

## Inside



Nurses' Day at the Legislature  
Page 9

[www.utnurse.org](http://www.utnurse.org)

### The Utah Nurses Association Mission Statement:

The mission of the UNA is to advocate, educate, and be a voice for all nurses in Utah both individually and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.

### Attention UNA Members

You can now find us on Facebook. Just search Utah Nurses Association and look for the page with the UNA logo. We will be posting updates for upcoming events and information on conventions in our blog.



## FROM THE MEMBERSHIP COMMITTEE

### Happy Nurses Week 2018 – From the Membership Committee

**Sharon K. Dingman,  
DNP, MS, RN  
UNA Director at Large  
& Membership  
Committee Chair**



Sharon K. Dingman

Spring is around the corner and as for me this is a time of renewal, growth, and introspection. There is a quote from Ralph Waldo Emerson, "What lies behind us and what lies before us are tiny matters compared to what lies within us."

**Profound statement when you consider the role of the nurse in the professional caring interactions with patients - every encounter, every day.**

Nurses continue to transform patient care at the frontline point of care **INSPIRE** through caring and compassionate relationships with patients and families. Nurses **INNOVATE**, guide healthcare system changes, and assume leadership roles involving patients in managing their own care and quality of life. Consumers are more educated and are exerting more control over how their health care dollars are being spent. Nurses **INFLUENCE** are actively instrumental in creating the patient experience, improving patient satisfaction and safety outcomes, assisting with preventive care initiatives, and helping control the rising cost of health care.

Many patients have anecdotal remembrances of a nurse who helped them. Professional, competent care with the calming influence of a nurse can help patients cope with pain, anxiety, and fear. Compassionate

competent care received in one-on-one nurse/interprofessional interactions at the point of care delivery saves lives and is foundational to patient safety regardless of the venue. Be it human nature or otherwise, patients are more likely to drive further for health care because of the positive interactions and experience with healthcare providers that contribute to a good experience.

**Please take a few moments to review the many benefits of ANA/UNA Membership. Thanks for being who you are and "what lies within us" as nurses. We are truly "NURSES: INSPIRE, INNOVATE, AND INFLUENCE. Celebrate Nurses Week, May 6-12, 2018.**

Membership information is found in the ANA Member Guide Information folder [(©AHA, 2014 ANA-BRO6 (6/16)]. We encourage you to renew your membership at: <http://www.nursingworld.org/joinana.aspx>.

Benefits for ANA/UNA members includes access to professional tools you will use in your professional life, including access to research tools, nursing resources, etc. You can access these resources through your MyANA account at [NursingWorld.org/MyANA](http://NursingWorld.org/MyANA).

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing. Membership provides a way for nurses across the United States and Utah to speak with one strong voice on behalf of nursing and our patients. Continuing education and member programs provide you access to learning opportunities to keep you up-to-date in nursing knowledge and advance your career. Additionally, you will find information about personal health and healthy work environments that are safe, empowering, and satisfying.

*From the Membership Committee continued on page 3*

Celebrate  
National Nurses Week  
MAY 6-12, 2018



current resident or

Presort Standard  
US Postage  
**PAID**  
Permit #14  
Princeton, MN  
55371

## Content

- |   |   |    |  |
|---|---|----|--|
| 2 | Become a Nurse Peer Reviewer  | 8  | The Shoulders We Stand On              |
| 3 | From the Editor   | 9  | Nurses Day at the Legislature          |
| 3 | President's Message   | 10 | Nurses on the National Front           |
| 4 | Career Sphere   | 11 | Letter to Congress on Mass Shooting    |
| 5 | UNA Board of Directors' Collaborates with the Utah Board of Nursing | 12 | A Day in the Life of a Forensic Nurse  |
| 5 | Nurses on Boards: Utah Update                                       | 13 | Medicaid Expansion Goes to the People! |
| 6 | The Value of a Healthy Nurse Workforce                              | 14 | GRC Committee News                     |
| 7 | The Nurse Practice Act FAQs   | 15 | Utah Nurses Foundation                 |

# PUBLICATION

The Utah Nurse Publication Schedule for 2018

Issue	Material Due to UNA Office
July/August/September 2018	June 7, 2018

### Guidelines for Article Development

The UNA welcomes articles for publication. There is no payment for articles published in the *Utah Nurse*.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to: [editor@utnurse.org](mailto:editor@utnurse.org) or Attn: Editorial Committee | Utah Nurses Association  
4505 S. Wasatch Blvd., Suite 330B  
Salt Lake City, UT 84124 | Phone: 801-272-4510



## INTERNET NURSING

UTAH NURSES ASSOCIATION

receives its Internet services due to a generous grant from XMission, Utah's largest and best local Internet Service Provider. For more information on XMission's services and pricing visit XMission on the Web at [www.xmission.com](http://www.xmission.com) or call 801-539-0852.

**Please visit the Utah Nurses Association's Web Page!**  
[utnurse.org](http://utnurse.org)

Visit our site regularly for the most current updates and information on UNA activities. You can obtain a listing of Continuing Education Modules available through UNA or a listing of seminars and conferences that offer CE credits.

## 2018 BOARD OF DIRECTORS

<i>President</i>	Aimee McLean, BSN, RN, CCHP
<i>First Vice President</i>	Donner Schweitzer, BSN, RN
<i>Second Vice President</i>	Claire LeAnn Schupbach, BSN, RN, CPC, CHP
<i>Secretary</i>	Heather Lowe, BSN, BS, RN
<i>Treasurer</i>	Tracy Schaffer, MSN, RN
<i>Directors</i>	Sharon K. Dingman, DNP, RN Blaine Winters, DNP, ACNP-BC Jason M. Martinez, BSN, RN

## STAFF MEMBERS

<i>Executive Director</i>	Open
<i>Editor</i>	Claire LeAnn Schupbach, BSN, RN, CPC, CHP

## COMMITTEE

### CHAIRS & LIAISONS

<i>By-Laws</i>	Open - If interested please email resume to UNA
<i>Finance</i>	Tracy Schaffer, MSN, RN
<i>Government Relations</i>	CJ Ewell, MS, APRN-BC Diane Forster Burke, MS, RN Kathleen Kaufman, MS, RN Sharon K. Dingman, DNP, RN Monte Roberts DNP, RN Janelle Macintosh, PhD, RN Lauren Clark, PhD, RN
<i>Membership</i>	
<i>Nominating</i>	
<i>Education Committee</i>	Blaine Winters, DNP, ACNP-BC

## UTAH NURSES FOUNDATION

<i>President</i>	Marianne Craven, PhD, RN
------------------	--------------------------

## ANA MEMBERSHIP

### ASSEMBLY REPRESENTATIVES

Aimee McLean, BSN, RN, CCHP
Barbara Wilson, PhD, RNC

## PRODUCTION

<i>Publisher</i>	Arthur L. Davis Publishing Agency, Inc.
------------------	---

Editor and Publisher are not responsible nor liable for editorial or news content.

*Utah Nurse* is published four times a year, February, May, August, November, for the Utah Nurses Association, a constituent member of the American Nurses Association. *Utah Nurse* provides a forum for members to express their opinions. Views expressed are the responsibility of the authors and are not necessarily those of the members of the UNA.

Articles and letters for publication are welcomed by the editorial committee. UNA Editorial Committee reserves the right to accept or reject articles, advertisements, editorials, and letters for the *Utah Nurse*. The editorial committee reserves the right to edit articles, editorials, and letters.

Address editorial comments and inquiries to the following address:  
Utah Nurses Association, Attn: Editorial Committee  
4505 S. Wasatch Blvd., Suite 330B  
Salt Lake City, UT 84124  
[una@xmission.com](mailto:una@xmission.com), 801-272-4510

No parts of this publication may be reproduced without permission.

Subscription to *Utah Nurse* is included with membership to the Utah Nurses Association. Complementary copies are sent to all registered nurses in Utah. Subscriptions available to non-nurse or nurses outside Utah for \$25. Circulation 33,000.

All address changes should be directed to DOPL at (801) 530-6628.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, [sales@aldpub.com](mailto:sales@aldpub.com). UNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Utah Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. UNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of UNA or those of the national or local associations.

## Become a Nurse Peer Reviewer

Looking for a flexible schedule volunteer opportunity to serve your nursing association and your nursing community?

### Become a Nurse Peer Reviewer – Supporting Quality Continuing Education

The Western Multi-State Division (WMSD) and its four member associations — AzNA, CNA, INA, and UNA invite qualified nurses to serve as peer reviewers to evaluate continuing education programs for approval. Their expertise supports continuing education activities for the nurses in our four state division and beyond.

The WMSD Accredited Approver Unit will provide training to all qualified Nurse Peer Reviewers to educate them on the ANCC/WMSD accreditation criteria.

Are you:

- A currently licensed RN with a Bachelors Degree in Nursing or higher?
- Interested in joining a unique group of nurse peers supporting providing ANCC accredited continuing education for the nurses in your community?
- A nurse planner for education programs and events or a primary nurse planner of an Approved Provider unit who wants to stay current in your knowledge of ANCC accreditation criteria?
- Willing to serve on the volunteer review panel or as an independent reviewer?
- Qualified with a background in education, training, and or relevant knowledge and experience in educating nurses that would prepare you to participate in the peer review process
- Proficient in Microsoft Office suite, and accessing email and email attachments

If so, learn more about the selection and training process at [utnurse.org/education](http://utnurse.org/education) under the Nurse Peer Reviewers tab.

# A Voice for Nursing

UNA leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. *In addition to many meetings with legislators, regulators, policy makers and leaders of other health care and nursing organizations, the following is a partial list of the many places and meetings where you were represented during the past three months....*

- UNA Board Meeting
- Health and Human Services Committee of Utah State Legislature
- Utah Nursing Consortium
- Association for Utah Community Health Conference
- Utah State Board of Nursing
- Academic Leadership Council of UONL
- Nurses' Day at the State Legislature
- UNA Conference Planning Meeting
- Utah State Legislature General Session
- WEX Meeting
- Healthcare Round Table
- Taxation and Revenue Subcommittee
- Judiciary Committee
- Higher Education Appropriations
- Social Services Appropriations
- Executive Appropriations Committee
- Sigma Theta Tau Nu Nu Chapter Weber State
- Utah Board of Student Nursing Association Meeting
- VPP National Meeting (Value Pricing Pilot)
- ANAI National Meeting (American Nurses Advocacy Institute)
- GOVA National Meeting (Governmental Affairs of ANA)
- National Quarterly President's Call (ANA)
- UACH (Utah Action Coalition for Health)

Published by:  
**Arthur L. Davis Publishing Agency, Inc.**



[utnurse.org](http://utnurse.org)

## Unplanned pregnancy? Considering adoption?

Call or text us at: 801-656-8527

Services for birthparents, adoptive families, and children.



Children's Service Society

ADOPTION AT CHILDREN'S SERVICE SOCIETY

[cssutah.org](http://cssutah.org)

From the Membership Committee continued from page 1

As a member, you can stay up-to-date through journals and publications: *American Nurse Today* (monthly journal); *The American Nurse*: ANA's official newspaper, *The Online Journal of Issues in Nursing* (OJIN) by using your member login at Nursing World.org/OJIN, E-Newsletters: *ANA SmartBrief*, *ANA Nurse CareerBrief*, *Nursing Insider*, and *Member News*.

Network and connect through social media with your state and national association by visiting the UNA website to learn more – <http://www.utnurse.org>. For additional local information contact [una@xmission.com](mailto:una@xmission.com).

**IMPORTANT CONTACTS AT-A-GLANCE**

**ANA Member Services:**

1-800-923-7709  
 FAX: 1-301-628-5355  
 Mail: **American Nurses Association**  
 8515 Georgia Avenue, Suite 400  
 Silver Spring, MD 20910

**Update Your Profile:**

[NursingWorld.org/MyANA](http://NursingWorld.org/MyANA)

**ANA E-mail Addresses:**

- **Membership:** [memberinfo@ana.org](mailto:memberinfo@ana.org)
- **American Nurses Foundation (ANF):** [anf@ana.org](mailto:anf@ana.org)
- **ANA-PAC:** [ana-pac@ana.org](mailto:ana-pac@ana.org)
- **NursesBooks.org:** [anp@ana.org](mailto:anp@ana.org)
- **Ethics Issues:** [ethics@ana.org](mailto:ethics@ana.org)
- **Lobbying – Federal and State:** [gova@ana.org](mailto:gova@ana.org)
- **Meetings and Conferences:** [meetings@ana.org](mailto:meetings@ana.org)

Look up your state nurses association's contact information by going to [NursingWorld.org](http://NursingWorld.org)

**Professional Development and Networking Resources Online:**

- **ANA Career Center:** [NursesCareerCenter.org](http://NursesCareerCenter.org)
- **ANA Leadership Institute:** [ANA-LeadershipInstitute.org](http://ANA-LeadershipInstitute.org)
- **ANCC Certifications:** [NurseCredentialing.org](http://NurseCredentialing.org)
- **Book Discounts:** [NursesBooks.org](http://NursesBooks.org)
- **Online Continuing Education:** [ANANurseCE.org](http://ANANurseCE.org)
- **Navigate Nursing:** [NavigateNursing.org](http://NavigateNursing.org)

**American Nurses Credentialing Center:**

1-800-284-CERT (2378)

**Reference:**

1 Ralph Waldo Emerson Inspirational Quotes (2014). Retrieved from [https://www.goodreads.com/author/quotes/12080\\_Ralph\\_Waldo\\_Emerson](https://www.goodreads.com/author/quotes/12080_Ralph_Waldo_Emerson).

# Save the Date!

The Utah Nurses Association Annual Conference and Annual Advocacy Preparation Conference will be September 27th & 28th, 2018. Legislators, in addition to healthcare policy experts attend to speak, teach and advise regarding healthcare issues of vital concern to nurses in Utah and across the nation. This is your opportunity to be *inspired*, to learn about *innovations* in nursing and make your mark on your world with your *influence*.

# FROM THE EDITOR

**Claire L. Schupbach, BSN, RN, CPC, CHP**

*Innovation, Inspiration and Influence* is all around us each day, if we pause to observe. The ANA's theme this year for Nurses' Week aligns beautifully where Utah nurses have been and are going. We have a beautiful, timely three-generation, nursing story that demonstrates all three aspects of the theme. In continued alignment with a UNA focus this year to include and promote para-professional and co-professional colleagues, we celebrate our Utah AORN and Utah SANE nurse colleagues and professions. Thank you to the leadership in both those organizations for reaching out to the UNA for this collaboration. We are strongest when we collaborate and support each other.

A thank you and a surprise to all our colleagues, para-professionals, as well as colleagues, that have contributed to this publication. *The Utah Nurse* has been nominated for inclusion in EBSCOhost databases for research and availability for nationwide users within science and allied health. We will have an update in the next edition with additional details. It is a lot of work to compose articles of the quality we have received from

many of you. The attention to detail and communication has been noticed and appreciated. **Thank you!**

Please take time to read the GRC committee report. Hundreds of hours were volunteered by our GRC committee members, as well as our President and a multitude of colleagues, that agree to serve by reading and commenting on bills/legislation. We appreciate the tremendous collaboration and respect for the UNA and nurses, from the many legislators that work, listen and collaborate with us. Many work with us all year long. **Thank you!**

It is clearer, as we focus on collaboration this year that none of us are successful alone. That collaboration and support promotes innovation as we work with others with different perspectives and experience. We inspire each other and in the end, exert tremendous influences on our worlds.



Claire L. Schupbach

# PRESIDENT'S MESSAGE

**Aimee McLean, BSN, RN, CCHP**

We have had many changes here at the UNA over the past quarter. Our board is working tirelessly to build a foundation that will allow us to grow and change with our ever changing world. We strive to be organized and efficient but also to be innovative and progressive while still preserving our past. There were some changes in the legislature this session that we supported fully and were successful, and there were some we opposed and were unsuccessful. As can be expected, we found working with other like-minded groups such as the Utah Nursing Consortium and being a part of the Utah Falls Prevention Alliance very successful.

We were unsuccessful at stopping changes to the ex-officio member of the Utah State Board of Nursing, but we quickly re-assessed and as an organization have decided the change means we will be monitoring the board even more closely than previously. We all, as nurses, take for granted our practice act. Many of us learned about the practice act in school and have not really looked at it since. Some of us who moved from different states reviewed it when applying for a new license, but in general, we assume that it has stayed the same, and rely on our employer to tell us if there are any changes we need to know about.

Our practice act protects what we can (and can not) do under our licensure. We need to be vigilant about

monitoring it and protecting our practice of nursing. Changes are made more often than you think. At UNA we let our members know when there is a proposed change as soon as we know about it. Unfortunately we would most often not know in time to let every nurse in the state know before a change was made. This is why I encourage each and every one of you to join your professional association. As a member you will know what we know as fast as we can get the information to you. As a member you can help us stop changes that are bad for our practice and support changes that are good for nursing. The more members in our association, the more powerful we are at the legislature. This year we had a great turn out for Nurses Day at the Legislature, we hope to be even bigger next year! Please join us, and strengthen our organization, and I promise I will work hard to bring you more personal benefits as a member.

I sincerely hope everyone has an amazing summer here in beautiful Utah!



Aimee McLean

**We Hire New Graduates!**



The Utah State Hospital, a cutting-edge 325 bed psychiatric inpatient treatment facility on a 300-acre campus in Provo, Utah located at the base of the Wasatch Mountains, is seeking **Registered Nurses, Licensed Practical Nurses, and Psychiatric Technicians**. Flexible schedules are available, with excellent benefits including medical, dental, life insurance, retirement, paid leave, etc. **A sign on bonus is being offered to full time Registered Nurses and Licensed Practical Nurses, \$4,000 to full time RN's.** Apply online at <https://statejobs.utah.gov>. Hover over **Job Search** and click on **Job Listings**. Under locations, select Provo, and then click **Apply Search**. You will then see the links to the job applications, click on the one you are interested in. If you have any questions contact Human Resource Office at **801-344-4271**.

NAVAJO HEALTH FOUNDATION SAGE MEMORIAL HOSPITAL

**Nursing Opportunities Available**

- Emergency Room Nurse
- Medical / Telemetry Unit Nurse
- Outpatient Clinic Nurse
- RN Case Manager

Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona

For more information contact: Ernasha McIntosh, RN, BSN, DON, 928-755-4501, [ernasha.mcintosh@sagememorial.com](mailto:ernasha.mcintosh@sagememorial.com).

Applications available at <http://sagememorial.com/careers/>

Submit applications to the Human Resources Department, Fax#: 928-755-4659, [hr@sagememorial.com](mailto:hr@sagememorial.com)

# The consensus model: What current and future NPs need to know

## Acute care vs. chronic care is the key.

By **Caroline Lloyd Doherty, AGACNP-BC;**  
**Patricia Pawlow, ACNP-BC; and**  
**Deborah Becker, PhD, ACNP-BC, CHSE, FAAN**

In this article, we'll focus on the effect the Consensus Model has on working NPs and prospective students.

As a current or future advanced practice nurse (APRN), you must understand the Consensus Model and its career implications to practice. The model was developed in 2008 by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. It was endorsed by more than 40 nursing organizations, including the American Association of Colleges of Nursing, National Organization of Nurse Practitioner Faculties, American Association of Nurse Anesthetists, American College of Nurse-Midwives, and the American Association of Nurse Practitioners.

The Consensus Model addresses inconsistent standards in APRN education ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) regulation, and practice, which limited APRN mobility from one state to another. Through standardization of licensure, accreditation, certification, and education ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) the Consensus Model aims to improve access to APRN care. The model focuses on the four APRN roles: certified RN anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and nurse practitioner (NP). It further specifies six population foci for APRN practice. (See *What's in the APRN Consensus Model?*) Licensure and scope of practice are defined at the level of role and population foci, with the adult gerontology and

pediatric NP roles delineated as acute care and primary care based on competencies obtained through formal education ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)).

### Consensus Model implications and challenges

Until the early 1990s, NP education programs focused only on primary care. As NPs began to work with acutely ill patients in areas such as surgery, acute care NP programs were developed. However, these programs were scarce, compelling nurses with an interest in acute care to enroll in primary care programs. With the adoption of the Consensus Model, NPs with primary care preparation must return for formal acute care education and obtain certification as a condition of state licensure and maintenance of ongoing employment in their acute care role. This requirement aligns their scope of practice with the patients, diseases, and treatments they manage. However, confusion remains among some nurses, employers, and educators.

Some prospective NP students report being counseled to make themselves more marketable by combining acute care nursing experience with family NP education. This strategy doesn't take into consideration the regulations that define and expand scope of practice by formal education only. NPs with primary care across-the-lifespan education aren't prepared to care for acutely ill patients.

The model also affects NPs who work in specialties such as endocrinology or palliative care, where they manage patients with both chronic and acute care needs. Remember, educational requirements are determined by patient acuity, not the healthcare setting. However, interpretation of the model in these situations is inconsistent and may have job implications. One solution is dual certification.

Employers also struggle with interpretation of the Consensus Model, mistakenly hiring NPs prepared in primary care for hospitalist or other acute care positions. However, the only way for NPs to be properly prepared to manage acutely ill patients is to obtain formal education through completion of a dual master's (primary and acute care-focused) or post-master's program. Continuing education, fellowships, and on-the-job training aren't sufficient.

Some hospital systems require NPs to return to school ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) to obtain a post-master's degree ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) to meet Consensus Model requirements and as a condition of maintaining employment. The implications for NPs include time and expense; many post-master's programs require up to seven courses and over 600 clinical hours. To facilitate the process for experienced NPs committed to aligning their practice with the Consensus Model, some universities ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) have developed condensed programs. However, to ensure access and to support working NPs, schools ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) must develop additional streamlined programs.

Some of these challenges may be why the Consensus Model, which had an implementation goal of 2015, has not yet been adopted by all U.S. states and territories. However, because many states, employers, and hospital systems have adopted the model, prospective APRNs must carefully choose a graduate program.

### Choosing a program

To reduce the number of future NPs experiencing issues with their education and certification aligning with their scope of practice, we've developed an algorithm that illustrates a recommended process for choosing an APRN program. (See *Making choices*.) The first decision in the algorithm lets you determine the patient age range you'd like to manage. Next, you choose whether you want to be a CRNA, CNM, CNS, or NP. If you choose the NP route, you then decide whether you want to focus on acute care or chronic and preventive care.

### Setting the standard

The Consensus Model has succeeded in setting standards for APRN preparation and practice. However, current challenges require communication among educators, employers, certifying bodies, and state boards of nursing about the model's implementation to ensure its goal of increasing access to APRN practice is achieved.

### The authors teach at the University

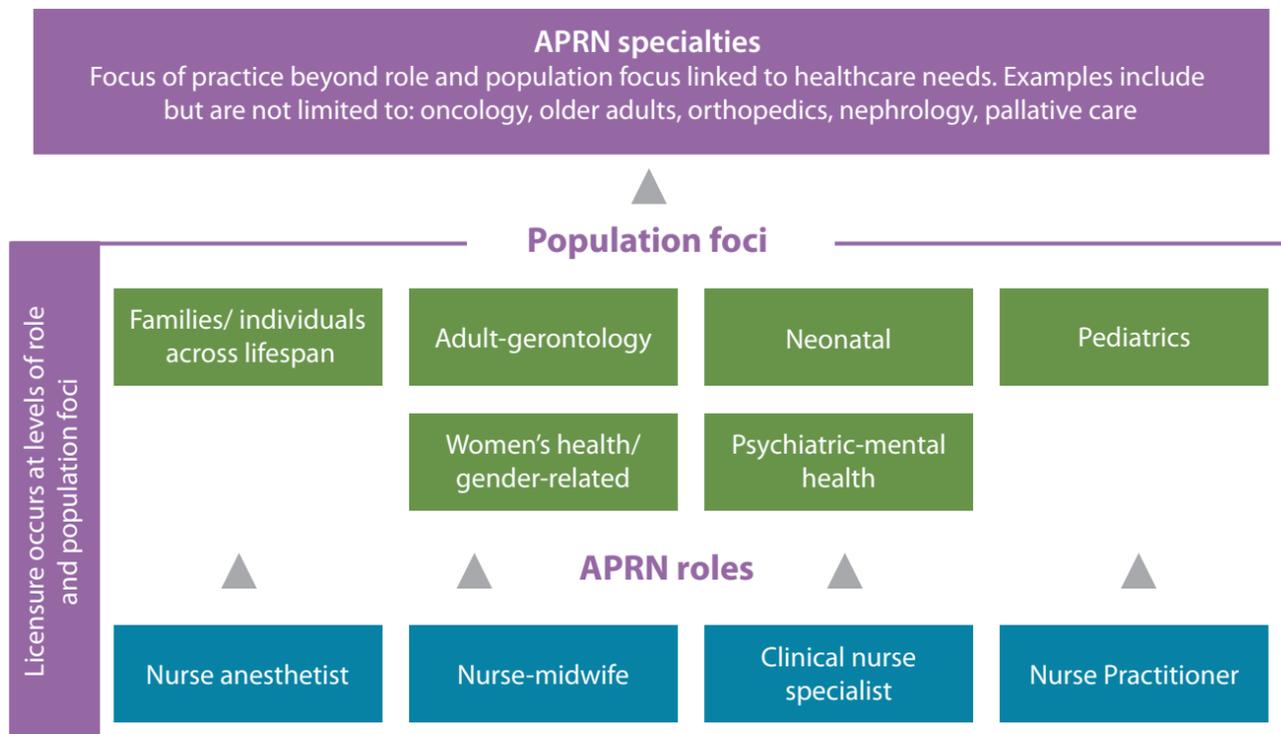
([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) of Pennsylvania School ([https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn\\_bsn\\_mr3/ANT1](https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1)) of Nursing in Philadelphia. Caroline Lloyd Doherty is teaching faculty for the adult gerontology acute care nurse practitioner program (AGACNP). Patricia Pawlow is the associate program director, and Deborah Becker is director of the AGACNP and adult gerontology clinical nurse specialist programs.

### Selected references

- APRN Consensus Work Group, National Council of State Boards of Nursing APRN Advisory Committee. *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* ([https://www.americannursetoday.com/goto/https://ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation.pdf](https://www.americannursetoday.com/goto/https://ncsbn.org/Consensus_Model_for_APRN_Regulation.pdf)) July 7, 2008.
- National Organization of Nurse Practitioner Faculties. *APRN Consensus Model: Frequently Asked Questions* ([https://www.americannursetoday.com/goto/http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/consensus\\_model\\_faqs](https://www.americannursetoday.com/goto/http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/consensus_model_faqs)) August 19, 2010. August 19, 2010.
- National Organization of Nurse Practitioner Faculties. *Statement on Acute Care and Primary Care Certified Nurse Practitioner Practice 2012* ([https://www.americannursetoday.com/goto/http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/consensus\\_model/acpcstatement](https://www.americannursetoday.com/goto/http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/consensus_model/acpcstatement)) June 2012.
- Stanley JM. Impact of new regulatory standards on advanced practice registered nursing: The APRN Consensus Model and LACE. *Nurs Clin North Am.* 2012;47(2):241-50.

## What's in the APRN Consensus Model?

The Consensus Model standardizes licensure, accreditation, certification, and education and defines advanced practice RN (APRN) roles based on population foci. You can learn more about the model by reviewing the frequently asked questions page developed by the National Organization of Nurse Practitioner Faculties ([goo.gl/dupTdd](http://goo.gl/dupTdd))



APRN Consensus Work Group, National Council of State Boards of Nursing APRN Advisory Committee. *The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. July 7, 2008. [ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)

**STRONG & HANNI**  
LAW FIRM

Usually, a healthcare provider's license is their most important asset. Disciplinary and malpractice action taken against that license not only becomes public information, but can have a devastating impact on one's ability to practice. Catherine Larson has over 20 years of experience defending providers in these matters. Her expertise can help guide you through this challenging process.

[www.strongandhanni.com](http://www.strongandhanni.com)  
[clarson@strongandhanni.com](mailto:clarson@strongandhanni.com) • 801.532.7080

102 South 200 East, Suite 800, Salt Lake City, UT 84111  
9350 South 150 East, Suite 820, Sandy, UT 84070

**PROJECT REALITY**  
Substance Abuse Treatment and prevention services

■ **Now interviewing**  
LPN's and RN's for part-time and PRN positions at our SLC, Murray, Provo, and Price, Utah outpatient locations.

■ **Hours:** 5:30 A.M. to 8:45 A.M. with some variation.

■ **Wage:** range \$19-\$21/hr.

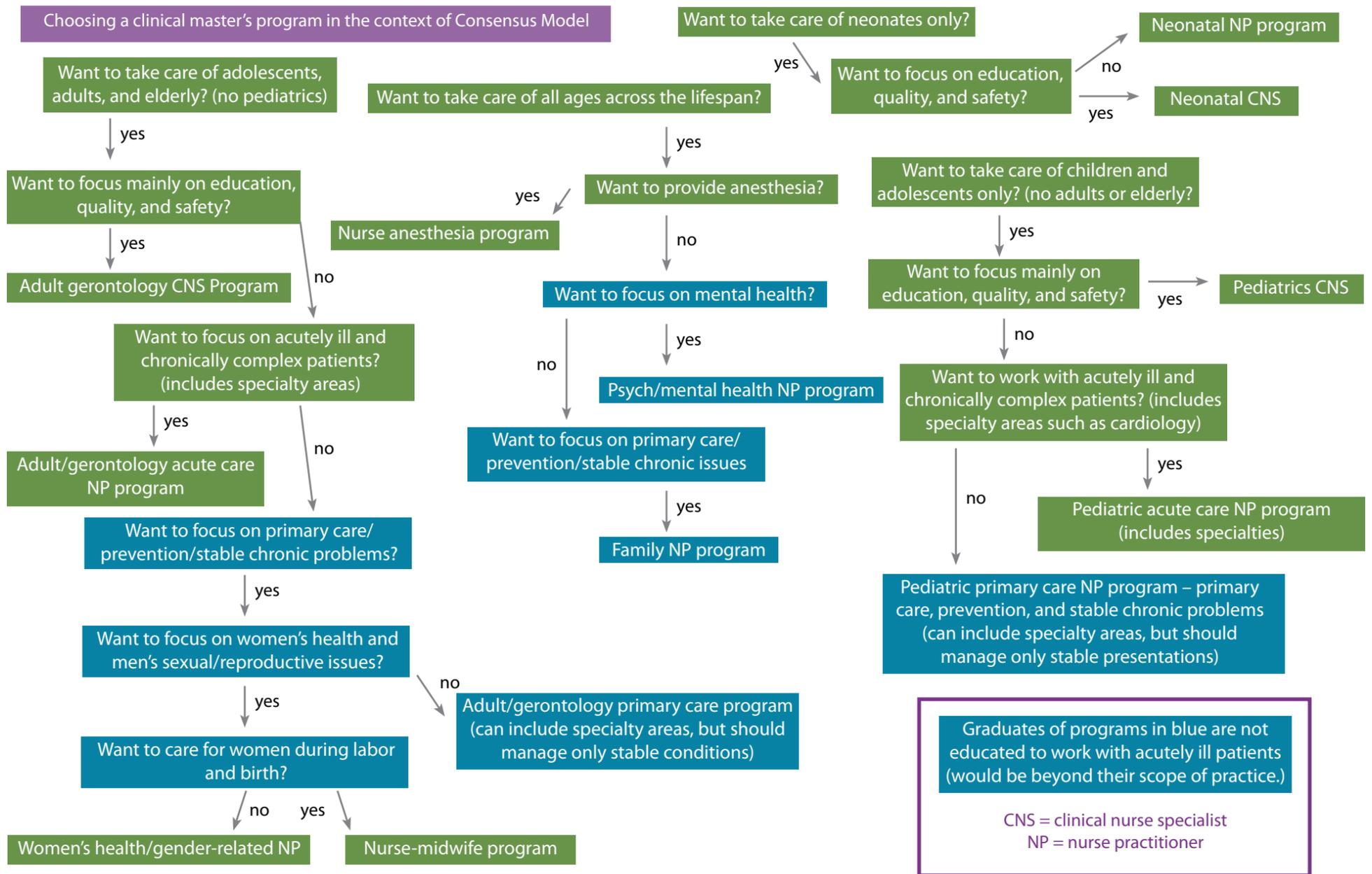
■ **Send resume to:** LMOORE@Projectreality.net.

**New graduates welcome!**

[Projectreality.net](http://Projectreality.net)

Making choices

Use this algorithm to align your nurse practitioner education with your chosen patient focus.



## Nurses on Boards: UTAH Exceeds National Leadership Goal by 107 Nurses!

Gayle Sturgis, MBA, BSN, RN, CCRN-K

In November 2014, 21 national organizations came together to announce a new, nationwide effort to get 10,000 nurses onto boards of directors by 2020. Members of the "Nurses on Boards Coalition" include AARP, the Robert Wood Johnson Foundation, and 19 national nursing organizations, including ANA, AONE and AACN. These coalition members recognize nurses are historically underrepresented on hospital and other boards, where major health care decisions affecting consumers and their families are made daily. It is estimated only 6% of hospitals have nurses on boards. This new effort seeks to ensure that nurses—and their frontline perspectives—have a seat at these decision-making tables. As of February 28, 2018, 4,076 nurses have registered on the national action coalition website.

**Utah has a national goal of 67 nurses on boards. As of January 23, 2018, 98 nurses are registered on the national website to represent board participation for Utah.** Additionally, 51 nurses have registered as currently serving on a board, and seeking an additional opportunity to serve. Nurses not currently serving on a board but pursuing an opportunity to serve number at 25.

Utah Nurse Leadership Registry is a LinkedIn group designed to allow nurses to communicate potential board opportunities in the state of Utah. Please take a moment and join your nursing leader colleagues at the LinkedIn group at: <https://www.linkedin.com/groups/8212751>

How will the nurses on boards coalition know that you are part of the wave of nurses representing expertise on boards? You must register your information. Web site: <https://www.nursesonboardscoalition.org/> Please take a moment and register your information on this website and help get 10,000 nurses on boards by 2020. If you have previously registered, there is a new phase II link with the national office. The information generated will help the local and national offices help nurses interested in finding board positions and help us identify those already serving on boards. Please register again and allow us to see your information by "opting in."

The Nurses on Board national website offers resources and education. <https://www.nursesonboardscoalition.org/resources/for-organizations/> Use this link to register your interest in serving on a board if you are not already participating on a board.

**First:** register on the Utah Nurse Leadership Registry

**Second:** register your current board participation

**Third:** register your interest in serving on a board

There will be future training opportunities for nurses interested in board service. Please take the time to register...this is important and your participation matters.

## UNA Board of Directors' Collaborates with the Utah Board of Nursing

Diane Forster-Burke, MS, RN

Kathleen Kaufman, MSN, RN and Diane Forster-Burke, MS, RN are collaborating with Cescilee Rall, BSc, RN and Steven Higginson, RN of the State Board of Nursing on two issues pertinent to Utah and all nurses.

We have worked on new language in Nursing's Related Rules regarding delegation to an aide. This was initiated by Health Facility Licensing Rules that would permit an unlicensed personal aide to administer medications in the home setting. The proposed Nursing Rules language states that it is the RN providing care who will determine whether an act or task can be delegated. The professional nurse will determine if, in this situation and with this patient, this is a safe delegation. We wanted to be guaranteed that an administrator in the main office would not be the one to demand delegation based on economic reasons. There will also be language ensuring the nurse has assessed the competence of the aide in completing this task. The Board of Nursing has approved these changes to Rules and it will be going to Public Hearing and Comment (we hope) sometime this spring. To be aware of any language changes for the Nurse Practice Act or Rules, these are listed on DOPL's website <http://dopl.utah.gov/licensing/nursing.html> and also on the Administrative Services website <https://das.utah.gov/statutes-and-rules/>

The 2nd issue was brought to us by the ANA and is a national issue. There is a movement from the National Association of Veterinary Technicians in America (NAVTA) to adopt the title of "Registered Veterinary Nurse" for those techs providing care for animals under the delegation of a Veterinarian. Several states are adopting language to clearly protect the title of "nurse" as someone providing care, using our specialized knowledge, judgement, and skills, to humans. We are looking at the definition of nursing and nurse in the Nurse Practice Act. We believe that nursing care is provided for humans, not animals. *Are other nurses concerned about this issue?* Please respond to the UNA office at [office@utnurse.org](mailto:office@utnurse.org).

**IMPACT YOUR CAREER AND YOUR PATIENTS' LIVES**

[joinANA.org](http://joinANA.org) **ONLY \$15 PER MONTH**

# The Value of a Healthy Nurse Workforce

Sharon K. Dingman, DNP, MS, RN

As nurses, we have the privilege and opportunity to provide safe and competent patient care with caring, compassion, and presence in each patient care experience. Health systems have an obligation to manage health and wellness of a patient population rather than episodic care. Nurses play pivotal roles in contributing to the coordination of care along the entire continuum of wellness for patients. Patients are no longer passive participants in their care. The nurse is a key leader in assisting the patient's active role in their own care. In the spirit of reflective practice *how do we care for ourselves, how does the work environment impact our sense of well-being, and how do we contribute to a healthy workforce and ultimately safe patient care?*

## Care of Ourselves

Much is said about the role of the nurse as being empathetic and able to understand the patient's situation by genuinely putting themselves in the patient's experiences. We are privileged to ask questions of the patients and share their thoughts, concerns to better understand and show genuine interest. Empathy is a vital ingredient for effective team work, collaboration and delivery of safe care (Clark, 2018). Empathy is cultivated in the patient encounter through empathy and self-reflection of a healthy nurse.

What is a healthy nurse? Is your job a risk to your health? In a recent article in the February 2018 issue of *American Nurse*, the question is framed around the following statement: "Ranked by the public as the most trusted professionals and numbering 3.6 million nationwide, RNs have the power to effect behavior change as a role model of practicing healthy life styles while improving their own health." Healthy practices including diet, sleep and physical activity impact daily health and "the healthy nursing workforce functions as a team working together, supporting the health of the patients and each other" (Priano, 2018). Unhealthy lifestyles including diet, physical activity, sleep, smoking, or alcohol may not be conducive to good health. How do you care for yourself as a nurse?

## Impact of Work Environment on Sense of Well-being

Fundamental to our nursing practice is the guidance we may obtain through personal reflection on our own nursing practice. Making sense of the work of nursing is the process of reviewing care delivery situations and our actions within our work environment. Some nurses become disillusioned about their nursing abilities, their sense of value or contribution, and over time may lose appreciation for their role as a nurse. Most often in this process the greatest learning comes from examination of our own experiences and self-reflection. Keeping a journal is one way to broaden this experience and learn first-hand who you are as a nurse. Self-reflective journaling provides an opportunity to evaluate personal performance. Personal reflections may include:

1. Why did I choose the profession of nursing?
2. What am I most proud of in my current work?
3. What have I learned about my nursing practice?
4. What is my future vision for my professional nursing career?

For nurses' healthcare includes multiple environments of shared accountability. A healthy work environment is "safe, empowering, and satisfying" (Priano, 2018). Nurses are the largest work group in healthcare and are the most vulnerable in the work place. Priano (2018) further notes the importance of being treated with dignity and respect; free of risks for injury; having safe equipment; free from bullying/violence (from patients, co-workers, and higher levels of authority; fatigue from 12 hour shifts, overtime, and feeling obligated to work when ill; fewer if any breaks; available wellness services; and working sick and feeling present at work, all impact the work environment. These identified concerns impact a healthy work environment.

## Patient Care Outcomes

Patient and family perception, experience and satisfaction with care is associated with nurse communication and collaboration with other health professionals. This is a component of the value-based incentive reimbursements to health care providers for top satisfaction scores. A healthy workforce environment supports the nursing team work with patients and each other (Priano, 2018). Patient-centered care requires all health care professionals use evidence-based practice as members of interprofessional teams at the point of care delivery. Any individual who provides even one component of the patient-experience impacts the patient/family perceptions of their care. Health work places can reduce stress, patient outcomes, reduce stress, and improve patient outcomes and satisfaction with care. All care givers are leaders.

## Conclusion

Nurses provide an innate sense of humanness and sense of caring. Nurses inform, connect, engage and advance the profession. I have often spent time musing about my role as a nurse spanning 35 plus years of experiences. Sharing memories, stories, and reflecting on experiences are powerful tools to support the spirit of nurses. Some of my "Musings of Caring" and the spirit of caring a nurse provides to patients have come from my own experience as a hospitalized patient many years ago for three and a half weeks. "I can recall my experience as if it were yesterday. I could tell by the voice or the hurried demeanor if the nurse wanted to be in my room. Oh, how important it was for the nurse to introduce themselves, call me by name, touch my arm, tell me what they were going to do for me, and explain the plan of care for the day; and yes, for them to be seated at my bedside for the five minutes including me in my care decisions and ask me what was my number one hope or need for the day. The time spent in this manner can never be underestimated" (Personal reflection). Humanity is expressed holistically to the patient through compassion and caring by the nurse to the patient, especially during the one-on-one interactions at the bedside (Dingman, 2012).

I continue to celebrate the realness of nursing to me as encompassed in the following words: *Authentic – Empathy; Respectful – Caring; Collaborative – Awareness; Calming – Presence; Engaged – Spirit; Informed – Professional; and Quality – Outcomes* (Dingman, 2012).

May we continue to celebrate our nursing roles, our value and our skills and as a most trusted professional... all 3.6 million of us. As part of Nurses Week 2018 let's reflect on our nursing roles and thoughtfully take time to recall our original choices to become a nurse. Thank you for being a nurse!

## References:

Clark, Cynthia (2018). In pursuit of empathy. Retrieved from <https://www.reflectionsonnursingleadership.org/features/more-features/in-pursuit-of-empathy>  
 Clark, C. (2014). Building civility capacity in nursing, removing incivility from nursing practice requires improving communication skills at all levels. Retrieved from: <http://nursing.advanceweb.com/Editorial/Content/PrintFriendly.aspx?CC=272111>  
 Dingman, S. K. (2012). Nurse caring enhancements of The Caring Model™. Unpublished Doctor of Nursing Practice Project, Department of Nursing, Texas Christian University.  
 Priano, S. M. (2018) Healthy Nurse: Is your job a risk to your health? *American Nurse, Official Journal of ANA, Volume 13, Number 2* (February 2018).

**LIVE THE DREAM**




**WORK WHERE YOU PLAY!**




**JOIN OUR TEAM!**

**Acute Care Nurse Manager Clinic LPN**

- **NO CALL OFFS!**
- Commitment to Ongoing Education
- Newer facility
- Collaborative team
- Vibrant community

**Genna Delnicki**  
 HR Generalist  
[gennad@mrhmoab.org](mailto:gennad@mrhmoab.org)  
 (435) 719-3618



*We create moments and experiences that heal individuals and families by putting **health, comfort and well-being** first.*

**CNS**  
CNS Cares

**CELEBRATING 90 YEARS**

Community Nursing Services provides complete Home Health and Hospice services.

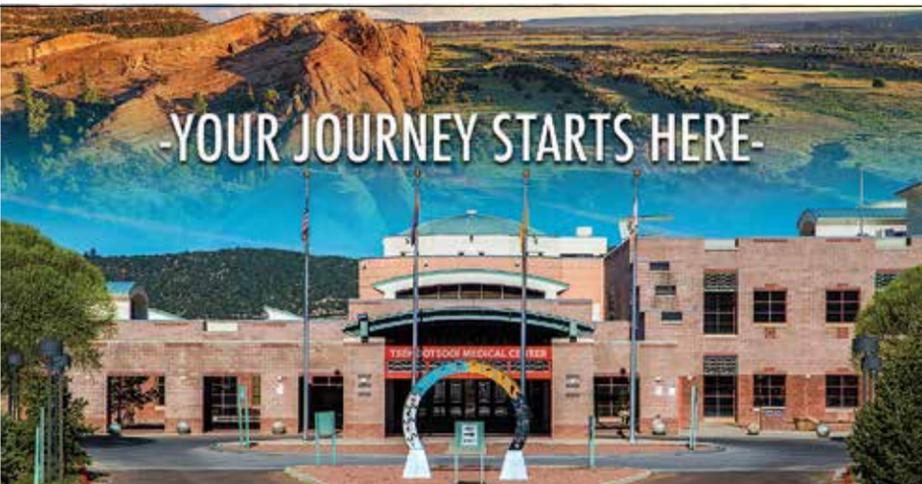
CNS has been providing expert home care services for 90 years.

[www.cns-cares.org](http://www.cns-cares.org)

**RNs • LPNs • CNAs**

Salt Lake City • Orem • Tooele • Price • St. George • Moab  
 Layton • Brigham • Logan

**YOUR JOURNEY STARTS HERE.**



**TSÉHOOTSOOI** **NAHATA'DZIIIL**  
 Medical Center Health Center

**APPLY NOW!**

- NURSE EXECUTIVES  
 - CARE COORDINATORS  
 - CLINICAL NURSES

Relocation bonuses available | Excellent benefits  
 IHS or NHSC loan repayment program eligible

**WE'RE LOCATED HERE!**



**WEBSITE:** [www.fdihb.org](http://www.fdihb.org)  
**CONTACT:** Michelle Beasley, BSN, RN  
 Director of Nursing Recruitment  
 Email: [michelle.beasley@fdihb.org](mailto:michelle.beasley@fdihb.org)  
 Phone: 928-729-8394

# 2018 National Sample Survey of Registered Nurses

## HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, we need your help.

Please support and encourage participation in the 2018 National Sample Survey of Registered Nurses (NSSRN). This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

### The Purpose of the Study

The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

### Data Collection

The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

### The Survey Contractor

HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

### Did you Know?

Did you know...employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

### The Survey Results

We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at <http://bhw.hrsa.gov/healthworkforce>.

### Endorsements

The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Nurse Anesthetists
- American Nurses Association
- American Organization of Nurse Executives
- National Association of Hispanic Nurses
- National Black Nurses Association, Inc.
- National Council of State Boards of Nursing
- National League for Nursing
- National Organization of Nurse Practitioner Faculties



# The Nurse Practice Act & Rules FAQ's

Diane Forster-Burke, MS, RN,

## What is the difference between the Nurse Practice Act and the Rules?

The Nurse Practice Act (NPA) is our law describing who can be called a nurse and how a nurse is defined in Utah. The NPA also defines the various types of licensed nurses, including LPNs, RNs, APRNs, CNMs, and CRNAs and describes the qualifications required to license for those roles. It can only be changed through the legislative process (during the Legislative Session). The NPA was last changed in May 2017.

The Rules give further definition to the language in the NPA. The Rules are developed by the Board of Nursing and DOPL, often with the input of the Utah Nurses Association. Rules can be changed through a process of publicizing the changed language, holding a hearing and allowing for a period of public comment. This can occur throughout the year. <http://dopl.utah.gov/laws/R156-31b.pdf>. The Rules were last changed in January 2018. For example, a nurse assisting someone to be hired as a nurse who is not licensed as a nurse, is defined as "unlawful conduct" according to the NPA. The Rules explain how much the fine would be for first and second offenses.

Our NPA has developed over the last century to address issues involving nursing i.e. pre-licensure education, and delegation to aides or techs, as well as medication aides. We must carefully protect our NPA from legislators who would change it without our knowledge or consent as nurses. An example of this is some of the laws that mandate certain medications be given in the school setting. These changes are often done by a legislator who is listening to a complaining parent that his/her child cannot participate in a school activity because he/she requires that medication be given in the school. For example, two years ago a legislator (in the waning hours of the session) added language stating any emergency seizure rescue medication would be given in the school by any route except IV or IM.

## What does the Nurse Practice Act do?

There are several sections to the NPA, beginning with definitions, the Board of Nursing, educational preparation to practice, unlawful vs unprofessional conduct, and ends with Practice Standards. <https://le.utah.gov/xcode/Title58/Chapter31b/58-31b.html>

## Does the NPA tell me how to practice nursing?

The NPA does not tell a nurse how to practice nursing, as this is more importantly covered in your nursing education and in the policies/protocols in your employment setting. It will (in combination with Rules) discuss delegation of an act or task to another person who is not licensed.

## Why do I need to read the NPA or Rules?

Any licensed nurse needs to understand the provisions of the NPA and Rules and most especially where to find information. You are accountable to follow both the NPA and Rules in your practice as a nurse. Your employer will hold you accountable to follow employment specific policies and protocols. Policies generally describe how you function as an employee in that setting, and protocols describe how you do a procedure at your work setting.

## Neither the NPA nor Rules covers what I am being asked to do in my work setting. Why are there no lists of do's and don'ts in the NPA or Rules?

There is no list of things to do or not do, except not to be unlawful or unprofessional in your conduct. Our jobs vary greatly across settings, so creating a list of do's and don'ts is not feasible. To examine the responsibilities of your work, you need to refer to Policies and Protocols (sometimes called Procedures). In general, staying within the bounds of the NPA requires you not perform acts reserved to other licensed professionals. For instance, APRNs have prescriptive privilege while RNs do not. An RN would be outside his/her scope of practice if he/she engaged in prescribing.

## What do I do if the Rules or NPA conflict with my employment policies?

This would put your ability to legally function in that setting at risk. Speak to your nurse manager and offer to work in a group to better define your workplace policies in light of the NPA and Rules. You do not, and your employer would not, want you to do something illegal. In the end, each licensed nurse is responsible to pursue his/her nursing practice in a way that complies with legal requirements in Utah.

## Who do I contact if I have questions concerning either NPA or Rules?

You can contact any member of the State Board of Nursing, the Bureau Manager at DOPL, or contact the Utah Nurses' Association. <http://www.utnurse.org/>

## Does the NPA cover medical assistants and techs?

No. The NPA and Rules address nurses, and neither M.A.s nor techs are nurses. It does address delegation to an unlicensed person.

## Do I have to commit these to memory?

No, but if you know where to find the information, it will help you as a reference.

JOIN
AND

Utah Nurses Association and ANA are empowering nurses with resources, programs and standards that help you advance your career and your profession.

**ANA NURSING KNOWLEDGE CENTER**

- Hundreds of discounted online independent study modules for every career need.
- Earn contact hours at significant savings.
- Independent Study Modules formats include articles, audio, multimedia, slides and video.

**NAVIGATE NURSING WEBINARS**

- Attend monthly Navigate Nursing webinars for FREE!
- Option to earn contact hours with most webinars
- Archives of past webinars available on [NursingWorld.org](http://NursingWorld.org)

**ANCC CERTIFICATION DISCOUNTS**

- Save \$125 on ANCC initial certification and up to \$150 on ANCC certification renewal

**CAREER CENTER**

- Both ANA and Utah Nurses Association have a career center that can help you find your dream job.

Support ANA and state Advocacy efforts, which help protect your job, your safety and your rights as a nurse. The voice of nursing grows stronger when Utah Nurses Association and ANA together speak out on today's crucial issues.

**New Lower Dues – only \$15/month or \$174/year!**

Joint members in Utah Nurses Association and the American Nurses Association (ANA) is now just \$15 a month – less than the price of a specialty coffee per week!

You owe it to yourself and to your career to join the largest and most inclusive group of registered nurses in your state and country.

Join today at [www.utnurse.org/](http://www.utnurse.org/)

Now is the perfect time for you to join ANA and Utah Nurses Association [www.utnurse.org](http://www.utnurse.org)

Valley Behavioral Health is the largest behavioral health company in Utah serving clients in 5 counties. We are actively hiring for the following positions to work in outpatient settings and residential units:

- Advance Practice Nurses
- Family Nurse Practitioners
- Psychiatric Mental Health Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses

For more information visit:  
[ValleyCares.com/careers](http://ValleyCares.com/careers)



# The Shoulders We Stand On

**Claire L Schupbach, BSN, RN, CPC, CHP**

As we celebrate Nurses' week we are continuing to look back and honor our colleagues who came before us here in Utah. Ordinary people, who worked tirelessly to care for their patients and move the nursing profession forward in our state and the nation. They cared for their patients, raised families, went to school and worked in their communities. We are gifted with sight, inspiration, foundation, wisdom and encouragement when we pause to look back.

A special honor for the UNA (Utah Nurses Association) is a reflection of Laura Poe's, MSN, RN career and life's work, which included tenure as an Executive Director.

We are gifted for our *In Memoriam* column, with a 'three generation reflection' in honor and celebration of the life's work of an aunt, niece and great-niece, impacting the nursing profession state-wide and nationally.

As nurses we truly do *Inspire, Innovate and Influence*.

## Laura Poe, MSN, RN

**Mary Williams, PhD**

Laura Poe was considered a visionary leader and is recognized among the great nursing leaders of the state of Utah and the nation. Her nursing career spanned nearly 30 years. She was known as a caring nurse, an insightful well-informed state regulator, and a teacher/mentor to many. She was masterful in bringing diverse bodies together to ensure that regulation of nursing practice protected the public and allowed nurses to practice to their full scope. She will be remembered as an unwavering advocate for patients and families.

She received the L. Louise Mannis Award which is the highest award given by the National Council of State Boards of Nursing for her leadership in regulation of practice and service. She served for several years on the National Council's Board of Directors. Through her able leadership, the State of Utah was the first state to pass the RN and APRN interstate compacts. She was influential in the Utah State Board of Nursing receiving the Board Recognition Award from the National Council of State

Boards of Nursing. *The Utah Nurses Association was gifted by her tenure as the Executive Director, as well.*

She did much to expand the scope of practice for advanced practice registered nurses in the State of Utah by having prescriptive authority recognized as an integral part of all APRN's practice. Utah was one of the first states to use the APRN term, which is a term now nationally recognized. During her years as Bureau Manager over the State Board of Nursing, she facilitated one of the most progressive Nurse Practice Acts in the nation, which became an exemplar for other states.

In life, she was a respected and appreciated loyal friend. Her keen intellect and sense of humor allowed her to maneuver through difficult situations. She represented all that is good in nursing. She was an individual of courage, vision, integrity, and knew how to work with others to accomplish great things. Her influence and leadership will forever be remembered and missed. She passed away April 17, 2012 from brain cancer. We are grateful for her life and the difference she made to the profession of nursing and to so many of us as a mentor and friend.



## Get credit for your education efforts!

- A** • You identified a need.
- B** • You're planning education for it.
- C** • Apply for CE contact hours.

*There are as many aspects to nursing practice as there are settings and types of nursing practice. The "needs" that are identified for professional development and practice enhancement will be as varied.*

**Don't assume you can't offer CE – Utah Nurses Association can help.**

- Contact [education@westernmsd.org](mailto:education@westernmsd.org) with questions.
- Visit [www.utnurse.org/Education](http://www.utnurse.org/Education) to view FAQs and application information.

## Three Generations of Innovation, Inspiration & Influence

**As told to Claire L. Schupbach by Karen O'Driscoll & Amanda Lawrence**

In honor of the year of Innovation, Inspiration and Influence and in addition, Mother's Day, National Nurses' week and our 2018 focus on those who have gone before us, we have been graciously invited to reminisce with Karen and Amanda. (Niece and grand-niece of "Sunny")

We are celebrating the life and gifts of service of Lillian Lowham Sundquist, (Sunny) who trained the *first nine Utah paramedic firefighters*.

Inspired by Aunt Lil in her teens, Karen O'Driscoll, RN, CEN, OCN followed in her aunt's footsteps. Her 41-year career has taken her from home health, to emergency care, to oncology care. A certified emergency nurse, in addition to a certified oncology nurse, Karen's dream job would be to help patients navigate the decision making for cancer treatments.

Inspired by her mom and aunt, Amanda Lawrence, BSN, RN, CCRN, CFRN knew as early as 8 or 9 she wanted to be in the medical field. She started volunteering at Holy Cross Hospital in the ED in her teens. Especially poignant was her pinning at St Mark's Cathedral, the same cathedral that her Aunt Lil also had her pinning ceremony. The event was captured in the photo that accompanies this article. Amanda currently works as a flight nurse for AirMed at the University of Utah.

This story speaks to all nurses, reminding us that we are influencing and inspiring those in our world every day. The new initiatives in which we are prominent leaders are innovations that will impact the health and well-being of our world for generations to come. Lillian was at the core of the inception and training of the paramedic program. At that time, it was certainly an innovation and she used her influence to inspire change. Years later, her niece Karen became a certified emergency room nurse. One of her continuing education tasks included a ride-along with local paramedics, which occurred while she was expecting Amanda.

As the story unfolds, Amanda first wanted to be a fire-fighter and made it to the hiring schedule for the SLC fire department before she changed course and went into nursing. Her nursing path took her through the ED, Surgical ICU, Cardiovascular ICU and Burn ICU on the way to becoming a flight nurse.

The best parts of the story are not the list of accomplishments but the passion and heartfelt commitment. Karen's hero is Florence Nightingale.



**Karen O'Driscoll, Lillian Lowham Sundquist (Sunny), and Amanda Lawrence**

She "...wants to be the kind of nurse that Florence would want on her team." She has added the accomplishment of Reiki Master to complement her nursing practice with cancer patients. As a reminder to last year's ANA's theme of *Healthy Nurse Healthy Nation* she makes the time for CrossFit to balance her life. Amanda's heart is honored to "...provide someone the help and comfort they need and get them to where they need to be." She further expresses and confirms what we in the medical profession, and the para-professionals we are honored to work alongside, know we are not successful alone. For Amanda and her colleagues, their safety as well as the patient's safety is dependent on a healthy, strong team dynamic. As she stated, "they are my family outside of my family."

Lillian Lowham Sundquist (known as "Sunny") graduated from St Mark's School of Nursing in 1951, the year of the worst polio outbreak in Utah (585 cases). At the time, St Mark's was located on at 803 North 200 West near Warm Springs Park. Not long after graduating, she moved to Orange County, California and was prominent in the inception of the paramedic training program. She instructed firefighters from numerous fire departments for ten years. She was a consummate Emergency Department nurse at UC Irvine, receiving the Distinguished Staff Member Award in 1988 and retired from UCI in 1992. She passed away December 23, 2017.



**Nursing opportunities in hospital and clinic settings, rehab, long term care, home care, hospice and dialysis.**

435.722.4691 | Roosevelt, Utah

To view our openings please visit our web site at [www.ubmc.org](http://www.ubmc.org) | 435.722.6188 | Roosevelt, Utah

# NURSES' DAY AT THE LEGISLATURE

By Donna R. Murphy, MSN, RN, CPN

February 9th was an exciting day for the many students, nurses and legislators who gathered for an educational day on the latest update with bills on Capitol Hill in the 2018 General Session of the Legislature. The day started out with nurse, Alex Wubbels, RN who spoke to the crowd regarding the significance of following hospital policy and advocating for your patients. Senator Todd Weiler from Senate District 23 spoke on his co-sponsored House Bill 43 titled Blood Testing Amendments with chief sponsor Representative Craig Hall from House District 33. This bill was initiated by the situation involving Alex Wubbels, RN who was wrongfully handcuffed by a Salt Lake City Policeman while on duty as a charge nurse at the University of Utah Hospital. The audience was encouraged to keep in mind how vitally important it is for nurses to remain as professional as possible even in the most stressful situations. Her settlement for damages was \$500,000.00.

Utah School Nurses Association, Judi Yoworsky, RN spoke about how school nurses lobbied to keep \$1.2 million as a line item. They were able to maintain the \$1.2 million as a line item and agreed to 2 hours of mandatory mental health education per year. Their plans include asking for an additional million next year in 2019.

Teresa Garrett, DNP, RN, APHN-BC from the Utah Nursing Consortium rallied students and nurses to attend the Higher Education Appropriations Committee Meeting that was taking place in the Senate Building, so they could experience firsthand how a committee meeting plays out.

Several students and nurses were taken to both the Senate and House Galleries and introduced by Senator Karen Mayne and Representative Marie Poulson. It was inspirational for them to see the legislators in action voting on bills which have the potential of becoming law if the governor signs them into law.

Many legislators spoke to our audience from the podium in the Governors Hall, including Senator Gene Davis who spoke on Medicaid Expansion. Representative Brad Daw spoke on his proposed medicinal marijuana bills. Representative Carol Spackman Moss spoke on Clean Air Quality and her bill regarding cell phone use while driving.

Tips were given on why and how to contact your legislators inspiring the audience to get involved in the political process. Encouragement was given for nurses and students to fill out either a blue sheet outside the Senate or a green sheet outside the House of Representatives. The purpose of filling out the blue and green sheet was for the guards to deliver messages asking the legislator to step out of floor time and meet their constituents. The audience was encouraged to consider running for local political offices, city council, state offices and even federal offices.

Please consider joining us next year on Capitol Hill and have your voice heard as you can learn firsthand how the political process unfolds and how you can be part of the change, making a difference!



Senator Todd Weiler, Donna Murphy, MSN, RN, CPN, Alex Wubbels, RN, Diane Forster-Burke, MS, RN



Diane Forster-Burke, MS, RN, Senator Karen Mayne, Donna Murphy, MSN, RN, CPN



Senator Gene Davis, Donna Murphy MSN, RN, CPN



Diane Forster-Burke, MS, RN, Aimee McLean, BSN, RN, Angela York, BSN, RN, Kathleen Kaufman, MS, RN, Heather Lowe, BSN, BS, RN, Donna Murphy, MSN, RN, CNP



Attendees at Nurses' Day



Health Policy Attendees, RyLee Curtis, Kathleen Kaufman, MSN, RN



## Advocacy Corner

### Take Action Quick Tips

#### Why Should I Contact My Legislators & How Do I Get Heard?

Donna R. Murphy MSN, RN, CPN

##### Why

- Our elected officials are in office because their constituents have voted them into that position.
- Legislators are regular people with jobs specific to their interest and education. (They are not experts in every field of legislative issues.)
- As constituents, we have expertise and experiences that can fill this gap.
- We can help them *pull the rabbit out of the hat*, so to speak, so they will have a comprehensive understanding of legislative issues.
- It is our responsibility and civic duty as constituents to support our legislators with education so they can make an informed decision when voting on a bill.

##### How

- Identify yourself as their constituent, include your physical address so they know where you live.
- Be timely as to when the bill is being considered. You don't want to discuss a bill that has already been heard and either passed or died in committee or floor vote.
- Be brief, kind, polite and to the point with the message you are conveying.
- Know both sides of the issue so you will have a good rebuttal if they respond with the opposing viewpoint.
- Thank them for their time and ask for a response to your email.



Ephraim & Richfield Campuses

## NURSING INSTRUCTOR

- Must hold a Bachelor's Degree in Nursing (BSN), preference given to Masters Degree (MSN)
- Have a current license to practice as an RN in the state of Utah
- Must have recent experience in nursing or nursing instruction




For more details and to apply:  
[www.snow.edu/offices/hr/Jobs](http://www.snow.edu/offices/hr/Jobs)

# NURSES ON THE NATIONAL FRONT

## ANA Joins American Academy of Nursing in Call for National Commission on Mass Shootings

The American Nurses Association (ANA) co-signed a letter from the American Academy of Nursing and other organizations urging Congressional leadership to launch a bipartisan National Commission on Mass Shootings. The Academy delivered the letter on Feb. 27 on behalf of the signing organizations.

"The 96 organizations that have cosigned our letter share a commitment to keep children, parents, families, teachers, responders, and administrators safe, said Academy President Karen Cox, PhD, RN, FAAN,

Executive Vice President/COO, Children's Mercy Kansas City. "Enough is enough. We need common sense gun laws, and we need Congress to step up and lead."

Additionally, ANA continues to advocate in support of commonsense legislation that would allow federal agencies to research gun violence and firearm injury prevention.

As the voice of more than 3.6 million registered nurses across the United States, ANA has consistently asked lawmakers to take strong action against the growing trend of gun violence in America, including banning

assault weapons, enhancing background check systems, enacting mandatory waiting periods, and combatting the epidemic as a public health and safety issue.

It's critical that lawmakers take the next logical step and encourage research to develop meaningful, evidence-based prevention strategies that would be essential to ending gun violence

*Reprinted from the ANA, Nursing Insider, Vol. 21, No. 15, March 1, 2018*

## The UNA Board Wishes you a great Nurses' Week 2018

**Claire L. Schupbach, BSN, RN, CPC, CHP**

We are honored every day to work on behalf of all nurses in Utah. We celebrate with you this week. Reach out to colleagues past and present and thank and encourage them, honoring their gifts to you. Re-establish contact with a previous mentor, impacting your life today. Make a new contact with someone in your circle that may be interested in a mentor. Place an intention in your heart and mind to relish the gift of your work and service. Honor yourself, acknowledge everything you give to your world. Make some time for yourself, physically, mentally and spiritually to replenish, reflect, appreciate and strengthen. Be grateful and lastly.....breathe



**Aimee McLean, BSN, RN, CCHP**



**Claire L Schupbach, BSN, RN, CPC, CHP**



**Sharon K. Dingman**



**Tracy Schaffer, MSN, RN**



**Heather Lowe, BSN, RN**



**Diane Forster-Burke, MS, RN**



**Kathleen Kaufman, MS, RN**



**Barbara L. Wilson, PhD, RN**



**Blaine Winters, DNP, ACNP-BC**



Online Nursing Education: RN-BS  
Interdisciplinary Gerontology: MS  
Distance Learning: PhD

IMAGINE



Earning a Bachelor's in nursing online, becoming a gerontologist, or getting a PhD without having to quit your job or move. The Institute of Medicine recommends that nurses practice at the top of their degree. At the University of Utah, the "top" has no limit.

College of Nursing | 801.587.3194

[admissions@nurs.utah.edu](mailto:admissions@nurs.utah.edu) | [nursing.utah.edu/programs](http://nursing.utah.edu/programs)

**Because you change lives, every day.**



At UMIA, we know delivering life-changing health care is a challenge, and we think the benefits are worth the risks. That's why our insurance is comprehensive, and we offer a variety of options so you get the coverage that's right for you. And, our policies come with brainpower—our responsive team is here to help you minimize your risks and stay current. So you can keep on changing lives – one patient at a time.

Insurance & Risk Solutions | [UMIA.com](http://UMIA.com)

# NURSES ON THE NATIONAL FRONT

## Letter to Congress on Mass Shooting



**AMERICAN ACADEMY OF NURSING**  
transforming health policy and practice through nursing knowledge

The Honorable Mitch McConnell  
Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Paul Ryan  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Minority Leader Pelosi:

We, the undersigned organizations, share a commitment to keep children, parents, families, teachers, responders, and administrators safe. We are writing to urge Congressional leadership to launch a bipartisan National Commission on Mass Shootings within the next thirty days.

The time to act is now. In addition to thoughts and prayers for victims and families, we need the will of Congressional leadership to lead. We need common sense gun laws.

We recommend that the National Commission on Mass Shootings should be charged with identifying strategies for:

1. Creating a universal system for background checks designed to highlight an applicant's history of dangerousness and require that all purchasers of firearms complete a background check.
2. Strengthening laws so that high-risk individuals, including those with emergency, temporary, or permanent protective or restraining orders or those with convictions for family violence, domestic violence and/or stalking are prohibited from purchasing firearms.
3. Banning the future sale, importation, manufacture, or transfer of assault weapons, incorporating a more carefully crafted definition of the term "semiautomatic assault weapon" to reduce the risk that the law can be evaded.
4. Ensuring that health care professionals are unencumbered and fully permitted to fulfill their role in preventing firearm injuries by health screening, patient counseling, and referral to mental health services for those with high risk danger behaviors.
5. Focusing federal restrictions of gun purchase for persons on the dangerousness of the individual and fully funding federal incentives for states to provide information about dangerous histories to the National Instant Check System for gun buyers.
6. Supporting enriched training of health care professionals to assume a greater role in preventing firearm injuries by health screening.
7. Researching the causes of and solutions to firearm violence.

Thank you for your commitment to keep children safe. Convening a bipartisan National Commission on Mass Shootings is a start. If we can provide more information or if you have any questions, please do not hesitate to contact the American Academy of Nursing, Cheryl G. Sullivan, CEO, [Cheryl\\_Sullivan@AANnet.org](mailto:Cheryl_Sullivan@AANnet.org) or 202-777-1170.

Sincerely,

**American Academy of Nursing**  
ABIM Foundation

- Academy of Neonatal Nursing
- Alliance of Nurses for Healthy Environments
- American Academy of Ambulatory Care Nursing
- American Academy of Social Work and Social Welfare
- American Association of Directors of Nursing Services
- American Association of Nurse Practitioners
- American College of Nurse Midwives
- American College of Nurse Midwives, Hawai'i State Affiliate
- American Holistic Credentialing Corporation
- American Nurses Association
- American Nurses Association-New York
- American Nursing Informatics Association
- American Psychological Nurses Association
- American Public Health Association, Public Health Nursing Section
- American Society of PeriAnesthesia Nurses
- ARNPs United of Washington State
- Association of Black Nursing Faculty
- Association of Community Health Nursing Educators
- Association of Nurses in AIDS Care
- Association of periOperative Registered Nurses
- Association of Public Health Nurses
- Association of Rehabilitation Nurses
- Boston College, William F. Connell School of Nursing
- Center for Forensic Nursing Excellence International
- Center for Human Encouragement
- Chi Eta Phi Sorority, Inc.
- Children's Hospital Los Angeles
- Children's Mercy Kansas City
- Coalition of Geriatric Nursing Organizations
- Community Health Center, Inc.
- Drexel University College of Nursing & Health Professions
- Duquesne University School of Nursing
- Fairfield University Marion Peckham Egan School of Nursing and Health Studies
- Forum for Shared Governance
- Gerontological Advanced Practice Nurses Association
- GLMA: Health Professionals Advancing LGBT Equality
- Grandmothers for Peace International
- Greater Cleveland Nurses Association

- Gundersen Medical Foundation, Inc. La Crosse, WI
- HealthEd Connect, Inc.
- Hospice and Palliative Nurses Association
- Infusion Nurses Society
- INSIGHTS Intervention, LLC
- International Association of Forensic Nurses
- International Association of Latino Nurse Faculty
- International Society of Psychiatric Mental Health Nurses
- Johns Hopkins School of Nursing
- Kentucky Nurses Association
- Massachusetts General Hospital
- MGH Institute of Health Professions
- Minnesota Organization of Registered Nurses
- Minnesota Student Nurses Association
- National Association of Orthopaedic Nurses
- National Association of Pediatric Nurse Practitioners
- National Association of School Nurses
- National Black Nurses Association
- National Coalition of Ethnic Minority Nurse Associations
- National Hartford Center for Gerontological Nursing Excellence
- New Jersey Collaborating Center for Nursing
- New Jersey State Nurses Association
- New York University Rory Meyers College of Nursing
- NursDynamics, LLC
- Nursing Network on Violence Against Women International
- Old Dominion University College of Health Science
- Organization for Associate Degree Nursing
- Organization of Colleges of Nursing-New Jersey
- Partners in Health
- PFR Consulting
- Philippine Nurses Association of America, Inc.
- Preventive Cardiovascular Nurses Association
- RMA Consulting/Arizona
- Rush University College of Nursing
- Rutgers School of Nursing-Camden
- St. Catherine University, Henreitta Schmolz School of Health
- Seattle University College of Nursing
- Society of Pediatric Cardiovascular Nurses
- South Dakota Nurses Foundation
- Southern Nursing Research Society
- The Arnold P. Gold Foundation
- The Graduate Center of the City University, Nursing Science PhD Program United States Institute of Kangaroo Care
- University of California San Francisco School of Nursing
- University of Delaware School of Nursing
- University of Hawaii at Manoa School of Nursing & Dental Hygiene
- University of Kentucky College of Nursing
- University of Minnesota, Center for Spirituality and Healing
- University of San Diego, Hahn School of Nursing and Health Science, Beyster Institute for Nursing Research
- University of San Francisco School of Nursing and Health Professions University of Toronto, Lawrence S. Bloomberg Faculty of Nursing
- University of Virginia, School of Nursing
- University of Wisconsin-Madison School of Nursing
- University of Wisconsin-Milwaukee College of Nursing
- Yale School of Nursing

FREE

## Continuing Education & Scholarships

The Utah Department of Health holds a **FREE** monthly **Diabetes Webinar Series** that provides **Continuing Education Credits at no charge** for Registered Nurses and Registered Dietitians. The webinar series covers a wide variety of topics related to diabetes on the **third Wednesday of every month from 12:00PM-1:00PM MST**.

The Utah Department of Health also awards **SCHOLARSHIPS** to providers interested in becoming a Diabetes Self-Management Education (DSME) program in Utah. The scholarships **cover initial accreditation costs** with AADE or ADA.

**Please visit the Living Well website for patient and provider resources and to locate a program, or email Brittany Ly ([bly@utah.gov](mailto:bly@utah.gov)) to join the listserve and get more information on webinars and scholarships.**

livingwell.utah.gov/

UTAH DEPARTMENT OF HEALTH  
Healthy Living Through Environment  
Policy and Improved Clinical Care (EPICC)

# A Day in the Life of a Forensic Nurse

**Katie Dobson, MSN-Ed, RN**

Let me start by telling you what forensic nursing is *not*. It is *not* setting your alarm, getting out of bed and driving to work at the same time each day. It is *not* getting report on a set number of patients so that you can provide care during your shift. It is *not* having the comfort of working at the same place with the same colleagues.

Now for what forensic nursing *is*. It is charging your equipment at home, making sure there's gas in the car, and mentally preparing for whatever may come. It is being ready to leave at a moment's notice and knowing you may return hours after your shift has ended.

Although this field of nursing may not be typical or in a traditional nursing setting, it is exciting, rewarding, and impactful.

There are various forensic nursing models, but Wasatch Forensic Nurses, which serves all of Salt Lake and Utah Counties, is a mobile team. That means the nurse on call will respond to whichever hospital the patient who has reported sexual assault presents at. We take call in 6 hour shifts, with the responsibility to finish out a case once we've started. We are notified via answering service when we're needed for an exam, or to return a call from a patient to answer a question.

During a call shift, it is important to keep busy. Some nurses do housework, some run errands, some watch movies or scrapbook. Anything that can be dropped at a moment's notice. Shopping for frozen foods is not a good idea! Once the call comes in from the answering service, the nurse returns the call, gathers information, prints labels, and starts driving.

At the hospital, the nurse checks in with the staff nurse or provider. When meeting the patient, the first thing I say is "I'm sorry to have to meet you this way, but I'm really

glad you're here. I know it takes a lot of courage to report an assault." In fact, 63% of patients that are sexually assaulted do not report the crime (Rennison, 2002). And the response from those they disclose to can have a profound effect on their recovery (Ullman, 2001). For the exam, our nurses team up with the wonderful Rape Recovery Center Advocates and Rape Crisis Volunteers from the Center for Women and Children in Crisis. This creates a wonderful support system for the patient.

Throughout the exam, the nurse empowers the patient to make his/her own decisions. Although Utah is a mandated reporting state, and any crime must be relayed to law enforcement, the patient can determine whether he/she will speak to the police officer, or even whether law enforcement will have access to their exam form. They can also decide whether to get a full medical-forensic exam or opt for only the prophylactic medications.

If an exam is desired, consents are signed, demographics and medical history is obtained, and a narrative history of the assault is documented. Specific questions are asked regarding where the suspect has touched the patient. Then the next part of the exam is a head to toe assessment, however this is not your typical health assessment. What the nurse is looking for is injury that may need to be documented or referred to the provider for further studies or repair. At the same time, DNA swabs are collected. The last part of the physical is a pelvic/genital exam, during which injury is assessed, photos are taken, and evidence collected.

Since the hospital provider is ultimately responsible for the care of the patient, findings are then discussed and prophylactic medications are ordered per patient desire and risk. Resources are given along with follow-up recommendations. By the end of the exam, the nurse can often see a positive change in the patient's demeanor.

The most common concern for forensic nurses is being subpoenaed to court. While lawsuits are always a possibility in the healthcare field, when they do happen, they are mostly civil suits and you are on the defense side of things. With sexual assaults, cases are of the criminal nature, and when subpoenaed, the nurse testifies as an expert witness. The difference being that the nurse must educate the jury about what we do, and what she has found during that exam as an objective observer.

Forensic nursing is not for everyone. You must be willing to work rather autonomously, be able to compartmentalize and deal with the stories you hear, and have some flexibility in your schedule for taking call. However, it is fascinating to witness the ever-progressing science of forensics, and to play a part in educating the public about how to treat someone who has been assaulted, hopefully changing the culture of victim-blaming and rape myths. The biggest benefit of this job, though, is that you make a real difference for a person who is experiencing the most traumatic day of his or her life.

Forensic nursing is one of the field's newest specialties, with the first program getting its start in 1979. After having experience as an R.N., competency in this field requires additional training, consisting of a 40-hour course followed by hands-on training by the hiring organization. Two trainings per year are offered in the state of Utah, the next coming up on October 4-6. If you would like more information on this or other trainings, contact [meldredge@wasatchfn.org](mailto:meldredge@wasatchfn.org).

Rennison, C. A. (2002). Rape and sexual assault: Reporting to police and medical attention, 1992-2000 [NCJ 194530]. Retrieved from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: <http://bjs.ojp.usdoj.gov/content/pub/pdf/rsarp00.pdf>

Ullman SE, Filipas HH. Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*. 2001; 14:393-413.

## American Nurses Advocacy Institute (ANAI) UNA Board Members Participate

**Kathleen Kaufman, MS, RN**

As the most trusted and largest sector of health professions in the U.S., registered nurses must have a voice in influencing the profession and health care. To that end, the American Nurses Association (ANA) is committed to growing nurses' political leadership skills formally and informally through the **American Nurses Advocacy Institute (ANAI)**. Launched by the ANA in 2009, the program grooms each nurse to be an effective advisor to their state nurses

association in establishing legislative/regulatory priorities, recommending strategies for execution in the advancement of a policy issue, and educating colleagues about the political realities and how to be more effective advocates. The program is competitive, capped at 24 participants, so each individual can benefit optimally from the interactive sessions held in Washington, DC as well as the ongoing mentor support throughout the year. The 2017 - 2018 class represented 18 states - CA, CT, KS, IA, MA, MI, MN, NE, NV, NH, NM, NY, SC, TX, UT, WA, WV, & WY.

While in DC, nurses heard from influential nurse leaders such as long-standing Minnesota House Representative who is currently campaigning for Governor, Erin Murphy, MA, RN, FAAN; Mary Behrens, MS, RN FNP BC former Wyoming Mayor and State Legislator; and Dr. Irene Trowell-Harris, RN, Ed.D. Major General USAF, Retired, the former Director of the Department of Veterans Affairs Center for Women Veterans. Attendees learned about messaging for differing audiences from leaders in the public relations arena and considerations when assessing the political environment. Application of some of these acquired skills were first exercised with visits to Congressional offices. The learning continues throughout the year with discussion of other related topics and the ability to apply new skills at the state level.

This year Donner Schweitzer, 1st Vice President, and Kathleen Kaufman, GRC Co-Chair have been selected to participate in this advocacy institute. We have discussed ongoing nursing issues around the country and worked on advocacy skills including analyzing legislation. As well as, learning the finer points of testifying before legislative bodies. This institute will continue throughout 2018 and we hope to bring some of our new knowledge alive in service to you, our colleagues.

be part of...our leading team



**Now Hiring RNs!**

**Benefits - work life balance - sign on bonus**

We are seeking associates to join our world-class memory care and hospice teams. Silverado associates are dedicated to providing the best possible care and enriching the quality of life of those we serve.

**If you share our dedication, you may be a fit for one of our current openings.**

**For more information, call (866) 386-6139 or email [recruiting@silverado.com](mailto:recruiting@silverado.com)**

silverado.com 



In 2010, the Institute of Medicine released a landmark report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

We encourage each and every one of you, over 3 million strong, to visit [www.nursesonboardscoalition.org](http://www.nursesonboardscoalition.org), sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.



# Medicaid Expansion Goes to the People! Medicaid Ballot Initiative Is Coming!

**Kathleen Kaufman, MS, RN, GRC Co-Chair**

Every poll done in Utah has shown that Utah citizens by and large support fully expanding Medicaid in our state. Yet the Medicaid Expansion plans put forth by the Utah State Legislature tend to be very piecemeal and only cover a few more people with each effort.

Two years ago, the legislature passed a bill promising to cover many of our chronically homeless or recently released prisoners if they had serious substance abuse problems or severe mental health problems. Despite early assurances that this bill would cover about 16,000 people, it later was revised to possibly cover 11,000 and now might cover 5,000 or 6,000 provided they meet significant requirements. These are very difficult criteria to meet. For example, anyone in that group who earns more than **\$50 per year** will be thrown off of Medicaid after one year of care. While one year of care is good, this is generally not sufficient to fully treat substance abuse or mental health problems. As a result, less than 900 people are covered by that very limited expansion at this time.

The current legislation, HB 472, is a Medicaid Waiver asking the federal government to give the highest federal match of \$90 federal money for every \$10 of state money. This is for a partial expansion, instead of the full expansion for which this high match was intended. A similar bill passed the Arkansas legislature. After a year of waiting, the waiver was still not accepted as recently as March 5th, just three days before Utah passed a similar request. Utah is asking for a full match of federal funds for a plan that will not fully cover the uninsured workers of Utah.

Medicaid Expansion advocates have banded together to support presenting this very serious decision to the people of Utah. By the time you read this, the ballot initiative to fully expand Medicaid is either going to

happen or is defeated due to insignificant numbers of signatures to place it on the ballot.

If enough verified signatures (more than 113,000 signatures) have accumulated, the UNA will post details regarding this ballot initiative on our website. The bill's name is the Utah Decides Healthcare Act of 2018. You can also find information at the [www.utahdecides.org](http://www.utahdecides.org) website.

If you, as professional nurses believe that people earning less than federal poverty level incomes (~\$12,000 per year for a single adult) should have access to health care, then you need to be able to explain how this will help our entire state with reduced expensive ED visits and reduced sick patients with minimal care. We urge you to study the issue and then VOTE to pass the Medicaid Ballot Initiative.

FACTS about full Medicaid Expansion:

1. This will help parents. In Utah, parents lose eligibility for Medicaid when their incomes reach \$1,128 per month for a family of four. Expanding Medicaid will guarantee all parents have insurance coverage so they can take care of their health and their children.
2. Expanding Medicaid can help stabilize Utah's insurance market. In 2017, over 197,000 Utahns accessed health insurance through the Health Insurance Marketplace (1). The premiums on the Marketplace are on average 7% lower in states that have expanded their Medicaid programs to cover all low-income residents (2).
3. Expanding Medicaid would provide coverage for working Utahns. Of the people Medicaid expansion would cover, 65% of them are currently

employed, and 85% of these family households have at least one working adult (3). Food service workers, sales people, and office administrators are among the top three industries where Utahns are currently working but not getting health insurance, and would be covered by Medicaid expansion (4).

4. Expanding Medicaid is fiscally responsible. Let Utah VOTERS decide what to do with our tax dollars. For 5 years Utah has been leaving money on the table. We send \$710 million a year to DC to pay for healthcare, and we've been leaving this money on the table...to go to other states. By expanding Medicaid, we will bring all our tax dollars' home (5).

References: [www.utahdecides.org](http://www.utahdecides.org)

1. Utah Health Policy Project <http://www.healthpolicyproject.org/wp-content/uploads/17-02-CongUpdate-4js.pdf>
2. Kaiser Family Foundation <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-september-2017/view/footnotes/#footnote-237493-235>
3. Prof. Norm Waitzman U of U [http://www.healthpolicyproject.org/Publications\\_files/Medicaid/2014/Demographic%20Analysis%20Report%20Final-10js-correct.pdf](http://www.healthpolicyproject.org/Publications_files/Medicaid/2014/Demographic%20Analysis%20Report%20Final-10js-correct.pdf)
4. Families USA [http://www.healthpolicyproject.org/Publications\\_files/Report/14-05-FUSA-UHPP\\_CoverageGapEmpreport.pdf](http://www.healthpolicyproject.org/Publications_files/Report/14-05-FUSA-UHPP_CoverageGapEmpreport.pdf)
5. UT Office of Legislative Fiscal Analyst <http://www.scribd.com/document/286478444/Federal-Health-Care-Reform-Fund-Impact-on-Utah>

## AORN of Northern Utah, Chapter 4501

**Carolyn Kunz, RN, CNOR and  
Steven P. Grant, BSN, RN, CNOR**

What is AORN? It is the Association of periOperative Registered Nurses. It represents the diverse nursing roles in a modern OR, including pre-op, intra-op-scrub and circulator, post-op and PACU, RN First Assistant, nursing in an office setting, management, and industry representatives.

Over the last 50 years we have seen a tremendous change in our job focus due to the incredible scientific advances that assist physicians and improve patient outcomes. One of the spotlights has been on the initiation of a "Time Out" protocol, which is done before any surgical or invasive procedures. This can be completed in the Operating Room, Radiology, Cath Lab, Emergency Room, or wherever a procedure is being initiated. The goal is to prevent wrong site surgeries, incorrect procedures, and other potential patient errors. These mistakes can be devastating to perioperative personnel, patients, and their loved ones.

Perioperative nurses have become experts with technology due to the scientific advances and wide variety of new equipment available. They are trained to ensure everything is in working order, equipment is linked, accurately connected, and ready for use so that procedures run smoothly. This knowledgeable approach ensures patients will have optimal health outcomes. Our main focus is always on the patient - to provide for their safety and well-being in any situation. We are the patient advocate at all times.

### 2018 Winter Conference Photos



AORN of Northern Utah (AORNNU) was founded in June of 1966. Over the years membership has remained steady with 90-100 members representing Registered Nurses, Surgical Technicians, and interested industry partners. Our mission is to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures by providing practice support, education, and professional development opportunities for our members in the northern Utah area.

Our main focus is educating members and the community. We hold monthly meetings and an annual conference to educate on the latest evidence based practice guidelines, surgery trends, and other information that can affect our current practice.

Some of our recent topics include: Patient Positioning, Fire Safety, Neurorehabilitation, Radiation Safety, Prescription Drug and Opiate Abuse, Drug Diversion in the Healthcare Setting, Care of the Transgendered Client, Developmental Hip Dysplasia, and Human Trafficking.

Upcoming meetings will explore Youth Suicide (April 10th), Transmissible Spongiform Encephalopathies, Anesthetic Considerations with Dystrophies and Mitochondrial Disorders, Air Quality, Suture, and an FBI perspective on Healthcare Fraud. We try to cover a wide range of topics and all are welcome to join us (please RSVP).

To learn more about our chapter, to RSVP to a monthly meeting, or to register for our Winter Conference please contact us at:

- Facebook (AORNnUT)
- Twitter (AORNNU)
- Instagram (AORNNU)
- <https://aornofnorthernutah.nursingnetwork.com>
- Or via email: [aornofnorthernutah@gmail.com](mailto:aornofnorthernutah@gmail.com)



## PREPARE TO BECOME A REGISTERED NURSE

**Associate Degree in Nursing Program**

Flexible Class Schedules • Financial Aid Available for those who Qualify

**All Prerequisites Included**

The ADN program at FORTIS College, Salt Lake City is accredited by the Accreditation Commission for Education in Nursing (ACEN) (formerly NLNAC)

**(855) 445-3276**

[www.fortis.edu](http://www.fortis.edu)

3949 South 700 East, Suite 150  
Salt Lake City, UT 84107

**FORTIS**  
COLLEGE

*Your Life. Powered By Learning*

For consumer information visit [www.fortis.edu](http://www.fortis.edu)

## Join Our Experienced, CLOSE-KNIT TEAM!



**Casa Real Nursing & Rehabilitation Center is a trusted name in our community, with staff members that have worked here over 20 years, and we want YOU to be a part of our team!**

Do you have a passion for working with those who need compassionate 24-hour nursing care? We offer specialized training and advancement opportunities for health care professionals who are:

- Registered Nurses
- Licensed Practical Nurses
- Licensed Vocational Nurses
- Certified Nurses Aides

Sign-on bonuses available for full-time positions:

- RN: \$10,000
- LPN/LVN: \$7,500
- CNA: \$3,000



1650 Galisteo Street,  
Santa Fe, NM 87505  
PHONE: 505-984-8313  
[CasaRealNursing.com](http://CasaRealNursing.com)  
kristina.schmidt@pcitexas.net

If you would like to become part of our interdisciplinary team, please contact us today!

# GRC COMMITTEE NEWS

## First Quarter 2018 General Session

**Kathleen Kaufman, MS, RN & Diane Forster-Burke, MS, RN**

The GRC has been quite busy during the Legislative Session which started January 22nd and ended March 8th. Kathleen, Diane, and Aimee attended many committee meetings to testify or just listen in for our better understanding of the bill. The bills we followed are on the bill tracker on the UNA Website. Some of that we focused on are:

- **HB 12** (Ray Ward) Family Planning Medicaid Waiver Amendment - Strongly supported. This bill will ask for a Medicaid waiver to be able to provide Medicaid eligible women a LARC (long acting reversible contraception)
- **HB 37** Occupational & Professional Licensing Amendment - UNA opposed this bill due to the elimination of the requirement of DOPL to appoint a person as ex-officio representative to the SBON who is a Licensed RN with a master's degree in nursing and a minimum of 5 years of experience working in nursing administration or education. Now any appointee can be made without requirement that the person is a nurse. Despite our strong opposition, this bill passed and has been sent to the governor for signature. The outcome of this bill means that the UNA will need to very closely monitor the actions of DOPL related to nursing on an ongoing process.
- **HB 41** Mental Health Crisis Line Amendment - The state has many crisis lines but they do not connect to a central line and many are not answered 24/7. This bill seeks to give a reliable source of reference and counseling throughout UT 24/7. This bill is in response to the high suicide rate in Utah. Representative Eliason ran this bill to try to prevent suicides such as happened to a young girl who called for help to a crisis line that went unanswered. She shortly thereafter committed suicide. This was called "Hannah's Bill" in her honor. UNA supported this bill and it passed unopposed and the Governor has signed it into law.
- **HB 42** Medicaid Waiver for Mental Health Crisis Services (Eliason) - This bill required the Department of Health to seek a Medicaid waiver for certain mental health crisis resources. These resources are to be used in times of high risk of injury or damage to self or others and makes use of "Mobile crisis outreach teams" or "MCOT" This is a mobile team of medical and mental health professionals that, in coordination with local law enforcement and emergency medical service personnel, provides mental health crisis services. (Already in place and successful in Salt Lake County.) UNA supported this. This bill passed unanimously in the House and only Senator Margaret Dayton opposed it in the Senate. It has been sent to the Governor for signature.
- **HB 99** Substance Abuse and Mental Health Act Amendment - Representative Redd from Logan ran this bill establishing the position of certified peer support specialist. This position will focus on helping patients with substance abuse and mental health problems manage ongoing issues. In cases of civil commitment in cases where patients are severe risks to self or others specific responsibilities of all parties are clarified.  
Peer support specialists already exist in the state to help patients with substance abuse problems and this adds both required training and the use of these specialists to patients with mental health problems, not only those with substance abuse problems. Civil commitment changes clarify roles of all participants. UNA supported and this bill passed and has been sent to the Governor for signature.
- **HB 100S2** Medically Complex Children with Disabilities Waiver Program (Redd) - Requires the Department of Health to establish, through a Medicaid waiver, an ongoing program for children with disabilities and complex medical conditions. (Currently covers about 500 children who do not qualify for other support in Utah. There is no waiting list, as places become available; new applications are accepted.) This program supports participants who meet stringent criteria with \$322/month for costs not covered by private insurance and respite care. This is much less costly than placing a child into state custody. Good outcomes are

promoted as it keeps families together and children at home. UNA supported this bill and it did pass to protect this population but without additional funding. It has been sent to the Governor for signature.

- **HB 101 S2** Air Quality Emissions Testing Amendment - Representative Arent ran this bill to restrict the authority of a county to exempt a motor vehicle from an emissions test. This bill prevents a county from exempting diesel engine motor vehicles under 14,000 pounds from emission testing. Many, but not all counties already require this testing; however, Utah County did not. Diesel engines create about 7 times the particulate emissions of gasoline engines. UNA supported this bill and it did pass both legislative bodies. It has been sent to the Governor for signature.
- **HB 163** Prescription Drug Amendment - (Thurston) This bill proposes for Utah to build a trading relationship with Canada to import drugs at costs consistent with Canadian prices. (providing a safe system can be developed) UNA supported this bill but the bill went to the Senate Business and Labor Committee which did not pass it out. We are hoping it will return next year after some work in the interim session.
- **HB 205S1** Down Syndrome Nondiscrimination Abortion Act - This bill prohibits abortions for any woman who has been diagnosed with a fetus with Down Syndrome. UNA strongly opposed this bill because abortion is legal in this country for any reason that a woman believes it is warranted. The legal review published with this bill notes that it will almost certainly be considered unconstitutional in any court. This bill would make this a criminal offense for the person performing the abortion, but not for the woman seeking the abortion. The bill passed the House but was held in Senate Rules Committee and filed as an unpassed bill. UNA opposed.
- **HB 472** Medicaid Expansion Revisions - Representative Spendlove ran this bill which proposes to expand Medicaid covering people making less than 95-100% of the Federal Poverty Level. This bill includes work requirements, a "floating" cap on actual numbers covered in the state as well as a clause which allows the state to take people off of the Medicaid expanded rolls or to prioritize which treatments and cares will be paid for and "first-come first-served" may hold sway if the state decides it does not want to appropriate sufficient funds to pay for those covered by the expansion. This bill also requires a Medicaid waiver to have the federal government pay a 90 to 10 match for this partial expansion. No state has yet gotten such a waiver to date, and, in fact Arkansas sought to get the waiver for similar coverage and was not accepted for the waiver only three days before HB 472 passed both Houses of the Utah Legislature. UNA opposed. This bill has been sent to the Governor for his signature.
- **HB 483** Extreme Risk Protective Order - Representative Handy attempted to address the issue of suicide and domestic violence prevention by means of firearms. His bill proposed that a family, being aware of the mental instability, severe depression or potential homicidal threat, could ask for and receive a court order for the firearms owned by the person considered to be at risk to be removed from the home for a period of 20 days. This caused heated debate in the House Judiciary Committee who ultimately decided it was not ready and sent it back to Rules Committee, requesting it be studied in the interim session. UNA supported this common-sense bill and will be monitoring its progress in the interim.
- **SB 135 S1** Insurance Contracts Amendment - This bill prohibits discretionary clauses in certain insurance contracts. The goal is to set up a "level playing field" in court following final appeals, without the insurance company having an inherently stronger position in court. UNA supported this bill and it passed both bodies of the legislature and was sent to the Governor for signature. Thank you, Senator Fillmore and Representative King!
- **SB 147** Nursing Initiative - Senator Ann Millner and Representative Spendlove sponsored this bill to provide a process to grant funding to meet the projected demand for individuals to enter the nursing profession. This bill developed an annual reporting process regarding the workforce needs for nurses in the state that would engender the Legislature to provide funding for institutions with proven programs to increase the numbers of students being educated in their programs. This bill is the result of a sustained effort of a broad coalition of nursing programs to get adequate funding to educate nurses meeting the current and ongoing nurse shortage in Utah. UNA strongly supported. This bill passed with minimal opposition and has been sent to the Governor for signature.
- **SB 161S4** Nurse Home Visiting Pay for Success - Senator Escamilla and Representative Redd sponsored this bill which creates an evidence-based Nurse Home Visiting Pay-for-Success Program within the Department of Health. This is a call for a public-private partnership funding home visits by RNs to high risk, vulnerable young parents, primarily first time parents who may need support. We supported the Nurse-Family partnership during the interim and this is a bill to allow a state organized program of the same type since the federal budget may or may not fund ongoing home visits. (although MCIECHV may be listed in the continuing resolution) UNA supported this bill and it passed. Has been sent to the Governor for signature. Funding is not clear.
- **SB 172** Medicaid Waiver Amendment - Senator Hemmert - This bill addresses cuts and limitations, as well as, restrictions to care provided to people currently covered by Medicare. All are vague in the bill and set to be determined by the Utah Department of Health. Despite criticizing other bills for lack of specificity, this bill was passed briskly through the Senate House and Human Services Committee, failed by the House Health and Human Services Committee and passed by the House Revenue and Taxation Committee, yet ultimately held in the House Rules Committee. Has been filed as failing to pass.

Your Government Relations Committee has reviewed more bills which can be found in the final bill tracker at our website at [utnurse.org](http://utnurse.org). Committee members and officers have testified on at least 8 major bills and have conducted a phone2action or a letter campaign on seven bills and in support of the nursing consortium's funding appropriation. We, the chairs of the GRC, thank all our members, and our elected officers for their thoughtful comments and analyses during this very busy session!



### WESTMINSTER COLLEGE

- BS IN NURSING
- RN-TO-BS IN NURSING
- FAMILY NURSE PRACTITIONER
- MASTER OF PUBLIC HEALTH
- MASTER OF SCIENCE IN NURSE ANESTHESIA
- DOCTOR OF NURSING PRACTICE

**NEW REDUCED TUITION RATES FOR THE ONLINE RN-TO-BS PROGRAM**



# UTAH NURSES FOUNDATION

## Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

### SCHOLARSHIP INFORMATION:

- Scholarships must be **postmarked by June 1st or October 1st** of each calendar year to be considered.
- Applicants will receive notice of the Board's recommendations by July 15th and October 15th of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

### GENERAL SCHOLARSHIP CRITERIA:

The applicant must:

- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school's chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant's resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs - advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
- Copy of current official transcript of grades (no grade reports).
- Three letters of recommendation:
  - One must be from a faculty advisor, and
  - One must be from an employer (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant's work ethic, either through volunteer service or some other form).
  - At least one should reflect applicant's commitment to nursing.
  - All must be in original form,
  - All must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing applicant's anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant's acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

### AGREEMENT

In the event of a scholarship award:

- The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
- Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
- If asked by UNF, provide personal pictures and narratives to be published in *The Utah Nurse* indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

To download application, visit [www.utnurse.org](http://www.utnurse.org).

## Attention Nurse Educators, Clinical Trainers, and Presenters

From one hour programs to multi-day conferences, ensure your attendees earn nationally recognized CE credit:

- Deliver the highest national nursing standard -- ANCC credentialing
- Support Specialty and Advanced Practice certifications
- Support state licensure renewal requirements
- Support Magnet Hospital environments
- Demonstrate your commitment to CE program excellence

Take the Next Step  
Continuing Education • Good for Nurses, Good for Patients

Learn how to apply at [www.utnurse.org/Education](http://www.utnurse.org/Education)



## Nursing Research Grant Proposal

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). Completed forms should be submitted electronically to UNF in care of the Utah Nurses Association at [UNA@xmission.com](mailto:UNA@xmission.com). Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in *The Utah Nurse* indicating that UNF funds were provided for this project.

Title of project: \_\_\_\_\_

Applicant's Name and credentials: \_\_\_\_\_

Professional Association/Affiliations (if any): \_\_\_\_\_

Are you currently a nursing student? Yes No

If a student, what nursing school? \_\_\_\_\_

Pursuing what degree? \_\_\_\_\_

Have you received funding for this project from any other source? Explain:

- 1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

### **Project Overview:**

### **Research Process and Desired Outcomes:**

### **Benefits to Patient Care and Education, Nursing Education, and/or Nursing Profession:**

- 2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):
- 3) Provide contact information for you as well as someone who can attest to this project
  - a) Personal contact information:
  - b) Contact information for individual at the School or Facility where research will be conducted:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

- 1) The proposed activity benefits patient care, advances nursing education or research.
- 2) The proposed activity demonstrates merit with regarding to enhancing the discipline of nursing.
- 3) The proposed activity clearly describes the desired results or outcomes.
- 4) The proposal delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
- 5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

### **Utah Nurse Foundation use only**

Committee discussion of proposal:
Committee decision: Award _____ Do not award _____
Amount Awarded \$ _____
Is applicant eligible to apply for funds again? Yes _____ No _____

## ONLINE PROGRAMS

You can earn your degree from a regionally accredited institution with our online programs designed to fit your schedule and budget.  
**MSN or RN to BSN**



**Denver College of Nursing**

(800) 491-3232

[www.denvercollegeofnursing.edu](http://www.denvercollegeofnursing.edu)

DCN is accredited by the Higher Learning Commission (HLC), ([www.hlcommission.org](http://www.hlcommission.org)) (800-621-7440). Our associate and baccalaureate programs are accredited by the Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326 (404-975-5000).

For consumer info visit [www.denvercollegeofnursing.edu](http://www.denvercollegeofnursing.edu)



**Now I can perform!**



Spina bifida hasn't prevented Lily from doing what she loves best—singing and performing!

Thanks to multi-disciplinary, seamless care at Shriners Hospitals for Children, Lily is independent, thriving and lighting up the stage.

Orthopaedic services include inpatient and outpatient surgery; physical, occupational and speech therapy; custom wheelchairs; orthotics and prosthetics; outpatient clinics; low radiation imaging and a motion analysis center. All care is provided regardless of a patient's ability to pay.

To refer a patient call 800-314-4283. Learn more at [ShrinersSLC.org](http://ShrinersSLC.org)



**Shriners Hospitals**  
for Children®— Salt Lake City

## Brigham Young University College of Nursing

### Nursing Positions Now Available:

#### **Assistant Professor** (FT CFS Track—Professorial)

- PhD in nursing with a MS in a nursing specialty

#### **Assistant Teaching Professor** (FT CFS Track—Professional)

- DNP or MS in a nursing specialty

#### Both jobs—

- RN license in the State of Utah required
- Experience teaching at the baccalaureate degree level preferred
- Duties include: teach, work collaboratively with teaching team, work on research or contribution to the discipline projects, and provide clinical supervision of nursing students
- Apply online at [yjobs.byu.edu](http://yjobs.byu.edu), and send letter of interest to: Dean Patricia Ravert, College of Nursing, 500B Kimball Tower, Provo UT 84602, or [patricia-ravert@byu.edu](mailto:patricia-ravert@byu.edu)



BYU, an equal employment/affirmative action employer, is sponsored by The Church of Jesus Christ of Latter-day Saints and requires observance of church standards.

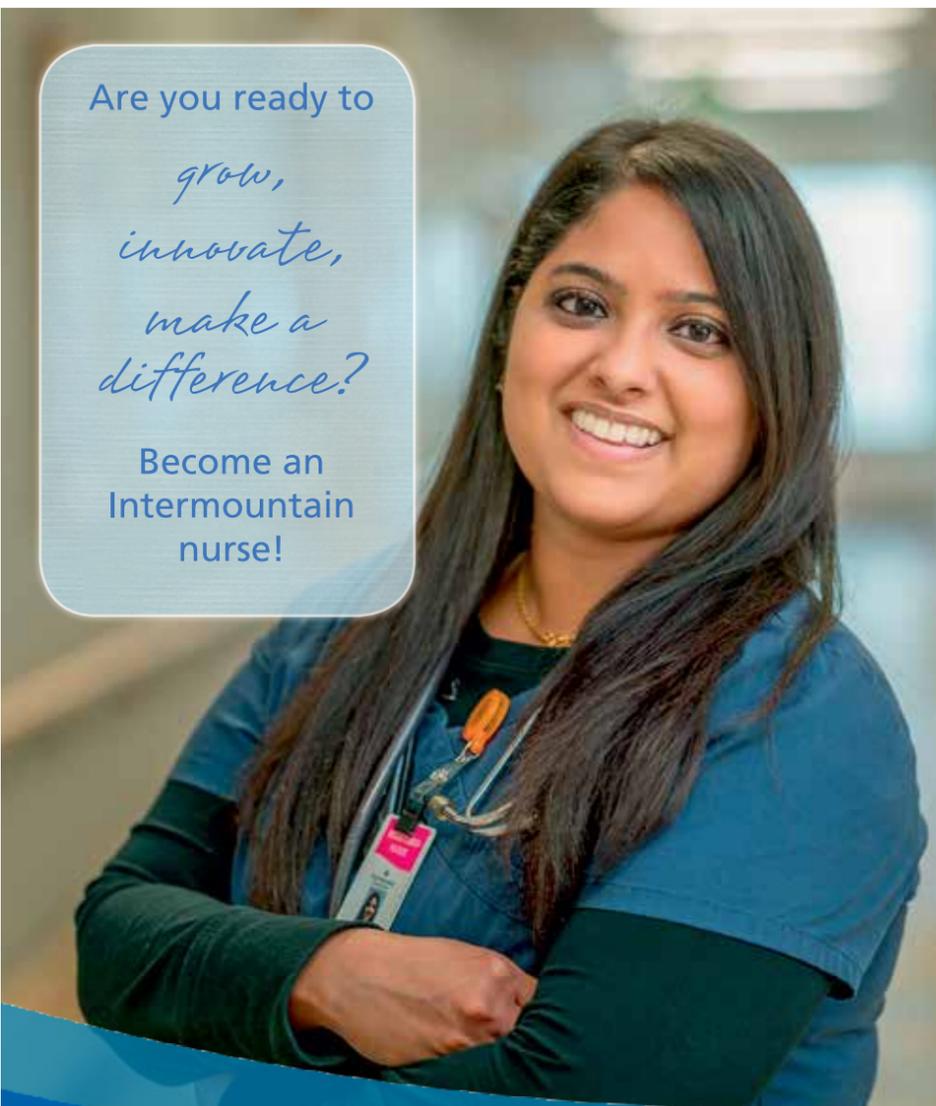
[nursing.byu.edu](http://nursing.byu.edu)



Are you ready to

*grow,  
innovate,  
make a  
difference?*

Become an  
Intermountain  
nurse!



Apply online and join our team  
[intermountainhealthcare.jobs](http://intermountainhealthcare.jobs)



## Looking for a change? You could be here!



You belong at Banner Casa Grande Medical Center! Here you can have the opportunity for a broad range of activities year round to keep your work/life balance, just a few examples that Casa Grande has to offer!

- We have 200+ days a year of sunshine
- you can get to the beaches in San Diego or Mexico within hours
- options close by to enjoy skiing, hiking or snowboarding
- museums and cultural centers in close proximity

BCGMC is a 141 bed acute care hospital in a growing area where you can live in a charming small historic town and yet still be minutes away from the excitement and urban areas of Phoenix and Tucson.

At Banner Health, we understand that talented health care professionals appreciate having options. We are proud to offer our more than 50,000 employees many career and lifestyle choices throughout our network of facilities. The people of Banner Health are focused on making healthcare easier and life better. In return, we are committed to excellence in personal development for all our employees.



Talk to a recruiter directly regarding what Banner Health can offer you!  
Contact Donna Diones at [donna.diones@bannerhealth.com](mailto:donna.diones@bannerhealth.com) or call 602-747-2526.