This past year, widespread American activism has awakened from a period of "relative slumber" to a loud roar! We are a polarized nation and no matter where you fit across the spectrum of far left, left, centralist, right or far right you are probably more aware than ever that you DO FIT somewhere. Over matters ranging from national security to budget allocation subsidies for hog farmers, crowds are marching, using social media, supporting and/or objecting to issues important to them. Healthcare is at or near the top of the list, yet paradoxically, nurse activists have been, at best, rarely cited in the media and for the most part, largely invisible. Where are the nurse activists? Where are you?

Often you hear the term, “nurse advocate.” It is a good descriptive for those few nurses truly engaged in their professional organization, such as ASNA. Of the more than 93,000 nurses in Alabama less than 2% are members of their professional organization. In contrast, more than 55% of MD’s are members of their PO: FLORENCE...would be horrified! To relate to today’s politically “charged” culture, perhaps we should drop the term “nurse advocate” and use the term “nurse activist” instead. Sounds exciting! What does a nurse activist look like?

1. An activist understands the power of a group. (Join ASNA/ANA for just $15 per month)
2. An activist is passionate about things that are wrong or right.
3. An activist MAKES time to be an activist. (Even with a 10 sec. tweet or FB post)
4. An activist gets instant gratification for standing up and speaking out.
5. Most activist are YOUNG, a little apprehensive...but energized by passionate others.

Nurses have the “Most Trusted Profession” status in the public mind and they are the largest work force in healthcare! That’s why...THE POWERS THAT CONTROL THE HEALTHCARE $$$ DON’T WANT YOU TO BECOME AN ACTIVIST! They fear that if 3.5 million nurses WAKE UP and become activists that a “moral imperative” might overcome the “almighty dollar” as THE top priority in developing systems of care. (A false assumption, as nurse leaders are smart business people too). The bottom line is this. For your patients’ sake, become an activist with ASNA/ANA. Lock arms with fellow nurses of all specialties to impact the status quo, benefit your career and help patients all at the same time. Channel your love for people, your anger, your dreams of how much better the system can be...into becoming a nurse activist. Florence Nightingale would be proud, patient care will be optimized and you'll be proud of yourself. Go to alabamanurses.org push the red “JOIN” button and you’re on your way!

Ernest J. Grant continued on page 2

Stuart Misner, MSN, ACNP-BC, HURST Review Services
Stuart Misner is an advanced practice nurse who received his BSN from Samford University in 2007. He later received his masters from the University of Alabama at Birmingham in 2014 as an Adult/Gerontology Acute Care Nurse Practitioner. Stuart is currently the Regional Director for Hurst NCLEX Review Services in Alabama, Georgia, and Florida, helping nursing students pass NCLEX on the first attempt.
recognized burn-care and fire-safety expert and serves as the burn outreach coordinator for the North Carolina Jaycee Burn Center at University of North Carolina (UNC) Hospitals in Chapel Hill. He is frequently sought out for his expertise as a clinician and educator. In addition to being a prolific speaker, he has conducted numerous burn education courses with various branches of the U.S. military in preparation for troops’ deployment to Iraq and Afghanistan.

Dr. Grant is the first male elected to the office of vice president of the American Nurses Association.

Ernest J. Grant continued from page 1
Nurses, The Most Trusted Profession!

Rebecca Huie, DNP, ACNP

A warm hello to all Alabama Nurses! First of all, congratulations on being ranked the #1 MOST TRUSTED profession for the 15th year in a row according to the Gallup poll. Nurses have consistently been ranked the most trusted profession in honesty and ethical standards above other healthcare professionals such as medical doctors, pharmacists and dentists. This truly speaks to the dedication, integrity, and compassion of nurses. Trust is an integral part of the nurse/patient relationship and nurses are at the forefront of healthcare working in a vast array of capacities. Together, we have a voice that matters! I encourage each of you to find ways to be involved in healthcare policy, legislation, and serve on local and national boards to be the catalyst for change to improve healthcare delivery! Being a member of ASNA is a great way to do this, so if you are not a member, please join at alabamanurses.org.

The new ASNA Board of Directors (BOD) had a very productive and exciting retreat this past January in Montgomery, Alabama. We were extremely excited to welcome our long-time dedicated Attorney Don Eddins back to ASNA from a recent absence due to a health issue. A special “Thank you” Don Eddins for your continued support to ASNA! We kicked of the retreat with a welcome and introductions from the new and existing board members and guests. We added up the number of years of nursing experience in the room of sixteen participants, and it totaled 466 years of nursing experience! This is the working knowledge of your ASNA BOD. The experience of these professionals included neonatal, med-surge, nurses practitioners, nurse executives, mid-wives, intensive care nursing, and much, much more. I was blown away by the knowledge and experience in the room. We all quickly put that knowledge to work and developed ASNAs two-year strategic plan.

We identified four main pillars that support the vision, mission and values of ASNA. The four pillars included visibility, membership, service, and collaboration (see picture). Each board member spent several minutes brainstorming on strategies for each section.

Visibility – The overarching goal is to increase the visibility of ASNA through public speaking, legislative involvement, writing articles, and serving on state, regional, and national boards, etc. The Alabama Nurse Foundation (ANF) is a respected resource for grants and scholarships, and ASNA needs to highlight this benefit more publically. If you are an ASNA member, please share your enthusiasm about ASNA with others.

Membership – More members = louder voice. There are over 93,000 nurses in the state of Alabama! Just think, if every nurse was a member of ASNA, we would have one of the largest voices in the state of Alabama, which could influence change in healthcare delivery, policy, and legislation related to the healthcare system. Why is this important? Because, nurses are involved in patient care from the bedside all the way to the executive level. Nurses are in hospitals, outpatient clinics, home health, long-term healthcare facilities, rehabilitation centers, hospice, military, colleges, insurance companies, law firms, legislation….. I could keep going with this list. Need I say more about the importance of joining ASNA?

Service – The goal for this pillar is to recruit a new generation of members that are excited and engaged in leadership opportunities, advocacy, serving on committees or community projects. ASNA needs new ideas and enthusiasm from all nurses! The board members were very enthusiastic about this pillar and came up with some exciting ideas that will be coming to your district soon! ASNA has the following committees for active members to serve on; Ethics and Human Rights, Environmental, Commission on Professional Issues, Membership, Finance, Convention Planning, Awards, Nomination, Legislative, and Governance Committee. So no matter what your interest, there is a place for you to be involved!

Collaboration – The last pillar is one of the most important and the goal is to improve collaboration with other professional organizations and coalitions in the state of Alabama. This includes involvement with colleges/
What Will Be in Your Catalogue of Service as a Healthcare Worker?

Gregory Howard, LPN

As we choose and begin our life’s service in healthcare, it is important to “be all that you can be” to the people you serve. This is true of any profession that deals with service to the public.

It is even more important to provide as much as possible within your scope of practice. To ensure that the people who work with you, as a colleague or that you supervise, provide quality and respectful care. Too often an actual, or perceived, overload can cause a breakdown in service. The key is to seek help through the chain of command or we can institute/practice “Team Work” which is a proven form of giving care that includes a team of healthcare workers. This practice should apply to all areas of care from hospitals, to nursing homes, and every facility that provides healthcare.

Do not hesitate to expect and demand quality care in the area where you practice. The reputation of caregivers is at stake. Our profession has been revered and respected for many years. Let’s make sure we keep the reputation that so many have worked to create.

“Thank you for the service you provide!”

ASNA is the Best Career Booster... For Nurses With Very Little Spare Time!

John C. Ziegler, MA. D., MIN

Nurses are busy. When someone says, “Get involved!” The voice inside your head says, “Take on more stuff? NO WAY!” Understandable. But, serving in ASNA/ANA takes only a few hours every three months or so and it goes a long, long way toward BOOSTING ONE’S CAREER. It also provides an easy avenue to meet and network with top nurse leaders and to advocate for CRITICAL issues facing the profession. With social media and electronic meeting software, getting involved with ASNA/ANA is easy and convenient, particularly for YOUNG PROFESSIONALS with very little experience. It’s true! You can become a district, state or national officer. Recently, a 24 year old ASNA member was elected to Vice-chair of the American Nurses Association Nominating Committee in Washington, DC. This year, he is the Chair. They nominate officers for ANA, the prestigious national nursing organization with over 170,000 members. WOULD THAT LOOK GOOD ON YOUR RESUME? You can serve on State Health and Federal Health committees and task forces for a few hours per quarter. The higher the office…the more time – duh – but you will be amazed at the ways you can easily participate, even with very little spare time. Here are just a few of our career booster opportunities:

Legislative Committee/Nurse Activists

Legislation becomes law. Laws become policy. Policy impacts your practice. ASNA/ANA nurses are very pro-active in lobbying both at the state and federal levels. You can help develop the ASNA/ANA legislative agenda, share legislative issues with peers via The Alabama Nurse and the ASNA FB page. (We have had as many as 50,000 Alabama Nurses click on an ASNA FB post). You can stand with hundreds of nurses at Nurses Day at the Alabama Capitol or join with peers in visiting personally with legislators in Washington at Day on the Hill! Our members have served on numerous policy-making bodies at the state and federal levels. If you want to be heard in Montgomery or Washington, let ASNA/ANA amplify your voice. If you’re a young activist professional with limited time…bam! This is a career booster gold mine!

Nominating Committee

This is an elected position by the ASNA House of Delegates that is responsible for developing the annual ballot. The committee usually meets early summer.

Awards Committee

Committee members are elected at HOD and select ASNA awards recipients based on predetermined criteria. The committee plans the awards ceremony, which is one of the highlights of the ASNA Annual Convention. A rewarding and significant career booster goldmine!

Finance Committee

The Finance Committee is chaired by the ASNA Treasurer and includes a member from each district, usually the district treasurer. For young professionals with limited time…this is a career booster gold mine!

Continuing Education

There are two committees: one that approves and one that develops educational activities. We are an ANCC provider and certify CEU’s for the Board of Nursing. Anyone may participate, who has a BSN or higher degree, to approve activities. These prestigious committees may be career boosters for those who aspire to become nurse educators or pursue advanced degrees.

Ethics and Human Rights

Gallup ranked nurses as the most trusted profession for 15 straight years. This committee is open to everyone who is passionate about ethics and how it impacts nursing and patient care. Young professionals with limited time…stand tall with this career booster gold mine!

Membership

Chaired by the ASNA Secretary, the focus here is reviewing and updating bylaws and evaluation resolutions that are presented at the annual meetings. Membership is open to anyone. For young professionals with limited time and future management goals…this may be a career booster gold mine!

Environmental and Safety Task Force

Grieved over treating people sick from environmental related illnesses? The task force is ideal for anyone concerned about patients and/or nurses’ health, safety, and the environment. For young professionals with limited time…this is a way to make a difference and a huge career booster gold mine!

Commission on Professional Issues (COP)

Members are elected, however, anyone may participate as consultants. COP’s focus is any issue impacting the nursing profession. Each year the committee selects a new focus. Young professionals with limited time…career booster gold mine!

If you are interested in any of these or other CAREER BOOSTING opportunities, first JOIN ASNA/ANA at alabananurses.org. It’s about $15 per month. Then, contact the ASNA office and the staff will help you explore existing and upcoming opportunities.
Every Registered Nurse in the State Should be a Member of the Alabama State Nurses Association

Don Eddins, BS, MS, JD

Registered nurses in Alabama are fortunate to have an organization that fights for them every day. That organization is the Alabama State Nurses Association for which I have the honor of serving as attorney. But, sadly, less than 2 percent of RNs in the state pay the very reasonable dues to be members. And let me state that just because a nurse receives the very reasonable dues to be serving as attorney, which I have the honor of State Nurses Association for them every day. That organization is the Alabama organization that fights nurses. That is a lot of expertise and compassion served up to the citizens of Alabama, isn’t it? Only 10 percent of that number would give ASNA a respectable membership of more than 9,000 – which would be a powerful voice that number would give ASNA a respectable membership of more than 9,000 – which would be a powerful voice at the Legislature and before the Alabama Board of Nursing.

ASNA is effective, but every additional voice matters! ASNA is a service organization – an association which advocates for and provides various services for members. Registered nurses pay a monthly or annual fee to be part of the association. ASNA services are many in number and varied is character – everything from continuing education to generous discounts on goods and services, from uniforms to liability insurance. ASNA even has a credit card. Just log on to the ASNA website for details. The Association got an affinity tag created for the State’s nurses too. The tag, which can be purchased in the month you renew your license plate, proudly proclaims, “Nurses Save Lives.”

ASNA advocates for the cause of nursing non-stop, whether it’s before the Alabama Legislature on legislation, before the Alabama Board of Nursing on a proposed rule or regulation, or at any agency or institution that deals with health care in Alabama. I am biased, but in my opinion one of the most important advantages of ASNA membership is the legal services program. If you receive a letter from the Board of Nursing indicating that a complaint has been made pertaining to your performance as a nurse, I will, as ANSA attorney, represent you before the Board. You will not have to pay me a dime; my fee is taken care of through your membership.

That membership advantage not only could save you thousands of dollars, but offers peace of mind. The only caveat is that you must be a member of ASNA when the event complained of occurred. After all, you cannot wait until the house catches fire to buy insurance.

Under the legal services program, you also have annual free one-hour’s consultation on the topic of your choice. ASNA membership just has so many advantages. Not only that, but you don’t want to be left out of your professional organization. So Google “Alabama State Nurses Association” today and sign up online. Auburn attorney Don Eddins has served as ASNA attorney for about 20 years.

What is The Alabama Coalition of Nursing Organizations?

The Alabama Coalition of Nursing Organizations was first established in 1968 and reestablished after a number of years of inactivity to address needs that all nurses have in common. At the time there was no common agency that represented all nurses. Since the founding date, the organization has been referred to as the Coalition. Currently the Coalition represents over 32 nursing groups and thousands of licensed practical nurses, registered nurses and certified advanced practice nurses in the State of Alabama. Members include state constituents (chapters) of national nursing organizations representing areas of specialty practice.

The Coalition was founded to identify critical healthcare issues and act collectively to influence public policy in collaboration with other groups. Each organization has one voting representative. The annual fee is nominal and is used to address healthcare issues as well as help fund Nurses Day at the Capitol. Meetings are currently held annually and as needed throughout the year.

Elected officers of the Coalition includes a chair, immediate past chair, chair-elect and a secretary/treasurer. Elections are held every two years and officers serve for a two-year term. The current officers are: Melanie Sharpton (Chair), Moniaree Jones (Immediate Past-Chair), Tedra Smith (Chair-elect) and Pamela Carver (Secretary/Treasurer). If your state constituent is not a member of the Coalition please consider joining to assist with addressing healthcare issues as they arise in our state. The chair can be contacted at msharpton1@charter.net. Keep up to date with the Coalition by following us on our Facebook page “Alabama Coalition of Nursing Organizations.” See you all at Nurses Day at The Capitol. #alnursesvote
This symposium is for any new nurse or any nurse new to a position especially in leadership.

**Saturday, 6 May 2017**
Loeb Conference Center
301 Columbus Street
Montgomery, Al 36104

**Registration**
8:45 AM (Symposium 9 am – 3 pm)
Lunch Included

Content will include:
- Healthy Work Environments
- Conflict Resolution
- How to Survive the Conflicts
- Working with Different People inc. ages and cultural values
- Regulations
- Policy Regulations/Requirements
- Change Projects
- Surviving Bullying

**Contact Hours:**
ANCC 5.0 (ANCC)/ ABN 6.0

**Cost:**
ASNA Members $45
Non Members $60

**Accreditation:**
The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Alabama Board of Nursing Provider Number ABNP0002 (valid until March 30, 2017).

**Refunds:**
If cancellation is received in writing prior to April 28, 2017 a refund (minus a $20.00 processing fee) will be given. After April 28, 2017, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A $30 return check fee will be charged for all returned checks/payments.

**Visit us online, anytime... anywhere.**
alabamanurses.org
So What is AANS and Why Should I Join?

The Alabama Association of Nursing Students (AANS) is a constituent of the National Student Nurses Association (NSNA). NSNA is a non-profit organization for students enrolled in pre-nursing, associate, baccalaureate, diploma, and generic graduate nursing programs. The organization has more than 60,000 members. NSNA and AANS are dedicated to fostering the professional development of nursing students.

The mission of the Alabama Association of Nursing Students is to foster nursing education, facilitate unity among our future colleagues, and to optimize the nursing student’s exposure to the numerous specialties and pathways in the ever-changing field of nursing.

Becoming a NSNA member today will connect you with a community that understands and can connect with you on the same level. It is hard for family and friends to understand the struggle of being a nursing student. We offer conventions on the state and national level as a way to connect with other nursing students and vendors with ample opportunities.

There are other benefits to joining today as well. NSNA members are offered discounts on many amenities like books, study materials, apparel, NCLEX reviews, and most importantly they offer Health and Liability insurance. Joining today will connect you with all the endless possibilities that NSNA and AANS provides.

If you have any questions about how to join, or wish to start an NSNA recognized student nurses chapter at your school, please contact president.aans@gmail.com.

Interested in becoming a member? Contact Emily Walters, President, Alabama Association of Nursing Students @ president.aans@gmail.com.
Alabama Delegates Lobby for Nurses in Washington D.C.

Modern Healthcare
100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE
PAMELA F. CIPRIANO

APPLY NOW! NURSE RECRUITMENT

RNs needed in these areas
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Madison Hospital | OR

New hire benefits
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Possible relocation for qualified candidates
Specialized learning opportunities
Tuition reimbursement
Tailored pay options

More info
huntsvillehospital.org/careers

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DNP | EdD for Nurse Educators

BamaByDistance.ua.edu/nurseal
800-467-0227
Citizens in Uniontown, Alabama, a small town in Perry County surrounded by rural areas, has been suffering physically, mentally, and emotionally for more than two decades. Uniontown has had a failed "waste treatment" spray field for many years. In this city, sewage water is sprayed on the fields where it is supposedly absorbed by the soil. The soil in that area, however, percolates water very slowly, which results in stagnant water on the fields. Not too far from the failing sewage spray fields is a cheese plant that adds a huge amount of rotten butter smells to the area. In this city, sewage water is sprayed out on the fields where it is supposedly absorbed by the soil. The soil in that area, however, percolates water very slowly, which results in stagnant water on the fields. Not too far from the failing sewage spray fields is a cheese plant that adds a huge amount of rotten butter smells to the area. 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The soil in that area, however, percolates water very slowly, which results in stagnant water on the fields. Not too far from the failing sewage
1. Relate the impact of unresolved conflicts.
2. Identify fundamentals of conflict resolution.
3. Identify appropriate strategies to promote team initiation problem solving.

**CLINICAL I – STAMP Out Skin Tears: Skin Tear Assessment, Management, and Prevention**
Joanne L. Davis, MSN, ANP-BC & Leslie Cole, DNP, RN
At the conclusion of the presentation, the participant should be able to:
1. Discuss the impact of skin tear on the elderly and healthcare facilities.
2. Identify at least 2 intrinsic and 2 extrinsic factors that increase the risk for skin tears in the elderly.
3. Discuss the benefit of a skin tear educational program for nurses, patients, and health care facilities.
4. Identify important elements of a skin tear prevention program.

**CLINICAL 2A – Chikungunya, Dengue and Zika:**
Emerging Infectious Diseases and What You Should Know
Amy Morris, MPA, BSN, RN-BC
At the conclusion of the presentation, the participant should be able to:
1. Briefly describe the epidemiology of the three infectious diseases, Chikungunya, Dengue and Zika.
2. List the vectors and current geographic spread of each infection.
3. Discuss the prevention and treatment of each infection.

**CLINICAL 3 – Youth Suicide**
Dr. Frankie Wallis & Abbey Holthus
At the conclusion of the presentation, the participant should be able to:
1. Cultivate an understanding related to the current trends of youth suicide.
2. Identify risk factors of youth suicide related to social trends, socioeconomics, psychosocial issues, bullying, and sexual orientation.
3. Identify methods for suicide assessment/screening to identify risk factor and warning signs.
4. Identify prevention strategies among those identified at risk.

**GENERAL A – Legendary “Notable” Nurses in Alabama’s Black Belt**
Dr. Constance S. Hendricks, Greta Abernathy, RN, Karen Bailey, RN, Jeanette Caddell, RN, Krista Purdie, RN, Dr. John L. Hankins, Soá Popoola, MSN, RN, & Dr. Ola Fox
At the conclusion of the presentation, the participant should be able to:
1. Describe at least one unique experience as shared by inaugural cohort and notable nurses.

**LPN A – New Graduate Licensed Practical Nurses (NGLPN) Working in Long Term Care**
Dr. Julie Savage Jones
At the conclusion of the presentation, the participant should be able to:
1. State 2 negative experiences encountered by the NGLPN transitioning to practice in the Long-term care setting.
2. State 2 positive experiences encountered by the NGLPN transitioning to practice in the long-term care setting.
3. State one implication for nursing education and nursing practice.

**LPN A – Burns**
Dr. Ernest J. Grant
At the conclusion of the presentation, the participant should be able to:
1. Examine best practice in burn nursing.

**ACADEMIA B – SIFAT: A Global Health Innovation in Nursing Education**
Dr. Ginny Langham
At the conclusion of the presentation, the participant should be able to:
1. Discuss the value of immersion clinical activities on the application of global health concepts.
2. Identify at least 2 experiential activities provided at SIFAT.
3. Identify and discuss similar alternative activities that promote global health concepts.

**CLINICAL 1B – Type 2 Diabetes and Obesity – Also Malnourished?**
Dr. Anita H. King
At the conclusion of the presentation, the participant should be able to:
1. Describe statistics regarding Type 2 diabetes and obesity.
2. Discuss the pathophysiology of Type 2 diabetes, obesity, and malnutrition.
3. List 3 assessments used in evaluating nutritional status.
4. Outline 6 strategies that the nurse can use in educating consumers eating for health.
5. Discuss current research trends in nutrition and obesity.

**CLINICAL 2B (Part 1) – “I’ve Fallen and I Can’t Get Up”: Inpatient Falls**
Krista Purdie, RN
At the conclusion of the presentation, the participant should be able to:
1. Discuss the prevalence of falls in inpatient settings.
2. Identify contributing factors leading to cause of falls.

**CLINICAL 2B (Part 2) – Evidence Based Pressure Ulcer Prevention Strategies: To Reposition or Turn?**
Jeannette Caddell, RN
At the conclusion of the presentation, the participant should be able to:
1. Identify EBP pressure ulcer prevention strategies.
2. Verbalize the importance of a pressure ulcer prevention program.

**CLINICAL 3B – Normalization of Alcohol Use Among Women: Does it Matter?**
Dr. Terrie H. Platt
At the conclusion of the presentation, the participant should be able to:
1. Recognize how the media has normalized drinking among women of all ages in the United States.
2. Define excessive alcohol intake among women.
3. Recall effective screening tools to identify alcohol misuse and abuse disorders among women.
4. Recognize the importance of both educating women on the risks associated with excessive alcohol intake and intervening when alcohol misuse or abuse disorder is identified.

**GENERAL B – Volunteer Transportation to Healthcare Bill**
Dr. Cyndy Henderson & Carolyn Bern, MPA
At the conclusion of the presentation, the participant should be able to:
1. Demonstrate the need for the Alabama State Legislature to pass a Volunteer Transportation to Healthcare Appointment bill.

**LPN B – 2017 Board of Nursing Update with LPN Focus**
Peggy Benson, MSN, RN
At the conclusion of the presentation, the participant should be able to:
1. State Role/Function of Board of Nursing.
2. Discuss the Alabama Nurse Practice Act.

**INPATIENT MANAGEMENT B – Using an Interprofessional Scholar Program to Engage bedside Nurses in the Quality Improvement Process**
Dr. David H. James, Emily Simmons, MSN, RN-BC, CNL, & Shari Biswal, MSN, RN, CNL
At the conclusion of the presentation, the participant should be able to:
1. Describe the key components of an inter-professional scholar program aimed at improving the care of vulnerable patients.
2. Discuss how staff nurses are engaged in the application of quality improvement tools to improve the care of patients across the organization.
3. Discuss the impact an inter-professional scholar program has had on the care of vulnerable patients at a large academic medical center.
3. Identify potential ethical issues related to care of residents in long-term or rehabilitative settings.

INPATIENT MANAGEMENT C – Reducing Patient Length of Stay in the Progressive Care Unit
Dr. Cheryl Lewis, Lisa Mezas, MSN, BAS, RN, Korrrin Crook-Kennell, BSN, RN, Rosanna R. Johnson, BSN, RN, & Vicki Maynard, BSN, RN
At the conclusion of the presentation, the participant should be able to:
1. Relate principles of the PDSA cycle used, to develop and analyze patient PCCU Status Tool to their own practice.

3:50 – 4:50 PM SESSION D

ACADEMIA D – Nursing Students’ Perceptions of Time Management: Coaching Others for Successful Nursing Practice
Samantha Ashley, Nursing Student, Charlotte Bourette, Nursing Student, Keriethon Cohen, Nursing Student, Cara Fullerston, Nursing Student, Victoria Lasky, Nursing Student, Meenal Patel, Nursing Student, Dr. Morgan Yardy, & Ann W. Lambert, MSN, BSN, CRNP, PCCNP-BC
At the conclusion of the presentation, the participant should be able to:
1. Discuss leadership skills such as collaborative team work and time management to enhance patient-centered quality care.

CLINICAL D – Zika Virus: the Nurse’s Role in Prevention and Intervention
Sherron B. DeWeese, MSN, RN, WHCNP
At the conclusion of the presentation, the participant should be able to:
1. Gain a fundamental understanding of the Zika virus biology and practical considerations for management of the infection.
2. Verbalize key features of Zika virus epidemiology, pathophysiology, transmission, effects on pregnancy, as well as emerging preventative strategies.

2. Discuss the use of non-pharmacological multicomponent interventions to reduce delirium.
3. Describe the use of volunteers as part of a Hospital Elders Life Program (HELP) to reduce delirium.

POSTER SESSIONS:
1. Does Practice Make Perfect? A Mixed Methods Exploration of Skill Effectiveness From Sim Lab to Clinical – Will Brewer, MSN, RN, CEN & Carson Hagood, Student Nurse
2. Increasing the Number of Certified Nurses, Decreases the Number of Falls and Medication Errors – Charolette Jones, BSN, RN, CPN
3. Impact of Oral Hygiene Intervention to Nurse Caregivers on Oral Health-Related Quality of Life (OHRQoL) in Long-Term Care Residents – Dr. Jo-Lynne Pettus Clayton
4. An Overview of TLS – Lauren Hall, RN, BSN
5. Management of Alzheimer’s Disease – Edie Marler, BSN, RN
6. Motivational Interviewing – April Hughley, RN, BSN
7. The Faces of Our Families: Planning Vacation for a Child Diagnosed with Spina Bifida – Peyton C. Thetford, Nursing Student & Kylee Thompson, Nursing Student
8. Student Nurses Utilize Comfort Kit™ for Hospitalized Children: Non-Pharmacologic Measures to Improve Patient Satisfaction – Anna Lane Tinsley, Nursing Student, Rebecca Martin, College of Science and Mathematics Student & Ann W. Lambert, MSN, CRNP, PCCNP-BC
9. The Advancements of Smart Pump Technology – Amber M. Jennings, BSN, RN
Refunds: If cancellation is received in writing prior to April 10, 2017 a refund (minus a $20.00 processing fee) will be given. After April 10, 2017, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A $30 return check fee will be charged for all returned checks/payments.

The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Alabama Board of Nursing Provider Number ABNP0002 (valid until March 30, 2017).

Contact Hours:
ANCC = 1.0 CH/session – 7.0 CH Possible (includes posters) ABN = 1.2 CH/session – 8.4 CH Possible (includes posters)

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Mail to: ASNA 360 N. Hull St., Montgomery, AL 36104
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Online registration open until 11:59 PM, Apr. 10, 2017

If unable to register prior to 11:59 PM, Apr. 10, 2017, you may register at door. Please note that you will be charged a $10 late fee.

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( ) $0 * Presenter Lunch
( ) $15 *Optional Lunch
( ) $45 Presenter
( ) $69 Non Member
( ) $49 ASNA Member

Concurrent Session Choices

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Poster exhibits available for viewing from 9:00 AM – 3:40 PM

ASNA has reserved a room block with the Drury Inn & Suites on 1124 Eastern Blvd, Montgomery, AL 36117. $114.99 + tax/Single/King, or $109.99 Double, non-smoking. Group # 2300744. Call 800-325-0720 to make reservations.

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The following were winners of the Helen Wilson Leadership Scholarship. This scholarship is given to a member of Alabama Association of Nursing Students who exhibits exceptional leadership achievement.

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Brandy Vinson
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Electronic Nicotine Delivery Systems: Are You Prepared to Have a Conversation With Your Patients?

Introduction
Electronic nicotine delivery systems (ENDS) are simulated to imitate regular cigarettes and can be produced to look like regular cigarettes, or other objects, such as screwdrivers, lipstick, pens, cigars, etc. END5s are devices that beat a liquid when inhaled, thereby producing a vapor that the user inhales. Figure 1 shows common components of END5s. The person using the END5 is continually referred as the ENDS community. END5s do not burn tobacco and instead, comprise a battery-powered atomizer that produces a vapor for inhalation from cartridges containing nicotine, flavors (e.g., mint, or fruit) and other substances such as humectant. When a person uses an electronic nicotine delivery system, the aerosol is delivered through the mouth to the lungs and is then exhaled into the environment. There are three categories of END5s: cigalikes (made to look like regular cigarettes), eGos (larger and with a refillable tank), and mods (large and customizable). END5s are known by many different names. When assessing patients for use of these devices it is important to be aware of the device in use. It is possible to get an answer of “no” when simply asking, “Do you smoke electronic cigarettes?” A patient may believe that they do not use these devices because of what term they (or their peers) have been using. Other names used in the place of END5s include electronic cigarettes, e-cigarettes, e-cigs, e-hookahs, hookah pens, vape pens, vape pipes, and the aforementioned, mods. A patient could also be asked if they smoke or use a device of any kind, or if they currently use a device to gain access to nicotine.

Disclosures: Neither the author or planning committee have any conflict of interest.

Target audience: All health care workers

Purpose/Goal: To improve nurse’s knowledge regarding electronic nicotine delivery devices and their health effects.

Learning Objectives: At the conclusion of this activity, the learner should be able to:
1. Identify basic components of electronic nicotine delivery systems and various terminology used to describe them.
2. Identify chemicals that could be in an electronic nicotine delivery system.
3. Identify potential health problems and addiction potential with the use of an electronic nicotine delivery system.
4. Identify the role of electronic nicotine delivery systems in quitting regular cigarettes.

Contact Hours: 1.0 (ANCC) and 1.2 (ABN). Contact Hours are valid February 1, 2017 through January 31, 2019.

Fees: ASNA Member $ free ~ Non Member $10 (Fees must be paid on line and the same time as the completing the evaluation.)

Accreditation: The Alabama State Nurses Association is accredited as a provider of continuing education for nurses by the American Nurses Credentialing Center’s Commission on Accreditation and the Alabama Board of Nursing (Provider Number ABNP0002).

Instructions for Credit: Participants should read the purpose and learning objectives on line or printed out. After reading complete the post test at the end of the activity and compare your responses to the answers provided and review the correct response(s). Participants must complete the evaluation online and submit the appropriate fee to receive continuing nursing education credit. The Certificate of Attendance will be generated after the evaluation has been completed. ASNA will report the contact hours to the Alabama Board of Nursing within 2 weeks of completion. Visit https://alabamannursing.org/cme/ and locate the program under the “Enduring” studies.

Figure 1. Common Components of END5s

There are more than 460 brands, and over 7,000 possible additives of END5s being manufactured. Not all END5s have the same additives, as it depends on the manufacturer. Out of all the brands available, only a handful has been tested for their constituents. The following chemicals are common in the manufacture of various END5s: nicotine, aldehydes (formaldehyde, acetaldehyde, acrolein, and acetone), nitrosamines (NNN and NNK), heavy metals (cadmium, nickel, lead, chromium, arsenic), alkaldots (cotinine, anatabine, B-nicotitine, and noricotine), and volatile organic compounds (VOCs) (tolouene, xylene, propylene glycol, and glycerin). These chemicals were reported at varying levels, depending upon the specific manufacturer of the END5s. There are health problems associated with these chemicals, including cancer, asthma, and allergic reactions, Alzheimer, Parkinson’s disease, and many more. Various manufacturers have reported that the fluids and flavors used in their particular END5 brand are “food grade” or “generally recognized as safe” (GRAS). The problem with this statement rests in the fact that chemicals are labeled GRAS for ingestion only, not inhalation; therefore, possibly meaning nothing. There are various methods of testing END5s chemicals; therefore, it is quite difficult to assess constituents of END5s overall. The purpose of this paper is to attempt to familiarize nurses with END5s. The following paragraphs discuss the incidence and prevalence of use, the potential as a gateway with the use of END5s, END5s use with asthma, questions to ask when assessing patients, and concludes with a series of questions to assess knowledge.

What is the prevalence of use of END5s?
Twenty percent of Americans currently use END5s.6 The researchers reveal that 15.4% of adults reported having tried an END5 device with the greatest use among males and young adults (aged 18-24 years old) with use decreasing with increasing age.7 They found greater use of END5s with Non-Hispanic American Indian or Alaskan Native (20.2%) and non-Hispanic Caucasians (14.8%) and reported that 47.6% of current cigarette smokers, 55.4% of recent former smokers, 8.9% of long-term former smokers, and 3.2% of adults who had never smoked reported that they had tried END5s.7 Studies showed that END5s are more commonly used among male adolescents than female adolescents.8,9 The researchers revealed that 12.6% of adults reported having tried an END5 device.3 Furthermore, young people are the target for nicotine.8 Many adolescents have tried END5s and 3.2% of adults who had never smoked reported that they may initiate tobacco use later.10 Furthermore, young people are the target for END5s advertisements and the corresponding social media. The END5s are advertised with various flavors and there is increasing concern that these flavors will be appealing to younger populations.11 Flavors available include bubblegum, cotton candy, bubblegum spice latte, banana cream pie, berry bush, strawberry, and various others. A well child visit is an appropriate time to assess the use of END5s.11 The 5A method is recommended for cessation of END5s.11 The 5A Method includes asking if your patient uses END5s, advising them to stop using, arranging for follow-up, and anticipating guidance.12

Where are we in regards to using END5s for smoking cessation?
One feature that is commonly advertised regarding END5s is the potential as a quit aid for people who use traditional or regular cigarettes. Despite these claims and the various people who proclaim that these devices have helped them cease the use of traditional cigarettes, the evidence shows inconclusive results and the Food and Drug Administration (FDA) has not approved the use of END5s as a smoking cessation device. Until recently, there was no regulation for END5s. The FDA issued a statement in 2014 designating that END5s could potentially be subject to regulation and finally extended its authority regarding END5s in August 2016. Therefore, in a near future, manufacturers are required to report
The popularity and growth of the industry overall has increased. Before the advertisements of ENDS were mainstream in the U.S., an estimated 2 to 3% of people were using them in 2010, while 8% had tried them by 2012. The main reason that people begin using ENDS was a spike of ENDS users in the general population in the U.S, but also in the cancer patient population. This increased use was seen mainly as for smoking cessation after a diagnosis of cancer, particularly, lung cancer. A study found that ENDS users were mostly current or former smokers, who thought that ENDS could be used to help them stop smoking and were safer to use. It was also reported that a person’s new use of an ENDS was often connected with a failed smoking cessation attempts via traditional means such as medication, nicotine gum, or nicotine patch. A few studies revealed that some levels of smoking cessation may be achieved using ENDS, in some studies. A study compared the puffs that an ENDS offers in contrast to a traditional cigarette and found that traditional cigarettes offer approximately 15 puffs and ENDS offered around 150 to 300 puffs. Furthermore, the investigators reported that ENDS toxicity was comparable to nicotine replacement therapy but was found to be less harmful than traditional cigarettes. The nicotine free ENDS, which are being advertised by companies, still tend to have trace amounts of nicotine, and should not be taken lightly since it can be addictive especially for young populations, and a consumer may become addicted to nicotine unknowingly. Although the research on ENDS as a smoking cessation device is scarce and inconclusive, some European countries are allowing ENDS to be written for prescriptive purposes only for the use of smoking cessation, depending on a person’s medical history.

What are the concerns with common chemicals found in ENDS and secondhand exposure?

ENDS are becoming popular in smokers and former smokers with asthma. A study on adults revealed that smokers with asthma who quit or considerably decreased smoking by switching to regular ENDS showed significant improvement of their asthma signs and symptoms. On the other hand, another study showed that asthma was more common in high school students who had used ENDS. Moreover, ENDS are comprised of aerosol, VOCs, various flavoring additives, and nicotine into indoor air. A study compared passive exposure at homes of ENDS users versus traditional cigarette users and found that in the dwellings of traditional cigarette users, nicotine concentration was 5.7 times higher than that in the homes of the ENDS users.

ENDS are often perceived as a harmless source of aerosol, VOCs, various flavoring additives, and nicotine into indoor air. The levels of emission vary depending on the type of ENDS. Also, it is unclear what VOCs are emitted from an ENDS unless that specific one is tested. This is due to the vast majority of manufacturers and retailers of ENDS. Not only is the amount of nicotine emitted, after inhalation through this device, changed in the lung via evaporation and is exhaled as smaller particles to the environment. In a study, investigators compared the chemicals emitted from different brands of ENDS and traditional cigarettes and found nicotine to be detected in all brands, with a higher amount being discovered in traditional cigarettes. Although ENDS may sound better than traditional cigarettes, they may emit fewer chemicals, in addition to nicotine and VOCs, the vapor might contain dangerous chemicals, such as carbonyls, traces of nitrosamines, heavy metals, ultrafine particles, and polycyclic aromatic hydrocarbons. These characteristics include what is actually added in the ENDS device during manufacturing process, how old the ENDS device is, how long the puff lasts, and the time in between puffs. ENDS can release nicotine in the air, however, they do not release significant amounts of carbon dioxide. A study compared passive exposure at homes of ENDS users versus traditional cigarette users and found that in the dwellings of traditional cigarette users, nicotine concentration was 5.7 times higher than that in the homes of the ENDS users.

ENDS are commonly marketed to have various flavoring additives, and nicotine into indoor air. In regards to nursing care, simply asking, “Do you smoke?” in a comprehensive health history exam may not be sufficient to assess exposure to nicotine. This information would be especially important for inpatient care when a potential nicotine withdrawal is likely or in the area of preoperative care, when nicotine use from devices other than regular cigarettes could potentially affect outcomes. Health care providers should also assess the reasons one is using ENDS. Are they being used for recreation or were they, as a past cigarette smoker, trying a new potential smoking cessation aid? If the first is true, you should educate them on nicotine addiction and second-hand smoke exposure and address the possibility of exposure to other chemical components. Your clients should know that even low amounts of nicotine can lead to nicotine addiction and people can develop nicotine dependence even if using intermittently. If the latter is true, you should talk to them about current clinical practice guidelines for smoking cessation and other available smoking cessation devices, and educate them about the risks of using ENDS. Also, it is important to review the efficacy of smoking cessation with ENDS, the evidence about ENDS efficacy on smoking cessation is inconclusive. If a patient has attempted other smoking cessation methods to no avail and he decides to choose ENDS as a smoking cessation option, proper education and support of the patient is vital.

What is the relationship between ENDS use and asthma?

ENDS are becoming popular in smokers and former smokers with asthma. A study on adults revealed that smokers with asthma who quit or considerably decreased smoking by switching to regular ENDS showed significant improvement of their asthma signs and symptoms. On the other hand, another study showed that asthma was more common in high school students who had used ENDS. In addition, more studies support the fact that high school age ENDS users had an increased chance of asthma and are more likely to be absent from school due to asthma symptoms as compared to non ENDS users in the same study. Therefore, switching to ENDS for smokers, who have asthma, may help them with asthma symptoms; however, younger people should be informed that ENDS is a risk factor for asthma development and nurses should consider ENDS as a reason for newly developed asthma in younger clients.

Summary

ENDS may begin to be seen in public at a higher rate than regular cigarettes which runs the potential of reversing the de-normalization of smoking behavior. Moreover, ENDS can release additional chemicals, which could cause them to seem more appealing to the younger population. Education needs to be conveyed to the ENDS user in that use of these devices needs to be decreased in general, but more importantly, around children and adolescents who may not be able to leave an area where one is in use. ENDS do cause secondhand exposure and not all ENDS are comparable to another. Health care workers should educate young people on the growing popularity of these devices and dangers on initiating use. Regarding adolescents, a well-child visit is an appropriate occasion to assess health behaviors and provide guidance if needed.
CE Corner continued from page 15


Questions

1. What are other common names of electronic nicotine delivery devices?  
   a.) Electronic cigarettes  
   b.) Vaping 
   c.) E-hookahs 
   d.) Vape pens 
   e.) Mods 

2. Who is NOT a chemical that has been reported in various electronic nicotine delivery devices (that have undergone chemical testing)?  
   a.) Nickel 
   b.) Lithium 
   c.) Formaldehyde 
   d.) Acetone 
   e.) Propylene glycol 

3. What are some electronic cigarettes made to look like?  
   a.) Pens 
   b.) Lipstick 
   c.) Screwdriver 
   d.) Cigarette or cigar 
   e.) All of the above 

4. Is electronic cigarette use reported to be greater in males or females?  
   a.) Females 
   b.) Males 

5. What age group was reported to have the greatest use of electronic cigarettes?  
   a.) Age group younger than 25 years old 
   b.) Age group older than 25 years old 

6. What is the estimated number of brands of electronic cigarettes that are currently in use?  
   a.) Less than 400 brands 
   b.) More than 400 brands 

7. What are potential methods for secondhand exposure with the use of ENDS?  
   a.) Inhalating chemicals from an ENDS that is in use close by 
   b.) The use of ENDS during pregnancy 
   c.) Both A and B 
   d.) None of the above 

8. What are some advertised flavors available for electronic cigarettes?  
   a.) Pumpkin spice latte 
   b.) Bubblegum 
   c.) Cotton candy 
   d.) Berry Bash 
   e.) All of the above 

9. Is there a correlation between the use of ENDS and the likelihood of that person trying other products (for example, ENDS can be considered a gateway to the use of tobacco products or other drugs).  
   a.) True 
   b.) False 

10. It was reported that adolescent students who use ENDS have an increased chance of asthma and are more likely to be absent from school due to asthma related symptoms.  
    a.) True 
    b.) False 

11. Researchers and public health officials are concerned with secondhand exposure of ENDS?  
    a.) True 
    b.) False 

Answers: 1-F, 2-B, 3-E, 4-B, 5-A, 6-B, 7-D, 8-E, 9-A, 10-A, 11-A

The Leadership Academy is designed for nurses by nurses to develop excellent leadership skills. All participants are guided through the process by experienced nurse mentors. The course involves developing an action-oriented project related to their personal interest which can be implemented in the workplace or the community. Past projects have involved improving efficiencies in the workplace, patient care, workplace environments, and wellness initiatives.

Examples of 2016 projects include:

- Strengthen Voluntary Driver Protection for Non-Profits or Faith Based Organizations
- Community Newsletter Focusing on Wellness
- Integrating Holistic Health Promotion in the Community, Patientes and Employees at USA Health Systems
- Communications with Deaf Patients
- Improving Access for Nurse Practitioners in Association-sponsored meetings
- Medication Education- Improving Patient Understanding
- Improving Communication in Online Class

2017 ASNA Leadership Academy

Class Focus:

Day 1 Monday, 17 April
Overview & Expectations
Interprofessional Development
Navigating the System

Day 2 Tuesday, 18 April
Attend Plenary Sessions at FACES ’17
A Message Driven Interview – includes practice with interview techniques

Day 3 Saturday, 15 July
Global initiatives in nursing and health care
Legislative focus
Community Leadership
Nurses Serving on Boards

Cost: The registration fee $450 covers all meetings, session meals, materials, registration for presentation day at the ASNA Convention, and 40 contact hours. (Alabama State Nurses Association is accredited as a provider of continuing education in nursing by the American Nurses Center’s commission on Accreditation and the Alabama Board of Nursing.) Additional costs covered by the participants include travel and lodging. Contributing sponsors ($1000) receive two participant registrations.

REGISTRATION LINK: http://www.aswenvemonkey.com/ASNA_2017_Leadership_Academy

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- OB/Labor & Delivery (Job ID # 42, 1790, 6069, 6073, 6075, 6095)
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ANA President Responds to Department of Veterans Affairs Final Rule on APRNs

SILVER SPRING, MD – The Department of Veterans Affairs (VA) released a final rule granting full practice authority to three of the four established Advanced Practice Registered Nurses (APRNs) roles when they are acting within the scope of their VA employment. Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Certified Nurse-Midwives (CNMs) will now have full practice authority within the VA Health System as a mechanism for extending veterans access to a full range of qualified health professional efficient care they have earned. However, ANA is disappointed that the VA failed to extend full practice authority to Certified Registered Nurse Anesthetists (CRNAs).

The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to the final rule:

“The American Nurses Association is pleased with the VA’s final rule allowing APRNs to practice to the full extent of their education and training. This rule puts veterans’ health first, and will help improve access to the timely, effective and efficient care they have earned. However, ANA is concerned with the final rule’s exclusion of CRNAs, which is solely based on the VA’s belief that there is no evidence of a shortage of anesthesiologists impacting access to care. We join with our colleagues in continuing to advocate for CRNAs to have full practice authority within the VA health care system.”

APRNs are nurses who have met advanced educational and clinical practice requirements, and whose services range from primary and preventive care to mental health, birthing and anesthesia.

The proposed rule generated an unprecedented number of comments from veterans, health care providers and the general public. The final rule amends the VA’s medical regulations to permit full practice authority (FPA) for three of the four APRN roles when they are acting within the scope of their VA employment and authorizes the use of APRNs to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision or mandatory collaboration of physicians.
Nurses Lead in Fighting Opioid Crisis

From the American Nurse Today Journal November 2016, Vol. 11 No. 11
Authors: Janet Haebler, MSN, RN, and Tim Casey

Nowhere in the nation are we immune to the ravages of the opioid epidemic. The crisis has struck our cities, suburbs, and rural communities. Across party lines, lawmakers at the state and federal levels are searching for solutions. Registered nurses (RNs) are uniquely positioned to help tackle this public health crisis, and ANA has been busy educating legislators about how.

As the most trusted direct-care providers on the frontlines of the epidemic, RNs help patients understand pain treatment options and play a key role in the prevention of opioid overuse and dependence. ANA has sought to advance nursing’s role in fighting the opioid crisis by addressing barriers and expanding access to treatment, as described below.

Expand access to medication-assisted treatment

Medication-assisted treatment (MAT), combined with counseling, serves as one of the most effective forms of treatment for opioid use disorders. For millions of opioid addicts who are uninsured, homeless, or recently incarcerated, however, getting on – and staying on – medication is a struggle. To improve access to treatment, ANA has advocated for MAT prescribing authority for nurses, as well as expanded private insurance coverage and Medicaid health benefits.

Expand access to overdose reversal drug

Unfortunately, addiction to opioids, including heroin, is difficult to treat. Not everyone recovers. Among those who do, most relapse at least once before sustained recovery. With that in mind, ANA has advocated strongly for the expansion of naloxone access. Naloxone is a lifesaving medication that rapidly blocks the effects of opioids when signs and symptoms of a prescription opioid or heroin overdose first appear. Some states have looked for ways to expand access to naloxone while protecting the liability (Good Samaritan Overdose Immunity Law).

Increase use of physician drug monitoring programs

Physician drug monitoring programs (PDMPs) are integral to reducing inappropriate prescribing and abuse of prescription medications. PDMPs are state-run electronic databases that can provide a prescriber or pharmacist with prescription medications. PDMPs are state-run electronic databases that can provide a prescriber or pharmacist with information regarding a patient’s prescription history, which is critical to preventing overdose. PDMPs were established under the Drug Abuse Control Act of 1971 and are integral to reducing inappropriate prescribing and abuse of prescription medications. PDMPs are state-run electronic databases that can provide a prescriber or pharmacist with prescription medications.

ANA supports efforts to increase utilization of PDMPs. The Department of Health and Human Services is working toward the goal of doubling the number of healthcare providers registered with their PDMP in the next 2 years.

Culture change

ANA recognizes that we must also look beyond legislative and regulatory solutions to address the opioid epidemic. As educators and patient advocates, nurses embrace a holistic approach to addressing pain, including nonopioid therapy alternatives, such as rehabilitative therapy, regional anesthetic interventions, surgery, psychological therapies, and complementary and alternative medicine.

ANA believes nurses can lead culture change around pain management and opioid prescribing. To that end, we are working closely with the White House to promote and educate nurses on the new Centers for Disease Control and Prevention guidelines for opioid prescribing, which aim to improve clinical decision making and reduce inappropriate prescribing. Additionally, ANA continues to support innovative industry partners who are stepping up to promote valuable medication take-back programs, as well as those conducting research to improve abuse-deterrent formulas for prescription medications.

In recent years, ANA and its state affiliates have advocated successfully for many of these changes—and more. At the federal level, ANA argued strongly for MAT prescribing authority, increased access to the overdose-reversal drug naloxone, and expanded treatment options for those living in areas most affected by the opioid crisis. Passage of the Comprehensive Addiction and Recovery Act (CARA) in Congress this summer marked an important victory in the battle against substance abuse disorders.

While CARA and the laws enacted in the states represent enormous progress in addressing this epidemic, we must now work to ensure the necessary funding is appropriated. Only then will we truly begin to expand access to critical treatment services and turn the tide on this devastating public health crisis.

For ANA resources on the opioid epidemic, visit:

• nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic
• http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic

Janet Haebler and Tim Casey are senior associate directors in Government Affairs at ANA.

Contact Mattie Banks at 205-798-8780
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If you have questions please contact Diane Mann at diane.mann@adph.state.al.us.

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