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multigenerational workforce. She reviewed various historical occurrences that impacted the formative years, worldviews, values and perceptions of each generation, and the general characteristics of each category: Veterans also called the Silent Generation or Traditionalists (born 1925-1945); Baby Boomers (1946-1964); Gen X" (1963-1980) and the Millenials (1980-2000). Paula also detailed the communication styles by category; how each group gives and receives feedback; preferences for motivation and recognition; views on work ethic vs. work-life balance, as well as strategies for engaging each age group to work effectively together. Says Johnson, "In terms of generational differences, the tendency is to look at the differences as barriers rather than opportunities; we need to reframe in order to recruit and retain the best and brightest in nursing as health care and nursing become yet more complex; we need to create cohesion and collaboration." "Overall, we need to develop strategies that engage everyone in a greater understanding of the differences with generations, and not view them as bad but simply different, and build on the possibilities."

NURSING ACROSS CULTURES: Effective Healthcare Communications

Lynn Clowes, NH Minority Health Coalition

Clowes examined health disparities by race, language, and culture and ways in which cross-cultural communication skills impact safe and positive patient outcomes. (Patients will be much less apt to follow provider suggestions if they feel that communication has been inadequate–especially when the provider is seen as part of dominant culture and the client is not). Lynn covered NH demographics showing that our residents now represent cultural heritages from all over the world–and also discussed issues of our "deaf culture" population. She laid out strategies and resources to support effective communication across cultures. This included some important cultural "hinge points:" respect; greetings; deference; understanding barriers; family decision making; coping with illness; belief about cause of illness; religion and/or source of spiritual strength; body language; communication and interpretation. It is important that healthcare providers value and adapt to diversity and the cultural contexts of the communities they serve. The following quote shared seems to crystallize the session:

"To be culturally effective doesn't mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world"–Okokon O. Udo

Afternoon concurrent sessions included:

CONFIDENT COMMUNICATIONS for Creating Positive Workplaces

Beth Boynton RN, MS–Consultant–Confident Voices

Boynton believes strongly that speaking up assertively is essential for effective patient-centered care as well as pursuing long term, rewarding careers. "Assertive behavior is standing up for your right to be treated fairly. It is expressing your opinions, needs, and feelings, without ignoring or hurting the opinions, needs, and feelings of others. It includes giving and receiving constructive feedback. Assertive behavior for nurses includes the additional element of advocating for our patients' rights, needs, feelings and ultimately safe and quality care." Yet confident communication requires behavioral changes that are much more complicated than meet the eye. Her workshop helped participants identify strategies to practice assertiveness in the context of real-world nursing settings. Interactive exercises had attendees discussing the differences between assertiveness and aggressiveness–*as well as passive aggressive behavior;* creating "I" statements; examining non verbal communications; brainstorming the elements of both positive and toxic workplaces; and creating self assessment action plans.

DEALING WITH DIFFICULT PEOPLE

Jack Agati, Encouraging Concepts Associates

In engaging and entertaining fashion, Agati offered a practical two-step strategy for identifying and dealing with the chronic "misbehaviors" of "difficult people." Just some of the "types" described include: Tank Commanders, Snipers, Exploders, Prophets of Doom, and "Yes, But" people. He outlined a problem solving action plan to deal with misbehaviors based on "the two truths of ownership and accountability." Step 1 = identify the social "Why" behind behavior–usually a need to belong but with misdirected goals of either attention getting, power or getting even. The myth here to be dispelled is that these people "aren't aware of what they are doing." Step 2 = what do you do about it–punish or manage and change behavior? Myth to explode here is "I'm not responsible." Beware of the following excuses to avoid accountability: *It's not fair • You never • I'm sorry / I promise • Just one more chance • I didn't know • I didn't mean it • It's not my fault • But everybody else… • It's in my genes • Look at my environment • I was just joking!* Many real life scenarios were examined.

Participant comments: "Great strategies and practical approaches." "Thought provoking–need to implement TOMORROW at work "

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VISION STATEMENT

Cultivate the transformative power of nursing.
Adopted 10-20-2010.

MISSION STATEMENT

NHNA, as a constituent member of the American Nurses Association, exists to promote the practice, development and well being of NH nurses through education, empowerment and healthcare advocacy.
Adopted 10-20-2010.

PHILOSOPHY

Membership and participation in the professional organization affords each nurse the opportunity to make a unique and significant contribution to the profession of nursing. The membership of the New Hampshire Nurses' Association, individually and collectively, has an obligation to address issues related to the development and maintenance of high standards of nursing practice, education and research. We participate in the proceedings of the American Nurses Association (ANA) and support and promote ANA Standards and its Code of Ethics.

We believe that the profession of nursing is responsible for ensuring quality nursing practice and that continuing education in nursing is essential to the advancement of the profession and the practice of nursing.

We believe that nurses function independently and collaboratively with other professionals to enhance and promote the health status of individuals, families and communities. We have an obligation to initiate legislative strategies to improve the quality of health and the delivery of health care services while promoting quality practice environments that advocate for the economic and general welfare of nurses.

Adopted: 5/80
Revised: 1991
Revised: 12/4/97

Presidential Messages

Incoming President's Message

Jane Leonard, MBA, BSN, RN

Well, here it is–a new year–2012! Where did this past year go? Like many of you, I witnessed some troubling times throughout our Granite State this year. There were economic hardships felt at many levels–personal and professional; organizational and institutional. We saw state budget cuts that had both immediate and yet to be determined effects on everything from education and healthcare to state licensing boards, and state and local social services. We witnessed freaky weather patterns that destroyed landscapes, houses, businesses and even personal lives. Many of us sustained one or more rounds of power outages rendering our homes only partially habitable, at least until the convenience of modern electricity was restored and work-life balance proceeded as usual.

During the past year I venture to guess many of us learned a few new things we thought we already knew, or at least thought we had the resources to handle should adversity strike us unaware. This was so blatant when I found myself delving into every conceivable resource to keep my head above water and my career from becoming ship-wrecked. Juggling job transitions and loss of benefited employment, I found myself drawing on basic nursing skills of assessing and prioritizing, planning, implementing and evaluating outcomes (expected and unexpected) in order to continue practicing nursing–my life-long passion. In May of this year, I am proud to say, it will be 39 years that I have been a Registered Nurse. Yet, more than once I questioned my resolve to "hang-in-there." That is until I went to this past year's ANA Constituency Assembly in Silver Springs, Maryland.

On Friday November 4, 2011, I joined our Executive Director, Avery Morgan, and attended my first national meeting of the American Nurses Association Constituency Assembly. Constituent/State Nurse Associations in attendance represented nurses from 47 states, Guam and the Virgin Islands. Meeting and speaking with ANA's president, Karen Daley, and many of ANA's leaders and staff was truly inspiring. The kind of inspiration you get when you realize you are part of something bigger and that your voice as a nurse really does matter.

Throughout the weekend event I was keenly aware that New Hampshire, although small by comparison in size and number of nurses, experiences many of the same challenges, trends and opportunities as do our counterparts in other parts of the country. Yet, we had several unique successes we were able to share as well–such as our statewide video-conferencing network, the completion of a toolkit created by the Medical Assistant Task Force for RN delegation to Medical Assistants, the legislative protection of the professional title: *Registered Nurse,* as well as our very successful Nurses Week conference on Social Networking–the title of which *(Would Florence Friend You on Facebook?)* drew raves and compliments from our northeast neighbors during the regional meeting held that Saturday evening.

The highlight for me, personally, was attending the ANA Presidents' Orientation–an interactive presentation designed to assist newly elected association presidents in their role as state nurse leaders. Practical tools, governance and leadership responsibilities, board and staff partnerships, continuous learning, and embracing new opportunities were just a few of the many supportive topics discussed. This was a well run, highly engaging and extremely useful segment of the ANA Constituency Assembly–one I am confident will assist me in my role this year as President of NHNA.

Looking ahead to the coming year, I'm excited about the challenges we face. We have a strong foundation and the resolve to continue being successful. So it is that I have a challenge for you, as well–one that is within easy reach of every nurse in this state: become an active, recruiting member of the NHNA. Share what you know and share what you do. As a registered nurse you are part of something bigger. Together we will become something better.

Happy New Year

ANA CEO Marla Weston; new NHNA President Jane Leonard; ANA President Karen Daley

The Year in Review

Anita Pavlidis, MS, RN
NHNA President 2011

The work of professional associations continues to get more complex as time goes on. Many of us can remember the days we took care of most things ourselves. We relied less on technology and more on our professional partners if we asked for help at all.

Today our professional lives are dotted with checklists, reminders, and many other steps in our daily processes that we may often perform on "autopilot." When I reflect on the past year, the word "change" seems to be the best description of my tenure as President. Evidence of this change includes a "check list" of our 2011 activities.

- ✓ A review of our infrastructure and the goals of the organization guided us through the work of the organization. Our commitment to "Best Practices for Non-Profit Boards" led to an examination of our governance practices. "Consent agendas" were implemented to streamline and increase the efficiency of meetings. The Board worked to review and update all NHNA policies, procedures & personnel policies, to be congruent with current expectations of a strong Board and its governance model.

- ✓ A 3-5 year association strategic plan was developed and is in the final stages of review and approval. The plan focuses on our goals of:

  - promoting professional practice and excellence;
  - advancing NHNA agenda in the legislative and regulatory arena;
  - encouraging nurses to expand their knowledge and use of evidence based practice;
  - advancing partnerships and membership to strengthen ANA and NHNA, and–
  - advocating for nurses in work force and workplace issues.

- ✓ The Board introduced an annual training day and educational sessions throughout the year to discuss strategic and action plans for the association. Discussions focused on governance, fiduciary responsibilities and membership.

- ✓ Intra-association communication was enhanced through a new networking event which provided an opportunity for more cross-interaction and connection among our working Commissions and an opportunity to for the Board to meet the active volunteers they didn't already know–who generously give of their time and energy to support NHNA.

- ✓ Board member position descriptions and a formal orientation were developed.

- ✓ An outreach to NH nursing students resulted in the creation of a non-voting position on our Board of Directors for the President of the State Student Nursing Organization. We hope to partner on issues important to our next generation of nurses and expand our direction in Humanitarian / Service Learning Projects.

- ✓ Increased recruitment and retention efforts resulted in a strong membership base for the year.

- ✓ To reach a wider audience of NH nurses with our programs *and reduce participant travel*, we have begun to offer interactive video conferences at regional sites. Three events utilizing this technology were held: our Legislative Town Hall Forum; a dialogue on the IOM Future of Nursing initiative; and Delegation to Medical Assistants: Safe and Effective Teamwork–*detailed elsewhere in this issue*. We plan to expand video events in 2012.

- ✓ Two 'live' conferences were also conducted based on a "Communications" theme: "Would Florence Friend You on Facebook?–Social Media Meets Nursing Practice;" and "Harnessing the Power of Nursing–Communicating with Confidence" which included a variety of skills building sessions. Both were highly rated by attendees.

- ✓ Our joint task force on issues surrounding Medical Assistants–*in addition to offering the aforementioned videoconference*–developed a **toolkit** on nurse delegation to unlicensed M.A.s. This is intended to assist practice settings in establishing safe / defined structure for the M.A. role in relation to that of the licensed nurse. It is posted on both the NHNA and BON websites.

- ✓ Work continues on proposed strategies to promote educational advancement for licensed nurses at all levels consistent with the association's position paper on Educational Advancement.

- ✓ Three educational advancement scholarships were recently awarded to NHNA members. (See announcement in this issue).

- ✓ Efforts focus on continually upgrading our website and now members can visit NHNA on Facebook. Increase of technology to increase the efficiency of the organization and expand our outreach is a clear goal for the organization as we move forward.

- ✓ Our Government Affairs Commission worked to advance our legislative agenda including successful passage of a bill that now officially protects the title of "nurse." Health care workers who are not prepared according to standards set to protect the public can no longer refer to themselves nurses–nor can they be called nurses by their employers.

Please visit the NHNA website to review our Annual Meeting report for a more detailed accounting of all the great work accomplished this year by our four Commissions.

Much has been done and there is much to do to remain a viable, strong organization. Watching the efforts and enthusiasm of the volunteers who move our organization forward has been rewarding. I leave my office knowing that the association is positioned for a period of growth!

In closing, please know that I sincerely appreciate the support and collaborative spirit of the NHNA staff and Board of Directors during this last year. Your dedication and service did not go unnoticed. Together you have established a foundation necessary to facilitate the growth of NHNA. Your efforts have ensured that the association is relevant, cost effective, and will continue to work on behalf of all nurses in NH to be the strongest possible voice for nursing and nurses.

Kudos

Joanna Whittington, RN, was recognized as the New Hampshire Emergency Nurse Association's Registered Nurse of 2011 at the annual meeting in October. Whittington transferred from ICU to the ER at Memorial hospital in 2004 and holds numerous certifications. She is a PALS and ACLS instructor both for the hospital and the community EMS providers. In recognizing Whittington, Emergency Services Director **Colin Richards, RN,** noted "Jo has the ability to see the big picture while delivering high levels of care to Emergency Department patients. Her expertise and abilities, however, go far beyond her contributions to the Emergency Department."

Ethnee Garner RN, VP of Nursing (L) and Colin Richard RN, Emergency Services Director (R) recognize Joanna Whittington RN as ENA's Nurse for 2011

Donna Hannon, RN, Director of Nurses, of Villa Crest Nursing and Retirement Center was named National Healthcare Corporation Director of the Year for 2011. Hannon has been the Director of Nurses at Villa Crest for the past seven years. In addition to being named Director of the Year, the nursing department was awarded the patient care services award in recognition of the outstanding care provided to the residents of Villa Crest.

Congratulations to **Debra Chamberlain, RN**, Clinical Informatics, recipient of the Presidents' Service Excellence Award and **Jacquelyn Ethier, RN**, Clinical Leader Rehabilitation recipient of the Leadership Award. Both nurses practice at Cheshire Medical Center/Dartmouth-Hitchcock Keene.

Debra Chamberlain, RN

Jacquelyn Ethier, RN

Well done to **Angela Charland, RN**, and **Jodi van den Heuvel, RN**, who successfully achieved certification as a CPEN, Certified Pediatric Emergency Nurse. The new CPENs practice in the emergency room at Wentworth Douglas Hospital.

Diane Allen, RN, Assistant Director of Nursing at New Hampshire Hospital, recently presented a poster "Staying Safe" at the 25th annual American Psychiatric Nurses Association (APNA) Conference. Over 1200 psychiatric nurses were in attendance. Allen also represented the New Hampshire's APNA Chapter.

Congratulations to **Lindsay D. Prussman, RN**, BSN, CWCN, WOC, DAPWCA, the Wound/Ostomy Coordinator at Southern New Hampshire Medical Center who was a 2011 People Awards winner sponsored by Dorland Health. As the winning entrant for the category of "Wound, Ostomy, and Continence Nurse" Prussman received the award at the National Press Club in Washington DC. The second annual People Awards ceremony was the result of a three-month call for healthcare providers across a variety of settings within the U.S. healthcare system. Entries for the awards program were evaluated by a team of judges, and winners were selected based on leadership, creativity, and innovation for specific programs or as a member of the care coordination team in their organization.

Good luck to **Stacey Savage, RN, BSN**, who assumed the Presidency of the NH Emergency Nurses Association as of January 1, 2012. Savage practices at Wentworth Douglas Hospital.

Congratulations to the nursing department at **Rivier College** for receiving a full 8 year accreditation by the National League for Nursing Accrediting Commission, Inc. (NLNAC) The accreditation applies to all curricula within the College's Division of Nursing, including the associate degree, bachelor's degree, graduate program, and Post-Master's Certificates. "We're so pleased that our nursing preparation programs have received this accreditation," said Division of Nursing Chairperson Paula Williams. "It is a testament to the hard work by the accreditation committee, and our committed faculty who work tirelessly to prepare our students to be health care leaders in today's world."

A pat on the back and an "atta boy" to the Texas Attorney General who saw that justice was served in the Winkler County case. The case involved two west Texas nurses who filed a complaint against physician Rolando Arafiles citing unsafe practices. In 2009 after Anne Mitchell, RN, and Vicki Galle, RN, two long-time registered nurses at Winkler County Memorial Hospital in Kermit, Texas, were charged with violating the law by sending an anonymous letter to the state medical board that expressed concern about Dr. Arafiles at the hospital. After receiving a complaint of harassment from the physician, the Winkler County Sheriff's Department initiated an investigation that resulted in criminal charges against both nurses that carried potential penalties of ten years imprisonment and a maximum fine of $10,000. Mitchell and Galle, who had a combined 47 years of employment at the hospital, were also fired from their positions. Charges of misuse of official information against Galle were dropped. Mitchell endured a four-day jury trial, and was found not guilty. The nurses filed a federal civil suit against their accusers alleging violation of civil rights, among other violations, and won a $750,000 settlement. The Texas attorney general's office ultimately indicted the hospital and government officials who originally accused the nurses of wrongdoing. In the final chapter, on November 7, 2011, Dr. Arafiles plead guilty and was sentenced to 60 days in jail and five years probation. In addition, he must pay a $5,000 fine and surrender his medical license.

Texas lawmakers passed a bill earlier this year that strengthened laws to protect nurses against retaliation when they advocate for the safety of patients. The law significantly increases financial penalties for retaliation (up to $25,000) and provides nurses with immunity from criminal prosecution.

Board of Nursing Exec Named

I am pleased to announce that Denise Nies, MSN, RN, BC, has been appointed the new Executive Director of the New Hampshire State Board of Nursing. Denise comes to the Board of Nursing from Portsmouth Regional Hospital where she recently held the position of Director of Professional Development since 2005. Previous experiences include adjunct faculty at the University of New Hampshire and Old Dominion University. Throughout her career, Denise has gained experience in the acute care, long term care, and community care settings.

Denise is a member of the Eta Iota Sigma Theta Tau Chapter Nursing Honor Society where she served as a Faculty Counselor, Vice President, and Secretary. She is also a member of the New Hampshire Nurse's Association [serving on their] Continuing Education Commission; and is Board Certified in Professional Development.

The State Board of Nursing is extremely excited about Denise becoming the new Executive Director and will begin on January 17, 2012. Please join us in welcoming Denise.

Robert Duhaime, RN
President–NH Board of Nursing

2011 Scholarship Recipients

In keeping with NHNA's commitment to supporting the educational advancement of nurses in New Hampshire, we offered three, $1,000 scholarships to NHNA members enrolled in degree programs to continue their nursing education. Awards were available to one RN pursuing a Bachelor's / BSN; one pursuing a Master's in nursing, and one working toward a PhD or DNP.

Applicants each turned in an essay on their educational goals and why they were deserving of the award; current resume; proof of acceptance into an accredited degree program, and an endorsement letter from a peer or faculty member. These were reviewed by our Nursing Practice Commission who agreed on the following winners:

Laurie Brockelman, RN, is an adult learner making a career change from the business world–where she had already obtained an MBA–to nursing. She began as a nursing home LNA in 2007, progressed to LPN in 2008; completed her ADN studies at St. Joseph School of Nursing and is now working toward her **BSN** online–with intent to specialize in geriatrics. Says Laurie: "Although working in administration would be natural for my experience and education, I prefer being involved with direct patient care." She is also heavily involved in community service, and has just returned from a trip to Costa Rica with her fellow online nursing students to work with a child development group there. Her letter of support describes her as hard working and conscientious–dedicated to advocating for her patients and providing quality care.

Kyleigh Mercier, RN, BSN, is one of the nurse managers in the ICN at CHAD (Children's Hospital at Dartmouth) and is working on her MSN in Pediatric Nursing Practice through Regis College, and has recently received national certification in neonatal intensive care. As an active "advocate for family centered care and worked to evolve palliative care and bereavement support in the nursery," Kyleigh founded a Pregnancy and Infant Loss Council for DHMC. She has been involved in numerous committees and organizations related to the improvement of infant care and earned an invitation to speak at a national conference of neonatologists and NICU nurses. Her letter of support applauds her leadership in improving family involvement in the care of premature infants–and her creativity in doing so. Kyleigh plans to continue working with acute and chronically ill patients and being "…a true partner in health care with the patient and family. Completion of an NP program will bring care and cure together."

Shari Goldberg, RN–PhD candidate, is an Associate Professor of Nursing at Colby-Sawyer College. She credits her commitment to nursing education as the catalyst for enrollment in doctoral studies at U-Mass. Lowell. Her dissertation research proposal is on food insecurity–the social context of hunger. The recommendation in support of her application refers to Shari as "…developing as a keen nursing scholar in the field of public health and health policy. Shari is a skillful and knowledgeable nursing and health studies educator" who "...is often invited to participate in local, regional and national initiatives in her field of study." Shari is passionate about teaching and mentoring and attests to being "committed to continue in my role of nurse educator, providing expanded experiences for future nursing students in the state of New Hampshire."

NHNA congratulates these recipients–and also applauds the efforts of all our scholarship applicants as well as others working to continue their nursing education.

Beginning the Conversation: The Nurse Educator's Role in Preventing Incivility in the Workplace

Cynthia M. Clark RN, PhD, ANEF and Sara Ahten, RN, MSN

Reprinted with permission from the Idaho Nurses Association, February 2011, RN Idaho.

Background and Vignette

Recently, a young, disillusioned nursing student shared the following story:

> **"It was terrible. On my first day of clinical I was assigned to a patient with contact isolation. I was preparing to enter the room to take the patient's vitals and I was unsure of what equipment may already be in the room. I asked the nurse assigned to the patient if the oxygen saturation device was in the patient's room or if it was something I had to find elsewhere. He looked at me and said sarcastically "I don't know, is it?" He was very rude and was no help at all. His reaction shocked me–he made me feel stupid and incompetent. The experience made me very reluctant to ask for help from him or anyone else. In the future if I have a question, I will do my best to find the answer on my own."**

While this student's perception is troubling on many levels, the sad fact is that many nurses would acknowledge having a similar experience, either as a student or as a nurse in practice. It is equally important to note that examples of this type of uncivil behavior can also be found within the academic setting between teacher and student, as well as student to student. As educators, we view this student's perception as illustrating one point along the continuum of incivility in nursing practice. As an illustration, if we were to plot incivility on a continuum, the far left point represents annoying, irritating, or disruptive behaviors such as rude comments, put-downs, or dismissive gestures like eye-rolling or staring. As one progresses along the continuum to the right, uncivil behaviors escalate to bullying, intimidation, and psychological abuse. The far right of the continuum includes threatening and potentially violent behaviors, up to and including aggressive physical violence and homicide.

Though all nurses in practice have a responsibility to foster civility, the purpose of this article is to discuss the role of nurse educators in raising awareness in pre-licensure students about the continuum of incivility, giving them tools to address uncivil behaviors, and beginning the conversation about creating a culture of civility. We believe it is critical to raise awareness about the continuum of incivility in future nurses in order to prevent escalation of lesser degrees of uncivil behavior to more destructive forms of lateral violence.

Overview of the Problem

Rowell (2010) defines **lateral violence** in nursing as any inappropriate behavior, confrontation, or conflict ranging from verbal abuse to physical and sexual harassment between coworkers. It is important to note that interactions that occur during the student's education will shape his or her professional image. Nursing students observe how other nurses behave, both in education and practice, and thus develop a beginning concept of how a professional acts toward others including patients, colleagues, and students. For example, Randle (2003) empirically demonstrated that when nursing students were bullied, their self esteem was significantly damaged and led to feelings of anger, powerlessness, and stress. Causes of lateral violence in nursing include the hierarchical nature of nursing, nurses being an oppressed group, and negative organizational conditions such as unclear roles and expectations. These conditions can contribute to the departure of new graduates from their first job within 6 months (Bartholomew, 2006).

The impact of incivility has significant implications for organizations employing newly-graduated nurses. Griffin (2004) found that 60% of nurses new to practice leave their first positions within six months because of some form of lateral violence, often occurring between the new nurse and his or her preceptor. According to Griffin, the relationship between the new nurse and the preceptor starts to break down. The new nurse stops asking questions of the preceptor and may eventually leave because he or she does not believe safe care is being provided. This type of scenario is reflected in the opening vignette.

Incivility and disruptive behavior in the nursing workplace are becoming more commonplace (Brown, 2010) and are frequently ignored (Lewis, 2006). These behaviors can compromise patient safety and, in part, have led The Joint Commission (2008) to release a sentinel event alert calling for zero tolerance to intimidating and bullying behaviors, implementation of a code of conduct for all employees, and an organization-wide approach to address disruptive behavior in the workplace.

Clearly, incivility is a problem in nursing practice, but nursing education is not immune to instigating and perpetuating the problem as well (Clark, 2008, 2008b). Nearly a decade ago, Lashley and de Meneses (2001) found that incivility had increased over the previous five years. Faculty reported students were tardy, leaving class early, and talking in class. More serious behaviors included cheating, yelling at faculty, and objectionable physical contact. More than half (52.8%) of the faculty respondents reported being yelled at in the classroom, 42.8% reported being yelled at in the clinical setting, and 24.8% reported objectionable physical contact by students. The authors concluded that disrespecting, yelling at, and threatening faculty and other students have become a serious problem. Shortly after this study, Thomas (2003) examined nursing student perceptions of faculty incivility and found that nursing students believe that nursing faculty members play a significant role in academic incivility including being rigid, acting superior, behaving defensively, and treating students unfairly.

Beginning the Conversation: The Role of the Nurse Educator

The importance of effective communication cannot be underestimated. Raising awareness about the existence and subsequent dangers of incivility and lateral violence, along with teaching nurses to ask questions and address the problem behavior, can reduce its incidence and effects (Griffin, 2004). So, how do we get the conversation started—and how can we sustain the dialogue once it has begun? We believe these critical discussions begin with and must continue throughout a student's nursing education. While it is essential to teach our students about the importance of communication and conflict negotiation, it requires more than discussion. It requires repeated simulating, demonstrating, practicing, and rehearsing these fundamental skills.

Conversations Among Faculty

Because it is impossible to separate education from practice in the profession of nursing, we realize that conversations about incivility must begin early in a student's education, rather than delaying them until the nurse enters the workforce. Before addressing practice issues with students, we also believe it is imperative that nursing faculty begin to have the same conversations with each other and as members of a faculty. Conversational topics among faculty should include:

- Do our institutional vision and mission statements, as well as our internal vision, mission and philosophy statements, reflect a commitment to civility?
- Have we established norms of acceptable professional behavior that outline how we interact with one another, as well as our students and community partners?
- Have we developed safe and respectful processes for holding oneself and others accountable for these norms?
- Do we incentivize or reward civil and collegial behaviors as well as role-model them for our students?
- Do we have clear and transparent processes for initiating a report of incivility and remediating founded complaints of uncivil behavior?

Beginning the Conversation continued on page 6

Beginning the Conversation continued from page 5

Conversations With Students

The conversations with students must be multi-layered and progress sequentially throughout their education. Conversations on civility begin early in the curriculum with discussions on introductory issues, such as university and school of nursing norms, culture and codes of conduct. As the student begins foundational courses, the discussion moves to professional ethics, codes of conduct, and regulatory standards such as State Board of Education statutes and guidelines set by governing bodies for schools of nursing. Students and faculty at this level begin conversations about early practice concerns, such as respectful communication with patients and peers, and the impact of cultural issues on care delivery. The role of the faculty member is to set expectations for students' professional behaviors, but also to set guidelines for the behaviors students should expect from others in the workplace. It is essential for students to clearly identify uncivil, unacceptable behaviors, especially the more subtle, corrosive behaviors on the left side of the incivility continuum, which have been labeled–and tolerated for years–with the cliché of "nurses eating their young." Nursing students must become familiar early in their education with the policies regarding uncivil behaviors in their clinical agencies.

Nursing Curricula

As students move through the curriculum and focus on care delivery at the bedside, faculty must embed readings on topical into course content. Violence in healthcare settings is front page news today, and students should be reading about and discussing these issues with their peers and faculty members. In the clinical setting, post-clinical debriefings and assignments incorporating self-reflection can be used to bring attention to incidents that reside along the incivility continuum. Post-clinical discussions provide students with a safe place to relate their experiences, share their emotions, receive constructive feedback, and learn appropriate ways of managing such situations within agency policies.

An important aspect of each student's education is to provide him or her with the tools needed to function effectively as confident, assertive team members within the workplace. Students in more senior courses begin to look at nursing in broader roles – those of case manager, community health practitioner and leader/manager within a healthcare organization. Their conversations should address practice issues such as managing employee conflict, understanding organizational zero tolerance policies and the role of management, boundary issues when delivering care in a community setting, and maintaining personal safety. It is also critical to have discussions on the ways that nurse leaders can establish a culture of civility within an organization, and how a manager's attitudes and behaviors influence the actions of his or her staff.

Immediate pre-licensure concerns for students include interviewing skills and appropriate behaviors, as well as student/preceptor interactions. Students find great value in simulations of high-anxiety scenarios, which give them a safe place to make mistakes, practice conflict-resolution skills, and observe firsthand how a gesture or word choice can influence the outcome of a situation. We have found pre-licensure students also appreciate the opportunities to speak with nurses working in direct patient care, nurse managers/leaders and human resource department representatives. Those conversations often dispel misconceptions, reinforce organizational commitment to zero tolerance policies, and validate the importance of professional behaviors.

Suggestions for Meaningful Conversations

In closing, we would like to offer several suggestions for engaging in meaningful, critical conversation with others. At the end of the day, it is the conversations we have with one another which promote a culture of civility within our workplaces.

It is important to **fully prepare yourself before engaging in a critical conversation**, especially when emotions are running high. If you have experienced an uncivil encounter, reflect on the experience, take time to cool off, and think about your response. After careful deliberation, you may choose not to respond at all. Ask yourself these questions; "**If I do not respond**, what is the worst (or best) thing that can happen?" "**If I do respond**, what is the worst (or best) thing that can happen?" Once you have given careful consideration to responding or not, in either case, put yourself in the other person's position. Consider how you may have contributed to the problem, as this may help you develop a clearer understanding and resolution of the issue.

If you decide to engage in a critical conversation, be sure to **consider the potential barriers to effective communication**, including physical barriers such as noise or poor cognitive abilities; emotional barriers in the form of anger, fear, or feeling unsafe; or faulty reasoning or flawed assumptions. Other barriers may include poorly expressed messages (especially e-mail), time pressures, or misperceptions of intent. It is best to eliminate as many barriers to a successful resolution as possible.

Next, **agree on a mutually beneficial time and place for your interaction**. Make sure the venue is quiet, undisturbed, and away from activity; be sure to set aside plenty of time for the interaction. If you are concerned about the outcome of the meeting or uncomfortable addressing the issue alone, you or the other person may wish to invite a third person to mediate and provide perspective. Whether you go it alone or invite a mediator, it is important to establish ground rules, norms, and goals for the meeting.

Bear in mind "the interest-based approach to principled negotiation" developed by Fisher and Ury (1991). If we focus on the person rather than the problem, emotions become mixed into the situation, making the issues more difficult to resolve. On the other hand, if we consider interests and seek to negotiate matters important to each person, many times the goals are compatible, and sometimes identical. For example, consider the opening vignette. If the nursing student and the staff nurse had engaged in a critical conversation and use principled negotiation techniques, the common goal or position each might likely take is providing safe, patient care. By identifying a common goal, it increases the likelihood that both are able to put personal issues aside and re-focus on resolving the problem.

When we **concentrate on interests [instead of focusing on being right]**, it is easier to find opportunities for mutual gain. This means generating workable solutions to the problem that allow both parties to save face. Insisting on objective criteria for fairness can be challenging. In our vignette, objective criteria might include searching for measurable standards regarding required contact isolation items needed in patient rooms, an inventory of the items posted on the door, and acceptable ways of communicating and addressing one another in a civil and professional manner.

Conclusion

Prevention of lateral violence in the workplace starts long before an employee walks through the door. We believe that civility in healthcare organizations begins with teaching and modeling civility for nursing students in both the classroom and clinical settings. Our objectives include equipping students with the knowledge and skills for treating others with civility–and also of how they should expect to be treated by others. Our goal is that all nurses enter practice ready to work collegially and effectively within organizations that have zero tolerance for uncivil, disruptive behaviors.

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Research & Reflection

Sue Fetzer, RN, PhD

Research
According to a recent report patients taking more than six medications are likely to receive treatment due to adverse drug-related events. Health literacy research indicates that nearly half of patients misunderstand common drug instructions. Meanwhile HHS proposed new rules to give individuals more rights to access their medical information by requiring laboratories to provide test results to patients or their representatives.

Reflection
Most patients over 65 are on more than 6 medications and semi-annual blood work. Perhaps it will be easier to teach about the implications of blood work than polypharmacy.

Research
Privacy curtains at the University of Iowa Hospital tested positive for bacterial contamination. Researchers found that two-thirds of 180 swab cultures taken from 43 curtains over three weeks were positive for either Staphylococcus aureus bacteria, Enterococcus species or gram-negative rods. In an emergency room study of over 5,800 patients without curtains, receiving care in a hallway bed was the strongest predictor of your health care providers not washing their hands.

Reflection
Move the curtain and then wash your hands! And if you have to be a patient watch everyone's hands!

Research
Standard calculations for target heart rate for exercise is based on male only research. An Ohio cardiologist studied more than 5,400 healthy Chicago-area women and came up with a new maximum heart rate: Multiply your age by 88% and subtract it from 206.

Reflection
Now there is little excuse to not keep up with the guys!

Research
Data on more than 50,000 female nurses showed that the risk of depression dropped by 20% for those who drank four or more cups of coffee a day and by 15% in those who consumed two to three cups. Only caffeinated coffee had an impact on depression risk.

Reflection
If you are buzzed from ingesting caffeine, who has time to think about being depressed?

Research
A Swedish study found that women who had the highest chocolate consumption, an average of about 2.3 ounces per week, had a 20% reduced stroke risk. Although the study failed to prove a cause-and-effect link between chocolate and stroke, "Chocolate does have antioxidants, and antioxidants are beneficial for your health." The findings, which were based on the diet and lifestyle of more than 33,000 women ages 49 to 83.

Reflection
Chocolate and caffeine, what could be better?

Research
The CDC's Advisory Committee on Immunization Practices has approved recommendations for routine human papilloma virus vaccination of boys ages 11 and 12 with three doses of HPV4. The vaccine will protect males against certain HPV-related diseases and cancers and may also indirectly protect women from getting HPV.

Reflection
Another giant step for mankind.

Research
The FDA approved the MelaFind device for detecting skin cancer. The device emits skin-penetrating light and takes colored images displaying the depth and shape of lesions, which are compared to a 10,000-image database to determine whether a biopsy is indicated.

Reflection
Easier and likely more efficient than a visit to a dermatologist, and a new role for nurses.

Research
More than 10 million unneeded antibiotic prescriptions were written for children each year from 2006 to 2008. Fifty percent of these prescriptions were broad-spectrum antibiotics that "kill more of the good bacteria in our bodies and can set the child up for infections with antibiotic resistant bacteria down the road." The study was based on a representative sample of nearly 65,000 outpatient visits by children.

Reflection
Are we bringing up a generation of resistant children?

What were they thinking?
In October, the Wisconsin Senate voted 18-15 to pass a bill that would require two-year registered nursing degrees for school nurses instead of the current four-year Bachelor of Science nursing degrees.

Reflection
Does Wisconsin have access to evidence based practice or the most recent IOM report?

Professional Boundaries and Social Media

by Loressa Cole, MBA, BSN, CNEA, FACHE, VNA Commissioner on Workforce Issues

Reprinted with permission from the Virginia Nurses Association, August 2011, Virginia Nurses Today

Social media, do you use it? New web tools are redefining communication. Twitter, Facebook, blogs, etc. are being used in multiple health care settings including hospitals, office practices, and nursing schools, and if utilized effectively bring unprecedented opportunity for timely and important caregiver and patient interactions. The potential for better and more communication via these networks offers unrealized benefits to patients and clinicians as society moves to the new principles and services that make up the Internet today, whereby it is "all about listening." As social media moves us from one-to-one communication to many-to-many, nurses are able to share thoughts and experiences with others in ways non imaginable a few years ago. Innovators in health care are able to spread ideas more widely and effectively. Inherent risks and potential downsides in using these communication systems must be considered by nurses and all health care providers (Hawn, 2009).

The rapid rise of social media also presents new issues and considerations for communication. The traditional boundaries of nurse-patient relationships are less clear and present challenges if nurses use online social networking in inappropriate ways. Professional boundaries are the spaces between the nurse's power and the client's vulnerability (NCSBN, 2007). The National Council of State Boards of Nursing provides guidelines to assist nurses to control the assumed power in a nurse-patient relationship and to safely meet patient needs in the virtual as well as physical environment. These principles include:

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- The nurse should examine any boundary crossing, be aware of potential implications and avoid repeated crossings.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.

While appropriate professional boundaries may not always seem clear cut, discussing patients and clinical situations on social networking sites should be avoided as should communicating with past or present patients. Most healthcare organizations have established social media policies and nurses must be familiar with organizational policies that guide the attitudes and behaviors demonstrated when using digital media, or *e-professionalism* (Cain & Romanelli, 2009). E-professionalism don'ts for nurses include:

- Don't violate patient confidentiality outside of the clinical setting. This includes the disclosure of any patient information, photographs or discussion about clinical situations or staff on social networking sites.
- Don't communicate with or friend past or present patients on social networking sites, even if the patient initiates the communication.
- Don't provide any healthcare advice on social networking sites.
- Don't post any personal information, photographs or other items that could reflect negatively on your employer or your own professional image and conduct.
- Don't assume that with privacy settings, your profile might not be seen by an employer or patient.
- Don't put content that could be considered unprofessional into a blog or discussion group on social networking sites.

All nurses have a responsibility to be familiar with and follow guiding principles and employer policies related to social media. The internet has a place and usefulness in assisting healthcare providers to build online communities for their employees and patients, but professional boundaries become blurred when considering social media. Each nurse must consider professional ramifications of sharing information and rely on guiding principles when considering patient information and protecting the patient-nurse relationship. Furthermore, employers must provide proper training and define restrictions so that breaches of privacy, in which penalties are increasingly more stringent for violations, are prevented. An "outright" ban of social media in a health care setting is not reasonable, and the best approach is to recognize the benefits and provide guidance on responsible social media use (Gevertz & Greenwood, 2010). Please remember, with the ability to easily share information through electronic "connections" come the responsibility to protect both personal and patient privacy, whether at work or at home.

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2011 Certification Prep Weekend Workshops

For the past four years NHNA has filled an educational niche by helping nurses to prepare for certification exams in Med-Surg, Critical Care, Gerontological Nursing and, this year for the first time –Nursing Informatics.*

Thanks to instructor **Karen Tollick RN, BSN, MSN-C,** *Clinical Development Educator, Southern NH Medical Center,* we were able to offer Med-Surg classes this Fall in both Littleton and Concord. (No class photos available). Our sincere appreciation also goes to Littleton Regional Hospital for hosting our first "north country" session–and to Catherine Flores RN, PhD, their Director of Nursing Education and Staff Development, for acting as site coordinator and helping to promote the class.

- Overall one of the best "teachers" I've listened to–thank you. Well worth the $
- CD of handouts–GREAT!

On what turned out to be the "Snow-tober" Halloween Nor'Easter weekend, we held **WINI**–Weekend Immersion in Nursing Informatics with faculty **Carol Bickford, PhD, RN-BC** and **Kathleen Smith, MScEd., RN-BC, FHIMSS**, managing partners of ICCE (Informatics Consulting and Continuing Education, LLC in Maryland). Forty participants from all over the country–*even one who flew in from Japan*–gathered in Manchester for this two day intensive. Despite a foot of snow and power outages at some of their hotels, they were all back in their seats early Sunday morning. Fortunately our site host was Catholic Medical Center and, therefore. had electricity–plus a functioning cafeteria! Thank you to CNO, Bob Duhaime for allowing our use of the Roy Auditorium and to Susan Kinney, RN, BSN, Clinical Education Specialist for all her help as site coordinator.

A few participant comments:

- "A tour de force of wisdom, humor, and nursing excellence. Thank You!"
- "Excellent–will recommend to others. Took away my fear of the certification process. Thanks!!"
- "Kathleen & Carol are dynamic speakers–wealth of knowledge & experience & share in a meaningful understanding manner. Love the commitment to nursing's vital roles. I am inspired. Sometimes we are "caught up" in our jobs and wonder if what we are doing is correct. This weekend helped validate the important role I play in my organization."
- "Lots of great content covered with lots of good ideas to bring back to my facility."

**If there is a nursing specialty for which you would like to see us provide this type of review / prep program, please contact us with your suggestion.*

What is Certification?
The American Board of Nursing Specialties (ABNS) defines certification as, "the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes." After meeting defined eligibility criteria, a certification candidate achieves a nationally recognized credential through successful completion of a rigorous examination.

Why does professional certification matter?

- Establishment of a professional standard for individuals in a particular field.
- Prestige for the individual and a competitive advantage over non-certified individuals in the same field.
- Enhanced employment opportunities and earning potential.
- A more productive and highly trained workforce for employers.
- Assisting employers in making more informed hiring decisions.
- Assisting consumers in making informed decisions about qualified providers.

Medical Assistant Task Force

Licensed Nurses, Medical Assistants and Teamwork: Safe and Effective Delegation

On September 28th, licensed nurses, medical assistants, office managers and other health providers participated in a multi-site interactive videoconference on delegation to medical assistants. The event, sponsored by the New Hampshire Nurses Association, was developed to present over two years' worth of work by the Medical Assistant (MA) Task Force. The MA Task Force grew out of an Evening of Discussion held at the NH Board of Nursing in June 2009, during which nursing licensees, medical assistants and others met to discuss questions and concerns related to the role of the medical assistant. The MA Task Force worked diligently to address issues and collaborated with leaders from two regional associations which certify or register medical assistants–the NH Society for Medical Assistants and the NH/VT chapter of American Medical Technologists. Patient safety was the priority focus as the task force recognized the distinct, yet integral, roles of licensed nurses and medical assistants in the office practice setting. Since medical assistants are unlicensed and therefore have no legally regulated scope of practice, the work of the task force focused on the delegatory and supervisory relationship of licensed nurses to medical assistants.

The videoconference consisted of a panel presentation followed by a Q&A session, during which panel members responded to previously submitted as well as live audience questions. The panel was moderated by Judy Joy, RN, Chair of the NHNA Government Affairs Commission and Assistant Professor of Nursing at Colby Sawyer College. Panel members included the following representatives from the Medical Assistant Task Force: Joanne Welch, RN, Task Force Co-Chair and Director, Professional Practice, Education and Research at Elliot Health System; Norma Blake, RN, Task Force Co-Chair and former Assistant Director of Education, NH Board of Nursing; Janet Thomas, RN, Director, Staff Development SNHCGP, Dartmouth-Hitchcock Bedford Farms; and Cindee McDonald, RN, Clinical Nurse Specialist, Elliot Physician Network and Elliot Professional Services.

During the presentation, panel members reviewed the contents of the *MA Toolkit* which was developed by the MA Task Force and is now available on the NHNA and NH Board of Nursing websites. A Position Statement and Clinical Practice Advisory Relative to the Role of the Licensee with Regard to Supervision and Delegation to Medical Assistants, developed by the Task Force, serves as the foundation for the toolkit. Audience participation and positive feedback reflected the significant progress that has been made on this critical topic since the origination of the task force, and the value of teamwork as all health providers strive to ensure safe patient care.

The toolkit itself as well as a link to a recording of the videoconference can be found on the NHNA website: www.nhnurses.org

NHNA would like to extend sincere appreciation to the sites hosting this videoconference: NH State Hospital; DHMC–Lebanon; Cheshire Hospital; Lakes Region General–Laconia; Littleton Regional; Wentworth-Douglass, and Manchester Community College. Videoconferencing technology is an effective means to simultaneously reach groups of nurses across the state, and this option is only made possible through the support of these hosts.

Responding to Workplace Issues: Be Professional and Precise

by Jeanie Demshar, Esq.

Reprinted with permission from the Florida Nurses Association, September 2011, Florida Nurse

I receive numerous calls from nurses who have either had disagreements with their supervisors or received some form of counseling and wonder how they should respond. Many times, if they choose to respond in writing, they send the response to me to review before submitting it to management. In many instances, what has been written is not appropriate. Many employees use this opportunity to vent their anger and frustrations rather than formulate a thoughtful and professional expression of their feelings. In these cases, what they have written is certainly not going to help and may, in fact, make matters worse. When reviewing the written responses for the individual nurse, or group of nurses, I will usually express to them that it was probably quite helpful for them to articulate their thoughts and feelings, but that they will need to re-write the letter to express their feelings in a more professional and productive manner. The following points are what I share with them to help get their point across effectively:

- Keep your comments concise and to the point– stick to the topic.
- Keep your personal feelings out of the comments. No matter what your personal feelings may be, address the issue in a respectful, factual, and professional manner.
- Do not make derogatory comments about your supervisor. Avoid name calling or threatening language. *Words like "crazy" or "stupid" are counterproductive and inflammatory.*
- Do not use accusatory "you" words. Use "I" statements to express your feelings. (Example: "I feel that our family obligations are not being given enough consideration." vs. "You don't care about us and our families."
- Watch your language when writing. Avoid the use of slang and profanity.
- Write your statement, let it "cool off," and then go back and revise it. Let an objective family member or friend review it before you submit. You will also be cooling off when you go through this process and will find that you can think more logically and reasonably.
- Last, but certainly not least, be sure that you use the appropriate chain of communication when addressing your concerns. For instance, it you have not attempted to address your concerns with your supervisor, then you should not start with sending your comments and/or concerns to the Director of Nursing or the Hospital Administrator. When you do that, YOU are the one that looks bad.

The same principles apply when you are communicating verbally. If you are really upset and angry about a situation, it is probably wise to let some time pass before you address it. As the saying goes, "Sleep on it."

As a professional, there are proper and improper ways to deal with figures of authority as well as colleagues. Some of the same strategies can work in dealing with workplace conflict involving a colleague. In these tough times, it is a great skill to be able to communicate calmly and professionally in times of stress. If anyone can develop and hone these skills, nurses are the best group to do it. Remember the old adage, "You can attract more flies with honey than you can with vinegar." While it may be amusing, it can take you a long way in getting what you want.

If you have questions and/or concerns regarding how to address your concerns in the workplace, I can be reached at 407-896-3261 or by email at jdemshar@floridanurse.org.

The Burden of Legacy

by Ed Briggs, DNP

Reprinted with permission from the Florida Nurses Association, September 2011, Florida Nurse

"We bear the burden of legacy and are the parents of history!" ~Quinton Crisp

The legacy of nursing was not built by women standing demurely and following a physician's direction, but upon the dual traditions of innovation and rebellion. Florence Nightingale rebelled against the traditional role of women in her time and against the system of healthcare that had persisted for centuries. In Ms. Nightingale's time, a hospital was where the poor went to die. The care received there was usually inadequate, in squalid conditions and delivered by those without training or preparation. Florence and her colleagues saw such conditions as being unconscionable and fought tirelessly to change how healthcare was delivered particularly to those who were disadvantaged. Although she had some support in the medical community, the majority opposed her efforts. It was because of her determination that both our profession, and healthcare delivery, exists as it does today.

Then there were the efforts of Clara Barton, and her close friend and fellow nurse Walt Whitman. They saw men on the battlefields of the Civil War being left to suffer and die without care or dignity. They chafed at the disregard the establishment held for the soldiers' sacrifice. These two innovators fought tirelessly to change how battlefield medicine was conducted and how the casualties were treated. Their efforts faced opposition from both the medical community and the military establishment, and yet they fought on. It is largely because of their efforts, battlefield medicine, as we know it today, exists. Clara Barton then went on to form the American Red Cross in spite of the opposition of the political establishment.

Then there was the work of Lillian Wald who witnessed firsthand the squalor and deplorable conditions that the poor and destitute suffered in New York during the late 1800's. She fought tirelessly to provide health care and support to these communities. Despite the opposition of both the medical community and the politicians, she was successful at beginning the first public health nurses and providing nursing care in public schools. It was largely through her work and dedication that we have our current public health system.

These efforts are only a fraction of what nursing has accomplished, but are representative of the history of our profession. It is our legacy to recognize fundamental wrongs and strive to right them. Those who came before us were brave, dedicated, and caring individuals who came together to manifest change despite the forces that opposed them. They recognized their obligation to community and fellow humans, and their individual and collective power to affect change! This commitment, bravery, and recognition are still in great need from our generation of nurses.

Like no generation of nurses before us, we are faced with a movement to discard both our nation's commitment to public health and universal access. We face the growing corporate ideology of profits before patient care. To affect these profits, care delivery is increasingly shifted to lesser trained and less expensive technicians. Politicians are moving rapidly to dismantle the public safety net of Medicare and Medicaid and create a new healthcare system dedicated to profits. State and federal public health programs are dismantled and defunded with total disregard for the public well-being under a veil of "fiscal responsibility." Our most vulnerable, and least influential, are in large measure paying the cost of others excesses while those who created our financial crisis bear no responsibility. Our political leadership demonizes public workers while corporate barons are praised and awarded with tax cuts and profitable state contracts. These actions degrade the quality and equity of healthcare in our nation.

We carry the burden of our times. Our profession must ask what our role is, and what our responsibility is, in securing the preservation of our healthcare system and the dignity of our profession. The challenges facing our generation of nurses may seem overwhelming, but our history demonstrates that when we come together, *we can change the world!*

Some individuals may try to convince us that we are "only" nurses and are not adequately prepared to solve these daunting problems! They would argue that we should leave such lofty problems to those better prepared. My experience has been that nurses are prepared for any situation. We are gifted with unique training and abilities that allow us to problem solve in adversity. We also do so without consideration of personal profit or advancement.

Some would argue that by becoming an activist and engaging in the dirty world of politics that we are diminished personally and professionally. They would argue that it is not consistent with our role as caregivers. Our history demonstrates that we have always been a political force, and a force for good. It is our moral obligation to stand against forces that would jeopardize the health and wellbeing of our patients and communities.

The inaction of many nurses, and our silence on many issues, only serves those dedicated to diminish our profession and place profits over people. The fragmentation of our profession acts to weaken us and strengthen those who would sacrifice the well being of those we care for and our communities. **The division of our profession only provides our opposition with the tools to conquer!**

In light of our legacy, I challenge every nurse to recognize the unique gift and contribution we make and go further to accept the obligation of our legacy! Recognize that we are all potential innovators who can make substantial positive change, but only if we come together and dedicate ourselves to making those changes happen.

Our profession is at a juncture of great advancement, or great decline. We must be the driving force that preserves our commitment to quality and equity of care, and creates innovative systems that drive quality improvement and cost-effectiveness.

I challenge my colleagues to accept the legacy of their profession and sacrifice one hour a week to work on issues that they believe in. Become a voice of reason amongst a blizzard of rhetoric. Stand for your patients and your community and against those who would place profit before the well being of our families and our communities. Believe with your heart that we can make positive change because our legacy demonstrates we can!

NHNA 2011 ELECTION RESULTS…

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Field: Adult Health

TREASURER
Peggy Lambert , MS, MBA, CCRN
Dir. Critical Care Services
Catholic Medical Center
Field: Cardiac & Critical Care

DIRECTOR at LARGE
Francis Joseph Desjardins, M.Ed., BSN, RN-BC
Nursing Prof. Devel.Specialist
Dartmouth Hitchcock
Trauma & Professional Devel.

DIRECTOR at LARGE
Michelle Pelletier, BSN, RN
Assistant Director of Nursing
NH Veterans' Home
Field: Gerontology

CONT. EDUCATION

ELECTED:
Sandra McBournie, RN BS, MEd
Faculty / Program Coordinator
NHTI Concord's Community Clg.
Field: Education; Critical Care

ELECTED
Denise Nies, MSN, BC - Professional Development
Director, Professional Devel.
Portsmouth Regional Hospital
Field: Medical - Surgical

ELECTED:
Rae Mello-Andrews, RN-BC, BSN, MS, VA-BC
Clinical Educator
LRG Healthcare
Field: Nursing Education

APPOINTED
Amy Guthrie, MS, RN, CAGS
Director, Continuing Education
St. Anselm College
Field: Education

GOVT. AFFAIRS *

ELECTED:
Ginny Blackmer, APRN, MSN, ANP-BC, CWCN
Nurse Practitioner
LRG Healthcare
Field: Wound / Ostomy Care

ELECTED:
Mary Bidgood-Wilson, MSN APRN
Moultonboro Family Healthcare
Field: Family Practice / Midwifery

ELECTED:
Paul Mertzic, RN, BSN, MS
Director Community Health Svcs
Catholic Medical Center
Field: Administration / Community Health

APPOINTED:
Laurie Brown, RN, BS
Clinical Manager
Amedisys Home Health Systems
Field: Home Care

NURSING PRACTICE

ELECTED:
Bonnie Kershaw, MSN, RN
Nursing Instructor
St. Joseph School of Nursing
Field: Education / Home Care & Hospice

ELECTED:
Ann McLaughlin, RN, BSN, MBA, NE-BC
Professional Devel. Educator
Southern NH Medical Center
Field: Professional Development

ELECTED:
Cynthia McDonald, MSN
Clinical Nurse Specialist
Elliot Health System / Physician Network / Professional Services
Field: Ambulatory Nursing

ANA DELEGATES

Jane Leonard, BSN, MBA
St. Anselm College
Field: Critical Care, Genl Medicine, Orthopedics, Community Nursing Management

Judith Joy, RN, PhD
Assistant Professor
Colby-Sawyer College
Field: Adult Health

Susan J. Fetzer, PhD, RN
Professor / Researcher
Univ. of NH / So. NH Medical Ctr.
Field: Critical Care, Med-Surg; Education & Research; Post Anesthesia Recovery

ALTERNATE DELEGATES

Amanda Callahan, RN, BSN, MBA
Staff Nurse - Emergency Dept.
Concord Hospital
Field: Critical Care, Emergency, Orthopedics

Constance Morrison, JD, DNP, MBA, APRN, CNS, FAANP
Attorney / Psychotherapist / Forensic Consultant / Educator
Plymouth, NH

ORGANIZATIONAL / MEMBER AFFAIRS

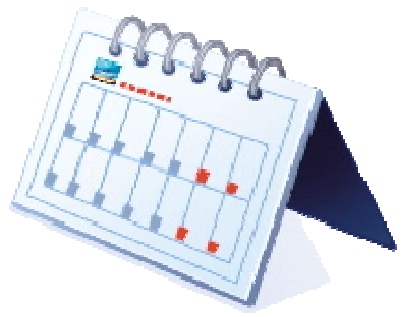
ELECTED:
Diane Davis, RN, BSN
Clinical Process Manager
Concord Hospital Medical Group
Field: Primary Care

ELECTED
Sheila Fitzgerald, BSN
RN - Cath Lab
Exeter Hospital
Field: Cardiology

CONGRATULATIONS & THANK YOU TO ALL THESE VOLUNTEERS !

If you've been thinking about taking a more active role with NHNA but missed the election ballot - it's not too late! Commission positions can be appointed throughout the year - and we have other flexible volunteering options as well. Call our office 225-3783.

SAVE THESE DATES!



Concerned about how state legislation impacts your job as a nurse?
Or how it affects NH healthcare in general?
Not sure how the NH legislature actually works?
Wonder how we determine what bills to introduce or act upon?

You'll want to attend one or both of these programs:

Annual Town Hall Forum - January 24

MULTI SITE STATEWIDE VIDEO CONFERENCE 5:30-7:30 p.m.

Take part in reviewing healthcare related legislation being proposed this session and help decide which bills need active attention - or just a watchful eye.

As with most of life… "decisions are made by those who show up!"

A chance to have your voice heard. **FREE event - but limited seating.**

Register at our website for the site closest to you: www.NHNurses.org

NHNA Health Policy Days - March 20 and 29

Choose from two morning sessions - Concord, NH

A great way to learn the workings of the NH legislative system - and how nurses can make an important impact!
Hear from RNs in elected office. Tour the State house and observe a live legislative hearing. *
(* Included as legislative schedules allow.)

See: www.NHNurses.org for more information and registration details.

SPRING CONFERENCE - DETAILS TO BE ANNOUNCED

"NOVICE TO EXPERT and BACK AGAIN"

Graduating soon and not sure how to get that first job - or survive your first year?

Or have you been in the working world for some time -
comfortable in your specialty or at a particular facility - but things have changed?
You're in a new role - or out of work - and feel like a 'fish out of water'?

This could be the most important event you attend all year!

Program still in development at press time - watch our website for registration info.
As always, discounted rates for students and NHNA members.

DON'T FORGET NATIONAL NURSES' WEEK: MAY 6-12TH

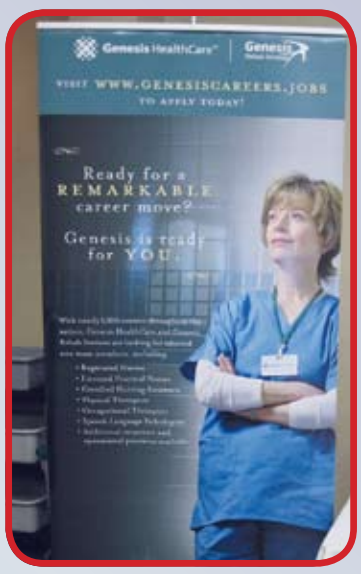
This year's theme

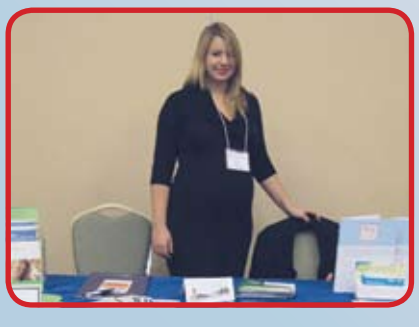
Nurses: Advocating, Leading, Caring

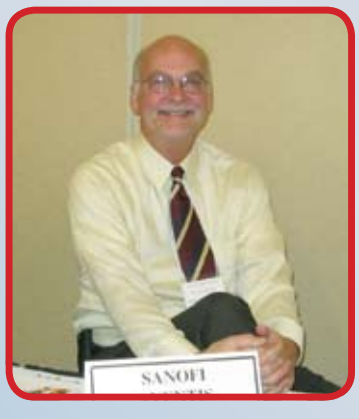
SEE OUR WEBSITE FOR SUGGESTED WAYS TO CELEBRATE!

NHNA 2011 Fall Conference:
Harnessing the Power of Nursing

2011 President, Anita Pavlidis, received a special plaque and praise for her dedicated service.







The Journey to Becoming a Successful Nurse Leader

Priscilla Smith-Trudeau, RN, MSM, CRRN, CCM

Reprinted with permission from the Vermont State Nurses Association, October 2011, Vermont Nurse Connection

Never before in the history of the nursing culture has the subject of leadership been of greater importance and interest to the nursing culture and healthcare organizations. The critical responsibility of generating and perpetuating the mindset shift essential to creating continuously renewing, change-friendly healthcare organizations lies almost solely with those in leadership roles. The kind of nursing leadership required today is very different from the hierarchical management model of years past. In yesterday's management model it seemed necessary to control virtually every aspect of the organizational environment from what was done to who did it to how it was done. The nurse leader was supposed to be the one with all the answers, who made most of the decisions, and was the one who held all of the power. That was then and this is now and our reality is rich in potential for new possibilities of developing nurse leaders who believe that when you engage people at all levels in creating the vision of the organization you create a better future for all.

Although many organizations are still firmly married to the old way of doing things, new practices and concepts are emerging that are qualitatively and radically different from the old practices. Many of these are still in the conceptual stage; others are beginning to pour into organization life, often fueled by the entrepreneurial spirit brought by a new generation of nurses known as Generation Y. Organizations that delay their evolution from traditional top-down style of management to a more empowering style are creating obstacles that keep them from effectively managing change. In fact, the traditional management approach itself actually creates resistance to change among employees. I am not alone in wondering why so many healthcare organizations haven't been able to attract, hire, develop, and support more visible and effective nurse leaders who know how to unleash the passionate energy of their followers. This question haunted me for years so much so that I set about on a journey in search of the holy grail of successful nursing leadership.

The Journey Begins

Like many nurses before me who were hired during the height of the hierarchical management model, my journey began with being interviewed, hired, greeted, handed a set of keys and told to "go to it." Of course the keys were accompanied by a smile and words of encouragement, "You have what it takes." "You are just the person we have been waiting for to take on this position." That should have been my first clue that I was in danger. Shortly after I opened the door to my office, I realized with butterflies in my stomach that where once I was only responsible for my own performance, that now I was responsible for the performance of other caregivers. Sitting alone in the office with keys in hand and the unknown lurking just outside my door, I had my first epiphany—I didn't have a clue where to begin. Although I had a desire to lead, the potential to do so, and the support of the administration, I didn't have a strategy. You might be thinking at this point in the story, that my story is an old one of years past, that we are in the twenty-first century now and that rarely happens. Think again. Research shows that despite our continual struggles to drive resisting organizations to change, the fundamental failure of most leadership strategies is still present.

Armed with good intentions of being an effective leader, a history of working with a few excellent managers, and a belief that I could learn how to be a successful nurse leader, I headed out of the office to greet my team. For the most part, this attitude and approach worked for a number of years. I went about each day fostering a supportive, cooperative team spirit; coaching and encouraging caregivers to constantly perform at their best; serving as a link to other departments; treating each caregiver with the same respect and dignity they were asked to show to their patients, and families. For many years I sought the comfort of the established methods, policies and procedures. Playing the corporate game of seeing who acquires more power, who is most right, who has the best ideas, and who is going to look the best, I became reluctant to take the risk of having people do anything outside of their direct control. I locked myself and the team into a box because of the perceived safety of the "way we've always done it around here." The team and I were successful, and yet we were going nowhere. The team was dependent on me to provide a vision that would open a window to a larger, meaningful world that they had not seen for themselves. The yearning spirit of each team member was at risk for withering away. Again, no clue, no plan, no path.

Getting to the Heart of the Journey

Every man must be his own leader. He now knows enough not to follow other people. He must follow the light that's within himself and through this light he will create a new community.—Laurens Van Der Post

My journey in search of the holy grail of nursing leadership took me down many paths that I might not have taken if I hadn't continued to ask, "How does one become a successful nurse leader?" My education and experience taught me that being a successful nurse leader requires one to think about things differently. My team was at the brink of withering away into sameness and my education and experience was failing me. Then the journey took an unexpected turn. It was a lovely Indian summer fall day and I had just returned home from a very long day at work. I jumped on my bicycle and headed to the pond for a late afternoon swim. The water had been chilled by the cool fall nights, but that didn't stop me. As I dove into the refreshing chilling waters, I could hear my parent's messages of water safety running through my head. I believed all that advice, but I kept swimming as my body warmed. When I swam to the middle of the pond my body became numb from the waist down and I experienced an unusual mix of emotions. Thrilled one moment at my accomplishment and terrified that I might drown. The cold water kept my heart rate so slow that I could go on and on without difficulty and yet my legs could not move. All I could do was stay calm, breathe, tolerate the cold, and use my arm strength. I kept envisioning myself safely on the shore and never took my eye off the shoreline. Fortunately, I reached the shore. Feeling at once overjoyed, thankful and relieved, I walked up the shoreline thinking to myself that leadership is much like swimming. We dive into the work never really knowing what is going to happen next. We operate under the illusion that life remains constant, but in reality everything is always changing one breath at a time. What saved my life that day was a passion for living and a vision of reaching the shore to return to the life I loved. As I rode home on my bicycle, I realized that somewhere between the shoreline and the middle of the pond and back that my search for the holy grail of successful nursing leadership was over and a personal transformation had begun.

The Journey's End

There is a vitality, a life force, a quickening that is translated through you into action, and because there is only one you in all time, this expression is unique. And if you block it, it will never exist through any other medium and will be lost.—Martha Graham

Successful nurse leaders choose their life's work to connect deeply with their purpose and find their work intrinsically rewarding. They know that their ability to grow as a leader is based on their ability to grow as a person. They know that the external act of leadership cannot be put into a formula of ten easy-to-follow strategies or quick tips. Rather, they frequently take reflective journeys to foster the personal awakening needed to enhance their leadership effectiveness. They work energetically, enthusiastically and creatively contributing to a larger purpose. They create an environment where everyone embraces the work wholeheartedly, and they set the tone by serving others. They tune into their inner voice and step out with courage. Fearlessly they share their hopes and dreams. They offer an irresistible image of the future, and go about co-creating a vision with their team. They know that the best way to predict the future is to create it. They unceasingly explore self-awareness with curiosity and passion. They expand their sense of what's possible, and they communicate their desire to make life better for others.

Priscilla Smith-Trudeau RN MSM CRRN CCM is a healthcare management consultant specializing in workforce development. She is the President of Wealth in Diversity Consulting. The web is www.wealthindiversity.com.

In My Opinion

In My Opinion: On Choices

Sue Fetzer, RN, Editor

Sue Fetzer

We all make choices. We have that right granted by constitutional freedoms. Some choices are routine and rather mundane; what time to get up in the morning, what to wear, what to eat, where to live and where to work. Choice is a cornerstone of the state motto "Live free or die." However, even though most of us do not have much choice when it comes to health insurance, that is a choice our employer makes, many can still chose the "basic plan" or the "superior" plan. Unfortunately, Medicare recipients have even fewer choices.

I like choices in health care; it allows me some control over my health. There is an old saying among nurses, if you want to find the best physician for an ailment, just ask a nurse. We work side by side or, at least, do a lot of phone communication with physicians, and know a lot about their "hidden" practices. I have informally and unofficially suggested many physicians to friends, family and even patients over the years. I have even asked my own physician, 'If your wife needed to see a specialist, where would you send her?"

So I chose my primary care physician with several criteria: age (needed to be younger, so he could outlive me); positive references from at least 3 nurses who had practiced along side; evidence that he kept up with changes in medicine; and willing to refer as needed. I chose wisely, and have established a good relationship over the past 12 years. In addition, he sees my entire family. He knows our history, and our medical needs. I heard of his new affiliation but thought little of it, this "affiliation" with a local hospital. But it was more than an affiliation; it was a buyout of the practice and the practitioners. Still, I noticed few differences and most behind the scenes: a new electronic health record, office redesign and letterhead. That is until last week.

Each member of the family received a letter from the local hospital. Our beloved primary care physician would no longer be caring for us when we were admitted to the hospital; needed services would be provided by *their* hospitalists. Whoa! What happened to choice? I am assigned a hospitalist to care for my acute medical admission? A hospitalist that I neither know nor trust?

So I did some investigation into hospitalists. According to the Society of Hospital Medicine, the professional organization of hospitalists, they are *"Physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital care."* In visiting two NH hospital websites, with some difficulty I located a list of the hospitalists with a brief bio. Nearly all completed their residency within the past 5 years, nearly half attended foreign medical schools, many women and a few osteopaths. I was confused to see nurse practitioners and physician assistants also listed as hospitalists. I guess hospitalists need assistance.

According to the literature, hospitalists began in 1996. White and Glazier (2011) conducted a systematic review of the literature to evaluate the impact of hospitalists. Finding 65 research articles on hospitalist effectiveness they reported a significant decrease in length of stay and hospital costs when hospitalists replaced attending physicians. Yet, despite the increase in efficiency there was *"little evidence to suggest this translates into measurable improvements in the effectiveness of care provision to their patients."* While not great news, it is certainly good news for patients: the care provided is not any worse than an attending primary care physician. However, effectiveness has not been measured as patient satisfaction, the ultimate benchmark. And the preponderance of the research data comes from teaching hospitals, little is known about acute care community facilities.

The hospitalist movement provides a unique opportunity for nurse entrepreneurs. I am reminded of a bumper sticker I had on a former car "Every patient deserves a Nurse." Every person and potential patient should have a nurse coach, companion or navigator: someone that would know your unique needs, wants and health care history, someone to accompany you to the primary care physician; someone to accompany you for outpatient services, someone to accompany and stay with you in the hospital. A nurse coach is not a new model, oncology services already utilizes nurse navigators to help patients through the maze of diagnostics, treatments and decisions.

Yet, I still have a choice. Fortunately I can choose the hospital, if not the hospitalist. I can find out a lot of information about hospital outcomes and patient satisfaction. And I am looking for a qualified nurse navigator. Must be well educated, a good communicator and passionate advocate. Interviews will be held until the position is filled.

Reference:

White and Glazier: Do hospitalist physicians improve the quality of inpatient care delivery? A systematic review of process, efficiency and outcome measures. BMC Medicine 2011 9:58.

The Next Generation of Nurse Educators Stands at the Bedside Today

Kate K. Chappell, MSN, APRN, CPNP

Reprinted with permission from the South Carolina Nurses Association, October 2011, South Carolina Nurse

As nurses, we have all finished nursing school, spent long clinical days with instructors, and attended multiple classes in preparation for our career. Many may never have intended to be a part of nursing education ever again once they graduated but for some, an interest in teaching emerges as they gain clinical experience. With a decreasing pool of qualified faculty likely to impact enrollment space in programs, thus impacting the clinical nursing shortage, the nursing faculty shortage must be every nurse's concern. It is widely acknowledged that there is a nursing faculty shortage, and that it is projected to worsen. In a survey of nursing programs nationwide held in 2006-2007, there was a nearly eight percent vacancy rate in baccalaureate and higher programs and a 5.6 percent vacancy rate in associate degree programs. This vacancy rate affects more than a third (36 percent) of all nursing programs in the US (Kaufman, 2007) and with the median age of faculty reported to be in the mid-50's (Yordy, 2006; Kaufman, 2007), there are many faculty positions to be filled in coming years.

It is more crucial than ever that nurses recognize their role in educating the incoming generation of nurses-this includes nurses working in the clinical setting; those with years of experience and those just beginning their clinical careers.

For nurses potentially interested or curious about the faculty role, pursue opportunities to explore this role. Those nurses especially who enjoy precepting and opportunities for leadership on their unit or in their facility may want to consider nursing education. Nurses don't have to wait until twenty years of nursing experience to consider teaching and begin taking steps to pursue this career path! Seek out a mentor in a local nursing program who is willing to have a real discourse about what's involved in the role and help you weigh the educational options and preparation steps needed at this point. Determining your educational needs-MSN, DNP, PhD-to reach the ultimate goal you desire in nursing education is one of the first steps. Determining how to make this pursuit feasible is a key to your success; investigate programs such as the Nursing Faculty Loan Program, which repays a significant portion of higher degree loans for those who commit to teaching a minimum number of years after finishing their degree.

One way to explore the faculty role is to teach on a part-time basis as a clinical or lab instructor. Many programs welcome clinical nurses in this role both to fill the acute needs of the program and for the experience and perspective these nurses offer students. The SC Board of Nursing requires a minimum of a Bachelor's degree in nursing for this role and a minimum of 2 years' experience in the clinical expertise one will be teaching (SC Legislature, 2010). Clinical teaching is a commitment to the institution, and even more importantly, to the students one is assigned, to implement a clinical expectations level and to teach and guide the students assigned toward the next level of clinical competence. This experience can be rewarding and a welcome change of pace from clinical shifts for many instructors. This experience can also help to clarify one's true level of interest in and aptitude for being a part of nursing education. Seeing students gain confidence, implement learning, and impact patient care is as rewarding as any positive patient outcome to those who teach for the goal of continuing to produce quality colleagues for us all and quality care providers for our patients.

Clinical nurses who feel drawn to be a part of this crucial part of the future of nursing should embrace the opportunities available and seek resources to make their contributions possible. Nursing education needs quality nurses as much as the hospital floors, clinics, and other settings; without quality education the future of bedside care and clinical leadership will suffer.

References:

- Kaufman, K. (2007). Headlines from the NLN–introducing the NLN/Carnegie national survey of nurse educators: compensation, workload, and teaching practice. *Nursing Education Perspectives 2007;28:164-9.*
- S.C. Legislature. (2010). *SC Code of Regulations Chapter 91;* article 1-11. Retrieved August 18, 2011 from http://www.scstatehouse.gov/coderegs/c091.htm.
- Yordy, K. D. (2006). *The nursing faculty shortage: A crisis for health care.* Retrieved August 15, 2011 from www.rwjf.org/files/publications/other/ NursingFacultyShortage071006.pdf.

In Memory of Our Colleagues

Served in England

Lois M. (Nutton) Mack, 93, died on August 24, 2011 in New Hampshire. A native of Massachusetts ,after receiving her nursing diploma she joined the army in 1943, serving with the 16th General Hospital in England during WWII. Later in her career she practiced as a college nurse in the infirmaries of UNH and Plymouth State College.

Lois Mack

Varied Career

Geraldine J. Hoag, 81, died August 25, 2011 a lifelong resident of Rochester. She obtained her diploma in nursing in Massachusetts and later obtained a bachelors degree from New England College in Henniker. She practiced at several locations on the seacoast including Frisbie Memorial Hospital, the office of Dr. Bonano's, the Rochester Visiting Nurses Association, Wentworth Douglass Hospital, the Wentworth Home and lastly Riverside Rest Home as a night nursing supervisor.

Golden Career

Irene M. (Czarnik) McDevitt, 86, of Derry, passed away August 26, 2011. A Massachusetts native, she graduated from the Springfield Hospital School of Nursing in 1946 and practiced as a registered nurse for over 50 years.

Irene McDevitt

NHTI Grad

Maura A. (Hitzenbuhler) Sargent, 54, died Sunday August 28, 2011 following a long illness. A New York native she graduated from New Hampshire Technical Institute with her degree in nursing. She practiced at Concord Hospital for many years and was enrolled in the UNH Bachelors program.

Maura Sargent

Easter Seals Nurse

Kathleen A. Crane, 59, died August 30, 2011 after a brief struggle with cancer. Growing up in Franklin, NH, she returned there after studying and practicing nursing in Boston, MA. Kathleen served on the School Board, chaired the Franklin Business and Industrial Development Corporation and also the Franklin Regional Hospital Board. She was recognized with many awards for her civic leadership in Franklin. Much of her professional life was spent working for Easter Seals of NH where she had been a Vice President for Development and Director of Nursing. She was recognized for her exceptional service and dedication to the mission of Easter Seals.

Geriatric Nurse

Betty Ann (Zeiss) Noyes, 80, died August 31, 2011. Born in New York she resided in Dunbarton for most of her life and practiced as a RN at the Odd Fellows Nursing Home of Concord and several local schools.

Derry Native

Demetra Kachavos, 90, died September 4, 2011, in Massachusetts. A lifelong resident of Derry after obtaining her nursing diploma she served as an Army lieutenant during WWII. She practiced as a registered nurse for the Alexander-Eastman Hospital (now Parkland Medical Center) in Derry for 36 years, and retired in 1990.

NH APRN Advocate

Rita Louise Bryant, 89, died September 6, 2011. Her memorable nursing began prior to her graduation from the Boston City Hospital School of Nursing when she was called to duty in the emergency department on the night of the Coconut Grove fire in November of 1942, when 492 people were killed. A 1944 diploma graduate she then practiced in the ED and did private duty nursing in Miami, Fla. She graduated with a BSN cum laude from Boston College School of Nursing in 1957 and in 1959, she received a master's degree. She became a member of Sigma Theta Tau, the national nursing honor society and was instructor at the Boston City Hospital. She was appointed to coordinate student training at Children's Hospital which included students from Concord Hospital and the Mary Hitchcock School of Nursing. In 1966 she accepted a position as the Director of Nursing at Huggins Hospital in Wolfeboro. During her tenure, she served on the New Hampshire Board of Nursing and Nursing Education at a time when protocols for Advanced Registered Nursing Practitioners were being developed.

Polio Survivor

Jean (MacMillan) Dearborn, 86, died suddenly of a heart condition on September 6, 2011. A 1946 graduate of the Children's Hospital School of Nursing in Boston, she was a polio survivor and during her career as a registered nurse taught student nurses to care for polio patients. She practiced as a camp nurse, a home health care provider, and an emergency room nurse. After her retirement she volunteered at the New London Hospital.

Jean Dearborn

WDH Graduate

Rosalie R. (Casa) Focosi, 88, died September 7, 2011 in Maine. Born in Portsmouth, NH she was a graduate of the Wentworth-Douglas Hospital School of Nursing. She practiced nursing in Massachusetts.

Rosalie Focosi

Notre Dame Grad

Cecile E. (Marchand) Shannon, 82, of Manchester, died Sept. 7, 2011. A NH native she was a graduate of Notre Dame Hospital School of Nursing, and her nursing career included Beth Israel Hospital, Boston,. She returned to NH in 1963 and practiced at Wentworth Douglas Hospital for 5 years and then the Elliot Hospital for 24 years before her retirement, Manchester, from 1968-1992.

Long Term Care Nurse

Claire P. (Rebello) Picard, 75, passed away on September 8, 2011, after a long illness. She was a diploma graduate of the Boston City Hospital School of Nursing. Her 44 years of practice included Nurse Supervisor at Hillsborough County Nursing Home and the Rockingham County Nursing Home.

Frisbie Nurse

Honora "Nonie" A. (Bradford) Guay, 90, died September 15. A NH native she was a 1943 graduate of Notre Dame Hospital School of Nursing in Manchester. Prior to her retirement she worked as a nurse at Frisbie Memorial Hospital in Rochester.

Honored ED Nurse

Diana Morrissey (Dede) Shirlock, 54, died September 21, 2011 after a 16 month battle with glioblastoma. A native of Goffstown she was a graduate of the New England Deaconess School of Nursing. Diana worked at the Elliot hospital for 30 years. She began her career in ICU and for the last 17 years she worked in the emergency department. She was certified in emergency nursing and in 2010 received the Passion for Excellence award from Elliot Hospital.

Diana Shirlock

School Nurse

June Elizabeth Buck, 91, died Oct. 13, 2011. Born in Vermont, she grew up on the family dairy farm and attended Gifford Memorial Hospital School of Nursing in Randolph, VT. Her nursing career took her to Claremont Hospital, where she was the nursing supervisor, and later to the Newport Hospital until a position opened with the Newport school system. She was a school nurse for many years while also covering Goshen-Lempster and Croydon schools.

Maine Native

Nancy B. Weeks, 80, of Cross Road in Rochester, died on September 21, 2011. A Maine native she obtained her nursing diploma from the New England Baptist Hospital in Boston and worked for many years at The Gaffney Home in Rochester.

LPN

Paullette M. (Macolino) Mizoras, 62, died Oct. 11, 2011. Originally from New Jersey she was employed as an LPN at Hanover Hill Healthcare in Manchester.

Health Officer

Noreen L. (Turner) Crooker, 73, died October 16, 2011. A native of Massachusetts, she practiced nursing at St. Joseph's Hospital in Nashua. In addition, she served as the Health and Welfare Officer for the Town of Brookline for several years.

Extrordinary Nurse Leader

Dr. Joyce C (Hoyt) Clifford, 76, died Oct. 21 at Beth Israel Deaconess Medical Center, the facility at which she had spent over 25 years as the vice president and nurse-in-chief. An icon in American nursing, Clifford revolutionized nursing delivery systems in the 1970's by introducing primary nursing as a patient-centered care model. A native of Connecticut where she obtained her nursing diploma Clifford continued her education and obtained her BSN at St. Anselm's College in 1959. A true pioneer Clifford made the BSN a requirement she set for all the nurses she hired at Beth Israel Hospital in Boston, where she practiced from 1974 until 1999. She joined the Air Force achieving the rank of major in the early 1960s and received a master's degree in nursing administration in 1968 from the University of Alabama in Birmingham, where she was stationed. She later obtained a PhD in Health Planning and Policy Analysis from the Heller School of Brandeis University. Clifford received many honors including fellowship in the American Academy of Nursing and three honorary doctorates.

Joyce Clifford

Assisted Living LPN

Margaret "Peg" Elaine (Keough) Messer, 76, died October. 22, 2011. She was trained as a licensed practical nurse at Moore General Hospital in Goffstown. She dedicated much of her professional life to nursing at Summerhill Assisted Living in Peterborough and The Woodward in Keene.

Director of Nursing

Harriet C. (Currier) Waterman, 85, died Oct. 23, 2011. A native of Laconia she graduated from the Concord Hospital School of Nursing in 1948. At the time of her retirement, she was the director of nursing at the Maplewood Nursing Home in Westmoreland.

Veteran's Nurse

Nancy (Mathews) Donnelly, 63, died October 27, 2011. A Massachusetts native she earned her master's in nursing from Rivier College. She practiced for 28 years in the Psychiatry Department of the New Hampshire Veterans Hospital in Manchester, specializing in PTSD, during which time she had numerous journal articles published.

Nancy Donnelly

Early ICU Nurse

Claudette (Duval) Theriault, 76, passed away November 1, 2011. Born in Nashua she was a dipoma graduate of the St. Joseph School of Nursing in 1956. After furthering her education at Rivier College and Boston University, she was the first ICU head nurse at St. Joseph Hospital in 1965.

OR Nurse

Janice Styles

Janice (McGorry) Styles, 71, passed away November 2, 2011. A graduate of the New Hampshire State Hospital School of Nursing in 1960 she practiced for several years at the Mary Hitchcock Memorial Hospital (DHMC) in Hanover as an operating room nurse.

ST. A's Grad

Nancy Macaulay Austin

Nancy (Carmichal) Macaulay Austin, 71, died November. 3, 2011 in Connecticut. Born in Manchester, she graduated from St. Anselm College in 1962 with a bachelor's degree and received a master's degree from Eastern Connecticut State University in 1983. She retired from the state of Connecticut as department head of the Practical Nurse Education Program at Windham Technical School. She was an item writer for the National Council Licensure Exam for Nurses, a textbook reviewer for J.B. Lippincott Co. and a consultant for F.A. Davis Publishers.

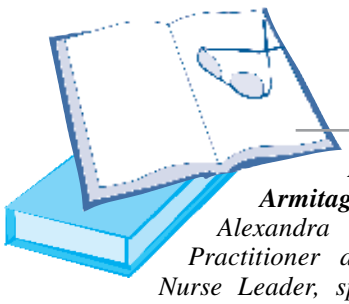
Laconia Hospital Grad

Lillian Mae (Brooks) Gattermann, 82, died Saturday, November. 5, 2011 as a result of colon cancer. Lillian earned her diploma from the Laconia Hospital School of Nursing, Class of 1950. Following graduation, Lillian worked for two years at the Laconia Hospital and relocated to Massachusetts where she joined a physician in private practice and then for Saugus General Hospital. Returning to New Hampshire in 1968 she practiced at the Carroll County Home Health Agency and for the last 17 years of her career for Huggins Hospital in Wolfeboro. She retired in May 1988.

Lillian Gattermann

VA LPN

Glenna Arlene (Jarvis) Bird, 84, died November 8, 2011, due to complications from hip surgery. A Vermont native she started her career as an L.P.N. at Copley Hospital, Morrisville, Vt., in the late 1940s and worked for several private home nursing assignments, doctors' offices and the Dumont Nursing Home. After relocating to NH in the 1980's she worked at the VA Hospital in Manchester until she retired in 1997.



On the Bookshelf

Reviewed by Alex Armitage, MS, APRN-BC, CNL

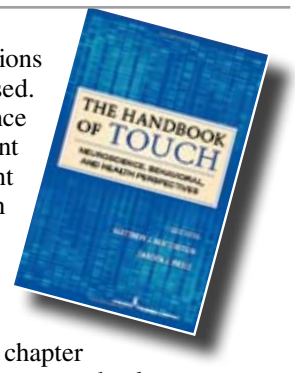
Alexandra Armitage is a Nurse Practitioner and a certified Clinical Nurse Leader, specializing in neurology; bringing evidence-based practice to the bedside to improve patient care, patient outcomes and institutional viability.

The Handbook of Touch
Matthew Hertenstein and Sandra Weiss, Eds
Springer Publishing Company (2011)
Hardcover, 520 pages

The Handbook of Touch is about sensation and humanity. Now touch is an interesting thing, and more far-reaching than perhaps once realized. My ability to feel and respond to what I feel is so much part of everyday experience that I seldom stop to think about the concept. As nurses we have known for a long time that touch is important, in a baby's developmental process and therapeutically as part of patient healing. Now, however, science and medicine are beginning to understand the wider influence of tactile stimuli, impacting areas of human biology that until now were not considered. Touch is important not only in development and healing, but as an endocrine organ, in brain plasticity, in psychosocial development, in communication and gender patterning, in visual and other disabilities and (of course) as a healing art in massage. *The Handbook of Touch* lays out the broad base of these concepts systematically; the information presented is both interesting and refreshingly current. Let me share with you a couple of examples. *The Handbook of Touch* describes how fetuses without the ability to feel touch, are not viable (no feeling = no life!) It discusses the basis of phantom limb sensations, the remapping of brain areas based on stimuli or lack of stimuli and most interestingly, how mapping of sensation can, and does, go wrong on occasion. Touch and the ability to feel and process touch is foundational to our lives as human beings.

The Handbook of Touch is divided into five broad sections. The first three sections are excellent but academically dense. These sections discuss the neurobiology of touch, the biochemical and neurophysiologic basis of the perceiving the world via touch, and measurement of a tactile response. In these first three comprehensive sections the anatomy and physiology of the skin, processing tactile stimuli, neural pathways, cortex organization and cross-modal interactions are discussed. There is an assumption that the reader is familiar with basic neural pathways, cortical structure and cortical mapping patterns. The diagrammatic representations of afferent pathways are rudimentary and will be no great help to the uninitiated. Although the reader is presented figures and images for illustration, I found myself dusting off my reading glasses as the images are small and hard to read. The MRI images in the brain plasticity section are no larger than a square inch, at best–not helpful for a sound academic discussion. If all things neurologic are not your specialty it is valuable to know that reading sections one though three are not fundamental to appreciating the next two (valuable and applicable) sections.

Section four, Communication via Touch, is fun to read, and on occasion eye-opening, challenging many old-school assumptions. Here the chapters encompass parent-infant touch, adult touch functions, gender and status touch and tactile traditions. Significance and hedonistic perception of touch-types in various situations between two people is discussed. Section Five, The Relevance of Touch for Development and Health, covers infant development, tactile dysfunction in neurodevelopmental disorders, touch for the visually impaired, massage therapy and feedback. Massage is covered in its own chapter in section five, where discussions on the latest scientific data are presented. *The Handbook of Touch* does not cover Reiki and other areas of interventional medical touch modalities. Interestingly, I found that my assumptions on touch communication between two people were not always supported by the scientific data which this book presents. It made me realize that as a healthcare provider, understanding what touch does and communicates between two people is crucial enough not to be left up to assumptions. These chapters are well worth reading, they may changing your own mannerisms!



Do not be fooled by the title *The Handbook on Touch*, this is no handbook; it is a solid, authoritative resource. Any reader of this book will not be disappointed with the depth or breadth of the material presented. The contributors and editors have ensured little redundancy between the chapters, which is a common pitfall in multi-authored books. The experts who have authored each chapter are leaders in their field and present the material clearly and concisely. Overall, a valuable text with enough depth and pith for the nurse specialist, and a solid grounding for the rest of us.

ANA Releases New Social Networking Principles

Utilizes social media to inform nurses about guidelines

SILVER SPRING, MD–Given the pervasiveness of social media, the American Nurses Association (ANA) has released its *Principles for Social Networking and the Nurse: Guidance for the Registered Nurse*, a resource to guide nurses and nursing students in how they maintain professional standards in new media environments.

"The principles are informed by professional foundational documents including the Code of Ethics for Nurses and standards of practice. Nurses and nursing students have an obligation to understand the nature, benefits, and potential consequences of participating in social networking," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "These principles provide guidelines for nurses, who have a responsibility to maintain professional standards in a world in which communication is ever-changing."

The number of individuals using social networking is growing at an astounding rate. Facebook reports that there are 150 million accounts in the United States while Twitter manages more than 140 million 'tweets' daily. Nurses face risks when they use social media inappropriately, including disciplinary action by the state board of nursing, loss of employment and legal consequences.

ANA's e-publication, *ANA's Principles for Social Networking and the Nurse* provides guidance to registered nurses on using social networking media in a way that protects patients' privacy and confidentiality. The publication also provides guidance to registered nurses on how to maintain, when using social networking media, the nine provisions of the *Code of Ethics for Nurses with Interpretive Statements;* the standards found in Nursing: Scope and Standards of Practice; and nurses' responsibility to society as defined in *Nursing's Social Policy Statement: The Essence of the Profession*.

This publication is available as a downloadable, searchable PDF, which is compatible with most e-readers. It is free to ANA members on the Members-Only Section of www.nursingworld.org. Non-members may order the publication at www.nursesbooks.org.
ISBN-13: 978-1-55810-426-6
Non-members $3.95
Members: Free

In addition to the principles, ANA has developed a downloadable tip card as well as several opportunities for nurses to discuss issues related to social media including a day-long Facebook discussion on Sept. 16, and a Twitter chat Sept. 23 at 1 p.m. EDT, (#anachat). ANA is also conducting a social media webinar scheduled for Oct. 25 featuring Nancy Specter, PhD, RN, director of Regulatory Innovations for the National Council of State Boards of Nursing (NCSBN) and Jennifer Mensik, PhD, RN, NEA-BC, ANA board member and administrator for Nursing and Patient Care Services at St. Luke's Health System in Boise, ID. Additional details and sign up information about the webinar will be available on ANA's social networking page.

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

ANA Pledges to Help Patients Improve Care Through Use of Electronic Health Information

Association Joins National Consumer eHealth Program Launch

SILVER SPRING, MD–The American Nurses Association (ANA) pledged to educate consumers about the benefits of electronic health information, as part of a national campaign launched today to engage consumers in improving their own health through information technology.

ANA made a formal pledge to develop educational materials on health information technology for registered nurses to share with consumers, in support of the Consumer eHealth Program established by the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS). The ANA initiative will help people understand the benefits of using their electronic health records to prevent illness and manage chronic conditions, and to track history of immunizations, clinical exams and hospitalizations.

Health information technology provides a platform for capturing and sharing standardized data, such as lab results, tests, treatment history, medication profiles and basic medical information.

"Health information technology can improve care by ensuring that care is based on evidence. It also allows health care professionals from different clinical settings and disciplines to communicate effectively about a patient's care to avoid duplication of services and ensure nothing important is missed through a lost paper trail or failed memory," said ANA President Karen Daley, PhD, MPH, RN, FAAN. "This unique platform for compiling and analyzing data also supports one of the strongest tenets of nursing—educating the health care consumer."

ANA will ask nurses to submit examples of innovative use of health information technology in their practices, including methods they employ to engage patients in the use of that technology to improve their health, such as patient portals. ANA intends to share such models with ONC to demonstrate nursing's effectiveness in developing consumer-oriented health information technology strategies.

ANA has long recognized the importance of using standardized data and information technology to improve the quality of care. ANA began promoting the broad use of health information technology in the 1990s, designating nursing informatics as a nursing specialty and publishing the first scope and standards of practice documents for that specialty. Nursing informatics integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing practice.

In 1998, ANA established the National Database for Nursing Quality Indicators® (NDNQI®), the nation's only comprehensive database allowing hospitals to compare nursing performance measures at the unit level. For example, a hospital can compare its rate of hospital-acquired pressure ulcers in intensive care units to similar units at other NDNQI-participating hospitals in the region, state or nation, providing a benchmark for performance and quality of care.

ANA values its relationship and partnership with health care consumers and their families and is well-positioned to create opportunities that will further engage consumers in improving their own health through information technology.

ANA Supports Efforts to Empower Americans to Get Better Health Care

Association Joins National "Care About Your Care" Campaign

SILVER SPRING, MD–The American Nurses Association (ANA) has signed on as a partner with the "Care About Your Care" campaign, a national initiative to increase awareness about how critically important it is that Americans take an active role in managing their health and making informed health care decisions.

Convened by the Robert Wood Johnson Foundation, the campaign is supported by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, the Office of the National Coordinator for Health Information Technology. A key element of the effort is a new website, www.CareAboutYourCare.org, which includes extensive resources to help Americans understand, identify and receive high-quality health care.

"For more than 100 years, the American Nurses Association has been committed to improving the quality of health care and ensuring patient safety," said ANA President Karen Daley, PhD, MPH, RN, FAAN. "ANA is pleased to support the *Care About Your Care* campaign to help empower consumers to be active participants in their health care and to make informed choices."

Nurses play a key role in the delivery of quality health care and successful patient outcomes.

An example is the Magnet Recognition Program®. Managed by ANA's subsidiary, the American Nurses Credentialing Center (ANCC), Magnet recognition is the gold standard for nursing excellence. By choosing a hospital with Magnet status, patients can have confidence in the overall quality of a hospital and know they are going to receive excellent nursing care.

There are more than 389 health care facilities across the U.S. that have earned Magnet status. Research shows that Magnet hospitals:

- Consistently deliver better patient outcomes
- Have shorter lengths of patients stays, lower death rates
- Improve patient safety and satisfaction

For more information about the Magnet Recognition Program and to locate a facility in your area, visit www.nursecredentialing.org/Magnet.aspx.

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Lessons In Leadership

by Karen Daley, ANA President

There is no question that nurses make a difference everyday in the lives of their patients. I believe–and I am not alone–that much more potential exists for the nursing profession to make a difference. New emphasis has been placed on nursing as an untapped resource with the power to transform the quality of health care delivery in this country.

The Affordable Care Act calls for a larger role for nurses in the design of more efficient and cost-effective models of health care delivery. Led by a committee of nationally renowned experts from nursing, medicine, and other disciplines who reviewed the body of scientific evidence, the Institute of Medicine Future of Nursing committee also concluded that nurses must take a greater leadership role in the design and delivery of care.

Here is a summary of key messages that I believe nursing as a profession must act on in order to realize our true potential for transforming health care:

Nurses are the key to quality care in a transformed health care system. Health care, experts and patients alike are calling on our profession to optimize its contributions to better meet the needs of all patients for quality health care. All patients would benefit if nurses were empowered to practice to the full extend of their skills and education.

Nurses' knowledge and expertise are in demand. It's time for each of us to step up and meet the challenge. This is a once in a lifetime opportunity for every nurse to seize the opportunity and "become the change you want to see."

What we do today will influence how our health care system looks in 10 years. The public's high regard for the profession, coupled with nurses' education and skills, make us well positioned to assume a major role in transforming the nation's health care system. If our profession doesn't answer the call, others will. Every nurse has a role to play in transforming nursing and health care delivery.

Your professional association is a key partner on this journey to maximize this opportunity by advocating for leadership roles for nurses in patient-centered care, encouraging your involvement in shaping the future, and providing tools and resources to support your success.

How can we, as nurses, get involved?

- Think about where you want to be in your Practice in five years–set career goals and Identify what you will need to get there.
- Commit yourself to lifelong learning. Pursue Advanced education through CE, certification, and academic education.
- Stay informed and apply for grants, scholarships, and other programs that can enhance your opportunities and support a larger role for nurses.
- Don't let policy happen 'to you'–get involved in the policy committees at work and through your state association.
- Your voice, experience, and expertise is needed to help design and implement improved care environments and models. No one knows what patients want and need better than nurses.
- Participate in workforce planning surveys and data collection opportunities. As nurses, we must measure the value of what we do.
- Stay informed about and participate in the activities of your professional associations. A few hours of your time can make a big difference; remember there is strength in numbers.
- Embrace and act on your power!

Welcome New & Reinstated Members

Cheryl Abbott	Hanover
Imelda Bergeron	Manchester
Mary Bidgood-Wilson	Center Harbor
Marguerite Bisson	Derry
Danielle Boudreau	Hudson
Doreen Bowlin	Enfield
Destiny Brady	Boscawen
Karen Britt	Merrimack
Laurie Brockelman	Fitzwilliam
Nancy Bruce	Dover
Marylou Cassidy	Hancock
Robyn Chapin	Goffstown
Carla Connal	Durham
Thomas Connelly	Keene
Suzanne Daily	Allenstown
Sandra Decamp	Manchester
Susan Distasio	Hanover
Ashley Dominque	Bedford
Elaine Durand	Litchfield
Carolyn Farhadian	Hampstead
Amy Farnum	Brattleboro
Bonnie Fecowicz	Peterborough
Carlene Ferrier	Concord
Ann Forys	Derry
Warren Gabaree	Portsmouth
Jennifer Gagne	Manchester
Sandra Gamble	Franconia
Susan Gonet	Durham
Rachel Hardy	Nashua
Lesly Harris	Nashua
Kelly Heindl	Bow
Joan Hubbard	Penacook
Juline Jeffrey	Bedford
Robert Kebler	Intervale
Mary Ellen King	Manchester
Erinne Knight	Sandown
Andrea Lajoie	Hampton
Patricia Laliberle	Merrimack
Vicki Loughery	Wilton
Melinda Luther	Hollis
Judith Miller	Henniker
Shirley Montgomery	Hanover
Kelly Morrison	Manchester
Ann Moser	Mason
Alice Muh	Littleton
Paula Olesen	Pittsburg
Debra Petersen	Nashua
Brandon Pinard	Canterbury
Susan Plante	Goffstown
April Reynolds	Manchester
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Grace St. Pierre	Charlestown
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Nancy Strafford-Hesko	Cambridge
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DUAL ANA & NHNA MEMBERSHIP (Full benefits and privileges of both organizations)

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Employer Name		Job Title	Department
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Name on account if different from application:_____Signature_____

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Keep a copy for your own records. Call the NHNA office with any questions: 603-225-3783

WALDEN UNIVERSITY

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Proof of Eligibility

It is the responsibility of the NHNA member to request the tuition reduction and provide proof of eligibility. **New students** may make this request through their Walden Enrollment Advisor; **previously-enrolled students** may submit their request through the Walden Student Services Team.

This Agreement is not a guarantee that all NHNA members desiring admission to Walden will be accepted. You will be subject to the same standard admissions and registration processes as all other prospective Walden students.

Disclaimers:

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- *This tuition reduction is not valid for Tennessee residents and only one tuition reduction benefit may be applied to tuition.*
- *Cost of tuition is subject to periodic increases at the sole discretion of Walden University.*