Memorial to George J. Hebert, MA, RN, APN
New Jersey Board of Nursing Executive Director

by Muriel M Shore, RN, EdD, Felician College, School of Nursing Dean

St. George’s Episcopal Church in Maplewood was filled to capacity on June 6th as family and friends of George J. Hebert, MA, RN, gathered to celebrate his life and legacy. Considered the consummate nursing professional, George passed away on May 29th after a courageous battle with cancer.

Reverend Bernard W. Poppe, Rector at St. George’s Church, led the celebration, which was filled with heartfelt remembrances of George. A beautiful vocal rendition of “The Impossible Dream” from the Man of La Mancha which was George’s favorite and philosophical song, reflective of momentous events throughout his life, brought tears and applause from many present at the funeral. In describing George, Reverend Poppe said he could sum it up in one word – “gentle.” I think everyone in the church would agree that was the perfect description of George who had a gentle smile, a gentle heart, and a gentle touch.

The outpouring of nursing leadership and previous Directors and Staff from the Division of Consumer Affairs as well as the National Council of State Boards of Nursing attending the memorial celebration reflected George’s national and state-wide stature. George worked at the New Jersey Board of Nursing since 2000 having served first as the Deputy Executive Director, and then as the Executive Director until 2015 when he died. To the very end, George was going to work despite being in treatment and feeling fatigued. His leadership position at the Board of Nursing was very important to him and George felt compelled to work hard in spite of his illness.

George oversaw all activities of the Board of Nursing including regulatory updates, licensure and re-licensure, disciplinary hearings, regular board meetings, approval of nursing education programs, home health aides and the alternative to discipline monitoring program. George was responsible for the organization and coordination of all programs, while also participating in the activities of the National Council of State Boards of Nursing. No matter what the issue was, George treated everyone with respect and worked hard with various constituents to help find solutions to their regulatory issues. “You could always count on George to get back to you with wise advice to resolve your question,” said Shore, a longtime friend and former Board of Nursing member who served with George.

George worked hard with a very competent Board of Nursing staff to transition license renewals to the new online renewal process. With almost...
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Published by: Arthur L. Davis Publishing Agency, Inc.
I hope that you had the opportunity to join us at the NJSNA Annual Convention in Atlantic City in October. There were many interesting and informative speakers. In addition, the poster presentations were excellent. We were fortunate to have NJ Lieutenant Governor, Kim Guadagno and Miss Colorado, Kelley Johnson, join us. NJSNA President Norma Rodgers hosted the President’s Reception and highlighted diversity with the many cultures of nursing in New Jersey making entertaining presentations. In this issue of the NJ Nurse you will find an article written by a William Paterson University nursing student, describing the experience she and her leadership class had at the Convention.

One of the most interesting and timely topics that was presented at the Convention was entitled, “Active Shooter Preparedness: Keeping Everyone Safe.” We know that our public institutions, such as schools and government offices are vulnerable to this type of dangerous event. Hospitals and other health care facilities are no exception. Nurses, other health care providers, and employees are prepared for almost every emergency, but are ill prepared for the active shooter scenario. Ask yourself this question. What would you do if someone with a gun arrived on your unit or you heard what sounded like fire crackers on the unit adjacent to you? Do you know where you can hide on your unit? Do you know all the exit areas in your work area? Are there any locked areas? We are educated (trained) to be the caregiver and to respond to critical situations by running to them. Our role in an active shooter scenario is to remove yourself as quickly as possible from the area, and follow the directions of the law enforcement officials. Their directions might mean leaving your patients and other co-workers. As one law enforcement officer said to me, “You can’t help anyone if you are dead!” The survival mantra is Run-Hide-Fight!

Many of the attendees at the “Active Shooter Preparedness” presentation felt that this topic should be included in all facility orientations. You might want to discuss this with your nursing supervisors and nursing management team in an effort to incorporate this information into your annual mandatory education plans. It is certainly better to be prepared than to be unprepared. If you would like further information on this topic, the Department of Homeland Security has a very informative website and a PDF that can be downloaded. The web address is www.dhs.gov/active-shooter. The PDF can be found at www.dhs.gov/library/assets/active_shooter_booklet.pdf.

NJSNA organized a team of walkers and runners to participate in the Recovery Advocates of America’s 3rd Annual Walk for Recovery. Recovery Advocates of America, based in Hamilton, NJ, is a not-for-profit organization that helps individuals realize their need for treatment and also assists the individual and their family identify a treatment center that offers the appropriate level of care based on their needs. September is National Recovery Month and this annual event helps Recovery Advocates raise awareness on addiction while also serving as a fundraiser. Sponsors for the event included several treatment facilities including High Focus Centers, Seabrook House and Summit Behavioral Health.

The 3rd Annual Walk for Recovery was held in Mercer County Park on September 19, 2015. The NJSNA team included Judy Schmidt, CEO of NJSNA; the Recovery and Monitoring Program (RAMP) staff and family members, a peer support group facilitator and several nurses.

The opening ceremonies featured a welcome from executive director Michael Zaccardi who discussed his history of addiction. Other speakers included organizer founder Paul Tesein and Stephan Dushnik who founded the nonprofit organization dSquared. dSquared is a transportation service that seeks to provide free transportation service for young people with no questions asked. Assemblyman Dan Benson presented the nonprofit group with a Joint Legislative Resolution of recognition. The Joint Legislative Resolution by Sen. Linda Greenstein and Assemblymen Wayne DeAngelo and Dan Benson states: “That this Legislature hereby salutes Recovery Advocates of America Inc. upon the occasion of its Third Annual Jersey’s Walk for Recovery on September 19, 2015, and commends all those who participate in or support this event.”

After completing the 5K run/walk, participants were offered food and refreshments before the award ceremony and closing remarks. The Recovery Advocates handed out awards for the 1st, 2nd & 3rd place finishers and a plaque to all the essential volunteers.

NJSNA hopes to participate bigger and better next year!

Judith Schmidt, RN, MSN, ONC, CCRN
Chief Executive Officer
NJSNA and Institute for Nursing

Judith Schmidt

Advanced Practice Nurses Meet Senator Whelan

Despite the beautiful weather which tempts all of us who live in NJ to head for the beaches, 25 APNs attended DEATH CERTIFICATE LEGISLATION: Advocacy, Action and Change Agents in Atlantic City. This lecture was provided by APN-NJ, a grassroots coalition organization that represents nurses, Advanced Practice Nurses and interested citizens in advocating for healthcare in NJ. The lecture was presented by Grace Reilly, APN, co-founder of APN-NJ and member of NJSNA COPP, and serves on the steering group to remove the Joint Protocol. Grace is also the NJ Representative to the American Association of Nurse Practitioners (AANP). The event was organized and led by our emerging leader, Larider Ruffin, DNP(c), MSN, APN, CTTS, who is a member of NJSNA, AANP, and President of Northern New Jersey Black Nurses Association.

Senator Whelan (Democrat, District 2) also attended and provided the APNs firsthand information on the legislative process from a Senator’s perspective. It was a great day, and having the Senator there, put it over the top. Norma Rogers, President of NJSNA also gave greetings and provided information on the importance of membership for ALL NURSES and APNS in NJSNA in order to be effective in lobbying and legislative matters.

One attendee used the term “Politically Unplugged” to describe herself. She said she “never thought of any of this as important, and now she has a whole new view.” She found this presentation informative and engaging, and plans to get “plugged in” to policy.

For more information or to have APN-NJ or NJSNA provide this offering at your hospital, school and community health care facilities, contact Grace Reilly (grace-apn@comcast.net).

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2015 Convention Highlights
WPU Nursing Students Attend NJSNA/IFN 2015 Convention

by Anoush Kalychyan, William Paterson University, BSN Senior Student, Class of 2016

Every fall semester, William Paterson University Professor of Nursing, Leo-Felix M. Jurado, PhD, RN, NE-BC, APN, CNE, assigns the Nursing Leadership and Professional Practice students to attend the NJSNA convention with the idea that, “professional socialization of nursing students begins while they are in school.” Jurado adds, “The best way to teach students about the importance of joining professional nursing organizations is to provide them the opportunity to experience it in person and see other activities.” Attendance fulfills the course objective of engaging in activities of professional nursing organizations to enhance personal growth, provides students being thrilled about the opportunity to visit Atlantic City. NJ with dozens of our classmates, it would be our first time attending a professional nursing convention. NJSNA’s Chief Executive Officer, Judith Schanke, RN, MSN, ONC, CCRN, affirmed, “It is imperative that Nursing Students be given the opportunity during their coursework to become acquainted with the Professional Nursing Association in their state. Professional Nursing Associations, such as the NJSNA, are responsible for developing the Standards of Practice, providing continuing education, monitoring legislation, and promoting networking which lead to professional growth. Attending convention is one opportunity to participate in these networks. Therefore, added, “Nursing students are the future leaders of health care.”

Although the convention ran from Tuesday through Friday, WPU students were only able to attend on Thursday due to having scheduled classes on the other days. Dressed professionally, students showed up right in time at the Ballo’s Hotel and proceeded to the morning program called, “Adventures in Nursing” by Lee Taylor-Vaughan, MSN, RN, APN, director of education of a nursing certification company. In his engaging lecturing style, Lee explained how getting a Registered Nurse license is the first step to practicing as a nurse and certainly would not be the last. He advised students to consistently participate in continuing education since nursing involves a “life-long learning” of keeping up with rapid advancements in health care. With over 20 years of experience in critical care around the country, Lee shared statements regarding “Things I wish I would have known in nursing school,” including: “Build a relationship with the application process including tips for resume building and interviews as nursing jobs become increasingly competitive (you can imagine how these types of interactions will happen during the interview process), building of a personal profile, as she was immediately invited as a guest on television shows, such as Ellen DeGeneres and Dr. Oz, among others.

To have Miss Colorado return to Atlantic City for the NJSNA convention to discuss the benefits of the controversy was a privilege. This movement has caught on fire, and we cannot allow it to die out. In the words of Miss Colorado, “If we don’t stand up for ourselves, becoming active members after graduation. Because, Nursing Students, and exposure to the professional associations, such as the NJSNA, are responsible for developing the Standards of Practice, providing continuing education, monitoring legislation, and promoting networking which lead to professional growth. Attendance convention is one opportunity to participate in these networks. Therefore, added, “Nursing students are the future leaders of health care.”

Arguably the most exciting part of the day was the healthcare plenary session with keynote speaker, Kelley Johnson, RN, BSN, Miss Colorado 2015 and Second runner-up Miss America 2016. The video of her touching nursing monologue as her talent for the Miss America pageant last month went viral as it raised awareness of nurses as a talent (watch here–https://www.youtube.com/watch?v=OreV7K3SYgb). Yet, Johnson became the target of some criticism from TV hosts on “The View” mocking her nursing “uniform” and questioning why she was wearing a “doctor’s stethoscope.” Their ignorant remarks ignited a widespread controversy and gave Miss Colorado a national platform to advocate for the nursing profession, as she was immediately invited as a guest on television shows, such as Ellen DeGeneres and Dr. Oz, among others.

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Call for Resolution Proposals

NJSNA’s Resolutions Committee is now accepting Resolution Proposals. Any suggestions for proposed resolutions will be referred to the Resolutions Committee for study. Amendments proposed by the Resolutions Committee for the 2016 NJSNA Annual Meeting must be in the possession of the NJSNA Resolutions Committee by June 1, 2016. Please submit all resolution proposals to Sandy Kerr, Executive Assistant, at sandy@njsna.org.

Call for Bylaws Proposals

NJSNA’s Bylaws Committee is now accepting Bylaws Amendment Proposals. Any suggestions for proposed amendments will be referred to the Bylaws Committee for study. Amendments proposed by the Bylaws Committee for the 2016 NJSNA Annual Meeting must be in the possession of the NJSNA Bylaws Committee by June 1, 2016. Current NJSNA Bylaws may be found online at http://www.njsna.org, click on ABOUT NJSNA, then select 2015 NJSNA Bylaws. Please submit all Bylaws Amendment Proposals to Sandy Kerr, Executive Assistant, at sandy@njsna.org.

Rutgers School of Nursing–Camden Partners with Hungary Medical School

Rutgers School of Nursing–Camden is expanding its global reach through a new collaboration with Semmelweis University in Budapest, Hungary. This partnership will allow the two higher education institutions to collaborate on academics, research, and scholarship programs.

Representatives from the two universities, including Rutgers University–Camden Chancellor Phoebe Haddon and Rutgers School of Nursing–Camden Dean Joanne Robinson, signed a Memorandum of Understanding in September 2015 at Semmelweis University. As Hungary’s oldest medical school, and one of Europe’s leading centers of medicine and health sciences, the Memorandum sets up the framework for the collaboration.

“This partnership is an opportunity for us to expand our global outreach,” Robinson explained. “The Rutgers School of Nursing–Camden is proud to partner with Semmelweis and by working together, our two institutions will expand opportunities for our students and faculty to advance nursing scholarship and research.”

“Rutgers–Camden nursing students will be provided an extraordinary opportunity to understand the global nature of health care today,” stated Marie O’Toole, senior associate dean of academic and faculty affairs and professor at the Rutgers School of Nursing–Camden. “Global health is an essential component of nursing education and because we live in a global society, our students must learn to work together to anticipate changes in the healthcare system and come up with the best solutions for care.”

The first step in the collaboration will be a faculty and student exchange program that will begin during the fall 2016 semester, as well as the establishment of joint research activities. O’Toole says the work will primarily focus on emergency care, infection control, and health care policies in the European Union. “The faculty and students at Semmelweis University have established themselves as outstanding researchers and educators in nursing and health science and this partnership is a natural fit,” according to O’Toole.

Rutgers–Camden students will have an opportunity to study healthcare policies and practices in another country while learning from and teaching their Semmelweis peers how to provide better care in hospitals. The collaboration is being funded by an Erasmus+ grant awarded to Semmelweis University from the European Commission on Higher Education for the exchange of faculty and students. “We want to be able to combine our resources to really make an impact on the education of healthcare providers,” O’Toole said.

The Rutgers School of Nursing–Camden offers baccalaureate programs for traditional, accelerated, and RN students; professional certificates in school nursing and wound/ostomy/continence nursing; and a doctor of nursing practice program with tracks in adult/gerontology nursing and nursing of families that prepare students for clinical practice as nurse practitioners in these specialties.
Nurses Building a “Culture of Health” Through Innovation: NJ Collaborating Center for Nursing Summit

Shifting the United States mindset from one of healthcare to health requires nurses to be engaged in their communities and in this transformation. The question is, how can nurses lead and be engaged in their communities and in this transformation. The future of nursing requires nurses to be engaged into the IOM report recommendations from the “Culture of Health,” framing a profession.

The New Jersey Collaborating Center for Nursing (NJCCN) Summit: New Jersey Grassroots Nurses: Building a Culture of Health Through Innovation took on that challenge October 28, 2015 with its collaborators: New Jersey Action Coalition (NJAC), New Jersey Nursing Initiative (NJNI) and New Jersey Healthcare Initiative (NJHI). Nurses from across settings and roles were engaged in answering these questions at the summit. Nurses participating included: long term care, home care, acute care, public health, care coordination, community, schools, new graduates, APNs, educators, students, representatives from professional nursing organization, Campaign for Action, and Pathway to Excellence team. Nurses were asked to be seated in the counties they served to meet other sectors of their profession.

Susan Hassmiller, PhD, RN, FAAN, Robert Wood Johnson Foundation (RWJF) Senior Advisor for Nursing, started the dialogue on how the Foundation is framing a “Culture of Health,” and its integration into the IOM report recommendations from the Future of Nursing: Leading Change, Advancing Health. Hassmiller encouraged nurses to call out what they are doing in their communities and to claim it as a nurse: call it and claim it! Nurses need to recognize that the choices people make in their communities are the choices that they have; therefore, we need to understand that consumers work, play and live will influence those choices.

Ancilla Livers, PhD, from the Center for Creative Leadership, helped nurses look at the issues of diversity from various perspectives to understand why it is important for us to step out of our identity and meet those people we serve from their identity. Nurses learned from Toni Lewis, MPH, a coach at the County Health Rankings and Roadmaps, how to use rankings and roadmaps to determine the health of their counties in NJ and to learn about best practices (countyhealthrankings.org).

Successful innovative healthcare programs were presented by Anna Federico, APN, who described the CVS Minute Clinic service, staffed by APNs in 38 sites and new ideas, and go beyond one’s comfort zone. Edna Cadmus, PhD, RN, FAAN, NJ Collaborating Center Executive Director, announced information about three grant opportunities sponsored by the NJCCN, NJHI, and NJNI for $5,000 each. These grants expect teams across sectors to work with their communities to improve health. Proposals are due to the NJCCN by February 1, 2016. Cadmus said, “The enthusiasm and commitment of NJ nurses was palpable in the room. In pursuit of a “Culture of Health, nurses networked and built new relationships due to the NJCCN by February 1, 2016. Cadmus said, “The enthusiasm and commitment of NJ nurses was palpable in the room. In pursuit of a “Culture of Health, nurses networked and built new relationships and new skills. I am hopeful that we will see new innovative strategies to frame the challenges of healthy communities, to learn how to find value in all new ideas, and go beyond one’s comfort zone.”

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Grant proposals announced

Finally, Lynn Fidell-Cooper, MBA, Center for Creative Leadership faculty member, presented innovative strategies to frame the challenges of healthy communities, to learn how to find value in all new ideas, and go beyond one’s comfort zone.

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Following are highlights of the action items:

Motion 1—Approve the Minutes of May 26, 2015 Passed Vote Yes 14; 1 Abstain

Motion 2—Approve the Consent Agenda Passed Vote Yes 15

Motion 3—Allow Judy Schmidt to be authorized as the signer and has the rights and privileges as CEO Passed Vote Yes 16

Motion 4—To accept the financial reports as presented Passed Vote Yes 16

Motion 5—To change the order of the Agenda Passed Vote Yes 15

Motion 6—To move the In State Only membership to ANA to process and for NJSNA to absorb the $5.00 per member fee. Passed Vote Yes 14; 1 Abstain

Motion 7—to send a donation to the Concerned Black Nurses Association in the amount of $250 in honor of Annette Hubbard Passed Vote Yes 15

Motion 8—the Executive Committee will create a policy for gifts in Memoriam

Motion 9—to bring suggested recommendations from ANA to the Bylaws Hearing at convention

Motion 10—to refer ANA bylaw recommendations to the Bylaws Committee and report back to the NJSNA board in November.
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UPDATE NJ BOARD OF NURSING

Continuing Nursing Education Required for NJ License Renewal
Patricia Murphy, RN, PhD, FAAN, NJ Board of Nursing President

Half of the NJ Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Practice Nurses (APNs) will begin the process to renew their licenses soon. In order to renew these licenses 30 Continuing Nursing Education contact hours are required to be completed before renewal. However, most nurses are unaware that the NJ Board of Nursing (BON) can take action against a nurse’s license when a nurse fails to complete the required CNE contact hours including: a public reprimand which remains on record permanently (cannot be expunged by the courts); as discipline, a $250 fine and suspension of the license until the CNE contact hours are complete and all fines paid. This year there is also a change in the interpretation of the regulations. In the past new graduates were allowed to forego completion CNE contact hours for the first 2 years after they graduate. Following a review of the regulations that is no longer the policy. All nurses who apply for renewal regardless of when they graduated must show that they have completed the required CNE contact hours or CNE contact hour equivalents, as spelled out in the regulations, 13:37-5.3 CONTINUING EDUCATION (page 30) http://www.njconsumeraffairs.gov/regulations/Chapter-37/New-Jersey-Board-of-Nursing.pdf

Frequently Asked Questions

The most common FAQs the Board receives regarding CNE credits follow:

1. May employer’s programs grant CNE contact hours? Continuing nursing education offered by employers or facilities ARE NOT always eligible for the award of CNE contact hours. The employer or facility must apply for and be authorized to grant CNE contact hours before the course is given. If you are not sure ask. If you submit employer’s or facilities’ programs that are not an approved provider of CNE contact hours for the time period you take the program, it will not count toward required CNE credits and you can be disciplined.

2. Do I need to send my CNE certificates of contact hours to the BON when I renew? Do not send your CNE certificates to the BON unless you are asked to do so. If you are asked to send them, send them in one batch and ALWAYS keep copies for your records. The Board may ask you for up to two past biennium’s CNE records, therefore you must retain CNE certificates after you complete the license renewal. The Board recommends that you keep your certificates for a minimum of four (4) years.

3. I am going back for my BSN (or any nursing degree), can any of those school credits be applied to my CNE requirement? Yes. Under 13:37-5.3 CONTINUING EDUCATION, you will find that there are a number of activities, such as being a preceptor, teaching, working on a degree that are accepted as meeting your CNE requirements. Please read the regulation and if you have any questions call the BON.

4. If I take a few courses a week after the renewal deadline, is there a grace period? No. If you need 3 CNE contact hours by the May 31, 2016 renewal deadline, don’t wait until June 1, 2016 to complete them. You will be disciplined.

5. I completed 30 contact hours, but I received a letter from the Board of Nursing stating that I checked NO so I now have to pay a fine and complete courses. why? Some people receive a letter in error, when they have completed their CNE contact hours. If you are one of those people, contact the Board, and send copies of your CNE certificates; there will not be any discipline or fine imposed. If you did not complete your CNE contact hours, follow the letter’s instructions.

Additional FAQs are available at http://www.njconsumeraffairs.gov/nur/Pages/Continuing-Education-FAQ.aspx

NJ Board of Nursing Regulation Adopted
NJ Board of Nursing President, Patricia Murphy, RN, PhD, FAAN, announced the following action of the Board on November 2, 2015. A new regulation was finalized deleting N.J.A.C. Section 13:37-5.6, Responsibilities of Licensure which reads:

13:37-5.6 RESPONSIBILITIES OF LICENSURE
A licensee shall be held to the level of practice associated with his or her licensure, either as a registered professional nurse or licensed practical nurse, regardless of his or her employment status. For example, when a registered professional nurse is employed as a licensed practical nurse, he or she will be held to the standards of a registered professional nurse.

This was done to remove any confusion might occur when a Board of Nursing licensee decides to take a job that doesn’t require his/her license. For example a hospital unit secretary who returns to school to become an RN while working may stay in the unit secretary position where he/she works after being licensed because there are no RN jobs currently open. The regulation doesn’t require that the facility must hire the individual as an RN. However, if that RN engages in nursing care, he/she will be held to the level of his license. That standard doesn’t change with the removal of N.J.A.C. Section 13:37-5.6.

For further information or questions, please contact the NJ Board of Nursing at: 973-504-6430.
American Academy of Nursing Inducts Five NJ Nurse Fellows

At the 2015 American Academy of Nursing (AAN) Induction ceremony, five New Jersey nurses were inducted as Fellows. The NJ nurses selected were: Wallena Gould, EdD, CRNA, FAAN; Paul Kuehnert, DNP, RN, FAAN; Terri Lingren, PhD, MPH, RN, FAAN; Judith Lothian, PhD, RN, LCCE, FACE, FAAN, and Albert Rundio, PhD, DNP, RN, FAAN. The ceremony including the induction of 162 new Fellows was held during the AAN Policy Conference in Washington, DC on October 17.
Diana J. Mason, PhD, RN, FAAN, AAN President, welcomed new fellows from across the nation and the world, and their family and friends. “This past year has seen tremendous growth in Academy initiatives, designed to improve the health and well-being of individuals, communities and populations—and to advance the Academy’s mission of transforming health policy and practice through nursing knowledge,” Mason said. Her message to inductees was, “while it is a personal honor to be inducted into the Academy, it is also a significant professional responsibility to contribute to improving the health of the nation and to making nursing’s contributions visible.”

Lothian Advocates for Normal Physiologic Birth

Judith Lothian, PhD, RN, LCCE, FACE, FAAN, is an Associate Professor at Seton Hall University, College of Nursing, and Chairperson of the graduate department. A maternal-child health nurse and childbirth educator, Lothian provided the vision that led Lamaze International to strongly support normal physiologic birth. Also, she has led three critical initiatives: creation of the Lamaze Childbirth Educator Certification Examination by the National Council of Certifying Agencies; launch of the Journal of Perinatal Education, where she is currently Associate Editor; and development and dissemination of Lamaze’s evidence-based Six Healthy Birth Practices. The Educator Examination is offered in 13 countries and five languages. Lothian was awarded a PhD at New York University.

Rundio Influences Substance Use Disorders and Addictions Policy

Albert Rundio, PhD, DNP, APRN, NEA-BC, FAAN, an experienced clinical administrator and educator, is an advanced practice nurse at a residential chemical dependency treatment center. An International Nurses Society on Addictions past president, Rundio is a Journal of Addictions Nursing editorial board member, writes a Health Policy Watch column, and serves in leadership roles that influence policy and practice on substance abuse disorders and addictions. Rundio is a long standing nurse executive consultant to the American Nurses Credentialing Center; he has authored, co-authored, or edited many publications focused on developing nurse executive expertise and preparation for certification. NJ State Nurses Association, Institute for Nursing named Rundio as a Don at its Foundation gala in 2012.

Kuehnert Has Led Complex Health and Human Service Systems

Wallena Gould, EdD, CRNA, FAAN, is the founder and chief executive officer of the Diversity in Nurse Anesthesia Mentorship Program, and chief nurse anesthetist at Main Line Endoscopy Centers (PA). A mentor for registered nurses from diverse cultural and ethnic backgrounds, Gould has increased minority enrollments in 54 of 114 nurse anesthesia programs in the country. As a result, minority nurse anesthetists are employed in underserved area hospitals, pursuing doctoral degrees, serving as association officers and board members. Gould was a NJ Educational Opportunity Fund student at Fairfield Dickinson University, received an Associate Degree in Nursing at Gloucester County College, MSN in nurse anesthesia at LaSalle University, and EdD from Wilmington University.

Lingren Seeks to Harness Power of Christian and Muslim Faith-Based Leaders

Rundio Pioneered Diversity in Nurse Anesthesia Mentorship Program

Wallena Gould

Paul Kuehnert

John Lumpkin

Judith Lothian

Albert Rundio

Lothian Advocates for Normal Physiologic Birth

Rundio Influences Substance Use Disorders and Addictions Policy

Kuehnert Has Led Complex Health and Human Service Systems

Gould Pioneered Diversity in Nurse Anesthesia Mentorship Program

Lingren Seeks to Harness Power of Christian and Muslim Faith-Based Leaders

Paul Kuehnert, DNP, RN, FAAN, became Director of the Bridging Health and Health Care Portfolio at the Robert Wood Johnson Foundation (RWJF), Senior Vice President, was inducted as one of three Academy Honorary Fellows. Prior to joining the Foundation in 2003, Lumpkin served for 12 years as director of the Health Department of Public Health. Having received a MD and BMS degrees from Northwestern University, and MPH at the University of Illinois, Lumpkin attended to emergency medicine in the country. Lumpkin has had a significant leadership role at RWJF in support of increasing the supply nurse faculty, prepared in masters and doctoral programs; establishing the NJ Nursing Initiative, and implementing the 2010 IOM Report, The Future of Nursing: Leading Change, Advancing Health.

Gould Pioneered Diversity in Nurse Anesthesia Mentorship Program

Wallena Gould, EdD, CRNA, FAAN, is the founder and chief executive officer of the Diversity in Nurse Anesthesia Mentorship Program, and chief nurse anesthetist at Main Line Endoscopy Centers (PA). A mentor for registered nurses from diverse cultural and ethnic backgrounds, Gould has increased minority enrollments in 54 of 114 nurse anesthesia programs in the country. As a result, minority nurse anesthetists are employed in underserved area hospitals, pursuing doctoral degrees, serving as association officers and board members. Gould was a NJ Educational Opportunity Fund student at Fairfield Dickinson University, received an Associate Degree in Nursing at Gloucester County College, MSN in nurse anesthesia at LaSalle University, and EdD from Wilmington University.

Lingren Seeks to Harness Power of Christian and Muslim Faith-Based Leaders

Terri G. Lingren, PhD, MPH, RN, FAAN, is an assistant professor, and associate director for Community Health at Rutgers University, School of Nursing. Having lived, studied, and worked in Africa and Asia, Lingren’s contributions are in community health, global health, and HIV research. Her scholarship has focused on vulnerable populations, refugees, immigrants, and people living with AIDS. Lingren has pioneered an initiative linking faith-based organizations and community health researchers to empower Afghan refugee women in California. A University of Washington BSN graduate, elected to Phi Beta Kappa; a University Hawaii recipient of a MS degree and MPH, Lingren was awarded a PhD at the University of California, San Francisco.
Multistate Licensure Compact

Multistate Licensure Compact was developed to ensure safe state in which the nurse is licensed. The Multistate Nurses. Telehealth is an area in which Registered Telecommuting is a viable option for Registered one state or in states other than where they reside. Registered Nurses often work in more than state. Registered Nurses often work in more than one state or in states other than where they reside. Telecommuting is a viable option for Registered Nurses. Telehealth is an area in which Registered Nurses often work in more than one state or in states other than where they reside.

Nursing Licensure. Patient safety. Public Safety. State Lines. Accountability of Registered Nurses. These topics are what are involved in the Multistate Licensure Compact. It may take anywhere from three to four months for a Registered Nurse to get a license in another state. Registered Nurses often work in more than one state or in states other than where they reside. Telecommuting is a viable option for Registered Nurses. Telehealth is an area in which Registered Nurses often work in more than one state or in states other than where they reside. Telecommuting is a viable option for Registered Nurses. Telehealth is an area in which Registered Nurses often work in more than one state or in states other than where they reside.

George was a proud graduate of the Seton Hall University College of Nursing where he earned his BSN in 1975, his MA Degree in Nursing Education from New York University in 1982, and his Post Master Certificate in Advanced Practice Nursing from UMDNJ School of Nursing in 1996. George was a student in the PhD Doctoral Program at Seton Hall University College of Nursing at the time of his death. Prior to joining the Board of Nursing, George had a successful nursing career spanning executive level positions in both academic and service. He was a Nursing Instructor and Associate Director at Christ Hospital School of Nursing, an instructor at Aquinas School of Nursing in New York, an Education Coordinator at Saint Barnabas Medical Center, and an Assistant Director of Nursing Education and Resident at Beth Israel Medical Center in New York. Well prepared for his role at the New Jersey Board of Nursing, George was often in demand as a speaker at national, state and regional conferences. In 2012 he presented a program at the New Jersey State Nurses Association on the issue of “Distance Education and the Regulatory Arena.” Since his death, George has been honored with two very distinguished awards. The New Jersey Collaborating Center for Nursing instituted the First Annual George J. Hebert Legacy Award on September 23, 2015, and the New Jersey State Nurses Association named George to its Roll of Honor on October 14. On November 6, the NJ League for Nursing instituted a Scholarship in his name, and on December 10, the Organization of Nurse Executives of NJ honored him with The Lifetime Achievement Award.

George was an active member of the New Jersey State Nurses Association and a member of the Seton Hall University College of Nursing Gamma Nu Chapter of Sigma Theta Tau International. A friend, a nurse who respected his profession, a nurse who always offered a gentle smile to all, that way George Hebert Nursing was known. His name was George Hebert Nursing and legacy which he left to all of us. As his lifelong friend and partner Ruben D. Fernandez, MA, RN, said, “The ending of the song from The Impossible Dream, sums it all up.

The NMLC also establishes a coordinated licensure information system that will include a database on the licensure and disciplinary history of all nurses licensed in the party states. The party states will be required to report to the coordinated system all adverse actions against nurses, including actions against multistate licensure privileges, any current significant investigative information yet to result in an adverse action, and denials of applications and the reasons for the denials. Additionally, the NMLC provides for a mutual recognition of nurse licenses (registered professional nurses and licensed practical nurses), in which a nurse only needs to obtain one license from the nurse’s state of residence in order to be permitted to practice nursing in any other state that is a party to the compact. The nurse must comply with the state practice laws of the state in which she is located at the time that care is rendered. Currently a nurse is required to be licensed in, and by, each state in which the nurse chooses to practice.

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George J. Hebert Legacy Award

George Hebert Legacy Award
Health-Related Beliefs, Practices and Experiences of Migrant Dominicans in the Northeastern United States

Connie Sobon Sensor, PhD, RN, CTN-A

Background: The researcher observed the values, beliefs, and traditional health practices of people in rural areas of the Dominican Republic while participating in a service project there in 2007, and saw that their beliefs and practices informed those of the professional nurse in the United States. This sparked an interest in Dominicans who migrate to the Northeastern United States. Current trends indicate the migrant Dominican population in the United States is increasing rapidly, and there is a higher prevalence of diabetes, hypertension, and obesity in first generation Dominicans, compared to other Latino populations living in New York City. Professional health care may be an unfamiliar concept to these migrant Dominicans. In the Dominican Republic, Dominicans make a collective change in their traditional health practices when they migrate, but their generic (folk) care practices are largely unknown to people outside of their community. Health care providers lack knowledge and understanding of traditional Dominican beliefs and practices that can create barriers for migrants seeking professional health care services. Accurate communication and appropriate risk-reduction interventions, nurses must understand Dominican health practices in their new environment.

Purpose: This study aimed to discover and describe migrant Dominican cultural beliefs and practices related to health, the ways that migrant Dominicans live in their new environment, and their experience with professional health care in the northeastern United States.

Design: This descriptive qualitative study was guided by Leininger’s Theory of Culture Care Diversity and Universality and four-phase analysis method. The health-related beliefs, practices and experiences of a convenience sample of 15 self-identified adult Dominicans living in the United States for six months or more were explored in three focus groups, assisted by trained culturally appropriate interpreters. The majority of the participants were older females who had lived in the United States an average of 29 years. Most spoke Spanish at home, and preferred to participate in Spanish. The researcher observed the service project where they worked and selected those who spoke Spanish at home, and preferred to participate in Spanish. The research team consisted of 15 self-identified adult Dominicans, 15 trained interpreters, and one bilingual health care professional.

Findings: Data analysis of focus group transcripts and observations revealed four themes: (a) stress affects health and well-being, (b) family support and faith in God provide comfort and healing, (c) promoting health health and well-being, (d) migrant Dominicans use both folk and professional care to treat illness and promote healing, health, and well-being, and (e) perceptions about the quality of professional care are affected by access to care, cost, communication and expressions of caring practices.

Discussion and Conclusion: Findings from this study may lead to more culturally responsive professional health care for Dominicans, and help reduce health disparities in this group. Better understanding may improve the quality of care provided, and may also improve patient-participation, communication, and support. This study provides specific strategies for culturally responsive care of Dominicans, and the use of qualitative methods to learn about targeted populations using culturally trained interpreters, as gatekeepers and cultural brokers, and as assistants for recruitment, obtaining consent, data collection and interpretation. Design and implementation of culturally responsive health care programs from this study and strategies used to bridge cultural and linguistic barriers, may guide others in planning research with similar populations.

Practices and Experiences

As we begin 2016, on behalf of the Institute for Nursing (IFN) Board of Trustees I wish you a Happy and blessed New Year! May it be filled with much goodness. We are now just over 50% through the current fiscal year for the foundation. The Board of Trustees continues to pursue funding streams and oversee the work and progress of the IFN units-RAMP, Continuing Nursing Education Provider Unit and Scholarship/Grant funding programs.

In previous columns I have reported on the program for awarding scholarships/research grants. In 2015, 11 scholarships totaling $13,000 were awarded, and one grant of $1,500 to support nursing research. Since my last column, a member asked to be provided with information on IFN income and expenses. Readers may note that the complete line items in IFN financial statements are available at the NJNSA/IFN offices. A brief summary is hereewith provided:

For the fiscal year June 2014-May 2015, total income was $918,555.06 (97.63% of projected budget). Total expenditures were $918,555.06 (97.63% of projected budget). The IFN entered the current fiscal year with an $8,312.11 deficit.

A disappointing finding when reviewing the financial report reveals that fund raising efforts reached only 45% of the projected goal, registration fee income for IFN events only reached 72.65% of projected goal, and most disappointing of all, Annual giving by NJNSA Members reached only 40.5% of projected goal.

Upon examination of expenditures, most line items were fairly close to budget with salaries of staff coming in at 117% of budget, occupancy expenses for the building came in at 114%, programs, facilities and food came in at 116%. As you can see, there isn’t much wiggle room to cut expenditures.

Additionally, during this fiscal year the IFN which owns the NJNSA/IFN headquarters has encountered the need to replace the building air conditioning, as the system has failed after several decades of use. The phone system has developed “issues,” as it has been patched together over the years and we have analytic hardware connected to the digital system. The IFN also carries the $250,000 remortgage on the building, when upgrades to the meeting space and lavatories were required to meet building codes a couple of years back.

Decreasing revenue does not bode well for the IFN. Strategies that the IFN Board must now consider are: expanding revenue streams, seeking a wider pool of donors beyond NJNSA members, attractive fund raising events that appeal to a wide range of members, offering educational products that are offered in multiple formats, and reconﬁguring long standing events that no longer draw the numbers and types of attendees, as in the past. Needless to say, the old adages of “we have always done it this way” and “we tried that but it didn’t work” can no longer be part of the organizational vocabulary and mindset. Without purposeful action toward achievable outcomes, the mission of the foundation of NJNSA, the Institute for Nursing, will not be achieved, and sooner rather than later it will succumb.

You, dear reader can help in keeping the charitable work going forward. Here are ways you can help IFN: make a donation, attend our events, volunteer to serve on a committee or task force, spread the word about the good work done through the IFN, and encourage ANYONE to honor or remember a nurse by donating to IFN in times of celebration or when a nurse has died. Also, you may send us contact information for potential individual or corporate donors/sponsors. Finally, consider remembering the IFN in your estate planning.

We know that NURSING has ranked as the #1 trusted profession in the United States, according to the Gallup Poll, every year since 2000 except for one year. The work of Nursing is honorable and trusted. Help us keep the good work of the IFN moving forward.

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REGION NEWS

Region 1

Morris, Passaic, Sussex, Warren

Isolte A. Valentine BSN, RN VP Communication

REGION ELECTIONS AND COMMITTEES:

Presently, we are in need of a Passaic County Coordinator to complete the present term (through July 31, 2016) by appointment of the Region 1 Board of Directors. Interested nurses should email Mary Ellen Levine (Region 1 President).

MEETINGS:

Please join us at our meetings that are rotated to all the counties represented by Region 1: Morris, Passaic, Sussex, and Warren. We cover topics such as upcoming events, meetings, finances, committees, and volunteer opportunities. It’s a great way to network! Our next meeting will be on January 17th, 2016 to be held at St. Joseph’s Hospital-Wayne in Passaic County in the Meyers Conference Room, 1st Floor. Please bring a canned food item for donation as part of our ongoing community outreach. Additional information on these meetings is available on www.njsna.org and on our Facebook page at www.facebook.com/NJNSARegion1.

EVENTS:

Region 1 was well represented at the 113th Annual NJSNA/IFN Convention held in Bally’s Atlantic City. Along with various educational opportunities, Miss Colorado graced us with her presence. She has become a public platform representing nursing, and with that she has the ability to heal the ignorance the public has about the nursing profession. This platform has given us that recognition that we needed and national attention for nursing. Region 1 enjoyed her company, and strive to continue the momentum that she has created for the nursing profession.

MENTORSHIP PROGRAM:

The Mentorship program is designed to assist the novice nurse by providing him or her with an experienced nurse mentor. The mentor will have to be a member of New Jersey State Nurses Association Region 1 to apply for this program. We invite you to our January meeting for more information including handouts on our program and applications forms. For more information please contact Charlene O’Sullivan (creator of program) or Isolte Valentine (Vice President of Communications) for more information.

COMMUNITY SERVICE:

Region 1 had representation at the Sharing Network Street Fair in Nutley, NJ organized by Barbara Carriu, former Passaic County Coordinator. Cassie Libbe, the Sussex County Coordinator, lead the team for the Out of the Darkness Walkathon for Suicide Awareness held at Waterloo Village. We have upcoming community service events with Trinity Lutheran Church in Dover organized by the Morris County Coordinator, Josie Sanchez. Stay tuned for event updates.

CONNECT with REGION 1:

Communication is key. Please connect with us through the NJSNA website, on our Facebook page, or e-mail our president, Mary Ellen Levine. Join us at one of our General Meetings to network, to participate in great discussions regarding health care policy, and to enjoy light refreshments. If you are looking for an enjoyable way to earn continuing education hours or attend an educational presentation, we invite you to go to our website for information on upcoming programs held during our meetings. E-mail us with any concerns impacting nurses or nursing practice, or if you have any ideas or opportunities for Region 1 to serve our communities.

This past year has been a groundbreaking year in terms of positive image promotion for the nursing profession as Miss Colorado, Kelley Johnson, has become a public nursing figure. She has made history for nurses around the country. It is up to us to continue the movement. We are proud to make a difference, whether it is big or small, and we cannot do it without you. Be a part of the movement, spreading positivity and making a difference. Join our team and let’s work together. Thank you.

The Region schedule over the last few months has included a general meeting on September 16th at the V.A. Home. There was a Board of Directors meeting in Trenton which was attended by Patricia August, JoAnn Penn, Patricia Fonder and Mary Carroll. September 27th a walk was held for the American Heart Association. September 29th was a dinner at the Chart House in Weehawken which included a talk on Case Management of Schizophrenia to Improve Outcomes. Region 2 members collected a car full of food for the food bank at St. Joseph’s church in Bogota. We need to thank Mary Carroll. She was instrumental in heading campaign to end hunger. October 11th JDRF walk, October 18th for Breast Cancer, all held at Overpeck Park in Ridgefield Park with several Region 2 members walking. The Region also raised many donations to help fund research. October of course included the NJSNA conference/convention at Atlantic City which was well attended. The Region would like to give a big thank you to Fatima Sanchez, RN, MSN for all her assistance in making the convention a success. Many thanks to Nancy Skowronski RN,BSN, MA for donation of a gift basket as well as one from Patricia August, RN, MSN. The money raised from the baskets was donated to IFN. We would also like to mention that Region 2 members helped set up the NJSNA table at the Convention; Helen Donovan and myself. The convention had many interesting topics, many CEU’s and networking opportunities.

Region 2

Bergen, Union

Florence Jennes, RN, MSN VP Communications

Region 3

Essex, Union

Varsha Singh, MSN President

NJSNA Region 3 had great presence at NJSNA convention at Bally’s Atlantic City. At the Region 3 business meeting, Region 3 President Varsha Singh made a proposal to establish scholarships for Region 3 members. The idea is to foster professional growth of the region members by providing some support towards higher education. A new committee for scholarship was created. Past president Rose Rosales
The President’s message:

Happy New Year! Hope this update finds you healthy and motivated to spend some time and energy in interacting in Region 5.

I am happy to report that Region 5 had a chance to network with other members and talk about our open board positions last September when we held a Meet, Greet and Eat at Virtua Hospital in Voorhees. During that same meeting we were delighted to have a very experienced behavioral health specialist, Scott Cohen MSW, provide an interactive presentation on Motivational Interviewing. He gave us evidence-based tools and tips to help us coach patients with changing behaviors. The night was casual and it felt comfortable being with nurse colleagues who were looking for ways to become connected and involved. Our next live program will be in March 2016. …Stay tuned for the details!

In November, we elected new members to our board! The commitment of the additional members allows us to create strategies to help meet the purpose and functions of NJSNA. If you are interested in a position, it would be great to hear from you.

With a region of this size, I would like to establish good communications. Up until now, you should have been receiving communications from me, through your email. The emails are in the NJSNA directory. If you haven’t received them, please reach out to Sandy Kerr at NJSNA to verify your address. In the meantime, I would like to learn from you what method you prefer to receive communications.

Lastly, are you aware that four out of our five counties in NJ are near the distal rankings for health outcomes, according to RWJF health rankings for the State? I implore you, to visit www.countyrankings.org. Think about the determinants of health; what small measures can Region 5 nurses take to promote healthier outcomes?

Sharing your ideas and concerns is welcomed. Thank you for your support; contact me by email: momistis144@yahoo.com. Anita Murphy, NJSNA Region 5 President.

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The New Jersey Nurse & Institute for Nursing Newsletter

Rutgers School of Nursing—Camden Receives Robert Wood Johnson Foundation Grant to Improve Health Outcomes for Camden Teens.

This grant supports comprehensive, population-focused health education with nursing students and faculty working alongside LEAP educators to promote LEAP students’ healthy sexual choices that can have a lasting impact on the health and well-being of the surrounding community,” says Nancy Poentes, an assistant professor of nursing at Rutgers—Camden and director of the Rutgers/LEAP Health and Wellness Center.

The new initiative allows students studying at the Rutgers School of Nursing—Camden to shift their focus to preventative care rather than acute care as healthcare has changed in such a way that patients are spending less time in the hospital, says Angela Kelly, a clinical professor of nursing at Rutgers—Camden and co-investigator on the grant.

“Only the sickest patients remain in the hospital, so the goal now in nursing education is to move more students to community settings, to preventative care, and to focus more on population health and on changing the health outcomes of a set population rather than trying to improve upon a condition once illness has already occurred,” Kelly says. The grant will allow Rutgers—Camden to integrate a population health model into its baccalaureate nursing curriculum that will teach students different aspects of community health nursing.

“The hope is that our students realize that a great deal of what nurses do actually takes place outside of the acute care setting — the hospital — and that a nurse’s role in preventative care is extremely important and can influence the health and well-being of an entire community,” she says.

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Region 4

Hunterson, Mercer, Middlesex, Somerset

Region 4 bylaws were last updated in 2004. Mary Carroll reviewed bylaws prior to the annual meeting. Unfortunately, the speaker went over and we were unable to address the proposed bylaws changes. A receive bylaw changes at the December 14, 2015 meeting was held after the education presentation.

Region 4 had a region meeting at convention; only 6 members attended. We discussed educational ideas for upcoming meetings. President-Elect Sue Fowler organized the December 14th meeting. The speaker was Nancy Smoak, RN, BSN, MAS. Nancy is a staff nurse at Morristown Memorial Hospital. Topic was Diets and Behavioral Theories. Match of Mismatch? Contact hours were applied for.

February meeting topic is Palliative Care and POLST. Speaker is Rachel Hughes, BSN, RN. Application for contact hours will be submitted.

Plans to continue Region 4 ‘Day at the State House.’ June seems to work well with the legislative calendar and weather. More information on this event to follow as the June date approaches.

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ANA Sets ‘Zero Tolerance’ Policy for Workplace Violence, Bullying

Position Statement Calls on Health Care Employers to Implement Violence Prevention Programs

SILVER SPRING, MD – The nursing profession “will no longer tolerate violence of any kind from any source,” the American Nurses Association (ANA) declared in a new position statement on violence in health care workplaces released today.

“Taking this clear and strong position is critical to ensure the safety of patients, nurses and other health care workers,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Enduring physical or verbal abuse must no longer be accepted as part of a nurse’s job.”

ANA’s position statement, developed by a panel of registered nurses (RNs) representing clinicians, executives and educators, addresses a continuum of harmful workplace actions and inactions ranging from incivility to bullying to physical violence. The statement defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend and cause distress,” such as hostile remarks, physical violence. The statement defines bullying as “repeated, unwanted harmful workplace actions and inactions ranging from incivility to bullying to physical violence. The statement defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend and cause distress,” such as hostile remarks, physical violence. The statement defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend and cause distress,” such as hostile remarks, physical violence.

To prevent bullying, among ANA’s recommendations are that RNs commit

- Establishing a shared and sustained commitment by nurses and their employers to a safe and trustworthy environment that promotes respect and dignity;
- Encouraging employees to report incidents of violence, and never blaming employees for violence perpetrated by non-employees;
- Encouraging RNs to participate in educational programs, learn occupational policies and procedures and use “situational awareness” to anticipate the potential for violence; and
- Developing a comprehensive violence prevention program aligned with federal health and safety guidelines, with RNs input.

ANA has several resources to help RNs and employers address and prevent bullying in the workplace, including the booklet, Bullying in the Workplace: Resisting a Culture, and a bullying “tip card.”

American Nurses Association Makes New Recommendation that All Nurses Should be Immunized Against Vaccine-Preventable Diseases

SILVER SPRING, MD – The American Nurses Association (ANA) is calling for all individuals, including registered nurses (RNs), to be immunized against vaccine-preventable diseases, with the only exceptions being for medical or religious reasons.

ANA’s new position on immunization aligns with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), a CDC panel of medical and public health experts that advises vaccine use. ANA’s re-examination of its position was prompted partly by outbreaks of measles cases this year that affected unvaccinated adults and children.

ANA’s new position aligns registered nurses with the best current evidence on immunization safety and preventing diseases such as measles,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “A critical component of a nurse’s job is to educate patients and their family members about the effectiveness of immunization as a safe method of disease prevention to protect not only individuals, but also the public health.”

During the first seven months of 2015, the CDC said 183 people from more than 20 states were reported to have measles, with five outbreaks resulting in the majority of those cases. In 2000, the United States had declared that measles was eliminated from the country as a result of an effective measles vaccine and a strong vaccination program for children.

Health care personnel who request exemption for religious beliefs or medical contraindications – a condition or factor that serves as a reason to withhold an immunization due to the harm it would cause – should provide documentation from “the appropriate authority” supporting the request. Individuals who are granted exemption “may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission” to patients and others, the new policy says.

ANA’s position on immunization for health care personnel aligns with the newly revised Code of Ethics for Nurses with Interpretive Statements, which says RNs have an ethical responsibility to “model the same health maintenance and health promotion measures that they teach and research,” including immunization.

The CDC recognizes August each year as National Immunization Awareness Month to emphasize the importance of immunization across the lifespan. The week of Aug. 16-22 is focused on adult immunization and the following week (Aug. 23-29) on infant and child immunization.
Navigating the World of Social Media

Provided by the American Nurses Association

The number of individuals using social networking sites such as Facebook, Twitter, LinkedIn, and YouTube is growing at an astounding rate. Facebook reports that over 10% of the world’s population has a Facebook presence while Twitter manages more than 140 million Tweets daily.

Nurses are making connections using social media. Recently, the College of Nurses of Ontario reported that 60% of Ontario’s nurses engage in social networking (Anderson & Puckrin, 2011).

Social networks are defined as “web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system; 2) articulate a list of other users with whom they share a connection; and 3) view and traverse their lists of connections and those made by others within the system” (Boyd and Ellison, 2007).

These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse’s career, but also the nursing profession.

Benefits
- Networking and nurturing relationships
- Exchange of knowledge and forum for collegial interchange
- Dissemination and discussion of nursing and health related education, research, best practices
- Educating the public on nursing and health related matters

Risks
- Information can take on a life of its own where professional become “fact”
- Patient privacy can be breached
- The public’s trust of nurses can be compromised
- Individual nursing careers can be undermined

ANA’s Principles for Social Networking
1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient—nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.

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.

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 upon in your profession. “Knowing who you are and what you stand for is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.”

Live your values
Just knowing your values and ethics isn’t enough, Rushton said. “We are 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.

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. Upholding that worth can provide a foundation for ethical action.

Taken seriously, this means that each of us must practice with zero tolerance for disrespect, for our patients, their family members, our colleagues and ourselves,” Taylor said. Taylor recommended practicing responding to a colleague who describes a patient in negative terms to make it easier to speak up next time, such as by saying, “I’m not going to accept this, but I’m trying hard to meet each patient with respect.” If disrespect is a widespread problem, huddle and call attention to your organization’s zero-tolerance policy for disrespect to empower everyone to bring quick attention to violations.

For additional resources go to ANA’s Career Center at http://careers.ana.org.

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