

Vermont
State Nurses
Association
Official
Publication

Vermont Nurse Connection



Volume 18 • Number 4

Quarterly Publication direct mailed to 17,000 Registered Nurses,
LPNs, and LNAs in Vermont

October, November, December 2015

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SAVE THE DATE



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October 28, 2015

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President's Letter

Let Your Voice Be Heard!



VSNA Lobby Representatives-President Carol Hodges MSN-RN-BC &
Executive Director-Lobbyist Christine Ryan RN, MSA

Attending Lobby Day and Membership Assembly are always a highlight of my year. This was the third Membership Assembly that I have attended and for those of you who have attended the House of Delegates, I personally find the event to be less overwhelming; the ANA has been able to create a more collaborative environment, challenging delegates to reflect on their practices and/or the practices of the nurses that they represent. The ANA represents 3.4 million nurses, the VSNA represents 18,000 registered nurses. National statistics show that 58% of nurses work in hospitals, 21 % work in home health, skilled nursing facilities and other outpatient settings, 10 % work in schools and insurance companies, 7% work in private practice or physician/healthcare offices and 5% work in local, state or federal government. It can be a daunting task to represent not only 18,000 nurses in Vermont but also the many different areas that nurses practice. This is where your membership

in the VSNA plays a major role to ensure that all voices of nurses are represented.

The VSNA like any organization needs to be forward thinking and ready to address the challenges and /or barriers to our varied practices, as well as, promoting the profession of nursing. We need to plan for our future and mentor new leaders and engage new nurses to not only join the organization but to be actively involved. Like the ANA we too have downsized our committees to be more responsive to the immediate needs of nurses at the local and state levels. We also need to partner with schools of nursing to support their Student Nurse Association., one way that we currently do this is by having a Student Nurse on our Board. In September we will have a Virtual Business Meeting, which will include an election of officers, I urge all members to participate and if you are not a VSNA member but you want your voice of nursing to be heard, please join and participate in shaping the VSNA to be the voice that you want everyone to hear.

The VSNA website has been updated: vsna-inc.org
We will continue to update and expand the website so look out for e-mails and keep checking!

Do you want to stay updated on the latest the VSNA has to offer?
Learn of webinars offered by the ANA? How you can earn CEU hours?



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VSNA Advanced Practice Registered Nurse Psychiatric Interest Group

Lorraine Impey, APRN and Caroline Tassey, APRN

The Advanced Practice Psychiatric Nurse Interest Group was formed in the mid-1970s to provide peer support and to collectively further efforts to ensure recognition of Psychiatric Clinical Nurse Specialists and Nurse Practitioners. For 40 years we have had the same core group with Lorraine Impey, APRN, serving as chair person and Maureen McGuire serving as secretary. Initially our numbers were small. We often felt isolated from peers as we worked with other clinicians in Community Mental Health Centers, repeatedly telling our colleagues who we were and how we differed from psychiatrists and social workers. The Psychiatric Nurse Interest Group helped many of us maintain and further our identities and strengthen our image in the settings in which we worked. As we grew, we began to play a bigger role in defining psychiatric scope of advanced practice, been mentors for our colleagues, and provided opportunities to maintain and improve our psychopharmacologic and psychotherapeutic skills. In addition, we have helped members obtain third party reimbursement, review legislation and participate in the legislative process, and provided support in employer negotiations. Recently, for example, one of our members,

Jessica Porter APRN, was instrumental in the process of negotiating improved reimbursement for psychiatric APRNs and CNS with BCBS.

Today, we have a mailing list of over fifty psychiatric nurse practitioners and clinical nurse specialists from all regions of the state, who work in Community Mental Health agencies, residential programs, medical homes, and both group and individual private practice. We meet bimonthly, on a Friday, from 10-2, generally in someone's home, and vary locations to support attendance from members throughout Vermont. Meetings provide 2 hours of education with CEUs. Recent topics have included CBT for insomnia, running a medication-oriented group, and herbal medications for mental health problems. Speakers may come from the group or be invited experts. The meeting includes lunch and a business meeting. Members report on committee work they've been doing, legislative updates or feedback on conferences attended, for example. There are no dues (although there is a fee for CEUs if desired), and no attendance requirements.

We welcome ideas for topics or speakers and would be excited to see the group expand even further!

To get on the e-mailing list for notices of future meetings/topics or to ask questions, contact Maureen McGuire at mamcguire77@gmail.com.

Deadlines for the Vermont Nurse Connection

Are you interested in contributing an article to an upcoming issue of the *Vermont Nurse Connection*? If so, here is a list of submission deadlines for the next 2 issues:

Vol. 19 #1 – October 19, 2015
Vol. 19 #2 – January 18, 2016

Articles may be sent to the editors of the *Vermont Nurse Connection* at:

Vermont State Nurses Association
Attention: VNC
100 Dorset Street, Suite 13
South Burlington, VT 05403-6241

Articles may also be submitted electronically to vtnurse@vsna-inc.org.



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Editorial Offices

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Content

Vermont State Nurses Association welcomes unsolicited manuscripts and suggestions for articles. Manuscripts can be up to:

- 750 words for a press release
- 1500 words for a feature article
- Manuscripts should be typed double-spaced and spell-checked with only one space after a period and can be submitted:
 - 1) As paper hard copy
 - 2) As a Word Perfect or MS Word document file saved to a 3 1/2" disk or to CD-Rom or zip disk
 - 3) Or e-mailed as a Word Perfect or MS Word document file to vtnurse@vsna-inc.org.

No faxes will be accepted. Authors' names should be placed after title with credentials and affiliation. Please send a photograph of yourself if you are submitting a feature article.

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All accepted manuscripts may undergo editorial revision to conform to the standards of the newsletter or to improve clarity.

The *Vermont Nurse Connection* is not a peer review publication. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of VSNA or those of the national or local association.

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The Journey to Authentic Nursing Leadership at the Point of Care

Priscilla Smith-Trudeau

Authenticity is a collection of choices that we have to make every day. It's about the choice to show up and be real. The choice to be honest. The choice to let our true selves be seen.

~ Brené Brown¹



Priscilla Smith-Trudeau

Have you ever been in the presence of a person and thought to yourself, this person is the real deal? Has anyone ever said to you, "You need to get real?" Have you ever said to someone or thought it without saying it, that person needs to get real? Did your parents, teacher or a close friend ever say to you as you were growing up, "Be authentic, be real, be the true you?" Current literature review of authentic nursing leadership addresses topics focusing on the behaviors of the nurse manager in preparing nurse leaders for 2020; creating healthy work environments; and the influence of authentic leadership and psychological capital. The establishment of a healthy work environment requires strong nursing leadership at all levels of the organization, but especially at the point of care or unit level where most front line staff work and patient care is delivered (Sherman, 2010).²

Authenticity is the daily practice of letting go of who we think we're supposed to be and embracing who we are.

~ Brené Brown

The word *authenticity* is derived from the Greek word *author*. In today's fast paced society people are looking for a ten-step easy process to authenticity. The truth is (in my opinion) there is no easy way to navigate the journey for anyone to discover their authenticity as it requires a lifelong commitment to self-reflection. Kevin Cashman, author of *Leadership from the Inside Out: Becoming a Leader for Life* says that authentic leaders at all levels of an organization could approach their self-questioning by asking, "Where is my leadership coming from?" "Do my actions originate from deep within myself, or are they coming from a more superficial, limited place?" "Do I wear a mask of protection (image, safety, security, comfort, control, fear, winning at all costs) when I am at work?" We are free to be whatever we want. We can be true to ourselves or not. We can wear one mask now and another one later, and never, if we choose, appear in our true face. With these choices also come great costs. We may actually identify with the "mask" as our true self.

Then later, we wonder at crucial moments why we lack effectiveness; or why truth evades us; or why life does not make sense; or why life lacks fulfillment or purpose. Our choice is free, but the consequences of not following the path to authenticity are great. (Cashman, 2008).³

*That inner voice has both gentleness and clarity. So to get to **authenticity**, you really keep going down to the bone, to the honesty, and the inevitability of something.*

~ Meredith Monk

Most people consider themselves genuine, honest and real. Rarely do we hear leaders admit that they lack integrity, and yet many of them have difficulty expressing themselves candidly and honestly. Why? Because they fear judgment. Or perhaps they want to protect others from harsh realities. Leaders who willingly risk disappointment and admit that they don't have all the answers invite people into their inner circle where they share their vulnerability. Speaking authentically goes beyond telling the truth. When we speak from the heart of our experience, we create trust. Straight talk gives people a sense of connection and hope. Even when the truth is hard to hear, sharing real emotions creates an open space for new possibilities. When we align who we are with what we do and say, people sense our conviction. Being authentic is a two-way street. Listening authentically means we're open to the influence of others, calling forth their contribution to our learning rather than listening to judge or evaluate. (Lasley, 2004).⁴

The Personal Journey of an Authentic Leader

It is when you lose sight of yourself, that you lose your way. To keep your truth in sight you must keep yourself in sight and the world to you should be a mirror to reflect to you your image; the world should be a mirror that you reflect upon.

~ C. JoyBell C.

The journey to authentic leadership begins with understanding the story of your life. Your life story provides the context for your experiences, and through it, you can find the inspiration to make an impact in the world (George, 2007).⁵ Self-reflection is the process of turning one's attention or awareness inward to examine one's own thoughts, feelings, beliefs and behaviors. It is the deliberate process with the goals of discovery and learning (Cohen-Katz, Miller, Borkan, 2003).⁶ As we examine and contemplate our core values we become more aware, watchful, and knowledgeable of who we really are and discover our identity and our relationship to others.

Nursing Leadership continued on page 4



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Nursing Leadership continued from page 3

Questions to ask at the onset of discovery:

1. Why was I born?
2. Am I fulfilling my purpose in life?
3. What makes my heart sing?
4. What people and experiences in my early life had the greatest impact on me?
5. What are my most deeply held values?
6. What does being authentic mean to me?

The answers won't come easily or overnight. Discovering one's authentic self can be a gut wrenching time consuming process. As Meredith Monk stated it means going down to the bone, to the honesty and the inevitability of something. That something is the real you. It requires being alone with oneself removing layers of emotional baggage, exposing your true self. This step and journey into the personal is necessary before journeying into the authentic professional leader.

The Journey of an Authentic Leader

The role of leaders is so pivotal that authentic leadership, not just any leadership has been identified as the "glue that holds together a healthy work environment (McCauley, 2005).⁷

The key distinction of authentic leaders is that they are anchored by their own deep sense of self and know where they stand on important issues, values and beliefs (Avolio, Gardner, 2005).⁸ Authentic leaders [at all levels] contribute to the growth and development of a healthier work environment. Authentic leadership is described as the root component of effective leadership required to build trust and healthier work environments that promote patient safety and excellence in care and the recruitment and retention of staff (Wong, Laschinger & Cummings, 2010).⁹ Authentic leaders [at all levels] must model authentic behaviors, they are genuine, freely expressing feelings and motives, are driven by the desire to make a difference, and are guided by values transcending self-interest (Murphy, 2012).¹⁰ Authentic nurse leaders recognize that leadership is not about their success. They

know the key to their success and that of the organization is having empowered leaders at all levels who step up and lead. Dr. Maria Shirey,¹¹ a nursing expert on authentic nursing leadership concluded in her article, *Authentic Leaders Creating Healthy Work Environments for Nursing Practice* that the ripple effects of authentic leadership may be so marked that not only will organizations need to be cultivating authentic leaders in formal leadership positions, but authentic leaders also may be needed at the front lines or the point of care. Dr. Shirey added that to produce leaderful organizations, however, requires a better scientific understanding of what authentic leadership is, how it may be developed, and how it contributes to the creation of healthy work environments.

Authentic leadership, like beauty, may lie in the eye of the beholder, or in this case the admirer. No one leader has all the qualities needed in today's hectic and uncertain healthcare environment. Having said that, there are some qualities common to being an authentic leader that have stood the test of time:

1. Self-esteem and confidence
2. Speaking the truth.
3. Leading from the heart
4. Having a vision that generates enthusiasm and commitment.
5. Maintaining a sense of humor and perspective.
6. Trustworthiness and dependability.
7. Possessing an internal standard of excellence.
8. Responsive and empathetic toward others.
9. Self-care
10. Wanting to leave a legacy.

All ten of these are worth striving for, behaving consistently in ways that bring out the best in you and others. Authentic leadership is all about taking the road less traveled and doing not what is easy but what is right. As the landscape of healthcare changes, nurse leaders are sharing ideas, information, and aspirations for a better future. One where work relationships include shared vision, values and trust. Everyone wants to be heard and understood for who they are. Each person wants to be appreciated and valued. Leaders give this gift to others.

Why, when we know that there's no such thing as perfect, do most of us spend an incredible amount of time and energy trying to be everything to everyone? Is it that we really admire perfection? No-the truth is that we are

October, November, December 2015

actually drawn to people who are real and down-to-earth. We love authenticity and we know that life is messy and imperfect.

~ Brené Brown¹²

Priscilla Smith-Trudeau MSM RN BSN CRRN CCM HNB-BC is an author, speaker and healthcare leadership management consultant specializing in workforce diversity. Priscilla's research and consulting has been focused on understanding nursing work group culture.

(Endnotes)

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Student News



Marilyn Rinker Leadership Scholarship Application

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 Currently in which year? 1 2 3 4 year of graduation (if applicable) _____
 Graduate school _____ 1st yr _____ 2nd year _____
 expected date of graduation _____
 If employed in nursing, current employer _____
 Currently receiving Financial Aid, Grants, Scholarships? Yes _____ No _____
 If yes please list the sources _____

Please attach to this form:

1. Résumé
2. Most recent transcript of grades demonstrating a cumulative average of 3.0 (B)
3. A brief essay (500 words or less) describing nursing leadership experience and aspirations, community service experience, commitment to serve in Vermont, and financial need
4. At least two (2) letters of recommendation (at least one academic and one work related)
5. Evidence of acceptance in an accredited program leading to an advanced degree in nursing if not yet matriculated.

I understand that if I receive an Advanced Degree Nurse Leaders Scholarship, I commit to practice nursing in Vermont for a minimum period of two years following graduation.

Student signature: _____ Date: _____

Return application (with attached materials) before March 25, 2016 to:

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Vermont Organization of Nurse Leaders Marilyn Rinker Leadership Scholarship for Nurses in an Advanced Degree Program Announcement

Objective

To promote graduate level nursing education in Vermont in support of nursing leadership talent to meet the health care needs of our state.

Purpose

- To provide scholarship support in the amount of \$2500 per year for a qualified individual to participate in an approved course of study leading to an advanced degree.

Qualifications of applicants

- Possession of Vermont RN license in good standing
- A member of VONL
- Demonstrated commitment to nursing leadership (Vermont preferred) as evidenced by participation in professional seminars, organizations, work accomplishments, project, recommendations of peers
- Currently enrolled or accepted in an accredited program that will lead to an advanced degree in nursing
- Willingness to commit to completing the program as indicated by realistic timeframe
- Individuals agree to practice in Vermont for at least two (2) years
- GPA of 3 or B
- Two supportive professional recommendations

Special Considerations

- Individuals who have sought funding through employment or other resources, where available
- Individuals with demonstrated financial need
- Individuals currently working in the field of nursing education

Application Process

1. Applicants must first be accepted into an accredited program that will lead to an advanced degree in nursing
2. Eligibility criteria include: proof of academic excellence/promise, pledge to practice in Vermont following graduation, short essay, two (2) positive **professional** recommendations
3. Vermont Organization of Nurse Leaders will select a candidate based on the following criteria, in order of importance: academic excellence; commitment to Vermont; leadership/community service; financial need

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General News



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October 28, 2015

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ANA/VSNA News

American Nurses Association Lobby Day

Christine Ryan, RN, MSA
VSNA Executive Director
July 2015

- Over 260 nurses /student nurses were on Capitol Hill advocating for the nursing profession and patients.
- It was the largest ANA delegation in recent history.
- Simultaneously, approximately 2,000 nurses were virtually taking action by calling their Congressional offices and speaking about the importance of Safe Staffing levels, Home Health legislation, and improving Veterans Access to Care.
- The social media presence was fantastic with 1,550 people participating on Thunderclap and reaching an audience of over 600,000 people in 15 minutes.

On Wednesday, July 22, 2015, ANA Lobby Day began with opening remarks from the ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, ANA Government Affairs staff, and Congresswoman Michelle Lujan Grisham (New Mexico-01).

Vermont's delegation, Carol Hodges, MSN, RN-BC, VSNA President and Christine Ryan, RN, MSA, VSNA Executive Director and Lobbyist had the opportunity to meet with staff representing Vermont's political leaders. Our dialogue covered topics ranging from the Affordable Care Act, Nursing Workforce Issues, Tele Health, Full Practice Authority to Advanced Practice Registered Nurses, and the Opioid crisis in our communities.

Senator Leahy, Senator Sanders, and Representative Welch's offices met with the VSNA's delegation to discuss the following national legislation:

- Title VIII Nursing Workforce Reauthorization Act H.R. 2713
- The Registered Nurse safe Staffing Act H.R. 2083/S.1132
- The Home Health Care Planning Improvement Act H.R. 1342/S.578
- The Improving Veterans Access to Care Act H.R. 1247

Lobby Day 2015 proved to be a success for nurses nationwide and an opportunity to represent the interests of the nation's 3.4 million registered nurses and the patients we care for. For more information about national legislation and advocacy efforts visit the ANA at: nursingworld.org.



Congresswoman Michelle Lujan Grisham from New Mexico



**ANA President Pam Cipriano
PhD, RN, NEA-BC, FAAN**

Vermont State Nurses' Foundation – Honor a Nurse Campaign

Nursing continues to be the most trusted profession as indicated in annual surveys. This attests to the collective contributions nurses make as they care for patients, families and communities. Efforts of individual nurses however deserve special recognition by colleagues, employers, patients, families and friends. There are many reasons to Honor a Nurse such as: to thank a mentor, to acknowledge excellent care given by a nurse to a patient, to celebrate a milestone such as a birthday or retirement, or to recognize a promotion. Just think for a moment, you will know a nurse to honor. Celebration: The honored nurses and the persons nominating them will be recognized at the Vermont State Nurses' Association Convention in 2015. The honored nurses each will receive a certificate identifying the person recognizing her/him as well as the reason for the honor. Submit nominations by: September 1, 2015. All contributions are tax deductible to the full extent allowed by law. VSNF is a 501(c)3 organization. Nominations this year is online.

Please go here to nominate someone: <http://goo.gl/Z0F4f>

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ANA/VSNA News

American Nurses Association Membership Assembly



Vermont and Massachusetts Membership Assembly Reps

Christine Ryan, RN, MSA
VSNA Executive Director
July 2015

Advocacy and ethical practice were front and center at this year's Membership Assembly.

Membership Assembly 2015 consisted of three full days of representatives from all fifty states joining together to accomplish the following:

- Nurse leaders taking action on key issues centering on fostering an ethical environment, infection prevention and control, and advancing and public reporting of quality measures that capture nursing care
- Membership Assembly representatives elected three members to the ANA Board of Directors and four to an ANA committee
- Nurse leaders voted on bylaws changes focused on association governance
- Annual regional business meetings were held
- Multiple dialogue forums were scheduled such as: RN Scope of Practice & Decision Trees, Moving Forward with Safe Patient Handling & Mobility, and Member Engagement at the C/SNA level

The keynote speaker was Leah Curtin, RN, ScD(h), FAAN, Executive Editor, Professional Outreach, American Nurse Today. Leah Curtin addressed the Membership Assembly with a presentation entitled, "Ethics For Nurses in Everyday Practice."



Keynote Speaker Leah Curtin
RN, ScD(h), FAAN

She spoke of ethics as the DNA of the nursing profession. Ms. Curtin reminded the audience that nurses need to remember to respect themselves and their profession and that nurses cannot practice without trust. Ethics was designed to protect the vulnerable from the powerful. The intellectual discipline of ethics was intended to develop professions; professions that promise to do something. It is about meeting an obligation. What have you promised to do and did you do it? Outcome is just as important as duty. As nurses, we assume additional obligations. Our profession adheres to Nursing Practice Acts and the Code of Ethics.

Ms. Curtin spoke of three promises nurses should make. The three promises are:

1. Act in the best interest of the patient
2. To be masters of our craft throughout our nursing career
3. Cherish colleagues like our parents and live in partnership

In closing, Leah Curtin reminded the audience that the Code of Ethics provides clear directions as to how nurses should practice and uphold the nursing profession. It is our road map or atlas as we navigate the nursing profession and the complex landscape of health care.

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ANA/VSNA News

Member Profile: Marcia Bosek DNSc, RN

Years in the Nursing Profession: I've been a registered nurse since 1978. I started teaching in 1982.

Education:

1978 BSN Goshen College Goshen Indiana
1982 MSN Indiana University Indianapolis Indiana
1989 DNSc Rush University Chicago Illinois
(Focus: Nursing Ethics)

Employer: University of Vermont

Position/Title: Associate Professor, Department of Nursing

What is your background?

I am a medical/surgical nurse. After completing my BSN, I worked 4 years on the night shift at St. Francis Hospital in Beech Grove, Indiana. Initially, I worked on a 48 bed medical surgical unit (2 nurses and 2 aides. Nursing was much different then). I then moved to the cardiac step-down unit and fell in love with identifying cardiac rhythms via telemetry. During this time, I was concurrently working on my MSN at Indiana University.

In 1982, I started my first faculty position at Marion College (now known as Indiana Wesleyan University) teaching Junior medical/surgical didactic and clinics. When I was hired, the dean of the college strongly encouraged me to pursue a doctoral degree in the near future.

In 1984, I began my doctoral work at Rush University. Many semesters, I commuted 3.5 hours one way to attend my classes. Ultimately in 1986, I moved to campus and worked part-time on the evening shift on a medical unit. Over the years, this unit had the designated HIV+ beds and cared for neuro-surgical patients, while always caring for patients with a variety of medical issues.

I successfully defended my dissertation in August 1989 and I joined the Rush College of Nursing faculty in September. In addition, I had a joint appointment with the Department of Religion, Health & Human Values and served as an ethics consultant on the hospital ethics consultation service as well as teaching in the ethics graduate program. In 1995, I participated in an Ethics, Legal and Social Implications (ELSI) Fellowship sponsored by the NIH. During this fellowship, I worked in a genetics lab doing bench work and discussed the ethical issues impacting genetics.

From 2006-2009, I had a joint appointment between Fletcher Allen Health Care (as the Nurse Ethicist) and the Department of Nursing at the University of Vermont. In 2009, I joined the University of Vermont full-time and earned tenure in 2012.

Where did you attend school and what inspired you to enter the nursing profession?

During my junior and senior years in high school, I worked as an aide at the local retirement community (Swiss Village). One day one of the nurses asked me what I was going to study in college and I immediately replied "nursing." I do not remember ever consciously making the decision to become a nurse, but rather this decision evolved out of the enjoyment I experienced working with these elders.

My decision to teach nursing evolved from two different experiences. First, during my junior year at Goshen, I served as the student representative to the Department of Nursing's Curriculum Committee. During this experience, the nursing faculty chairing the committee encouraged me to think about pursuing graduate education in preparation for teaching one day. Second, during the summer following my junior year at college, I had the opportunity to precept a woman from Germany who was volunteering as an aide at Swiss Village through the Mennonite Church. These two encounters created within me the desire to pursue a Master's degree with the goal of one day teaching nursing.

How did you become interested in the specialty of Ethics?

In the mid-1980s, nursing programs began including ethics courses in their curriculum. I was one of 3 faculty assigned to teach a 2 semester ethics sequence to the junior nursing students. At the end of the second course, one student commented in his/her course evaluation "that decision-making model we were taught was interesting, but I don't use it to make ethical decisions." This comment led me to wonder "if nurses don't use what we taught them, then how do they resolve clinical ethical decisions?" This question evolved into my dissertation topic and ultimately my program of research.

Describe your role with the ANA Advisory Board?

Last year, I was appointed to serve a 4 year term on the ANA Ethics and Human Rights Advisory Board. This committee reviews and updates the ANA Ethics Position Statements and provides recommendations to the ANA Board regarding issues related to ethics and human rights. One highlight from my first year on this committee was voting to recommend the newly revised Code of Ethics to the ANA Board for adoption. The committee meets 5 times during the year by conference call and has one face to face meeting each year. Committee members are expected to spend 8-16 hours/month promoting the work of the advisory committee.

What are your hopes for the future of nursing?

I would really like the profession to resolve the entry into practice question once and for all (this has been debated my entire nursing career). The nursing profession will need to be leading the changes in health care as delivery of services continue to move outside of the acute care environments.

Is there any advice that you have received that has influenced you in your nursing career?

Four pieces of advice have informed my nursing career. First, my mother (who was a nurse) told me I could attend any nursing program I wanted as long as I ended up with a BSN. Second, as a new nurse, my preceptor encouraged me to always "save a bath for yourself to do." The intent of this advice was to promote a good rapport with the staff as well as doing a good skin assessment. Third, the day before my first shift as a clinical instructor, my mentor told me "all you need to do is be a good nurse and you'll be a great clinical instructor." Finally, when I completed my doctoral degree, my dissertation advisor encouraged me to "always stay involved clinically since this will give you insights into the ongoing clinical ethical issues." As a result of these words of wisdom, I remain a very hands on clinical instructor when working with my students. My clinical experiences continue to inform my writing and teaching.



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ANA/VSNA News

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ANA/VSNA Membership Application



For assistance with your membership application, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Essential Information

First Name/MI/Last Name

Date of Birth

Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number

Circle preference: Home/Work

City/State/Zip

Email address

County

Current Employment Status: (ie: full-time nurse)

Professional Information

Employer

Current Position Title: (ie: staff nurse)

Type of Work Setting: (ie: hospital)

RN License #

State

Practice Area: (ie: pediatrics)

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Printed Name

Please Note — American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount.

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Vermont Board of Nursing Update: Higher Fees for Licenses Not Renewed on Time

On July 1, 2015 a revision to 3 V.S.A. § 127 increases fees for reinstating a license not renewed on time. This applies to all professions regulated by the Office of Professional Regulation. The goal of the new law is to ensure that people renew on time and do not practice in Vermont without an active license. A license which is not renewed will expire.

Reinstatement after a license expires triggers high penalty fees. If a license is reinstated within 30 days of its expiration date, the penalty fee will be \$100.

After 30 days the penalty increases. To reinstate a license will require paying:

- 1) your renewal fee, plus
- 2) a late penalty fee equal to your renewal fee plus \$40.00, and
- 3) for each additional month an additional \$40.00 up to a maximum \$1,500.00.

To avoid unlawful practice and increased fees, renew your license on time.

Please do the following:

- 1) Note the expiration date on your license. You can double check it on the OPR website by going to "Licensee Lookup" to see when your license is set to expire. <https://www.sec.state.vt.us/professional-regulation.aspx>.
- 2) Make sure OPR has your correct email address so you will receive the renewal notice. You may update your contact information by logging in to your online licensing account with the user ID and password provided by the office. (No fee required.) You may also complete a change of information form found at <https://www.sec.state.vt.us/media/332468/change-of-name-and-address-0303-2014.pdf>.
- 3) Tell your professional colleagues about this change.

Mark your calendars. Please do not miss your renewal date. Pay careful attention to the reminders that accompany your renewal notice.

For additional information, contact the Vermont Board of Nursing at 802-828-2396.

How a Criminal Conviction May Affect your Nursing License

On initial and renewal nursing licensure applications, applicants are asked if they have any criminal convictions or charges pending, other than minor traffic violations. The Board of Nursing may issue a license or deny or condition a license for a felony conviction or for any conviction related to the practice of nursing or practice of a nursing assistant (3 V.S.A. §§ 129, 129a(a)). The Board looks at each conviction on an individual basis. It is the applicant's burden to show that he or she should be granted a license. The Board cannot provide an advance prediction of whether or not the applicant will be issued a license.

Generally, the Board considers the following factors but is not limited to this list:

- 1) How old is the conviction?
- 2) Does the conduct that led to the conviction indicate that the applicant has poor judgement, a lack of character, or drug/alcohol problem?
- 3) How old was the applicant at the time of any conviction?
- 4) What was the nature of the conduct (i.e. violence, drug/alcohol use, property crime, or violence against a vulnerable victim)?

- 5) If the conviction was related to substance abuse (drugs or alcohol), has the applicant shown proper treatment and recovery?
- 6) What punishment was imposed? Did the applicant have to make amends, e.g. probation, restitution? Was the applicant compliant with any conditions imposed by a court?

The applicant is asked to submit all documentation, including court documents, so that the exact nature of the charge and conviction can be assessed. A detailed written explanation in the applicant's own words is required. The Board encourages applicants to provide as much additional information about the matter as possible. In some circumstances, the Board may request that an applicant have an evaluation by a pre-approved professional for the purpose of determining whether the applicant is able to practice safely. If a decision is made to preliminarily deny an applicant, the applicant may appeal and have a formal hearing before the entire Board.



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For more information or questions regarding available positions, please contact Joyce Santacross, Human Resources Administrator, at (802) 447-6535 or email: joyce.santacross@vermont.gov.

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Vermont Prescription Monitoring System

The rule identifies certain minimum legal requirements that apply for each aspect of the system that makes controlled substances available to patients. It specifies when pharmacists, or others who dispense controlled substances, must make reports to the Vermont Prescription Monitoring System (VPMS). For prescribers of controlled substances (including those prescribers who dispense), it sets forth requirements for when VPMS must be queried before prescribing or dispensing. Some of the requirements come directly from existing law, but some are new. For instance, there are now circumstances in which the requirements apply to urgent care settings. In addition, there are now some circumstances in which VPMS must be queried before prescribing opioids for acute pain.

http://healthvermont.gov/regs/documents/vpms_rule.pdf

Prescribing Opioids for Chronic Pain

This rule provides minimum legal requirements for prescribing opioids for treatment of chronic pain. These minimum legal requirements may not meet the standard of care in all cases; they are established as the minimum that must be done to help manage the risks of misuse, abuse, diversion, addiction and overdoses. The rule sets forth requirements for the clinician, including the requirement to document the consideration of non-opioid and non-pharmacological treatment options, as well as documentation of an assessment of the risks for the patient associated with use of opioids.

http://healthvermont.gov/regs/documents/opioids_prescribing_for_chronic_pain_rule.pdf

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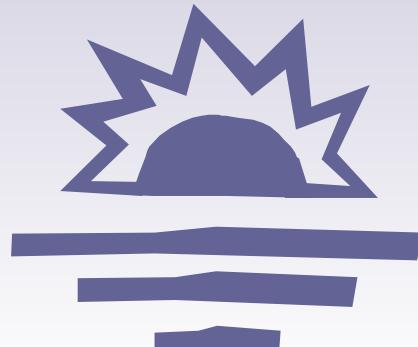
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Case summary:

- The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
- The patient's girlfriend took him directly to the hospital, where he was triaged but showed no fever and normal blood pressure. The patient began showing signs of delirium nearly two hours later, and an hour afterward began to be treated for meningitis even though a diagnosis had not been confirmed.
- The patient was definitively diagnosed with Neisseria meningitis, Group B, the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic where she worked, the physician working at the clinic, the ER physician and the hospital, in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have triaged the patient and the physician would have seen him, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

Despite this, her defense costs topped \$125,000.

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Quality Care Close to Home

North Country Hospital is a 25 bed critical access private, nonprofit acute care community hospital with physician practices serving twenty communities in a two-county area in the rural Northeast Kingdom of Vermont.

We are currently seeking applicants for the following positions:

- House Supervisor, RN
- LPN or Certified Surg. Tech
- Oncology RN
- Emergency Dept. RN
- LPN or Medical Assistant, Primary Care Barton
- Operating Room RN



At North Country Hospital quality patient care is our greatest commitment, employees are our greatest asset, excellent patient experience is our greatest accomplishment, and the health of the community is our greatest responsibility.

For additional information contact: Tina Royer, Human Resources
(802) 334-3210, ext. 407 • E-Mail: troyer@nchsi.org
North Country Hospital
189 Prouty Drive, Newport, VT 05855

www.northcountryhospital.org



North Country Hospital
Where caring runs deep.