

MNA *The Pulse*



November 2017 • Vol. 54 • No. 4

THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION
Quarterly publication direct mailed to approximately 18,000 RNs and LPNs in Montana.

Executive Director Report



2017 MNA Convention
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Our 2017 House of Delegates, at our 105th Annual MNA Convention, solidified and updated our Legislative Platform and produced four very important Resolutions. These documents help drive our Association's perspective and clarify our positions on Healthcare issues. We focus and speak on nurse, nursing and healthcare issues and do not speak to the party as MNA does not endorse candidates. We will work with those elected officials and associations who will work with our association to improve quality of care and access for all.



Vicky Byrd,
BA, RN, OCN

2017-2018 MNA Government Relations Platform

Montana Nurses' Association (MNA) is the nonprofit professional association representing the voice of nearly 18,000 Registered Nurses (RNs) in Montana including more than 1000 licensed as Advanced Practice Registered Nurses (APRNs). MNA is the recognized professional organization, which lobbies for nursing practice issues to protect the practice of professional nurses and also protect the public in all areas of health care.

MNA is the recognized leader and advocate for the professional nurse in Montana.

MNA Mission Statement: The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

1. Improve the quality of nursing practice by:
 - a. Providing educational opportunities that contribute to improving practice competency and quality of patient care.
 - b. Identifying and pursuing funding sources to assist in providing continuing nursing education.
 - c. Identifying and pursuing funding sources that support research/projects to develop evidence based and innovative nursing practice.
 - d. Promoting national certification of registered nurses.
 - e. Active representation on local, state and national advisory committees/boards.
 - f. Supporting the regulatory authority and collaborating with the Montana Board of Nursing (BON) on nursing practice and regulatory issues.
 - g. Input into the implementation of NCSBN Nurse Compact Licensure legislation.
 - h. Oppose the NCSBN eAPRN Nurse Compact Licensure legislation.
2. Protect the economic and general welfare of nurses by:
 - a. Actively engaging in legislation and campaigns that positively contribute to the economic and general welfare of RNs.
 - b. Ensuring the right of RNs to engage in collective bargaining in Montana.
 - c. Opposing any "Right to Work" legislation now being referred to as "NO RIGHTS AT WORK" by MNA.
 - d. Addressing workplace environment issues including violence against healthcare workers, safe staffing, and patient safety.
 - e. Advocating legislation prohibiting mandatory overtime.

Executive Director Report continued on page 2

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PULSE SUBMISSIONS

We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that would be helpful to you? *The Pulse* is YOUR publication, and we want to present you with content that pertains to your interests.

Please submit your ideas and suggestions to Jennifer.

Jennifer@mntnurses.org



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Circulation 18,000. Provided to every registered nurse, licensed practical nurse, nursing student and nurse-related employer in Montana. *The Pulse* is published quarterly each February, May, August and November by Arthur L. Davis Publishing Agency, Inc. for Montana Nurses Association, 20 Old Montana State Highway, Montana City, MT 59634, a constituent member of the American Nurses Association.

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MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in *The PULSE*. Please limit word size between 500-1000 words and provide resources and references. MNA has the Right to accept, edit or reject proposed material. Please send articles to: jennifer@mntnurses.org



CONTACT MNA

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Office Hours: 7:30 a.m.-4:00 p.m. Monday through Friday

VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Continuing Education (CCE)
- Council on Advanced Practice (CAP)

MISSION STATEMENT

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

CONTINUING EDUCATION

Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Montana Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

MNA

MNA Staff:

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- Mary Thomas, BA, RN, OCN, Continuing Education Specialist
- Kathy Schaefer, BA, Continuing Education Specialist
- Caroline Baughman, BS, Continuing Education Specialist
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- Sandi Luckey, Labor Representative
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Member at Large-CAP	Keven Comer, MN, FNP-BC

Council on Economic & General Welfare (EGW)

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Brooke O'Neil, RN, CCRN	Rachel Huleatt, BSN, RN

National Federation of Nurses - Delegates

- Brian McCord, RN, CCRN
- Jennifer Tanner, RN, CCRN, NREMT
- Alternate – Brandi Breth, BSN, RN

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Contact Montana Board of Nursing at: www.nurse.mt.gov

If you wish to no longer receive The Pulse please contact Monique: mheddens@aldpub.com

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3. Improve access to quality, cost effective health care by developing and/or supporting public policies which:
 - a. Respond to the needs of the unserved and underserved populations by promoting access to health care and healthcare coverage.
 - b. Identify or develop alternative health care delivery systems that are cost-effective and provide quality health care.
 - c. Mandate third party reimbursements directly to RNs from public and private payers.
 - d. Remove barriers (financial, governmental, regulatory, and/or institutional) that deny access to appropriate/qualified health care providers and approved medical standard of care treatments.
 - e. Advocate for legislation that is transparent and bipartisan and support policies that can achieve evidence based real healthcare reform.
 - f. Promote community and world health by collaborating with other health professionals to promote health diplomacy and reduce health disparities.
4. Protect human rights by developing and/or supporting public policies which:
 - a. Promote access to appropriate health services.
 - b. Preserve individual rights to privacy.

- c. Promote, debate and have consideration of ethical dilemmas in health care
5. Protect the environmental health of individuals and communities through:
 - a. Acknowledging, supporting and addressing environmental impacts on the health of Montanans.
 - b. Actively engaging with national organizational affiliates in addressing environmental health issues in our nation.
 - c. Identify the nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
 6. Protecting and promoting the future healthcare and nursing practice through:
 - a. Actively engaging in legislation that supports professional scope of nursing practice to the full extent of individual education and training.
 - b. Actively promoting programs and efforts that encourage educational progression of professional nursing at state and national levels.
 - c. Representation on boards, committees and advisory groups which influence the future of the nursing profession and the future of our state and national healthcare system.
 - d. Engaging with healthcare partners and associations to work collaboratively to ensure healthcare as a right for all American populations.

MNA Resolution #1

Senator Jon Tester addressing Healthcare in Montana October 6, 2017

WHEREAS, Senator Tester has traveled all across Montana meeting with folks face-to-face to get ideas about how to lower the cost of health care; and

WHEREAS, The Senator knows that Montanans are paying too much for premiums and deductibles; and

WHEREAS, That is the reason why he is working hard to ensure that Montana families can afford health care; and

WHEREAS, Senator Tester helped pass the Protecting Affordable Coverage Employees Act (PACE Act), that prevented a 20% premium hike for many small businesses and providing Montana greater authority to oversee the Small Group Health Insurance Marketplace; and

WHEREAS, Senator Tester also assisted with the passage of the *Small Business Health Care Relief*



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Act, which allows small businesses to offer stand-alone Health Reimbursement Accounts (HRA) that employees can use for health care expenses, including Marketplace insurance premiums; and

WHEREAS, Senator Tester successfully removed the 1099 *Small Business Reporting Requirement* from the ACA, saving thousands of Montanans time and money by helping business owners avoid filing unnecessary paperwork; and

WHEREAS, Healthcare costs, access, parity, APRN full practice authority, and Veterans care have been priorities for Senator Tester; now therefore be it

RESOLVED, That the Montana Nurses Association applaud the effort and dedication of Senator Jon Tester who worked tirelessly to promote MNA's legislative agenda; and

RESOLVED, That MNA continue to support and work with Senator Tester and hold our elected leaders accountable to collaborate with transparent bipartisan approaches to improve quality of nursing practice and improve access to quality, cost effective healthcare by developing and supporting public policies that achieve true healthcare reform.

MNA Resolution # 2

Healthcare for Montana Citizens
October 6, 2017

WHEREAS, The Patient Protection and Affordable Care Act (ACA) is currently the law; and

WHEREAS, Attempts at repeal and replace of the ACA threatened to take away coverage from Montanans receiving care under the Medicaid expansion; erode protections for individuals with pre-existing conditions; jeopardize the 10 Essential Health Benefits requirements; slash federal funding for healthcare services; defund the Prevention and Public Health fund; and

WHEREAS, MNA believes the current healthcare system created by the ACA can and should be improved; now therefore be it

RESOLVED, That the transformation of the healthcare system be done in a collaborative, transparent and bipartisan way with healthcare experts and among local, state and national elected leaders; and

RESOLVED, That MNA encourage the reauthorization of the Children's Health Insurance Program (CHIP); and

RESOLVED, That MNA encourage the stabilization of the individual insurance market, as it has received several bipartisan hearings in the Senate Health, Education, Labor, and Pensions Committee; and

RESOLVED, That MNA endorse the implementation of a robust enrollment campaign for the ACA's individual insurance market; and

RESOLVED, That MNA call on Congress to work across the aisle on the American healthcare system, in a way that protects a patient's right to affordable and accessible healthcare.

MNA Resolution # 3

Montana Children's Health Insurance Plan
October 6, 2017

WHEREAS, The Medicaid and the Children's Health Insurance Program (CHIP) provides free or low-cost health coverage to millions of Americans, including some low-income people, families and children, the elderly, and people with disabilities; and

WHEREAS, CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid, and in some states, CHIP covers pregnant women; and

WHEREAS, Each state offers CHIP coverage, and works closely with its state Medicaid program; and

WHEREAS, CHIP is just one of many Montana Healthcare Programs offering a free or low-cost health insurance plan providing coverage to eligible Montana children up to age 19; and

WHEREAS, The CHIP portion of this program is Healthy Montana Kids (HMK) and during SFY 2014, an average of 23,371 children were enrolled each month and in 2015, an average of 19,919 children were covered each month; and

WHEREAS, The CHIP program is a popular bipartisan program that was created in 1997 in order to serve children who would not otherwise have access to health insurance; and

WHEREAS, The Montana Nurses Association agrees and evidence shows that children with access to CHIP experience improved health outcomes, reductions in avoidable hospitalizations, and lower child mortality, all of which reduce overall healthcare costs; and

WHEREAS, We can all agree that America's children are our most precious and valuable resource—simply put, leaving 9 million children in America without healthcare is immoral (as the American Nurses Association maintains) and MNA agrees is unethical and wrong; and

WHEREAS, Congress missed the September 30 deadline to reauthorize funding for the CHIP, sending states that rely on that money scrambling to figure out how to pay for it; and

WHEREAS, According to Medicaid officials, some states will run out of money within weeks, up to 4 states will run out of funding by December, 2017 or early January, and half the states will not make it beyond the first three months of 2018; and

WHEREAS, Montana is projected to exhaust CHIP funding by February 2018; and

WHEREAS, If action is not taken soon to restore the funding, the effects will become obvious in schools across the country, with many of the children in the program unable to see a primary care provider for routine checkups, immunizations, visits when sick and other services; now therefore be it

RESOLVED, That MNA publicly support Montana's Congressional Delegation to work in Congress and come together in a bipartisan way to quickly ensure that CHIP is fully funded and is able to continue to serve children and families in need.

MNA Resolution # 4

Building Optimal Nurse Staffing Plans in
Montana
October 6, 2017

WHEREAS, There are patient outcomes that are affected by registered nurse staff ratios; and

WHEREAS, There are data-driven evidence based staffing plans for work environments; and

WHEREAS, Key factors influence nurse staffing such as patient complexity, acuity and/or stability; number of admissions, discharges, and transfers; professional nursing staff skill level and expertise; physical space and layout of the nursing unit; and availability of technical support and other resources; and

WHEREAS, Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors and even death; and

WHEREAS, Published studies show that appropriate nurse staffing helps achieve clinical and economic improvements in patient care, including the nurse-to-patient ratios and can be adjusted to account for unit and shift level factors; and

WHEREAS, Greater benefit can be derived from staffing models that support an increased focus on value-based care and optimal nurse staffing as it will be essential in delivering high-quality, cost-effective patient care; now therefore be it

RESOLVED, That MNA promote registered nurse staffing language and registered nurse staffing committees that include, at minimum, fifty percent staff nurse members; and

RESOLVED, That the Montana Nurses Association (MNA) promotes the development and passage of state and federal regulation and legislation that allows for safe nurse staffing plans that promotes improvements in patient outcomes, patient satisfaction, health-related quality of life and reduction in catastrophic sequela.

See Our New Section! See Page 9



Read evidence-based practice & advocacy excerpts from ANA's member publications

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2017 MNA Convention Highlights and Pictures

"This was a wonderful Convention! I look forward to coming again next year!"

"The vendor on infant death was awesome- Not something I have ever seen before. Nutrition presentation very important and well done. Loved the Diabetes Panel-Very informative and powerful. Autism and grief panels were exceptional. This was one of 'The Best MNA Conferences EVER!'"



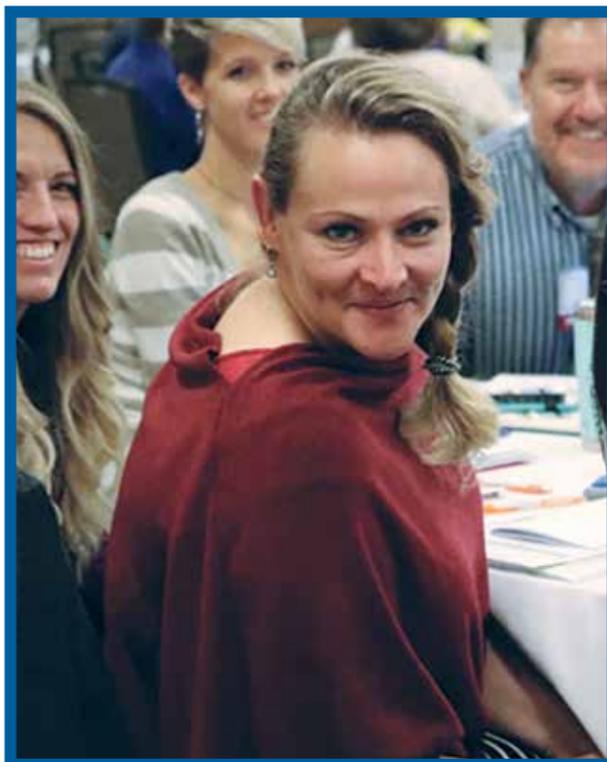
Julian Rogers, RN, Angela Lovato, RN, CCRN, Brandi Breth, BSN, RN



Katlin VanMeel RN



**Lorri Bennett, RN
Chessee Baker BSN, RN**



Jennifer Taylor, BSN, RN,

"Multiple opportunities! Sessions have allowed for education that I feel has broadened my knowledge base and allowed for personal growth."

"The quality of speakers and sessions was excellent!!"

"Appreciated the Drug Trends-Amazing how much we didn't know about. We are so clueless!!"

"Thanks so much for another year of informative applicable topics with interesting and engaging speakers. I love the location and facility. The food is always wonderful and so is the staff here at the Great Northern. Thanks MNA Staff for all you do, what a wonderful group of inspiring educated women/professionals!"

"Excellent presentations. This is my 2nd year attending and plan on becoming a member of MNA and attending each year!"



Delayne Stahl RN, OCN, Rachel Huleatt BSN, RN, Sarah Leland BSN, CMSRN, Anna Svendsen Ammons BSN, RN

"My absolute favorite conference. You work so hard and I greatly appreciate you!"

"Very relevant topics this year! Suicide prevention had many applicable interventions, Diabetes education 1 & 2- the panel was wonderful, hearing stories and getting information from individuals with diabetes. What to say, what not to say, how to approach families. Both sessions on preceptorship were helpful in ideas to bring to my facility to improve attracting and retaining nurses."

MONTANA NURSES ASSOCIATION

2017 | **ANNUAL BOOK OF REPORTS**

Montana Nurses Association 105th Annual Convention
October 4th, 2017 - October 6th, 2017
Great Northern Best Western Premier Hotel
Helena, MT



At MNA's Annual Convention we launched our first ever Montana Nurses Association Foundation (MNAF)

MNAF-Mission

The Montana Nurses Association Foundation (MNAF) is the charitable and philanthropic branch of the Montana Nurses Association (MNA), with a mission to preserve the history of nursing in Montana and contribute, support and empower the professional nurse in Montana.

Purposes: from our articles of incorporation

- Charitable
- Educational
- Grants to licensed registered nurses
- Awards scholarships
- Provide continuing education grants
- Historical record preservation
- Stimulate and promote the professional development of nurses



Areas of Interest

- Elevating the image of nursing
- Improving health
- Strengthening leadership
- Generating new knowledge and policy
- Fostering philanthropy

Thank you District 3 for incorporating our newly formed MNA Foundation into our convention festivities. We had a very successful silent auction and raised over 6,000 dollars for our MNAF. Special thank you to District 3 President, Keven Comer, for the idea to launch our foundation at convention and donating the most sought after Mexico spa package. All districts donated items ranging from beautiful barn wood signs to the ever so popular liquor, spa, hotel and sports baskets! With these additional monies donated to our foundation we are now at the point where we can invest these funds and start our charitable giving. If anyone would like to donate to our MNAF, please contact the MNA office at 442-6710 or email Jill@mtnurses.org.



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Montana Nurses Association 2017 Elected Leaders

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January 2018-December 2019



Lorri Bennett
RN

Vice President

January 2018-December 2019



Teresa Dutro
MSN, APRN, AGPCNP-BC

Secretary

January 2018-December 2019



Chelsee Baker
BSN, RN

Nominations Committee

January 2018-December 2018



Lorie VanDonsel
BSN, RN

Nominations Committee

January 2018-December 2018



Brandi Breth
BSN, RN

Nominations Committee

January 2018-December 2018



Emily Michalski-Weber
MSN, RN-BC

Elections Committee

January 2018-December 2018



Penny Haughian
RN

Elections Committee

January 2018-December 2018



Lorie VanDonsel
BSN, RN

Elections Committee

January 2018-December 2018



Emily Michalski-Weber
MSN, RN-BC

2 yr-Council on Econ & Gen Welf

January 2018-December 2019



Krystal Frydenlund
RN, CCRN

2 yr-Council on Econ & Gen Welf

January 2018-December 2019



Lisa Ross
CCRN

1 yr-Council on Econ & Gen Welf

January 2018-December 2018



Delayne Stahl
RN, OCN

1 yr-Council on Cont. Education

January 2018-December 2018



Sarah Leland
BSN, CMSRN

1 yr-Council on Cont. Education

January 2018-December 2018



Abbie Colussi
RN

Member at Large CAP Council

January 2018-December 2019



Barbara Schaff
FNP-BC

Secretary CAP Council

January 2018-December 2019



Nanci Taylor
APRN

Rep to the Board CPGA

January 2018-December 2019



Bobbie Cross
RN

ANA Assembly Representative

January 2018-December 2019



Paul Lee
CCRN

2 yr-Council on Cont. Education

January 2018-December 2019



Cheryl M Miller
MSN, RN-BC

2 yr-Council on Cont. Education

January 2018-December 2019



Gwyn Palchak
BSN, RN-BC, ACM

2 yr-Council on Cont. Education

January 2018-December 2019



Emily Michalski-Weber
MSN, RN-BC

2 yr-Council on Cont. Education

January 2018-December 2019



Sandy Sacry
MSN, RN

Council on Prac & Gov Aff

January 2018-December 2019



Abbie Colussi
RN

Council on Prac & Gov Aff

January 2018-December 2019



Anna Ammons
BSN, RN, PCCN

AFT National Delegate

January 2018-December 2019



Rachel Huleatt
BSN, RN

AFT National Delegate

January 2018-December 2019



Jennifer Tanner
BSN, RN, CCRN, EMT



Labor Reports and News

MNA 105th Annual Convention 2017- Observations from a Convention Junkie (NERD)

I attended the 105th Annual MNA Convention. It was my 22nd time in attendance. Over the last twenty-four years, I have attended many American Nurses Association, United American Nurses and National Federation of Nurses conventions as well. One thing that transcends through any constitutional convention or House of Delegates is parliamentary procedure. Oh, how we love our Roberts Rules of Order!



**Amy Hauschild,
BSN, RN, Labor
Representative**

Over the years, I have noticed a decrease of resolutions and bylaw changes proposed at the various events. In the old days, I can remember attending many a late-night delegate or state caucuses, all eyes on the resolution or the potential bylaw change. Many brains studying, calculating and evaluating stated intent, potential unintended consequences and or fall out. What does the language really mean? Will everyone interpret it the same way? Who will see the resolution? What will others think? How will this look to a NAN (not a nurse)?

Speaking at the microphone? How scary is that? There are certain microphones for various orders of business, there is a certain way to identify yourself at the mic. Am I at the *right* mic? Is my motion in *order*? Am I speaking to the motion or am I speaking in *support* of the proposal or *not in support*? Am I speaking on *my behalf* or *my delegation's behalf*? It can be so overwhelming and really intimidating.

This convention, I sat back and watched with amazement as the delegates "did their thing" and worked through the resolution process, collaborated with each other, problem solved and persevered until the job got done. I met several first time delegates and witnessed their peers patiently mentoring and guiding. I saw first-time delegates at the mic addressing the house. They worked through the nuts and bolts of crafting language, making amendments and voting on the business of the house.

Parliamentary procedure is super-useful and allows for a standard set of rules, if you will. It can also be cumbersome and maybe even limiting and frustrating at times. MNA is really fortunate to have been able to enlist the services of Teresa Stone "Registered Parliamentarian Extraordinaire." When questions arose, Teresa listened carefully and guided the members with expertise. Most importantly, she demonstrated how parliamentary procedure can be somewhat flexible (without giving away the farm) to allow the will of the house to prevail.

I am a self-disclosed convention junkie and total nerd. I love all the rules and watching things play out. The 105th MNA Annual Convention was a joy for me, I hope it was for you too. If you have never attended, it is a MUST DO!

Impacting Change through Facebook (and why you need too!)

At our recent annual MNA Convention, we surveyed our members and the question "which social media platforms they are most engaged with?" The results were:

- 62% Facebook
- 12% Instagram
- 1% Twitter
- 3% Snapchat
- 22% YouTube

What does this mean? As we all continually work to communicate with our locals, this survey is reflective

of social media use within your own bargaining units. Facebook has become and is a NECESSARY tool for effective communication! And...it is FREE! In the US alone, there are over 214 million users and users spend an average of 39 minutes on this site every day. (www.statista.com/statistics/398136/us-facebook-user-age-groups) If we take a look at our locals, these statistics can be applied our memberships.



**Robin Haux, BS
Labor Program
Director**

How can using Facebook benefit your Local unit?

Using Facebook can assist with accomplishing a number of goals to benefit your nursing union.

1. Communication – with so many of our members using Facebook on a daily basis, we all need to use this tool to distribute information. It is an easy way to share important local information about upcoming meetings, education, important issues, bargaining, etc. Use this tool to organize an event for your local, organize a meeting, and organize an action!
2. Community engagement – Many of you may have seen the "I Support Nurses" around the state. These action have been largely effective due to these Locals utilizing their Facebook accounts! Additionally, it led to more support throughout communities by posting and sharing creative messages and pictures.
3. Member engagement – By sharing information that then gets shared more and discussed, you are creating a membership that is interested in the issue. The more we share, the more we talk, the louder our voices become!

#1 RULE: Create a PRIVATE page for your Local unit! This will allow open communication that is only seen by members within your unit.

#2 RULE: If you are not familiar with HOW to create a private Facebook page, contact your MNA Labor Representative for assistance!

Although Facebook is just one way to communicate...it has proven to be one of the most effective ways to communicate. It is simple and easy to create, and simple and easy to maintain.

That Union Girl!

It was a little over two years ago when I attended my first MNA meeting. I saw a brilliant opportunity to start a bright ripple of change that could affect my entire community. Our nurses were working in unsafe conditions, critically short staffed, forced to work mandatory overtime, and the fear that speaking up for our patients or for ourselves, would only cause conditions to worsen. I became that union girl. That nurse, in a team of nurses, who was ready to stand up and fight for change. After a grueling campaign to win our right to unionize, we lost. The fear of change, of retribution won over the potential for a protected voice and equality.



**Leslie Shepherd,
BSN, RN, Labor
Representative**

I am so happy for this opportunity to work as a labor representative with MNA and with nurses from all over Montana. Through your unions, you all have an amazing opportunity to impact positive change in your facilities, your communities, and across the state. The Montana Nurses Association, because of its members, is a strong advocate for nurses and thus, our patients. As a nurse, I know that patient care is always our top priority and through your unions and the strength of our collective bargaining agreements we can continue to advocate for our nurses and our patients.

It is through our active members that MNA gets not only its direction, but its voice. I urge you all to become active members in your unions. Use your voices! Individually and collectively, advocate for the changes we all need to see. Nurse issues ARE patient issues and they span our great state. It is only through collaboration that we can impact our profession and impact patient care.





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Home Care Nurses

Partners in Home Care is a nationally accredited, not-for-profit, full-service home care agency located in spectacular Missoula, Montana. We recruit registered nurses for our Hospice and Home Health programs to serve clients in their homes.

Additional information can be found at:
www.PartnersInHomeCare.org



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Employment incentives for selected positions

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Procedures For Objecting Non-Members to File With MNA Objections as to the Expenditures of Dues for Purposes Not Germane to Collective Bargaining Processes

This notice is for all employees working under a Montana Nurses' Association collective-bargaining agreement that contains a union security clause. A union security clause requires, as a condition of employment, that an employee pay MNA membership dues and fees. MNA membership is a valuable asset for working nurses.

Federal and state labor laws grant employers and union the right to enter into agreements requiring workers to join and maintain their membership in a union as a condition of employment. This right is consistent with the democratic principle of majority rule and it ensures that everyone who benefits from a union's representation shares the union's financial support.

Over the years, the courts and administrative agencies that enforce the labor laws have limited the enforcement of union security clauses. Specifically, the U.S. Supreme Court has held that individuals covered by a collective-bargaining agreement containing a union security clause may not be required to join the union and may only be required to pay that percentage of full union dues and fees that are germane to the collective bargaining process. In other words, workers can be required to financially support a union but they cannot be required to join the union and they can only be required to pay that percentage of the union's customary dues and fees that is germane to the union's role as the collective-bargaining representative.

MNA spends the vast majority of its funds on activities related to the representation of its members. These expenditures are considered to be germane to the collective-bargaining process and must be paid for by all individuals working under MNA contracts containing union security clause language. MNA also has spent funds on activities such as organizing new bargaining units and legislative lobbying. MNA believes that money spent on these activities advances one of our fundamental purposes – nurses helping nurses to better their lives. However, the U.S. Supreme Court does not consider these activities to be germane to the collective-bargaining process.

Employees employed under a contract containing a union security clause who choose not to join MNA or who resign their membership from MNA lose benefits, rights and privileges to which they would have been or were entitled to as MNA members. For example, these employees lose the right to vote on the acceptance of agreements negotiated with their employer, the right to vote on any dues increase, and the right to run and vote in the election of MNA officers. They lose the right to attend, speak and vote at any MNA meeting.

In short, non-members elect to give up important rights, benefits and privileges. Moreover, it is illegal for an employer to compensate such workers in any way for the loss of these valuable rights. However, non-member are still members of the collective-bargaining unit in which they work, they are entitled to the benefits of the collective-bargaining agreement covering their employment and MNA and its officers and employees will provide them with the representation required by the law.

Individuals employed under a union security clause maintain the right to object to being a member of MNA and may resign their membership at any time. However, those who either object to ever being a member or who were once members and then later resign must pay MNA an amount equal to the percentage of dues paid by members of MNA which are germane to collective bargaining process. That percentage

Reflections from First-Time Bargainers

We are elected leaders from Local #21. This was our first year participating in a Collective Bargaining Negotiations.

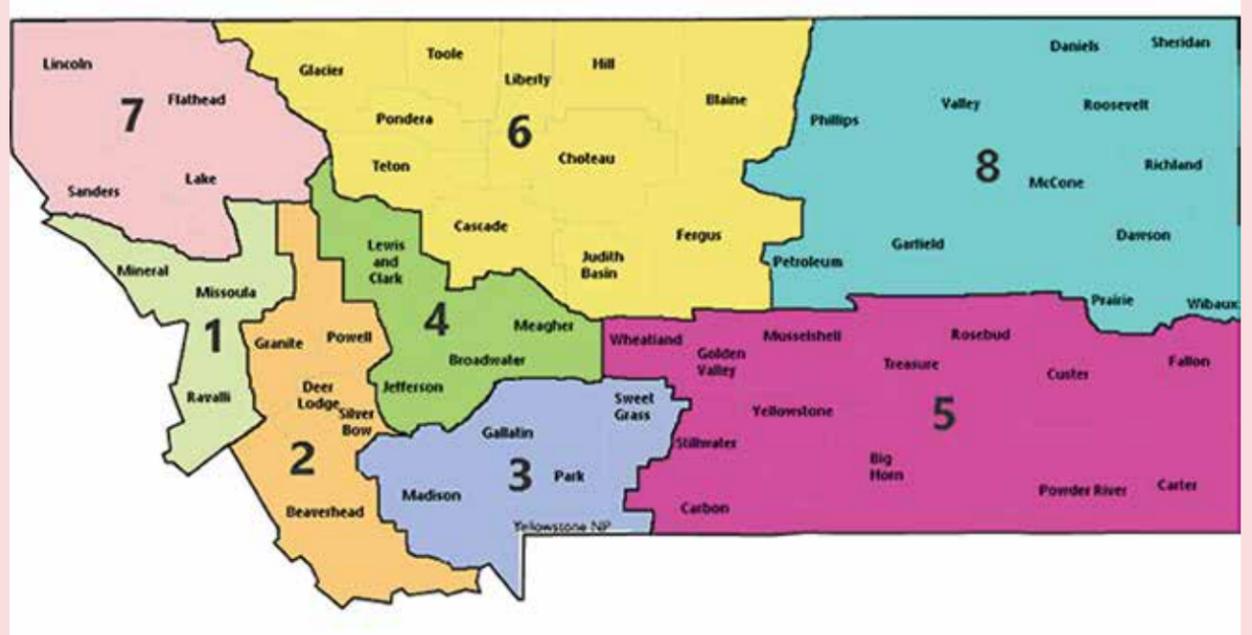
The thought of going into negotiations was intimidating. However, as we went through the process, we found the events to be enlightening and fulfilling. Because of our Labor Representative and the other experienced "bargainers" extensive knowledge and insight, they were able to adequately prepare us and guide us through the experience. We met beforehand and were educated. We worked on proposals together and knew what to expect over the next few days. We came to bargain, nervous, but excited!

Overall, the three days we spent at negotiations were constructive and satisfying. We felt

empowered that we were able to implement change that will better the RNs at Local #21.



Jill Rugg, RN and Darcell Unterseher, RN



Montana Nurses Association Districts

Rev (08/2000)

includes the expenditures necessarily or reasonably incurred for the purpose of performing the duties of an exclusive representative of the employees in dealing with the employer or labor-management issues including not only the direct costs of negotiating and administering collective-bargaining contracts and of settling grievances and disputes, but also the expenses of activities or undertakings normally or reasonably employed to implement or effectuate the duties of MNA as the exclusive representative of the employees in a bargaining unit. The percentage of nonchargeable expenses for MNA which will be effective for the months of January 2018 through December 2018 is based on the experience from the 2016 calendar year. In other words, those who are covered by a collective-bargaining agreement containing a union security clause and who elect not to be members and who elect to pay the reduced fee must pay the fair share percentage of the dues assessed members of MNA employed in the same bargaining unit.

In addition to other avenues of relief available under the law, a non-member may challenge MNA's classification or calculation of expenditures used by MNA to determine the percentage of chargeable expenses germane to the collective-bargaining process before a neutral arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any objection a non-

member makes may be coordinated or consolidated with other objections from other non-members before a single arbitrator.

In such a challenge, MNA has to justify its calculations and determinations. All hearings will be conducted in Helena or Clancy, Montana. The arbitrator's fees and expenses will be paid by MNA. However, an objector will have to pay his or her own expenses and the fees, costs and expenses of his or her witnesses and attorneys.

Once a written objection is received from an individual, MNA will adhere to the rules established by the courts and by the administrative agencies that enforce the labor laws as to the handling of the objector's fees until the arbitrator has issued his or her ruling. Generally, the objector must pay the fees as determined by MNA's calculations. Those fees will be placed in a separate interest bearing account. If the arbitrator's decision increases the percentage of non-chargeable expenditures, the appropriate portion of the fees will be refunded to the objector, plus interest earned. All reduced service fee payers will then pay the adjusted amount as determined by the arbitrator. If the arbitrator's decision approves the MNA's calculation, no adjustment will be made in the amount of the fee and the total fees paid and placed in the separate interest-bearing account will be released to MNA.

Individuals who choose to file objections to MNA's fee calculations must file the objection in writing addressed to MNA, 20 Old Montana State Hwy, Clancy, Montana 59634. The written objection must include the objector's name, address, phone number, social security number, employer and work location. In order for MNA to understand the nature of the objector's challenge, the objector is urged to also include a brief statement concerning the nature of the objection, including the objector's opinion as to the appropriate percentage for non-chargeable expenses. This requirement to file a letter of objection and request for a hearing is an annual requirement. Objection will not be presumed. Agency fee payers who do not file a timely notice of objection shall be deemed to have waived any right to a hearing to challenge the estimated percentage of reduction of that year's agency fee.

37 YEARS
Of Advanced Practice Nurses in Montana

Montana Nurses Association

Annual Pharmacology Conference

March 2nd and 3rd 2018

Best Western Premier Hotel-Helena, MT

Exerpts from ANA

MNA has launched a new feature in *The Pulse*. Each quarter, we will be showcasing excerpts from American Nurses Association's publications that relate to clinical practice and professional advocacy. Don't forget—full ANA monthly publications are included with each Montana Nurses Association membership!

Excerpted From Finding meaning after a patient's death

By Tina M. Mason, MSN, ARNP, AOCN, AOCNS, and JoEllen Warnke, MS, RN, OCN

The Pause guidelines

The following guidelines were established for using the Pause to acknowledge patient deaths and allow staff time to reflect.

Definition: The purposeful act of stopping (to take a Pause) to honor a patient who has expired, to recognize this person together in our own way and in silence, to allow our racing minds to slow, and to offer a mental space so that we are not drawn into the vortex of failure. —Jonathan Bartels, RN, the University of Virginia Health System

Key points:

1. The Pause is optional.
2. A concerted effort will be made to notify all appropriate staff so that each may make a decision whether to participate.
3. Offer the Pause to the family at the bedside. If the family declines, a

Pause can occur after the family leaves or in another location to meet the needs of the staff.

Process (inpatient setting): After a patient's death:

1. Primary RN or health unit coordinator (HUC) notifies all appropriate staff that a Pause will take place.
2. Primary RN or HUC notifies chaplain staff via SmartWeb; include extension number, unit name, the Pause (message).
3. Place sign on patient's door (painting of sunset).
4. Begin the Pause.
5. Chaplain or assigned staff leads the time of reflection.
6. Pause and reflect, followed by 30 seconds of silence.
7. Chaplain or assigned staff closes the Pause and replaces the sign in the designated area.

Process (ambulatory setting): After learning of a patient's death:

1. Primary RN notifies manager of request for the Pause.
2. Primary RN or patient service specialist (PSS) notifies all appropriate staff that a Pause will take place.
3. Primary RN or PSS will notify chaplain staff via SmartWeb; include extension number, area name, the Pause (message).
4. Place sign on door (painting of sunset) of break room or other selected area.
5. Begin the Pause.
6. Chaplain or assigned staff leads time of reflection.
7. Pause and reflect, followed by 30 seconds of silence.
8. Chaplain or assigned staff closes the Pause and replaces the sign in the designated area.

American Nurse Today; September 2017, Volume 12, Number 9; Pages 66-68

Excerpted From From the bedside to the boardroom: Are you ready to serve?

By Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CCTM, CWOCN, NE-BC

Get ready to serve

If you'd like to serve on a board but don't feel you have a complete skill set, take advantage of these resources.

Financial statements

AME Learning: Finance for Board Service

This online, self-paced course gives you the tools and vocabulary to understand the language of finance.

- The program includes:
- 10 to 30 hours of online, interactive, self-paced content
 - Straightforward instruction on how to read and analyze financial statements.

To access the program:

1. Go to www.amelearning.com/nurses/onboards.

2. Purchase the PIN for \$45.
3. Follow instructions to log in to the course.

Note: Once purchased, the tutorials are time-limited and available for 2 years.

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American Nurse Today; July 2017, Volume 12, Number 7; Pages 28-30

New Assistance Program Provider

Effective July 1, 2017, the Montana Professional Assistance Program, Inc. assumed administration and clinical caseload management responsibility of the former Nurses Assistance Program. The decision to consolidate all health professional assistance programs under the auspices of a single provider was made concurrent with the last Request for Proposal from the Department of Labor and Industry.

MPAP has administered the professional assistance program for Medicine and Dentistry since 1989. Concurrent with this acquisition, MPAP has expanded staff to include three clinicians and an administrative assistant. David G. Healow, M.D. serves as Medical Director. Michael Ramirez, M.S. serves as Clinical Director. Meghan McGauley, RN and Karen Ortegell, LCPC, LAC, MAC serve as Clinical Coordinators, while Joan Bunke serves as Administrative Assistant.

Our plan is to honor all current participant agreements while transitioning to a standard of care that has proven effective through empirical research and outcome studies. We expect to expand membership on our Board of Directors to include representative membership from Nursing. MPAP's offices are located in Billings at 3333 2nd Avenue N., Suite #100. Our telephone number is 406-245-4300 or 800-697-9349. Please contact us if we may be of assistance to a colleague. We are available for presentations to nursing groups and organizations upon request.



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Montana State University–Northern seeks an energetic, people-oriented, and visionary educator to lead its new **College of Health Sciences**. The college includes Nursing, Allied Health (previously the Department of Nursing), and Health Promotion. The Dean will have a key role in the formation of the college and its programs. The Dean also will serve as the Director of Nursing.

A doctoral degree in nursing or related field is required; ABD candidates will be considered. If the doctoral degree is not in nursing, a master's degree in nursing is required.

See complete information on the position, requirements, and application process in the **Search Profile** <http://tinyurl.com/MM-MSUN-HS>

Submit applications to MSUN@myersmcrac.com.

Position remains open until filled. Application reviewed when received.

For a confidential conversation, contact Kenny Daugherty at (kennydaugherty@myersmcrac.com).

Montana State University-Northern is committed to providing a working and learning environment free from discrimination.

Kenny Daugherty, President
Myers McRae Executive Search and Consulting
WWW.MYERSMCRAC.COM



Continuing Education

Continuing Education: Why? So What?

Why do you get contact hours? Because they're required for your license renewal? Because they're required for your certification renewal? Because you see a topic that sounds interesting? Because you've identified some areas of needed growth for yourself? Because you've identified an opportunity for your team to perform better?



**Pam A. Dickerson,
PhD, RN-BC, FAAN
Director, Continuing
Education**

Why do licensure and certification bodies think continuing education is important? It's not about the contact hours!! The focus is evidence – when you relicense or recertify, what is the evidence that you are keeping up-to-date? What is the evidence that you know current best practice in your area of expertise? If you've been out of your academic educational environment for more than 18 months, your knowledge is already outdated! In order to be safe in our practice, it is critical that all of us keep up-to-date. Bottom line – it's about professional development.

Continuing education is defined by the American Nurses Credentialing Center's (ANCC) Accreditation Program and by the Association for Nursing Professional Development as "learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs' pursuit of their professional career goals."

For those of us who develop continuing education activities that support your professional development, our job is to identify the "holes" that can create pitfalls in practice or opportunities for improvement. You can help by letting us know the issues that are creating challenges for you and members of your team.

Increasingly, we are seeing the importance of focusing on team-based education involving more than nursing. Since healthcare is provided by a team of healthcare professionals, it makes sense that our continuing professional development opportunities should also focus on team-based learning and practice. The Joint Accreditation program (nursing, medicine, and pharmacy) defines interprofessional continuing education as "education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes."

In order to improve practice, whether for an individual professional group or for an interprofessional team, a nursing professional development practitioner guides the educational planning process. He/she might ask you questions like "What is the biggest challenge you have in performing this skill?," "What additional information do you need to know in order to practice more efficiently or effectively?," "What would be helpful for you to learn to do in order to take better care of yourself?," or "Who are the people on your team that would benefit from education about the topic?" Based on a clear understanding of the issues that need to be addressed to improve practice or support your professional development, the nursing professional development practitioner determines what outcome should be achieved by those who participate in the educational activity. Just as practitioners at the bedside are charged with the responsibility of improving outcomes for patients, those of us who develop educational activities are responsible for improving outcomes for learners.

We want to help you! Please be thoughtful in considering your own professional development needs, and reach out to the nursing professional development practitioner in your organization or association who can help in developing an activity that will be meaningful and relevant to you. Seek educational experiences that will help you learn and grow, not just earn contact hours!

NEW ADDITION TO OUR CE TEAM!

We are pleased and excited to share that Caroline Baughman, BS, has joined the CE team at MNA! Several of you had an opportunity to meet Caroline at the Montana CE Update in May. She comes with a strong background in MNA work – she has been a labor representative here for the past 3 years. Caroline has a Bachelor of Science degree in Middle Grades Education, with a concentration in math and English, from the John H. Lounsbury College of Education at Georgia College and State University. She had the opportunity to be mentored by Dr. Lounsbury, one of the founders of the middle school movement and advocate of an integrated curricular approach to teaching young adolescents.



**Caroline Baughman,
BS, Continuing
Education**

As an undergraduate, she was involved in the Association of Middle Level Education and served on the Board of Directors for the Georgia Middle School Association. She moved to Montana for a career growth opportunity, fell in love with the state and with Helena, and joined the MNA team. Caroline has this to say about her new position: "When the opportunity arose to combine my passion for education and professional development with supporting nurses, I couldn't resist. It has been such a great experience to be able to work for such a well-respected and high-impact organization, as well as support nurses serving as the faces for modern healthcare. I'm looking forward to continuing that work in a different realm, while ultimately aiming to improve patient care in Montana, nationally, and globally. Thank you for allowing me to be part of such a great team!"

Reflections on Education Conference Participation

I want to express my gratitude to the MNA, specifically the Council on Continuing Education, and North Valley Hospital for the opportunity to attend the 2017 ANCC Annual Symposium on Continuing Nursing Education and the 2017 ANPD Annual Convention. The conferences presented evidenced based courses, design models, and evaluation tools used in continuing nursing education.



**Cheryl Richards,
MS, RN-BC**

The conferences also emphasized the importance of networking with professional peers to share and develop new innovations in continuing nursing education. It's hard to express the professional growth and excitement gained from attending these events.

The keynote speakers were experts in continuing nursing education and addressed the challenges faced by primary nurse planners and nursing professional development specialists. They ignited my passion for continuing nursing professional development and put current challenges in perspective. The individual courses addressed innovations in continuing nursing education and offered evidence-based solutions to current issues.

Peers in the profession presented many courses addressing competency models, preceptorship programs, and so much more. The presenters shared their stories from idea to implementation, provided resources, and encouraged networking as others used their ideas to begin new practices in their own facilities. I will use the knowledge and professional contacts attained from the conferences to improve several areas of continuing nursing education at my facility. For example, I plan to integrate a new model for identification, development, and evaluation of competence, "The Donna Wright Model." Thank you, MNA and NVH, for this incredible experience.

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If you're looking to add hours to an existing work schedule or for full-time work, we'd love to talk with you.

Criminal Background Clearance/transportation to home locations required.

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Continuing Education

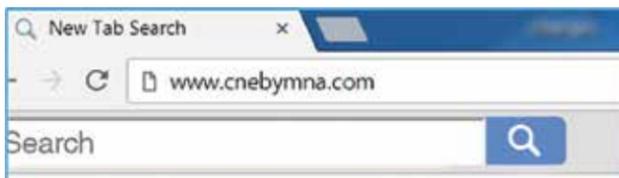
Welcome to the "World of CNEbyMNA"

We would like to invite you to join us on this exciting journey toward Nursing Professional Development. Where will this adventure take you? www.CNEbyMNA.com.

How do you get there and how do you navigate your trip? Follow me.



1. First go to your browser and type in www.cnebymna.com.



2. This is the banner at the top of the page. From here you can scroll down to:

- Live Activities & Events
- Clinical Topics
- CE Provider Courses

Look at all those courses, exciting!



3. Pick a topic of interest and click on it.

The Fine Art of Care Coordination

Course Status: In Progress
Title: The Fine Art of Care Coordination

4. You will see the description, disclosures, number of contact hours, scroll down and click on the green button reading "Take this Course"



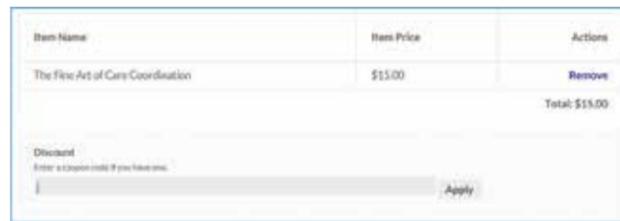
5. Next click on the "Purchase" button.

The Fine Art of Care Coordination

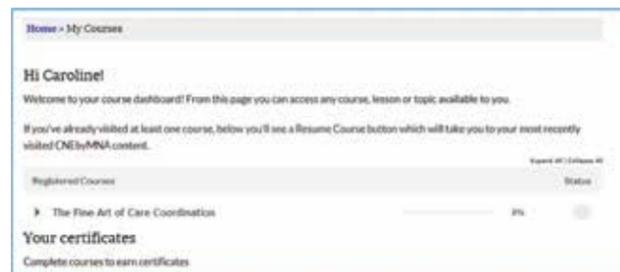
\$15.00 - Purchase

6. If you're a member of MNA, enter your coupon code and save \$5. You can receive the code by contacting Caroline@mntnurses.org.

Make sure to enter a username and password so that you can access your account at any time.



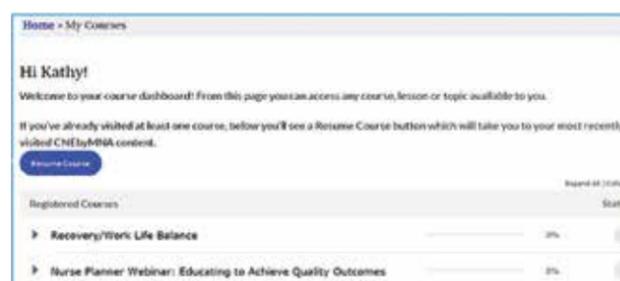
7. Congratulations! You are ready to take the course. Click on the course name & you'll be given access to the "Course Content" at the bottom of the page.



Take the "Lesson" first & then you'll be able to receive your certificate after completing the "Evaluation" component.



8. Now that you have a login to the site, you can always go back to the home page & click on "My Courses" to access all of your purchased courses & access your certificate(s) at the bottom of the page.



Your certificates

The Fine Art of Care Coordination

Congratulations, you've completed your adventure and are ready to navigate the new CNEbyMNA website. New courses are available monthly. We are always looking for suggestions and presenters to enhance our course offerings.

Contact Caroline at Caroline@mntnurses.org for more information.

Billings Clinic Offers Nursing Professional Development Certification Prep Course in February

Nursing professional development is a specialty practice. Those who are certified in this field demonstrate competence in supporting the professional development of nurses and other members of the healthcare team. Quality education that is meaningful to adult learners and meets needs of healthcare organizations is critical in today's healthcare environment and in positioning us for the future. Completing the Association for Nursing Professional Development's (ANPD) certification prep course for Nursing Professional Development prepares and equips nursing professional development practitioners with the knowledge and skills necessary to provide quality education and to sit for the NPD national certification exam. Billings Clinic will offer an NPD certification prep course on February 8 and 9, 2018 from 8 am to 5 pm each day, with light breakfast and lunch provided. Patsy Maloney, EdD, RN-BC, CEN, NEA-BC, a member of the ANPD Board of Directors, will serve as the instructor for this course. Please contact Sherri Zimmerman, MSN, RN at szimmerman@billingsclinic.org for more information regarding this education event.

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APRN Corner

Danielle Howa Pendergrass NP, will be the key-note speaker at the 2018 Montana Nurses’ Association Annual APRN Pharmacology Conference March 2-3 at the Great Northern Hotel in Helena Montana. She will speak about the Culture of Health and how NP’s can go about building healthier communities. She offers services to over 20,000 underserved women in Carbon, Emery and Grand Counties. She lives in rural Price, Utah where she owns and operates Eastern Utah Women’s Health. Danielle is one of twenty nurses named as a Breakthrough Leader in Nursing by the Future of Nursing: Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation. She was featured in AARP and is the recipient of several leadership awards. She recently served as the Utah State Representative for the American Association of Nurse Practitioners, is a nurse consultant for the



**Keven Comer
MN, APRN, FNP-BC**

Center to Champion Nursing in America and is an active member of the Utah Action Coalition for Health. As a Campaign Outreach Advocate for the Culture of Health, she delivers effective and action-oriented presentations about building a culture of health to diverse audiences. Danielle is most proud of the impact she has had on her community. She is an authentic and engaging speaker, who will inspire you to take action!

If you haven’t yet signed up for the conference, get on line and sign up at www.mtnurses.org.

Additional conference topics include – Sleep Apnea, Women’s Health, Diabetes, Endocrine, Mental Health and Pediatrics just to name a few. It is always great reconnecting with fellow APRNs and making new contacts. Encourage your fellow NPs to attend. This is a wonderful way to get the latest updates regarding patient care and NP practice. There will be around 9 Pharmacology Credits available.

Barb Schaff DNP is currently attending the AANP Policy Conference in Washington DC and she will update us on national issues affecting NPs, patient care and practice issues.

As always, please contact me with any APRN questions or concerns. Keven.comer@gmail.com

Statewide Nursing News

“If you don’t quit, you WIN!”

Recently, I was asked to be the emcee for the Montana Marathon. I was thrilled to take part. This year Jeff Galloway attended. You may be wondering who Jeff Galloway is but anyone that has run a marathon has probably heard his name. Jeff Galloway represented the United States in the 1972 Olympics and has really become a “guru” for runners over the past 40 years.



**Joey Traywick,
CMSRN,
BS Kinesiology**

Even though I wasn’t running the marathon, I was giddy to get Jeff’s autograph. You see, way back in 2007 I actually DID run the 26.2 miles from Molt to Billings and it was Jeff’s methodology that helped me get through. Jeff is a big proponent of the run/walk method. Depending on your desired pace and your distance, Jeff might recommend you run for a minute or so and then walk for thirty seconds. He contends that this prevents injury and allows your joints to replenish themselves rather than sustain continuous pounding. Needless to say, hundreds of thousands of people ascribe to his methods and he has published many books over the years. One of his books is entitled, “Running Until You’re 100”. It was this book that I had Jeff sign when I met him at the marathon. It is now one of my prized possessions! I even got my picture with him! What a thrill!

What does all this have to do with you, you might ask? Well, one of the chapters in Jeff’s book is entitled “If You Don’t Quit, You Win!” and it was this very chapter title that encouraged me to run my first marathon over a decade ago. **You see, life is a marathon, not a sprint, and if you don’t quit, you win!** I realize that many of us are compelled to lose weight quickly or to start working out every day starting TODAY but in truth, if you just don’t quit TRYING, you win! For those of you wanting to quit smoking for the 300th time, if you don’t quit trying to quit, you WIN! Anyone battling cancer, if you don’t quit, YOU WIN! Stop beating yourself up for not getting the goal you wanted right away. As long as you don’t quit, YOU WIN! Running the marathon was a life lesson in NOT QUITTING, and I have never forgotten it. I wasn’t anywhere near the front runner, but given that it was my first marathon, I won, just because I did not quit. It is the same with you. Your persistence is the key to your ultimate victory, not your heroic, short bursts of enthusiasm. Just don’t quit and you will win.

That is why I was so excited to meet Jeff Galloway. His lessons on running are amazing to be sure. But his lessons on how to live life are truly the gems that have influenced me over the years. By the way, did I mention that both Jeff and his wife RAN the Montana Marathon? At 72 years of age I believe he runs at least 6 marathons each and every year! Incredible, huh? Of course, he won his age division! He never quit.

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Job Descriptions: Development & Application

The goal of this article is to present an introduction to nursing leadership theory as it applies to writing effective job descriptions. The article content is intended to represent a researched, calculated, and reasonable technical approach to describing the levels of nursing performance within a health organization. It is content for the nursing leader who desires to incorporate more exactness into the organization's existing job descriptions. This approach increases job performance accountability and provides a legal basis for evaluations.



Carolyn Taylor
Ed.D., MN, RN

DEFINITION, DEVELOPMENT, USE OF JOB DESCRIPTIONS

Job descriptions, by definition and purpose, are statements of expected job behaviors or accomplishments that are supportive of the organization's unique philosophy, mission, and goals. Each job description is intended to work in harmony with other job descriptions of the organization. It is a mutually reviewed and signed contract by the leader and employee.

The development of a new and effective job description requires a leader's intuitive creative thoughts related to the organization's needs and the required maturity, experience, and education of the person to be hired. This intellectual creative approach by the leader was never intended to be a "canned" approach to identify job expectations, but an outcome of understanding the need for integration of supportive behaviors into the existing job descriptions of an organization.

Once developed and signed, the job description becomes the basis for future employee evaluations. This signed agreement by an employee and a leader as to minimal job expectations meets the standard of mutual fairness.

minimum and maximum numbers, exact numbers, percentages, time frames, and/or a person's name.

All written job descriptions and performance standards should follow the RUMBAS criteria. This acronym is a reminder that job expectations should be: **R**EASONABLE, **U**NDERSTANDABLE, **M**EASUREABLE, **B**EHAVIORAL, **A**TTAINABLE, and **S**PECIFIC.

Performance standards increase the intensity, exactness, and specificity of an employee's job accountability to the organization and provides more definitive expectations that measure the extent of an employee's job compliance.

Reasons to use performance standards:

1. Identifies *specific* positive and expected job behaviors
2. Decreases role confusion
3. Provides a more explicit means for accurate and informative employee evaluation

PREFACE STATEMENT

Job expectations should be presented to an employee with a PREFACE referring to a *process objective* or a *terminal goal*. The term "objective" is most often used for an *incremental job expectation* designed to reach a terminal end point (goal). The term "goal" is most often used for referring, specifically, to a *terminal end point*. Usually, process objectives are listed in such a manner as to clearly indicate the reason for the process—that is, the goals that are intended to be reached by doing the stated process.

The wording of incremental expectations (objectives) and terminal end points (goals) as a preface is as follows:

1. Process Objectives (incremental expectations)—are prefaced by the words, "During the (giving a timeframe)." It is the process by which goals are met.
2. Terminal Goals (end points)—are prefaced by the words, "At the end of (giving a timeframe)." It is the end product of the process.

INTEGRATION OF DOMAINS, CATEGORIES, & ACTION VERBS

Benjamin Bloom, et.al., through extensive collaborative research, determined three domains of job performance. The three domains (cognitive/thinking, psychomotor/motor activity, affective/feeling) each have within their domains so-called categories. The categories range from simple to complex expectations or sometimes referred to varying degrees of expertise.

The categories within each domain have examples of action verbs. Action verbs are used at the beginning (first word) of each job expectation within a job description. The differences in the action verbs (within the category selected) allow the leader to choose an expected job behavior that is unique to the minimal level of expertise required to do the job.

In any domain, leaders (with their extensive responsibility) should have their job expectations start with an action verb representing the *higher levels of difficulty* categories. That is, (in the cognitive domain, as an example), the categories of analysis and evaluation. Conversely, subordinate employees should have their job expectations start with an action verb representing the *lower levels of difficulty* categories. That is, (in the cognitive domain, as an example),

the categories of knowledge and comprehension. The result is job descriptions that are clearly and accurately differentiated. This will indicate that leaders do (and are expected to) have higher and more complex job expectations than their subordinates, and subordinates are not to have higher and more complex job expectations than the leaders. That does not mean that employees do not have abilities in other categories; however, the other non-specified expectations do not form the basis of the employee's evaluation.

How to Select a Domain(s):

Cognitive Domain: When job expectations require mental problem solving and/or mental contemplation

Psychomotor Domain: When job expectations require manual/muscular dexterity

Affective/Feeling: When job expectations require consideration of others, kindness, thoughtful behaviors, cooperation of/with others.

DOMAINS, CATEGORIES, AND ACTION VERBS

Following is an introduction to the three domains, their categories (listed separately in each domain) and suggested verbs under each category. (See Bloom's Taxonomy on-line)

COGNITIVE DOMAIN

Knowledge (lowest performance): The employee must be able to recognize, know, and/or recall previously learned information/material. Examples of action verbs used at the beginning of each job expectation could be: who, what, why, when, where, which, choose, find, how, define, etc. Example: Define the usual medication errors in transcribing medication.

Comprehension/Understanding (next to lowest performance): The employee must be able to organize information to grasp meaning, explain, and restate ideas. Examples of action verbs used at the beginning of each job expectation could be: convert, defend, interpret, predict, summarize, explain, generalize, etc.

Example: Summarize the provider's list of patients.

Application (middle-of-the-road performance): The employee must be able to use information and learned material in new situations and in different ways. Examples of action verbs used at the beginning of each job expectation could be: apply, build, choose, compute, construct, demonstrate, interview, etc.

Example: Interview patients to determine their views.

Analysis (next to highest performance): The employee must be able to examine and break information into parts, combine information, influence outcomes, and show relationships between parts. Examples of action verbs used at the beginning of each job expectation could be: differentiate, select, analyze, relate, compare, contrast, diagram, etc.

Example: Analyze the interviews to determine the most qualified applicant.

Evaluation (highest performance): The employee must be able to use facts and complexity of ideas to determine consistency or inconsistencies and

Job Descriptions continued on page 14



Job Description: "The Art of the Deal"

JOB DESCRIPTIONS VS. PERFORMANCE STANDARDS

The trend in writing most job descriptions is to state what a leader expects employees *to do*. However, if there is a need to enhance and clarify *how well* a leader expects the job to be performed, the title "performance standards" (instead of the title "job descriptions") is used. When writing performance standards, *quality* and *quantity* are intended to be more clearly stated as a part of each job expectation. The written specificity of job expectations is dependent on the type and purpose of the job. Performance standards might include words of

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Job Descriptions continued from page 13

judges the worth of material against a stated criterion. Examples of action verbs used at the beginning of each job expectation could be: appraise, compare, critique, summarize, justify, discriminate, evaluate, etc.

Example: Compare the pros and cons of moving the orthopedic area.

PSYCHOMOTOR DOMAIN

Perception (lowest performance): The employee uses sensory cues to guide their motor activity. Examples of action verbs used at the beginning of each job expectation could be: choose, detect, describe, hear, listen, observe, sense, etc.

Example: Choose a room for patient conferences.

Set (next to lowest performance): The employee is mentally, physically, and emotionally ready and able to perform. Examples of action verbs used at the beginning of each job expectation could be: achieve, establish, begin, react, state, proceed, explain, show, etc.

Example: Explain to new nurses the steps used to chart vital signs.

Guided Response (middle-of-the-road performance): Adequate performance is achieved by practice. Uses trial and error to learn complex skills. Follows directions. Examples of action verbs used at the beginning of each job expectation could be: follow, imitate, operate, practice, react, copy, respond, etc.

Example: Follow the charting directions as stated on the computer.

Mechanism (middle-of-the-road performance): Able to perform complex and accurate moves with increasing efficiency, confidence, and proficiency. Performs without hesitation. Examples of action verbs used at the beginning of each job expectation could be: complete, conduct, execute, construct, organize, calibrate, accurate, etc.

Example: Organize patient rooms to accommodate at least three patients.

Complete Overt Response (high performance): Able to perform complex movement patterns. Quick, accurate, and highly cooperated performance. Performs without hesitation. Examples of action verbs could be: act, control, direct, manage, organize, proceed, perform, etc.

Example: Manage the Emergency Department during a disaster.

Adaptation (next to highest performance): Well developed skills. Able to modify effectively movement patterns to adapt to needs. Examples of action verbs used at the beginning of each job expectation could be: alter, change, reorganize, rearrange, vary, adapt, revise, etc.

Example: Change the nursing conference weekly to accommodate changing needs.

Origination (highest performance): Creates new patterns to accommodate specific situations. Outstanding creative skills. Examples of action verbs used at the beginning of each job expectation could be: arrange, create, compose, design, make, initiate, combine.

Example: Design a nursing conference brochure that shows compassion for the hurricane victims.

AFFECTIVE DOMAIN

Receiving Phenomena (lowest performance): Awareness, willingness to hear, selected attention with respect for others. Examples of action verbs used

at the beginning of each job expectation could be: acknowledge, Follow, Listen, Understand, Attentive, Identify, Reply, etc.

Example: Listen to each patient as they state their health problems.

Responding to Phenomena (next to lowest performance): Attends and reacts to situations. Finds satisfaction in responding. Examples of action verbs used at the beginning of each job expectation could be: answer, assist, aid, conform, perform, practice, report, etc.

Example: Perform CPR according to hospital protocol.

Valuing (middle-of-the-road performance): Attachment of worth and value to any phenomena. Sensitive to cultural differences. Examples of action verbs used at the beginning of each job expectation could be: complete, differentiate, explain, initiate, justify, share, propose, etc.

Example: Justify the request for an increase in nursing staff.

Organization (next to highest performance): Organizes contrasting values. Resolves problems as a result of considering contrasts. Compares and synthesizes values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: adhere, alter, arrange, complete, integrate, organize, synthesize, etc.

Example: Arrange, if possible, nursing schedules according to the requested needs of nurses.

Internalizing Values (highest performance): Values behavior control. Personal behavior is pervasive, consistent, and predictable. Displays teamwork. Values others with a commitment to ethical practice values. Examples of action verbs used at the beginning of each job expectation could be: act, display, influence, modify, perform, serve, practice, etc.

Example: Serve on the Ethical Standards Committee of the organization.

REVIEW OF JOB DESCRIPTION DEVELOPMENT

The flow of job description development, then, is as follows:

1. Determine the preface to be used ("During_____" or "At the end of_____")
2. Determine the domain (cognitive, psychomotor, affective)
3. Determine the category within the chosen domain(s) according to the level of performance desired (leader or subordinate)
4. Determine appropriate action verb(s) representing the categories selected
5. Write the job expectations (after each selected verb) to the specificity required and to the degree the employee will be held accountable (consider job description or performance standards)

EMPLOYEE JOB DESCRIPTIONS (NEW AND EXISTING)

The expectation of nursing leaders is to evaluate a new employee's history of the previous job performance, or a new graduate's academic success. The adage of PAST BEHAVIOR PREDICTS FUTURE OUTCOMES (good or bad) might be correct for determining a future employee's employment success. If this is true, and especially if the past was not "wonderful," the leader has a responsibility to identify specific written job expectations that will help make sure there are successful future outcomes. Successful outcomes by employees will increase health care outcomes for patients and increase positive community evaluations. Personal employment success will elevate an employee's ego and will promote self-assurance in nursing behaviors.

The process of updating existing job descriptions by a leader requires personal leadership abilities of intelligence, intuition, sensitivity, and constant ongoing awareness and evaluation of each employee's degree of job success. It represents consistent mutual job awareness and accountability between a nursing leader and employee—not Laisse Faire behavior. This requires a leader to understand, appreciate, and treat employees in a way that recognizes that most employees desire to be remarkable! The goal is to establish mutual respect and commitment to job expectations.

Out-performing of current minimal job expectations deserves recognition and commendation; however, that does not necessarily mean a job upgrade.

Recognition and appreciation of quality performance can be its own reward! The job promotion of an existing employee to a new job description without participating in an employment process or existing hiring policy is often controversial and can be considered to be legally discriminatory under some circumstances. The appearance or consideration of nepotism (family and friends) might also be of legal concern.

Self-evaluations are to be accomplished before a formal nursing leader evaluation. Peer evaluations can be helpful; however, sometimes there is misinformation provided by peers. Negative peer evaluations in question should be carefully evaluated.

The leader retains the right to add, subtract, or change job-related behaviors or expectations. The successful key to job expectation changes on a job description requires the leader to discuss the change(s) with the involved employee before or at the time of the change. The more accurate a job description, the less likely a misunderstanding about job expectations will occur at the time of a formal evaluation. An employee is to have an opportunity to respond in writing to a formal evaluation. A signed copy by the leader and the evaluated employee should be available to the evaluated employee after each formal evaluation.

JOB DESCRIPTION CONTENT

Lists/statements of job expectations usually (not always) should include the following information: (Not necessarily in order of importance or sequence of appearance in the job description)

1. The title of the organization, job title, onset date, and/or duration, hours, break times/dates, supervisor, and job location
2. A philosophy statement of the hiring organization and how it relates to the specific job
3. A mission statement of the organization and how it relates to the specific job
4. A statement indicating that the organization is an "equal opportunity employer without discrimination" and a statement of civil rights
5. Job or employee goal(s) and incremental objections
6. Existence and frequency of formal peer, self, and/or leader evaluations
7. A reminder that Montana is legally an "At Will" employer allowed to legally hire and terminate employment, as desired, and without a stated cause within a stated probationary period-- (or by the end of six months if no probationary period is stated.) The same courtesy is given to the employee during the probationary phase.
8. Pre-requisites required to be hired (education, experience, recommendations, etc.)
9. Resources available to support positive outcomes (material and human)
10. Expectations of the job
11. Evaluation timeframe
12. Superordinate(s) and subordinate(s)
13. The intended salary or salary range
14. Existing budget constraints, government requirements, regulations, and safety expectations
15. Behavior expected during work hours to promote a supportive work environment
16. Vacations and benefits
17. Signatures, dates, and any relevant comments from the employee and leader regarding the successful completion of the job evaluation

The secret of employee success is to have the leader help, serve, and support an employee to meet the expectations of a job description. Managers, leaders, and supervisors, therefore, should have included in their own job description the responsibility to answer questions and support employees. This means that leadership knowledge about how to manage employees is not found in a drawer, but experienced as a talented "people person" that is fully visible and a resource for problem solving.

The success of a leader is dependent on a positive view of the Nature of Man! That is, nursing employees should be considered by nursing leaders to be naturally enhanced with "goodness."

Carolyn Taylor Ed.D. M.N. R.N.
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National Nursing News

Over the last twelve months, I've traveled to dozens of Montana Communities, holding town halls, listening sessions, and roundtables to hear from the folks on the ground about what Congress needs to do to increase access to affordable health care for all Montanans.



Jon Tester
U.S. Senator
for Montana

I've heard a diverse set of proposals and opinions but I heard two things consistently: Montana is home to the hardest working nurses in America, and that Congress needs to work together to improve our health care system.

With your help, Congress defeated irresponsible proposals that would have kicked thousands of Montanans off their coverage, raised premiums for working families, and sent us back to a time where folks could not afford to get sick. Congress needs to be working to lower costs, not jack up premiums and kick folks off their health plans.

Unfortunately, Congress and the Administration continue to undermine our health care system. Montana insurers said that due to uncertainty coming from this Administration, health insurance rates will continue to rise. That's why I'm sponsoring bipartisan legislation to stabilize these markets and give patients, providers, and small businesses the certainty they need.

Montana's insurance rates aren't the only thing under attack by Washington. Because of petty partisan politics, the Children's Health Insurance Program (CHIP) expired. CHIP provides coverage for more than a third of Montana's kids. Since my days in the Montana Legislature when we first passed Montana CHIP, I've been fighting to ensure Montana kids have access to affordable health care.

So when I hear stories about a parent worried about deciding between medicine for their kids and paying the mortgage; it is heartbreaking. Congress needs to reauthorize this program immediately, or thousands of Montana families will soon be forced to go without care.

Washington D.C. is a dysfunctional place. Folks spend months trying to secure political victories at the expense of hardworking families. Senators from big states like Florida, Ohio, and Texas, try and tell rural Montana what we need. Legislation impacting millions of jobs, and one-sixth of America's economy, are crafted behind closed doors, without public input, and without bipartisan support.

And that's why I need your help. When you raise your voices, it makes a difference. Montana nurses know how to organize and they know how to make a difference. That's why I proudly stand with you to defend our rural way of life and access to affordable care for Montanans.

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*** APRN 2018 Pharmacology Conference ***
Helena, MT ~ March 2nd & 3rd 2018

*** Labor Retreat ***
Chico, MT ~ April 15th, 16th & 17th 2018

*** MNA Convention ***
Helena, MT ~ October 3rd, 4th & 5th 2018

*** Seamless Health Care for Our Veterans***
Helena, MT ~ November 7th, 2018

Has your contact information changed?

**New name? New address?
New phone number?
New email address?**

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