Student Nurse Political Action Day

Blessing Rieman College of Nursing recognized for having the most attendees with 102 students and faculty present.

POSTER WINNERS –

1st Prize – $100 in Cash
Pictured on Right
Katie Miller
Haley Rediger
Cassidy Kingery
Attending Millikin University

2nd Prize $25 in Cash and NCLEX Review Book
Pictured on Left
Christina Delap
Natasha Delos Reyes
Michelle Gillespie
Chelsea Hawotte
Attending Illinois Central College

SPECIAL MENTION – this poster was chosen because it epitomizes our struggle this year to break through the brick wall and gain full practice authority for APNs.

Pictured in Center
Alyssa Saklak
Hannah Sinclair
Attending Millikin University

OTHER PRIZE WINNERS:

Samsung Galaxy 4 Tablet – Donated by ANA-Illinois
Alros Avellana
Saint Xavier University

Live NCLEX Review – Donated by Hurst
Vivian Wilkes
Wilbur Wright College

Live NCLEX Review – Donated by Hurst
Emily Meiron
OSF Methodist College of Nursing

$25.00 Visa Gift Card – Donated by Rasmussen
Vivian Wilkes
Wilbur Wright College

Keychain – Donated by Purdue University
Shannon Smith
Western Illinois University

$50.00 Gas Card – Donated by Aurora University
Liz Hudson
Wabash Valley College

Gift Bag – Donated by Menomonie

Kathy Fischer
Harper College

Camp Chair – Donated by Indiana Wesleyan
Flavia Domingues
Western Illinois University

Camp Chair – Donated by Indiana Wesleyan
Megan Hiedrich
Illinois Central College

One Tote Bag – Donated by University of St. Francis
Leach College of Nursing
Lena Saleh
Saint Xavier University

T-Shirt – Donated by University of St. Francis Leach College of Nursing
Natalie Roosevelt
Wabash Valley College

Political Action Day continued on page 4

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Dear Illinois Nurse Colleagues,

I’d like to ask each of you two questions – Are you proud to be a nurse? Do you own a car? These are two unrelated topics, right? Not anymore! If you answered yes to both questions you now have the opportunity to simultaneously show your pride about being one of the most trusted care givers and fulfill your legal obligation to register your car with the state through the purchase of an Illinois license plate! It only takes one click.

I am often in northwest Indiana and see the nurse plate available within that state and always wondered why we don’t have one in Illinois. Well, I found out through PhD, RN, DPNAP,

Areas: Licensing, Disciplinary Proceedings, Hospital Termination,

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James B. Goldberg
Email: jgoldberg@jbglaw.com

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obligation to register your givers and fulfill your legal

show your pride about being

opportunity to simultaneously

questions – you now have the

If you answered yes to both
car? These are two unrelated

to be a nurse? Do you own a

two questions – Are you proud

time, highlight nurses and nursing in the state through

to raise funds to support nursing and, at the same

think about – show your pride

and support nursing while you get your license plate – something you must do any way!

We have an incredible opportunity here in Illinois to raise funds to support nursing and, at the same time, highlight nurses and nursing in the state through something as simple as getting a new license plate. If you have a car, you need to have a plate anyway so why not show your support for nursing with an Illinois nurse license plate. We only have until next June to get 1500 pre-orders for an Illinois license plate designed especially for nurses. That is less than a year by the time you read this. NOW is the time to “Get Moving and Get on the Road” for Illinois nursing by signing up for the Illinois nurse license plate. Think about it – show your pride and support nursing while you get your license plate – something you must do any way!

Do not wait for the disaster or incident to happen – REGISTER NOW!!

www.illinoishelps.net

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The Southwest Region Indian Health Service is seeking RNs with Medical/Surgical, ICU, Emergency, OB/G&L experience to improve the health status of our Native American population.

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• 13 sick days, 10 Federal holidays

• Numerous health plans to choose;

• 26 vacation days

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• Transfer opportunities –1 license/50 states

Our nursing career opportunities are located at multiple sites throughout the states of Arizona, Nevada and Utah. The Southwest Region also has the largest Medical Center in the Indian Health Service located in downtown Phoenix.

Nurses interested in a rewarding career, please contact Kevin Long at 602-364-5178, or email Kevin at kevin.long@ihs.gov

I hope we’ll talk soon.

Kevin Long

Southwest Region Indian Health Service

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• RN to MSN

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• MSN - Nurse Educator

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The Nursing Voice

Published by: Arthur L. Davis Publishing Agency, Inc.
I am writing this address as the Easter season has passed and Spring is coming to colorful life in the Midwest. I can’t help but think about hope, renewal and recovery and how nurses have unlimited opportunities to improve health outcomes by providing expert care, comfort and a sense of hope in their practice. Qualitative research strongly supports that having a “sense of hope” leads to faster recovery and better health outcomes (Duggleby, Hicks, Nekolaichuk, et al., 2012). Expert care certainly leads to better outcomes. Year after year the nursing profession is rated the “most trusted” profession, and I believe nurses sustain that high level of trust because they bring expert care and a sense of hope to patients, families, and communities 24 hours and day and 7 days a week. According to Dr. Seuss “unless someone like you cares a whole awful lot, things aren’t going to get better, they are not!” Nurses definitely “make it better.”

THANK YOU for providing EXPERT CARE, COMFORT and HOPE!!

As you know, full practice authority is a high priority for ANA-Illinois, because it will increases access to quality care especially in rural and underserved areas. Although we did not achieve full practice authority during this legislative session, we have a commitment from the leadership of Illinois Society of Advanced Practice Nurses (ISAPN) and the Illinois State Medical Society (ISMS) to meet over the summer to continue discussion about full practice authority and transition to practice. Nurses provided a united front on this issue, and we made positive strides toward full practice authority for APNs. Those strides include: 1) a less onerous written collaborative agreement (WCA), 2) elimination of the specified list of services, 3) elimination of the requirement for joint approval of orders or guidelines, 4) elimination the monthly collaborative meetings, and 5) elimination of the requirements for details about notice of termination. Also, APNs who lose their collaborator will be able to practice for 90 days without the WCA, which prevents interruption of service to patients and their families. Those strides include:

1) a less onerous written collaborative agreement provided a united front on this issue, and we made positive strides toward full practice authority.
2) elimination of the specified list of services,
3) elimination of the requirement for joint approval of orders or guidelines,
4) elimination the monthly collaborative meetings,
5) elimination of the requirements for details about notice of termination.

I want to remind you that the Illinois Nurses Foundation (INF) is seeking your support for an Illinois license plate that recognizes nurses. We need 1,500 nurses to step up to the plate and let the state know that you want to purchase such a license plate. The proceeds from the sales of the license plate go to the INF for nursing education and scholarships. What a worthy cause!! Visit www.illinoisnurses.foundation for more details about the plate.

In the last issue of the Voice, I asked nurses to participate in an online survey about healthy work environments. So far, less than 10 nurses participated, so I do not an adequate sample for significant results. However, I want to share what results I have.

The participants were all female, predominantly educated at the BSN or MSN level with many years of experience. A third of the participants were certified. Most participants work in acute care/hospitals or “other” settings. No participants worked in long term care, home health/hospice, or out-patient settings/clinics. Sixty-seven (67%) percent of participants indicated they worked in a culture of accountability with credible leadership. Half (50%-60%) indicated that they worked in a collaborative practice culture, work with adequate number of qualified, work where there is competent leadership, and where growth and development is encouraged. Only seventeen (17%) percent indicated they worked in a communication rich culture where there is shared decision making at all levels, and where nurses are recognized for their meaningful contributions to practice. See Table 1.

Table 1: Percent of Participants Agreeing or Strongly Agreeing with Survey Statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent Agreeing or Strongly Agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I work in a collaborative practice culture.</td>
<td>60%</td>
</tr>
<tr>
<td>I work in a communication rich culture.</td>
<td>17%</td>
</tr>
<tr>
<td>I work in a culture of accountability.</td>
<td>67%</td>
</tr>
<tr>
<td>I work where there are an adequate number of qualified nurses.</td>
<td>50%</td>
</tr>
<tr>
<td>I work where there is competent leadership.</td>
<td>50%</td>
</tr>
<tr>
<td>I work where there is credible leadership.</td>
<td>67%</td>
</tr>
<tr>
<td>I work where there is visible leadership</td>
<td>33%</td>
</tr>
<tr>
<td>I work where there is shared decision making at all levels.</td>
<td>17%</td>
</tr>
<tr>
<td>I work where professional practice is encouraged.</td>
<td>50%</td>
</tr>
<tr>
<td>I work where the value of nursing’s contribution is recognized.</td>
<td>17%</td>
</tr>
<tr>
<td>I work where growth/development is encouraged.</td>
<td>50%</td>
</tr>
<tr>
<td>I work where nurses are recognized for their meaningful contributions to practice.</td>
<td>17%</td>
</tr>
</tbody>
</table>

I would like to continue this survey as I see an opportunity for ANA-Illinois to work toward increasing the number of nurses practicing in healthy work environments. Please participate in the survey by clicking on the link below.

https://www.surveymonkey.com/s/ZLTCXDW

---

**PRESIDENT’S MESSAGE**

I want to remind you that the Illinois Nurses Foundation (INF) is seeking your participation by clicking on the link below. I would like to continue this survey as I see an opportunity for ANA-Illinois to work toward increasing the number of nurses practicing in healthy work environments. Please participate in the survey by clicking on the link below.

https://www.surveymonkey.com/s/ZLTCXDW

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Student Nurse Political Action Day

Political Action Day continued from page 1

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STUDENT NURSE
POLITICAL ACTION DAY

ILLINOIS
AMERICAN NURSES
ASSOCIATION
That's how Michele Bromberg, Illinois Department of Financial and Professional Regulation (IDFPR) Nursing Coordinator, welcomed the 1,200 nursing students from 32 schools on March 24, 2015 to the annual student nurse political action day in Springfield, IL. To help ensure safe nursing practice and quality pre-licensure nursing education, Bromberg and Joan Libner, IDFPR’s Board of Nursing Chairperson, presented the students and faculty with a brief overview of the roles of IDFPR, the Nurse Practice Act, and the IL Board of Nursing.

Joan Libner, EdD, RN began with a review of the Board of Nursing membership and responsibilities. The Board of Nursing (NPA Section 50-65) describes the qualifications of the 13 member board, including the designated background of each member. The Board meets 6 times per year, either in Springfield, or Chicago, IL. Additional information is on the IDFPR Nurses: http://www.idfpr.com/profs/info/Nursing.asp.

Michele Bromberg, MSN, APN encouraged the students to continue their education and included useful data:

• By 2022, total employment of RNs and APNs will increase by 574,400 jobs; including retirements, the nation will need to have produced 1.13 million new RNs by 2022 to fill those jobs (US BLS).
• Baby Boomers (those born between 1946-1964) are turning age 65 and retiring at the rate of 10,000/day since 2011 (PEW Research).
• About 1/3 of the projected increase in RN demand will be derived from the impact of the ACA.
• The BLS forecasts also suggest that by 2020, about 58% of RNs will be employed in hospitals, compared to about 60% in 2010 (2014, JSpetz, Nursing Economics).

Students from Rockford to Edwardsville attended this annual event. Nursing faculty and students spent time with Board of Nursing members and staff before and after the presentation. The picture to the right includes ANA-Illinois members and event planners (P.Robbins and M. Taylor).

Thirty-two Colleges/Schools were in attendance:
- Ambria College of Nursing
- Blessing Rieman College of Nursing
- Chicago State University
- Elgin Community College
- Elmhurst College
- Harper College
- IECC Frontier
- IECC Lincoln Trail College
- IECC Wabash Valley
- Illinois Central College
- Illinois Valley Community College
- Illinois Wesleyan University
- Kishwaukee College
- Lewis and Clark Community College
- Loyola University - Marcelle Niedhoff School of Nursing
- MacMurray College
- Maryville College
- McHenry County College
- Mennonite College of Nursing at Illinois State University
- Millikin University
- North Park University
- Northern Illinois University
- Olivet Nazarene University
- Rockford University
- Saint Francis Medical Center College of Nursing
- Saint Xavier University
- Southern Illinois University - Edwardsville
- Southern Illinois College

St. John’s College
University of St. Francis Leach College of Nursing
Western Illinois University School of Nursing
Chicago City College - Wilbur Wright College

A big Thank You to our Sponsors:
- Chicago Nurses Association
- Hurst Review Services
- Kaplan Test Prep

Exhibitors included:
- Aurora University
- Mennonite College of Nursing
- Grand Canyon University
- Hurst Review Services
- Memorial Medical Center
- Olivet Nazarene University
- Rasmussen College
- St. Francis College of Nursing
- Indiana Wesleyan University
- Kaplan Test Prep
- Illinois Nurses Foundation
- Student Nurses Association of Illinois
- Nurses PAC
- Millikenn University
- Illinois Center for Nursing
- Emergency Room Nurses Association of Illinois
- Purdue University
- Bright Star Scrubs
Illinois Registered Nurse Survey: Results are in!

Kathleen R. Delaney, PhD, PMH-NP, FAAN, IL Center for Nursing Board of Directors

Are there areas in the State where Registered Nurses (RNs) are concentrated? Where are the greatest RN needs? Are there popular RN specialties? How would the educational pipeline for RNs be characterized?

These are questions that can now be answered by the data retrieved from the Illinois RN Survey conducted during the 2014 Illinois RN licensure renewal period. In Illinois, RN licensure renewal occurs via an online platform. This year, when individuals completed the licensure renewal process, there was a link to the survey along with an explanation of its purpose. Of the 171,739 Registered Nurses (including Advanced Practice Nurses) as of August 2014, approximately 53,000 participated in the voluntary survey for a response rate close to 30%.

The survey included 28 questions consistent with the national minimum dataset that is used in the National Forum of State Nursing Workforce Centers (http://www.nursingworkforcecenters.org/minimunndatasets.aspx). Using standardized questions will allow for comparison with other state RN data. The questions captured data on the demographics, education, state distribution, and practice foci of RNs in Illinois. Information obtained from the survey can be categorized into four areas:

1) Demographic information (age, diversity (ethnicity, gender), and retirement horizon),
2) Human capital (education and area of employment specialty),
3) Job characteristics (work setting, earnings, and other details), and
4) Geographic information (derived from employer zip codes).

The RN workforce in Illinois shares many characteristics of our national RN picture. We are an aging workforce—40% of the respondents are 55-65 years old and one-third of this group indicates intent to retire within the next five years. The vast majority of RN educators who responded are also concentrated in the older age group. Of particular concern are the small numbers of nurses in the younger age cohorts (25-35 years) who are entering PhD programs. The 35-44 age category exhibits the greatest diversity with relative maximum percentages for African-American, Asian, Non-U.S., and male populations. The data indicates that the cultural diversity of the RN workforce decreases in the younger cohorts, which is of great concern given the increased diversity of our state.

The respondents also reported on their nursing specialty; the top five specialties across all age groups are acute/critical care, medical/surgical, geriatrics and home health. The distribution of nurses in specialties by age cohorts revealed significant differences in less younger nurses in specialties such as psychiatric nursing, school nursing, nursing home, home health and community health. These trends are worrisome given the Illinois report, The Workforce Implications of New Health Care Model, 2014 (IWIB Healthcare Task Force Report, September 18, 2014), which forecasts a significant trend in ambulatory services increasing per the Secretary of State’s office.

The RN density is fairly even between urban and rural areas of the state, with only non-metro areas under 2,500 having a lower ratio of RNs to total population. The report also shows that educational preparation matters with BSN graduates reporting salaries of more than 7% over RNs with associate degrees. Interestingly, experience provides an initial earnings boost, with salaries growing by 8-10% over the first seven years. Beyond the first seven years, however, experience is not associated with significant growth in earnings. RN’s specialties also matter with RN specializing in school and community nursing earning substantially less income.

Taken together, the data found in the report will be extremely useful as health care planners project the human health care capital that will be needed in Illinois. The report will also be useful in illustrating the current RN supply, their demographics and specialties. As we look to the future, data on the characteristics, supply, and distribution of registered nurses in the State of Illinois will be essential to expanding access to care and planning for provision of essential primary care services.

The full report can be found at http://nursing.illinois.gov.

1 in 5 Illinois children had at least one cavity last year.

Good oral health starts early. The Delta Dental of Illinois Foundation is offering FREE dental care for children age 4 and younger in Peoria on Friday, July 12.

Visit dentistryb.com/illinois for more information.

Delta Dental of Illinois Foundation
The Illinois Center for Nursing Moving Forward

The ICN Advisory Board, under the leadership of Chairperson Maureen Shekleton, PhD, RN, DPNAP, FAAN and Vice Chairperson, Donna Meyer, MSN, RN, invited IDFPR Secretary Bryan A. Schneider to the April Board meeting to discuss nursing workforce development that impacts quality healthcare policy, practice and education in this era of change.

The discussion focused on the ICN strategic plan beginning with the 2014 RN Workforce Survey report which shows that the RN workforce in Illinois shares many characteristics of our national RN picture. We are an aging workforce, 40% of the respondents are ages 55-65+ and one-third of this group indicates intent to retire within the next five years. The vast majority of RN educators who responded are also concentrated in the older age group. Of particular concern are the small numbers of nurses in the younger age cohorts (25-35 years) who are entering PhD programs. There are concerns of maintaining the educational pipeline to continue to prepare the nursing workforce.

Additional discussion included a brief historical review of the creation of the IL Center for Nursing in 2007 as part of the IL Nurse Practice Act and past accomplishments. Current projects, such as the 2015 LPN workforce survey which completed data collection January 31, 2015, outreach activities in the nursing and healthcare communities, were also reviewed. Future projects, such as revision of the ICN website, distribution of the informational brochure and potential initiatives were also touched upon. The ICN works to enhance the delivery of quality health care services by providing ongoing strategies and initiatives supporting the nursing workforce in Illinois.

The Illinois Healthcare Action Coalition (IHAC) is a partnership which ICN co-chairs with the Illinois Organization of Nurse Leaders (IONL) and ANA-IL. IHAC is currently focusing on the Robert Wood Johnson Foundation (RWJF) State Implementation Program (SIP) grant activities. One aspect of the SIP grant is asset mapping of Advanced Practice Nurses licensed in Illinois, and once that data is obtained to hold forums presenting this information. The first forum was held March 3, 2015 in Springfield, IL – an education event for legislators. Each legislator received a folder entitled: “Nurses Role in Improving Healthcare,” which shows the many nursing roles, levels of licensure, and examples of nurses working together to improve the culture of health in IL. Thirteen nurses associations, including ICN, participated in the development of this legislative toolkit and were active participants in the March 3, 2015 event.

ICN was represented at the following events:

- 2/27/15 Chicago Chapter of the National Black Nurses Association Annual Black Nurses Day Program, Apostolic Faith Church, Chicago, IL
- 3/15/15 Student Nurses Association of Illinois (SNAI) Leadership Conference, University of Illinois- Chicago College of Nursing, Chicago, IL
- 3/19/15 CAEL (Council for Adult & Experiential Learning) focus military transition to health care careers, quarterly meeting
- 3/24/15 Student Nurses Association of Illinois Political Action Day, Springfield, IL

The ICN Advisory Board of Directors meets the second Wednesday of the months of February, April, June, September, October and December, and meets by videoconference in the IDFPR offices in Springfield & Chicago, 10am-2pm. The next meetings are: June 3, 2015 and September 9, 2015. ICN meetings are open to the public. Meeting dates are posted on the ICN website. tab: About the Advisory Board http://nursing.illinois.gov/aboutboard.asp and are also located on the Division of Professional Regulation web page, on the right side, section: Division Features: http://www.idfpr.com/DPRdefault.asp, tab: FY15 Committee/Board schedules.

The ICN is working with industry professionals and educational institutions to ensure that Illinois has a nursing workforce necessary to meet the demands of a growing and aging population. Visit the ICN website, http://nursing.illinois.gov.

The Illinois Center for Nursing Advisory Board:

- Donna L. Hartweg, PhD, RN, Chairperson
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- Marsha A. Prater, PhD, RN
- Deborah A. Terrell, PhD, FNP-BC, RN

The Illinois Healthcare Action Coalition:

- Deborah A. Terrell, PhD, RN, Chairperson
- Maureen Shekleton, PhD, RN, SN
- Jan F. Knejci, PhD, RN
- Mary Lembold, EdD, RN
- Donna Meyer, RN, MSN
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The ICN is working with industry professionals and educational institutions to ensure that Illinois has a nursing workforce necessary to meet the demands of a growing and aging population. Visit the ICN website, http://nursing.illinois.gov.
Leading Change, Advancing Health: Join us for a Free 1 hour CE program
June 24 and July 15 12:00-1:00pm CT webinar
Nurses on Boards

Nurses should be full partners with physicians and other health professionals in redesigning health care in the United States. Please join us for this leadership webinar series beginning Wednesday, June 24 @ noon. Registration information is available on the Illinois Healthcare Action Coalition Facebook page and website www.analog.org/cewebinars.

The June 24 webinar will feature Carmen C. Hovancak, MSN, RN, an Illinois Center for Nursing Board member who also serves on a hospital board of directors. She and Pamela Robbins will present on the impact of nursing on cost, quality and patient satisfaction.

The July 15 webinar will feature Dr. L. Prybil, author of Nurses on Boards: the time has come (Nurse Leader 2014, Prybil, Dreher & Curran) and Pam Robbins. The webinar will focus on identifying key reasons nurses serve on boards and the contributions nurses make when serving on boards.

Each webinar is scheduled for a one hour session from 12:00 to 1:00 pm CT.

Academic Progression – A Growing Urgency

The state of Illinois was represented at the Future of Nursing Campaign for Action Think Tank meeting in Houston, January 21-23, 2015. At the table were stakeholders from 25 states and the leaders from RJWF and AARP leading the process. A clear message of urgency was issued. Many are working hard planning to meet IOM goal of 80% of our workforce being BSN prepared by 2020. These efforts have yet to show the rate of change needed to accomplish this goal. “Scale up efforts” is now the urgent “call to action.” This meeting focused on an emerging model of academic progression ensuring students enrolled in Associate Degree programs progress to BSN by licensing. Yes, this means thinking in a different way to meet this charge. Current efforts to address the goal have only increased our BSN preparation 2% nationwide (from 49% in 2010 to 51% in 2013). In Illinois, the Illinois Healthcare Action Coalition (IHAC) has begun this work in joining forces with leaders across the state from academia and industry planning a statewide curriculum to facilitate seamless progression. However, nationwide, categories of foundational courses have been established after a curricular mapping process of essential knowledge areas of nursing education. Kansas, Minnesota and Washington State are offering a model as an option for students which includes dual admission.

Your nursing voice can make a difference in supporting the development of a model that provides seamless matriculation for the ADN students. Whether you are a staff nurse, nurse manager, nurse educator, legislator or CNO your involvement is important. Offering an innovative model is sure to accelerate progress and most importantly helps us build our capacity for the future of nursing. “Building a culture of health” is our ultimate goal as stated by Dr. Sue Hassmiller, January 21, 2015 at IHAC. Please join us at IHAC: http://www.illinoishac.com/workgroups/education/education-projectionstaskforce.php/ Let’s hear your voice.

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About Trinity Hospital

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To schedule an appointment with an Advocate physician call 1-800-3-ADVOCATE.

Two Advocate Trinity Hospital nurses recently were honored as the recipients of the 2015 National Black Nurses Day Award sponsored by the Chicago chapter of the National Black Nurses Association. Chikira Hale, RN, MSN and Crystal Price, RN, BSN, work at Advocate Trinity, 2320 E. 93rd St. on the southeast side of Chicago.

Starting her career as an Emergency Room nurse, Price eventually stepped into the clinical informatics department four years ago. She took project lead on GI Lab Department Paperless project where she converted the department from paper to 100 percent electronic nursing documentation by training staff nurses. She also was project lead on Medication Administration Bar Code Project while also training Emergency Department physicians, anesthesiologists and surgeons on various technology-based programs.

Hale expanded her clinical skill set by acquiring a certificate as certified Sexual Assault Nurse Examiner. She has also trained Emergency Department physicians, the victims of sexual crimes, putting them at ease while carefully obtaining the necessary clinical evidence required by law enforcement. She also ensures they have resources upon discharge. Hale has trained more than 50 future SANE nurses in the Chicagoland area. She is a forensic nurse at Advocate Trinity.

“Nurses are essential to the design and execution of all the essential elements of Advocate Trinity from strategy and quality management to clinical planning which keeps our ministry viable,” said Dr. James Keller, vice president of medical management at Advocate Trinity Hospital. “It is only through our great nurses that health in our communities will improve.”

The Chicago Chapter National Black Nurses’ Association evolved out of a desire by six Black nurses to establish an organization where nurses had an atmosphere of comradeship and sisterhood.

2015 National Black Nurses Day Award

Crystal Price (left), Jackie Whitten, chief nursing executive and VP of nursing (center) and Chikira Hale (right)
Fighting the Good Fight: the Road to Full Practice Authority

Cathy Bachtold, RN (FNP student at Illinois State University)

Never doubt that a group of thoughtful, committed people can change the world. (Illinois Healthcare Action Coalition, 2013). These are the words that grace the front page of the Illinois Healthcare Action Coalition’s (IHAC) website. This coalition along with the Illinois Nurses Grassroots Coalition is fighting the good fight in the pursuit of FPA in Illinois. Illinois Grassroots Coalition was formed with a partnership between ANA-Illinois and Illinois Society for Advanced Practice Nursing (ISAPN).

So who is the one of many people who are in the trenches day in and day out, fighting for change and how did she get to where she is today? One of those is executive director of the ANA-Illinois and ISAPN, Susan Swart. In a recent interview, I was able to discuss with Swart, her journey and the upcoming changes involved with FPA.

Swart began her nursing journey as a medical ICU nurse. During her journey to advanced practice, she was mentored by a member of the ANA, who “dragged” her along to meetings. During this time, she began to see how the politics of nursing and change worked and she enjoyed the process. She began to understand that change is not just about candidates and understanding issues, but about policy as well. While getting her master’s degree as an acute care practitioner in 2005, she was elected to the board of directors of the ANA. By 2007, she was heavily involved in politics and the rewrite of the nurse practice act. In 2008, she was hired as executive director of INA. She is currently shared by both ANA-Illinois and ISAPN, organizations that retain their own board of directors, but make better use of offices and staff by sharing resources as needed. In May 2015, she will continue her education as she pursues her doctorate in education following her beliefs that “lifelong education in whatever area you work is a must.”

When asked what other political issues in which she has been involved, Swart included many pieces of legislation, including revisions to the nurse practice act in 2007, staffing by acuity for hospitals, more revisions in 2011, and changes for prescriptive authority. In 2012, an attempt was made for FPA in Illinois, although it did not pass, movement began in the right direction, leading to 2015 and the HB 421 proposal.

So what is the HB 421 proposal? This proposal amends the NPA and 29 other laws to remove all references to requiring a written collaborative agreement (WCA) for all advanced practice nurses (APN). With removal of the WCA, APNs are granted prescribing authority for Schedule II-V medications (HB421, 2015).

What has it taken to get to this place with the process of this legislation? The legislation has been introduced, which is not the hard part of the process. According to Susan, the difficult portion of the process is getting the bill passed, especially when there is a lot of controversy attached to the bill. Once the bill is proposed, mid-February, both the APNs, State Medical Society (ISMS) and ISAPN will work together to make compromises to the bill. One area of possible compromise is in the area of transition to practice, which means that newly graduated APNs will work under a collaborative agreement for a certain amount of time before being released to FPA. Another area is in pain management and CRNA practice.

The Illinois Nurses Grassroots Coalition (INGC) is a group that Swart works with in which various nursing professions work together for the benefit of all nurses. What are some ways that nurses can make a difference in their daily lives? Nurses must be willing to talk to state legislators for the push for change to be successful. After a nurses speaks with their legislators, they can fill out a review form on the website for INGC about the visit with their legislators and how that legislator viewed the issue and whether they had any further questions that could be answered. Another way is to participate in lobby days and education days for legislators, in which they are taught about how nursing impacts Illinois.

Nationwide, progress has been made related to the FPA. Sixteen states have FPA for NPs, CRNAs, CNMs, and CNS, with 6 of those states making changes since passing the Affordable Care Act. Nineteen states have FPA for nurse practitioners alone. Barriers to FPA are being broken down as the need for primary care services grow and evidence mounts about efficiency, effectiveness, and acceptability of care provided by APN’s (Myers, 2013).

The advancement of nursing is done in the trenches where many of us are unaware that anything is even being done. We are busy with our work, family, and lives, while dedicated nurses are out there looking for and focusing on how to bring change to the face of healthcare. Not only are the associations and coalitions mentioned in this article working towards change for the current issues, one of which being full practice authority, but they are actively pursuing many other issues that affect nurses and healthcare in the United States.

HB421 (2015)
Community-based Service Learning (CbSL)

The DePaul University School of Nursing has embedded Community-based Service Learning (CbSL) into the curriculum of the Master’s Entry to Nursing Practice (MENP) program. CbSL has two components. First it is a dynamic partnership where students, faculty, and community-based organizations collaborate to meet community health needs and provide a tangible product that is of value to the organization and community. Second, students apply the hands-on, real-life community experience to their personal and academic development. So far we have placed over 350 students with community-based organizations throughout Cook and Lake Counties.

Students in the MENP program complete a total of 96 CbSL hours spanning six academic quarters. Each student is paired with a community partner in their area of interest. Starting in the first quarter, students work directly with their community partner to identify a mutually beneficial service-learning project. Student work is expected to start at a very basic level, engaging in simple tasks that allow them to get to know the organization from the inside. As they progress through the program, students continue to serve at their partner organization, and as their relationship with the organization grows, they have the opportunity to take on more advanced health initiatives, including the potential for collaborative research.

Students progress through their curriculum with the community partner as the foundation and resource for their learning. The courses in which CbSL is embedded provide an increasingly deeper exposure, involvement, and analysis for the student, as well as greater benefits for the community organization.

The importance of health promotion and maintenance is evident in the NCLEX-RN examination, accounting for 6-12% of all content in addition to broad national initiatives like Healthy People 2020. It is also the academic bridge to DePaul University’s mission, based on the life, actions, and teachings of St. Vincent de Paul and St. Louise de Marillac. Guided by this mission of service with a focus on human dignity, students collaborate with community organizations building foundations for community health programs and population-focused health initiatives. The community engagement program was developed by the DePaul University School of Nursing in conjunction with the DePaul University Steans Center for Community-based Service Learning.

Lupe Hernandez MSN, FNP and Vice President of the Illinois Hispanic Nurses Association receives AHA award for community service as IHNA member...we honored her and presented the award at the annual IHNA Go RED for healthy heart month event-Feb 25 2015.

Lupe has been able to bring new partners to the mission of the American Heart Association through her personal and professional contacts. She has been the chair of the Go Red Por Tu Corazon A TODO CORAZON subcommittee, that hosts an annual event, in Spanish, for our Latino population. Lupe was able to lead the subcommittee to a successful community event reaching out to several Spanish speaking community members.

She has earned the respect of her peers and representatives from other organizations. Lupe was also very instrumental in ensuring that was held at Norwegian American Hospital and solidify this relationship.

Lupe was not only able to manage the volunteers and logistics of the event, but she was also able to bring a new population of youth to the event.

Feb 25th 2015 the Illinois Hispanic Nurses (IHNA) and supporters of IHNA networked and raised scholarship funds during their annual Go RED event.

IHNA is committed to the personal and professional development of Hispanic nurses in Illinois and the members actively seek opportunities to create impact in healthcare in the communities they serve. IHNA has many events they participate or lead such as Health Fairs, offer health coaching and mentorship for those entering into the nursing field or advancing their education. IHNA has partnerships with Instituto del Progreso Latino, AARP, ANA-IL, American Heart Association, and Muevete USA among others.

Visit our website http://www.ihna-nahn.org/
5 Considerations for RNs Facing Ethical Challenges on the Job

The American Nurses Association has declared 2015 to be the Year of Ethics and in January released a new edition of its Code of Ethics for Nurses with Interpretive Statements, so now is the perfect time for RNs to re-examine the essential role ethics plays in the nursing profession. Having a strong ethical foundation is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.

Here are five considerations for nurses when facing ethical challenges.

Know yourself
It’s important to have a strong sense of personal ethics to build upon in your profession. “Knowing who you are and what you stand for personally and professionally provides a foundation to speak up and speak out about issues that support or compromise your values,” said Cynda Hylton Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics at the Johns Hopkins Berman Institute of Bioethics/School of Nursing and professor of nursing at Georgetown University and senior clinical scholar at the Kennedy Institute of Ethics, and an ANA member. Upholding that worth can provide a foundation for ethical action.

Practice with respect
The first provision of the revised Code highlights each nurse’s responsibility to practice with “respect for the inherent dignity, worth, unique attributes and human rights of all individuals,” said Carol Taylor, PhD, RN, professor of nursing at Georgetown University and senior clinical scholar at the Kennedy Institute of Ethics, and an ANA member. If you know yourself and are consistent about living your values, you’ll be able to rely on that voice inside your head, saying something is wrong. “One of the things I talk to my students about all the time is that you need to listen to your gut,” said Sarah Shannon, PhD, RN, associate professor of Biobehavioral Nursing and Health Systems at the University of Washington School of Medicine, and a Washington State Nurses Association member. “Without this clarity, your responses may be reactive, unreflective and potentially damaging to you and to others.”

Live your values
Just knowing your values and ethics isn’t enough, Rushton said. “We are required to speak them and live them in our daily actions. This takes courage, wisdom and resilience. Living our values means that we have to take seriously the fifth provision of the ANA Code — our obligation to care for ourselves so that we can care for others.” Because ethical issues are part of daily nursing practice, every nurse has an obligation to have the knowledge, skills and abilities to recognize and address them.

Listen to your gut
If you know yourself and are consistent about living your values, you’ll be able to rely on that voice inside your head saying something is wrong. “One of the things I talk to my students about all the time is that you need to listen to your gut,” said Sarah Shannon, PhD, RN, associate professor of Biobehavioral Nursing and Health Systems at the University of Washington School of Nursing and adjunct associate professor of Bioethics and Humanities at the University of Washington School of Medicine, and a Washington State Nurses Association member.

Check in with others
Having said that, Shannon said it’s important to remember that the gut is “a great barometer but a lousy compass.” Just because you know you’re in an ethical quandary doesn’t mean you know what the next step is. Consult with others, such as your shift manager or head of nursing, when a sticky ethical situation arises. Translating ethical decision-making into everyday nursing practice is challenging. Building a network of colleagues who can help you think through ethical situations is a priceless resource. A great place to connect with experts and building your network is the 2015 ANA Ethics Symposium being held in Baltimore, MD, June 4-5.

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Yakutat Community Health Center
Yakutat, Alaska
Teaching Ethics and the Code: Nurse Educators Weigh In

A wide range of ethical questions emerge in the bioethics class that Connie Ulrich, PhD, RN, FAAN, an associate professor of bioethics and nursing at the University of Pennsylvania Schools of Nursing and Medicine, teaches to second-degree nursing students. Questions like: How do you determine which patient should receive an organ transplant; what is your professional and moral obligation to care for patients with Ebola; and what do you do if a patient asks you to assist with suicide?

“In the past, my students told me they felt there was a gap between what I might be teaching them from an idealistic perspective and what they were actually seeing in their clinical practice,” observed Ulrich, a Maryland Nurses Association member who teaches by case studies and uses ANA’s Code of Ethics for Nurses with Interpretive Statements to identify how nurses might respond to the ethical issues being discussed. “So I’m hopeful that this updated version, which is very thoughtful and substantive with respect to a variety of issues that nurses face today, will decrease the gap and serve as a clear guideline that can help them in the workplace.”

The Code provides educators with new opportunities

With the release of ANA’s revised Code in January, nurses have an important resource to help them navigate the ethical dilemmas that arise in an increasingly complex world of health care. But nurses must know the Code to use it, and nurse educators are on the front line in this effort.

“The first step is really making sure the Code is addressed in all undergraduate and graduate nursing programs, which is not always the case,” said Catherine Robichaux, PhD, RN, CNS, Alumnus CCRN, adjunct professor and guest lecturer at the University of Texas Health Science Center in San Antonio and faculty advisor for graduate ethics and Magnificence at her affiliated hospital. She also serves as an adjunct professor at the University of Mary in Bismarck, ND, and is a thesis chair for several students.

College and university schools of nursing vary in their approach to teaching ethics and the Code. Some have freestanding ethics courses that, depending on the instructor, vary or may not address the Code at all. Others have made the decision to integrate ethics into other coursework. “In this case it’s left up to the individual instructor who may or may not be familiar with the Code,” said Robichaux, a Texas Nurses Association member who served on ANA’s steering committee to revise the Code.

“So its importance to nurses may be diluted.”

Nurse educators believe the publication of the 2015 Code provides them with an important opportunity to examine how the ethical foundation of nursing

is included in curricula at all levels of nursing instruction and to ensure that nurse educators be well-versed in disseminating the Code and imbedding it into their courses/curriculum. And there is tremendous support for this approach.

In August 2014, a team of national nurse leaders gathered at Johns Hopkins University in Baltimore, MD, to discuss how best to create a health care culture in the United States that more strongly supports basic ethics principles and more effectively enables nurses to practice more ethically. A report from this first National Nursing Ethics Summit, A Blueprint for 21st Century Nursing Ethics, calls for reforms in the extent of ethics content, improved teaching and enhanced capacities of faculty to teach ethics.

“The 2015 Code is an integral part of this process,” said summit convener and co-chair Cynda Hylton Riston, PhD, RN, FAAN, who is the Bunting Professor of Clinical Ethics and Nursing at the Johns Hopkins University Berman Institute of Bioethics and School of Nursing and a Maryland Nurses Association member. Given the importance of competence in ethical practices, it offers educators new possibilities for making ethics real in everyday nurse practice.

Nursing ethics education has always been aimed at promoting ethical, high quality care in nursing, and nurse educators agree that the 2015 Code will enhance their ability to do so.

According to Robichaux, there is greater clarity in the wording of the new Code to help nurses understand their core standards and obligations. “It provides guidance to nurses about their primary responsibility to the safety and well-being of their patients, which, in terms of their personal lives, means they should be vaccinated against the measles and the flu.”

The same applies to issues of fatigue, she said, which was the focus of an ANA professional issues panel in 2014.

Robichaux said, “They say they want to make a good living, they want to go back to school and they want to work nights,” Robichaux said. “But then they find themselves fighting fatigue, and the Code makes it very clear where their responsibility lies.”

Another steering committee member, Karen Zanni, MSN, RN, FNP-BC, an assistant professor in the School of Nursing at Texas Tech University Health Sciences Center in San Antonio, TX, believes the 2015 Code is very strong in terms of acknowledging the changing times for nurses.

“Take the issue of patient confidentiality and privacy,” she said. “This is always one of the biggest conversations that takes place in an ethics course. But these issues may rise to the top today because of all the different avenues for sharing information that exist.”

So in drafting the updated document, Zanni explained, the committee tried to include things that are part of nurses’ lives today and can create ethical issues in terms of patient privacy and confidentiality, including the use of social media and mobile devices. “It’s because of this focus that I believe the revised Code will be more hands-on and user-friendly for today’s nurse.”

Ethics and the Code in the curriculum

It’s still too early to say how the revisions to the Code may impact how ethics is taught going forward. But with the growing awareness that nurses need exactly this kind of hands-on tool to cope with the ethical dilemmas that dominate the modern workplace, nurse educators ponder how best to teach ethics and the Code to their students.

“This is something we have really struggled with,” Ulrich said. “I think it depends on the college or school of nursing and what they prioritize and value. We are fortunate here at the University of Pennsylvania to have a National Nursing Ethics course at the school of nursing which is very valued and important. But I think it really depends on whether or not an institution has the faculty who have been trained in ethics and who are able to teach it.”

Zanni added, “I don’t think we want to push it into one particular area. I think we want to make it a foundational component of nursing and weave it throughout the curriculum because nurses face ethical dilemmas in genetics, pharmacology, research, community health and all areas that we teach.”

At the University of Texas at San Antonio, where Robichaux teaches, they have integrated the discussion of ethics and the Code within various courses. But she is also in favor of having a separate ethics class at all levels. Without it, she said, “nurses come out into practice like deer in the headlights. They don’t really know how to even identify an ethical issue and where to go with it to clarify their thinking.”

Educating the educators

With the priority made clear in the recommendations from the Nursing Ethics Summit is the need to build capacity in teaching ethics among faculty. Many faculty who are teaching ethics have no formal training in the subject, Riston said. “It is an unprecedented opportunity for organizations, such as the National League for Nursing and the American Association of Colleges of Nursing, and nurse ethicists to address this gap.”

In the meantime, said Robichaux, nurse educators, whether they work in a formal institution, hospital or other facility, must be made aware that they have a responsibility to seek out opportunities to learn and become familiar with the Code. “I think this should be acknowledged as something that’s very important to know and not just a side piece that is nice to do,” Robichaux said.

— Mary Davis is a professional writer.

ANA resources

Code of Ethics for Nurses with Interpretive Statements

ANA provides resources to help all nurses learn more about the revised Code of Ethics for Nurses with Interpretive Statements and how to apply it to their practices. For more information, go to http://www.NursingWorld.org/ethics.

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One aim of the Illinois Nursing Leader Fellowship is to empower nurses as change agents whose initiatives measurably improve patient outcomes with bottom-line impact to their organization. But why is Project Management an important skill? Among the strengths resulting from utilizing project management are team building, goal-directed and action oriented planning (Loo, 2003) and relationship management skills (Porter-}

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- Ogilvy Tim Leading A Multigenerational Workforce Rush University Medical Center
- Solomon-Sales Joan Healthy Work Environment Kindred Hospital
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- Turner Angela Enhanced Recovery After Surgery Advocate Bromenn Hospital
- Van Meter Pamela Compliance Scores on Pain Management Jersey Community Hospital
- Washington Latisha Waste Reduction in the OR Swedish American Hospital

Melinda Noonan DNP, RN, NEA-BC is lead faculty and liaison for the project management portion of the Fellowship. Applications for the next Fellowship will be taken in the fall.
"As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel."

Maya Angelou

This year’s ceremony was held on February 27, 2015, and was sponsored by a coalition of nurses associations partnering to recognize the contributions of African-American Nurses working as Clinical Informatics’ Specialists, Forensic Nurses, Millennial Nurses and Nurse Practitioners. The sponsoring nurses associations were: Chicago Chapter National Black Nurses Association, Alpha Eta Chapter of Chi Eta Phi Sorority, Inc, Beta Mu Chapter of Lambda Pi Alpha Sorority, and the Provident Hospital Nurses Alumni Association.

Dr. (Hon) Barbara Nichols was the keynote speaker, presenting on “Diversity and the Global Nursing Workforce.” The National President of the National Black Nurses Association, Dr. (Hon) Desiree Walton joined the evening celebration. For the tenth year the event was held at the Apostolic Faith Church, Bishop Horace Smith. Dr. Sandra Webb-Booker, NBND Planning Committee Chair was also the Mistress of Ceremonies. Attendees included family, friends, student nurses, representatives of nurses associations and the Illinois Center for Nursing.

The National Black Nurses Day was proclaimed February 3, 1989 to applaud black health care practitioners. February is the month that we have set aside to honor the contributions made by black Americans to this country, therefore it is fitting that black nurses be recognized and honored for their outstanding contribution to our community and country.
Let’s Get Ready for IL RN Relicensure in 2016!

How many Continuing Education hours do IL RNs need prior to relicensure?

The practice of professional and practical nursing in the State of Illinois is declared to affect the public health, safety, and welfare and to be subject to the regulation and control in the public interest (NFA, 50-5). Beginning with the May 31, 2012 IL RN licensure renewal, all registered professional nurses shall complete 20 hours of approved continuing education per 2 year license renewal cycle. In order to maintain their IL RN license, all RNs must complete 20 hours of continuing education/CE between 6/1/14 and 5/31/16 prior to renewing their IL RN license.
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For more information and to apply for this position go to careers.morton.edu.

On the careers site, you can submit an application and any supporting documents. While you are there, if any other positions interest you, feel free to apply. EOE