National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale’s birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA’s state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a “Nurse Day” in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11-16. The year of the observance marked the 100th anniversary of Florence Nightingale’s mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim “National Registered Nurses Day.” It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be “International Nurse Day.” (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated “International Nurse Day.”

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendan Byrne declared May 6 as “Nurses Day.” Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase’s Calendar of Annual Events. He promoted the celebration on its own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as “National Recognition Day for Nurses.”

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as “National Nurses Day.” The action affirmed a joint resolution of the United States Congress designating May 6 as “National Recognition Day for Nurses.”

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming “National Recognition Day for Nurses” to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6-12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6-12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated “National RN Recognition Day” on May 6, 1996, to honor the nation’s indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as “National RN Recognition Day.”

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

Female Genital Mutilation: Cultural Practice or Human Rights Violation?

Female Genital Mutilation continued on page 8
ASNA Board of Directors

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VISION STATEMENT

Our Vision

ASNA is the professional voice of all registered nurses in Alabama.

OUR VALUES

- Modeling professional nursing practices to other nurses
- Adhering to the Code of Ethics for Nurses
- Becoming more recognizably influential as an association
- Unifying nurses
- Advocating for nurses
- Promoting cultural diversity
- Promoting health parity
- Advancing professional competence
- Promoting the ethical care and the human dignity of every person
- Maintaining integrity in all nursing careers

OUR MISSION

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The Alabama Nurse is published quarterly every March, June, September and December for the Alabama State Nurses Association, 360 North Hull Street, Montgomery, AL 36104.

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Condolences to:

The family of Ms. Betty McCree, longtime member of ASNA who passed away Sunday, January 9, 2011.

The family of Francis Knowles, longtime member of ASNA who passed away Sunday, January 16, 2011.

The family of Ruby Mae McCants, mother of ASNA members Betty Bradley and Ural Boggan.

PUBLICATION

The Alabama Nurse Publication Schedule for 2011

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Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in The Alabama 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 reference should be cited at the end of the article.
4. Articles should be submitted electronically.

Submissions should be sent to: edasna@alabamanurses.org or Editor, The Alabama Nurse
Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104

Alabama Board Of Nursing Vacancies

There will be 2 RN positions open and 1 LPN position open as of January 1, 2012. The term of Monica Cauley, Nursing Education; Catherine Dearman, Nursing Education; and Sharon Pugh, AFLPN will expire December 31, 2011. RN applications only are available from the ASNA office. Call Betty!
Professionalism

Being a nurse educator, I have the opportunity to see nurses in many states as well as Alabama when I make site visits for students. As an individual, I see nurses when a family member or friend is receiving care in many settings. One thing that I have seen in the last few years that distresses me greatly is a less than optimal level of professionalism in healthcare personnel. I have been shocked and dismayed by something that I witnessed recently and so came to the realization that my next communication should be on professionalism. I have always been very proud to be a nurse and have invested my entire adult life to being the best nurse I can be. I have tried to instill these values into my students and colleagues and share them with society. So, to see my profession display less than excellence is disconcerting and so I want to discuss professionalism in this issue of Alabama Nurse with you.

A profession is defined as a calling or vocation, especially one that involves some branch of advanced learning or science. The essence of professionalism is having a unique or special knowledge and the self-imposed obligation to serve, as well as involvement in professional organizations. Sounds a lot like nursing, does it not? We all know nurses who are consummate professionals and we also know nurses who do not seem to place the same degree of importance on this component of our vocation. As we look around us, professionalism seems to be eroding. We see our leaders providing a negative example and so may begin to question ourselves. But this we must not do as society holds the nursing professional in higher esteem than those who are traditionally more interested in the benefits of their employment than the occupation itself. Nurses have, throughout history, been viewed as the ultimate in professional behavior and society looks to this profession to hold the line. Nurses must always strive to learn more, share more and do more. Sounds exhausting, doesn’t it? But for those of us who chose this profession, we see this as more of an opportunity than a burden.

Nursing has been among the top 2 more respected professions for many years, most often occupying the 1st place. Nurses are looked up to and respected by society and as such are expected to work toward advancing the health and welfare of patients, families, and the community through constant learning and giving back what is learned. There are some hard and fast rules to being a professional and one basic premise is that we look the part. Like it or not, the way we dress defines who we are. You may be the smartest nurse in your facility but if your appearance is unkempt or unprofessional then no one will care and you will not be able to advance in your career. When we think about what constitutes professional dress it is rather simple. We should be clean and neat rather than rumpled, with clean nails, hair, and minimal makeup for females. We should hold our bolder clothing and accessories for off duty time. I have witnessed nurses who were rejected by patients and families due to what they were wearing or being viewed as unclean. And remember, bathing in perfume does not help. In fact, strong perfume can cause allergic reactions in our coworkers or patients. Another factor in being viewed as professional is how we treat people. A professional treats everyone with dignity and respect, whether they are colleagues, patients, families, or members of our community. Nurses should see value in everyone they encounter. At times this is not easy because they may not treat you the same way, but this truly separates the professional from the non-professional. A professional also commits to life-long learning. School is never out for nurses and this is a good thing to keep us from becoming stagnant in our knowledge base. Nurses attend professional conferences and/or learn from others. We should our bolder clothing and accessories for off duty time. I have witnessed nurses who were rejected by patients and families due to what they were wearing or being viewed as unclean. And remember, bathing in perfume does not help. In fact, strong perfume can cause allergic reactions in our coworkers or patients. Another factor in being viewed as professional is how we treat people. A professional treats everyone with dignity and respect, whether they are colleagues, patients, families, or members of our community. Nurses should see value in everyone they encounter. At times this is not easy because they may not treat you the same way, but this truly separates the professional from the non-professional. A professional also commits to life-long learning. School is never out for nurses and this is a good thing to keep us from becoming stagnant in our knowledge base. Nurses attend professional conferences and/or learn from others. The internet has done much to make it easier to stay abreast of new ideas, research, new medications, treatments, and forming collaborative relationships with colleagues around the world. My family emigrated from Ireland and I have several Irish nurses with whom I correspond online and have learned much about the different way we work and provide care. Being able to view our profession from a global perspective has never been easier. The ANA offers chat rooms online for nurses and it is very refreshing to go online and discuss current issues with other nurses in different states or countries. Professionals are also committed to excellence and refuse to provide substandard levels of care. Nurses make me proud in that they are determined to provide the best care and settle for no less. We have always been able to do more with less than any other profession. Professionalism is also displayed when nursing leaders empower others, whether it is our coworkers or our patients and families. The mark of true leadership is not to hold tightly to power but to share it with others.

Professionalism allows us to form relationships that last for life, both in school and at work. Nurses are masters at networking and this is seen in how nurse managed centers came to be. Collaboration is inbred in nurses and we use it to the advantage of all. We learn new things through working with others, we gain respect by being able to work with everyone and get along. This is the grown up equivalent of playing well with others that we all learned in grammar school. It is not hard to do at all; we just need to remember the Golden Rule: treat others as we would like to be treated. I know that some we deal with are difficult but we must always remember that when people need care they are normally scared and so may not act in the way they normally would. Patience and understanding go a long way toward alleviating these fears as well as helping them to realize they are not alone.

One other mark of a professional is the involvement in a professional organization. So, now you see where I am going! ASNA is the only advocacy organization in Alabama for nurses and represents the more than 60,000 nurses in our state. With this level of commitment from ASNA being consistently demonstrated we need to join, be active, and be committed to our organization. ASNA is committed to excellence in nursing and works hard to advocate for us with a volunteer board of directors and a small number of paid staff. ASNA has made a difference in the lives of Alabama nurses by tackling the hard issues and helping nurses in so many ways while never wavering in the commitment to make sure our voices are heard. Don’t we need to display the same level of commitment to ASNA? I think we do, and I think we can. It is as easy as becoming a member and volunteering our expertise when and where it is needed. The rewards are wonderful on so many levels. I have met and worked with people across our state that I would never have come in contact with if I did not belong to ASNA. So, if you are already a member then I thank you. If you are not a member, then please join us in promoting professionalism and excellence in nursing.

by Joyce McCullers Varner, DNP, ANP/GNP-BC, GCNS

Professionalism allows us to form relationships that last

The President's Message
As you are all aware, the November 2010 election in Alabama proved historic in several ways. It produced the biggest turnover in the Alabama Legislature in over 40 years: 18 of the 35 seats in the Alabama Senate had new faces, and 37 of the 105 members of the House were new. In addition, the Republican Party produced what could clearly be termed a landslide, as the Republicans took control of both the Senate and the House with significant majority numbers. The Republicans now control the Legislature for the first time in over 130 years. As the new Lt. Governor, Kay Ivey(R) will now preside over the Senate in place of former Lt. Gov. Jim Folsom, Jr. (D), and all the key leadership positions and committee chairs will now be Republicans.

And of course, Dr. Robert Bentley (R) from Tuscaloosa and a former two term Representative is now the Governor of Alabama. Bottom line: with all the new faces in the Legislature and the administration there will certainly be a “feeling out” period as the Legislature gets set to open on 1 March. Our 2011 agenda will include the nurse scholarship bill; funding for those scholarships in the Education Budget; a bill to improve the practice environment for nurse practitioners; and an effort to grant police powers for ABN investigators. By the way, it is clear that both the Education Budget and General Fund Budget will be very difficult for 2012. The Governor has already indicated that proration may be required for both budgets this year (2011) and next year could be even worse. You can expect the ASNA Legislative Committee, chaired by Beverly Haynes, the ASNA Board of Directors, and the Alabama Nurse Coalition to be very active as the Legislative session of 2011 approaches and proceeds. In fact, the upcoming Nurses at the Capitol rally, set for 9 March, 9:30AM-12:00 noon at the Capitol will be the most visible event in the near term. Don’t miss this opportunity to make in impression and increase nurses’ visibility in the state.

In addition, in a Special Session in December 2010, the newly formed Legislature passed a package of seven bills dealing with ethics reform. PAC to PAC money transfers are now prohibited; there is a ban on “double dipping” by legislators, i.e. legislators getting paid for holding two government positions at once; “Pass through Pork” is now prohibited; ethics training made mandatory; significant restrictions on the amount of money lobbyists can spend on legislators; Subpoena power granted to the Alabama Ethics Commission; and an end to taxpayer-financed deductions for special interests (i.e. AEA and ASEFA for example, can no longer have dues/PAC contributions deducted from their individual paychecks and sent directly to those groups). You should be shocked to see that this package of bills marks a major change in the way our Legislature does business, how lobbyists operate, and how elections are tracked. We believe this legislation will make government in Alabama more open and transparent, and clearly define and determine how laws are made. It should also improve government’s public image and credibility going forward.

The new Republican Majority is putting the finishing touches on one of the best education bills in the country. The “Pass through Pork” measure discussed above also removed the loophole that allowed PAC money to go to legislators, both in Alabama and out of state. That was a genuine porker. Now, corporations and unions are limited to $500 in PAC contributions per legislator, and $1,500 if they are trying to influence the general election. PAC’s have also been limited in the amount of money they may spend to influence elections. Legislators are no longer able to use PAC money for personal expenses.

The Republicans have also taken a major step forward by significantly increasing the number of seats on the state’s most important committee—the Appropriations Committee. The Republicans now control the Appropriations Committee, with the majority of members being Republicans. This is an important step forward for all Alabamians, as the Appropriations Committee is the key to funding the state’s priorities.

In conclusion, the new Republican majority has taken significant steps to improve government in Alabama. They have taken a serious approach to ethics reform, and have taken steps to increase transparency and accountability. The new Republican Legislature has taken a major step forward in improving the state’s education system, and has taken steps to increase accountability in the Appropriations Committee. These are important steps forward for all Alabamians, and we look forward to working with the new Republican majority to ensure that the state’s priorities are funded in a responsible and transparent manner.

Legal Corner

Medical employees often call my office complaining that they have been victims of “discrimination” in the workplace. Most often the “discrimination” is nothing more than a disciplinary action—a complaint that another employee has identified the same thing without being fired or suspended. Or a complaint that another nurse got promoted. Those type actions normally does not constitute legal discrimination.

The law definitively recognizes discriminatory treatment by employers but only for those acts specifically proscribed in the law. As most persons are aware, a individual, for instance, can be discriminated against because of his/her sex or race or religion.

A male nurse cannot be paid less than a female nurse for performing the same duties. But he can be paid less if there is a legitimate reason, such as seniority or position occupied.

A woman who is pregnant cannot be discriminated against less than a non-pregnant workers, if she is able to perform the duties. If overtime is available to everyone in a particular work area but denied to a healthy pregnant woman, the employer may well be violating the Pregnancy Discrimination Act. If a pregnant woman and her physician determine that her work duties are not impaired, even at eight months, the employer should respect her continued ability to do the job.

Sexual harassment is another field that employers can be held accountable to employees for failing in their responsibilities. Many people do not think of sexual harassment as being sex discrimination, but that is how the law classifies it. While many forms of discrimination, particularly race discrimination, are just not favored in the courts right now, sexual harassment is a growing field of law. The feeling seems to be that in our modern society, an individual should not have to put up with sexual innuendos, off color jokes, propositions and unwanted touching to maintain a job.

And under the law, you don’t have to put up with it. An employee who is subjected to sexual harassment should immediately report the unwanted attention to his/ her supervisor and Human Resources. If a supervisor is doing the harassing, report it to another supervisor and Human Resources. If an employee receives a report and fails to investigate and respond appropriately, the employer can be held liable in federal court and the employee can be awarded a substantial monetary judgment.

More difficult to uphold is a race discrimination lawsuit. Many courts have taken the position that race discrimination is a thing of the past. It is difficult to prove a race discrimination case, because the person bringing the lawsuit must prove intent.

The fact that a Caucasian was promoted over an African-American, even if the black employee seemingly has superior qualifications, often is insufficient evidence to win a lawsuit. The affected employee needs to show a racial motive or reason. It’s often easier to prove retaliation based upon a complaint about race discrimination than to prove race discrimination itself.

While cries of “discrimination” often are not well-founded, discrimination remains an important part of our law. It’s just that the law recognizes discrimination only for a protected class, even though the class may be male or female, black or white, depending upon the situation.
Grief
“The Silent Assassin”
by Gregory Howard, LPN

The loss of a spouse, child, parent or friend affects our very identity including the way we define ourselves as a husband/wife, parent, child or friend and even the way we perceive ourselves.

Grieving helps one understand and cope with many forms of loss. The experts have defined the types of grief one can encounter. Anticipatory Grief is usually when someone has had a long history of serious impairments. Another is sudden loss, when no one anticipated the demise, this is an immeasurable tragedy. This type of death causes great shock and confusion for loved ones left behind. They search for answers and often have unresolved issues especially guilt which can be overwhelming whether justified or not.

When you encounter grief give yourself plenty of time as it is virtually impossible to ‘move on’ before you are mentally ready. Remember people who are experiencing a loss have a particular need for support while going through the initial devastating shock, pain and anger. Family members, close friends and clergy can be a vital lifeline for those grieving.

How long does this last? There is no simple answer as grief impacts everyone differently. Research has shown that intense grieving last from three months to a year and many continue experiencing profound grief for two years or more. The most important thing to remember is to refrain from making life changing decisions without major consideration. Remember you may be reacting to the grief process and this change may not be in your best interest. Expect a roller coaster of emotions. Seek professional help if necessary. Rose F. Kennedy stated, “It has been said, time heals all wounds.” I do not agree. The wound remains. But in time the mind, protecting its sanity, covers it with scar tissue and the pain lessens, but it is never gone”. Robert Kennedy describe a grief process when he stated, “Tragedy is a tool we live by to gain wisdom”. Perhaps the best tool to use with grief resolution is by Gandhi who said,” Live as if there is no tomorrow and learn as if you will live forever”.

9/11 Attacks May Have Caused Miscarriages of Male Fetuses

The odds of having a male baby tend to fall after a natural or social disaster, research has shown. The communal bereavement hypothesis may be one explanation for this drop. It asserts that the widespread distress that occurs after a disaster can also affect individuals, like pregnant women, who have never met the victims of the disaster. For pregnant women, this stress can lead to production of corticosteroids that adversely affect male more than female fetuses, suggests a new study. Researchers from the University of California at Irvine found that the events of September 11, 2001, led to a rise in miscarriages of male fetuses.

Using 1996 to 2002 fetal death data files from the National Vital Statistics System, which records fetal deaths at 20 weeks or more, and birth certificate data from the National Vital Statistics System, the authors found that the odds of male fetal death increased unexpectedly in the United States (except for California) in September 2001. Further, the ratio of males expected to be born in December 2001 fell below expected values.

These finding suggest that the physiological response pregnant women experience after tragedies can threaten the gestation of male fetuses and serve as an indicator of how pregnant women react to societal stressors, the authors state. This study was funded in part by the Agency of Healthcare Research and Quality (T32HS00086).


Reprinted from November, 2010 issue of Research Activities
Membership News

New/Renew/Rejoin Members:

REMEMBER:
70% of your dues are tax deductible!

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Barbara A. May
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Jackie Bottomlee
Shalonda B. Covington
Lucille T. Irby
Lauren Crawford Mays
Janice Simmons
Demecka Whisnant

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Debrah J. Fisher
Krysta Graben Hood
Melissa Hatter
Juanetta Jemison
JoAnn S. Oliver
Bonnie M. Johnson
Debrah J. Fisher
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Melissa Hatter
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District 3
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District 4
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Vanessa R. Barlow
James M. Moran
Nikki E. Bowring
Barbara A. May
Janet Jones McCary
Carol J. Ratcliffe
Jackie Bottomlee
Shalonda B. Covington
Lucille T. Irby
Lauren Crawford Mays
Janice Simmons
Demecka Whisnant

District 5
Thelma Farrior
Boudy B. Kervin
Annie F. Alexander
Celia Mitchell
Valarie Dear

Proposed Car Tags for Alabama Nurses: UPDATE–
We are close to 800, only 200 +/- more to go!
The Alabama State Nurses Association has contacted the Alabama Department of Revenue, Motor Vehicle Division regarding a car tag for nurses. Two choices are available; a decal to be placed on a special tag, or a specially designed tag. The difference is of course numbers. If at least 250 people will sign a “Commitment to Purchase” at their local revenue office, we get the decal. It takes at least 1000 to get the whole tag. A design similar to the photo at left will be submitted. Please do not sign a “Commitment to Purchase Agreement” until you are notified that the tag has been created.

ASNA will need to know what kind of interest we have in this tag prior to submitting the application. Once the tag becomes available, if you have signed a “Commitment to Purchase” agreement with your local revenue office, you will be notified by that office. Please fill out the short form below and return it to ASNA at 360 N. Hull St., Montgomery, AL 36104 or email at memberasna@alabamanurses.org

Name: ______________________________________
Phone: ______________________________________
Email: ______________________________________
Address: ____________________________________
____________________________________________

This form indicates interest to ASNA only, it is not a “Commitment to Purchase”
Serve on an ASNA Committee for 2011-2012

If you are willing to serve, please indicate your choice(s) on this form and return it to the ASNA office.

STANDING COMMITTEES

- Committee on Governance
- Committee on Awards
- Committee on Membership
- Committee on Convention
- Committee on Finance
- Committee on Ethics & Human Rights
- Committee on Continuing Education
- Committee on Legislative
- Environmental Health & Safety Task Force

* Appointed by each District Board of Directors

CIRCLE YOUR MEMBERSHIP CATEGORY

- M–Full Membership–Employed full or part-time
- R–Reduced Membership–Not employed – full-time student or new graduate within six months after graduation from basic nursing education program FIRST MEMBERSHIP YEAR ONLY
- S–Special Membership–62 years of age or over and not employed, or totally disabled
- D–Direct (Alabama State Only)/Non ANA Member

PAYMENT PLAN (CHECK ONE BOX):

- ELECTRONIC DUES DEDUCTION FROM CHECKING ACCOUNT
  - M–$24.91 Month
  - R–$12.71 Month
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1. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
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Payments to ASNA/ANA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

For Office Use Only:

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Please return this completed application with your payment to ASNA 360 North Hull St., Montgomery, AL 36104 or Fax to 334-262-8578
Female Genital Mutilation continued from page 1

scraping of the vagina, use of corrosive substances introduced

Scrapping of the vagina, use of corrosive substances introduced vary in severity and include piercing, pricking (drawing blood), 2010). Those procedures included in the fourth category also Excision 3) Infibulation 4) Other (Female genital mutilation, FGC is classified into four major types: 1) Clitoridectomy 2) Excision 5) Infibulation 4) Other (Female genital mutilation, 2010). According to Obaid, “FGM/FGC is carried out with special knives, scissors, scalps, pieces of glass or razor blades” (Obaid, p. 1). Realizing the number of females affected, the number of countries involved, and the individual communities participating in the practice of FGM/FGC, one must understand the multiple reasons these practices persist. The predominant cultural beliefs are central to controlling female sexuality and the male dominant role in maintaining community. The least destructive procedures are intended to decrease a female’s sexual desire and libido and thought to promote virginity until marriage and then marital fidelity. Procedures closing the vagina are believed to promote chastity as well as increasing the husband’s pleasure during intercourse. Many procedures are performed as a ceremony, a rite of passage, or right before marriage, often to create a 'fear of sex' and deter women from ever engaging in sexual activity. An interagency statement, 2008). According to Obaid, “FGM/FGC is carried out with special knives, scissors, scalps, pieces of glass or razor blades” (Obaid, p. 1). With the exception of procedures performed by medical personnel, anesthetics and antisepsics are generally not used. One personal account of a young women includes a description of being held down by five women for the procedure and having her legs tied by a rope following the infibulation. She states that “the memory and the pain never really goes away” (Obaid, p. 1).

According to the World Health Organization (WHO) FGM/ FGC is classified into four major types: 1) Clitoridectomy 2) Excision 5) Infibulation 4) Other (Female genital mutilation, 2010). Those procedures included in the fourth category also vary in severity and include piercing, pricking (drawing blood), scraping of the vagina, use of corrosive substances introduced into the vagina creating scarring that minimizes the vaginal opening, cauterization and incising (Committee on Bioethics, 2010; Obaid). FGM/FGC is frequently performed prior to puberty, around 7 to 10 years of age, but based on cultural beliefs can be performed within days of birth, during childhood, adolescence, prior to marriage or during or after a first pregnancy (Committee on Bioethics, 2010; Obaid). Procedures are performed by traditional circumcisers, elderly persons designated by the community, traditional birth attendants, members of secret societies, herbalists, medical personnel and even barbers (Obaid; Female genital mutilation, 2010). According to Obaid, “FGM/FGC is carried out with special knives, scissors, scalps, pieces of glass or razor blades” (Obaid, p. 1). With the exception of procedures performed by medical personnel, anesthetics and antisepsics are generally not used. One personal account of a young women includes a description of being held down by five women for the procedure and having her legs tied by a rope following the infibulation. She states that “the memory and the pain never really goes away” (Obaid, p. 1). Historically, the origins of FGM/FGC are unknown, but there is evidence that FGM preceded both Christianity and Islam. Obaid describes “Egyptian mumiffies that display characteristics of FGM/FGC” (p. I) and claims by historians that in the fifth century BC Phoenicians, Hittites and Egyptians practised female circumcision. She identifies that women’s “ailments” such as lesbianism, epilepsy and mental disorders, among others, were treated in the United States and Western Europe with clitoridectomy within the last sixty years (Obaid).

Currently FGM/FGC is known to be practiced in 28 countries in Africa with an estimated 92 million girls age 10 years and above having had FGM/FGC performed through 2009 (Eliminating female genital mutilation, 2010). Other countries in which FGM/FGC occurs include India, Indonesia, Iraq, Israel, Columbia, Peru and Sri Lanka (Eliminating female genital mutilation, An interagency statement, 2008). According to the AAP, of the estimated 4 to 5 million procedures performed annually on women and children, the most severe types are performed in Somalian and Sudanese populations (Committee on Bioethics, 2010).

Migration throughout the world and resettlement efforts have made FGM/FGC known in communities in Western Europe with clitoridectomy within the last sixty years (Obaid). Currently FGM/FGC is known to be practiced in 28 countries in Africa with an estimated 92 million girls age 10 years and above having had FGM/FGC performed through 2009 (Eliminating female genital mutilation, 2010). Other countries in which FGM/FGC occurs include India, Indonesia, Iraq, Israel, Columbia, Peru and Sri Lanka (Eliminating female genital mutilation, An interagency statement, 2008). According to the AAP, of the estimated 4 to 5 million procedures performed annually on women and children, the most severe types are performed in Somalian and Sudanese populations (Committee on Bioethics, 2010). It is estimated that 100 to 140 million women around the world who are living with effects and side effects of these practices. It is imperative that in the fifth century BC Phoenicians, Hittites and Egyptians practised female circumcision. She identifies that women’s “ailments” such as lesbianism, epilepsy and mental disorders, among others, were treated in the United States and Western Europe with clitoridectomy within the last sixty years (Obaid).
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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00 – 9:15 AM</td>
<td>Opening Plenary Immunization in Alabama</td>
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<td>Deborah L. Kigo, RN</td>
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<td>9:15 – 10:00 AM</td>
<td>Break – Visit Exhibitors, View Posters</td>
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<td>10:00 – 11:00 AM</td>
<td>Caregivers: Dementia and Alzheimer’s Disease</td>
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<td>Luscille Taylor-Smith, MSN, RN</td>
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<td>Julie Savage Jones, MSW, RN-BC</td>
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<td>Community-Associated MRSA, Guidelines for Prevention and Treatment</td>
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<td>Electrical Activity Vicky Knapp, MSN, APHN</td>
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<td>Antimicrobial Infections: Insulin Carbohydrate Ratio vs Set Dose</td>
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<td>Tamika Everett, MNP, RN &amp; Cinnamon Banks, MSN, RN</td>
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<td>Dr. Michele Schutt</td>
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<td>A Nursing Perspective on Caregiver’s Management and Outcomes</td>
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<td>Dr. Terry Johnson</td>
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<td>11:15 AM – 12:15 PM</td>
<td>The Role of a Nurse Managed, Community Based</td>
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<td>Clinic for Outreach &amp; Research</td>
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<td>Part A: Holistic Live Well Health in an Elderly Population</td>
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<td>Kay Sizemore, RN &amp; Part B: Health Coordinating in a Community of Underserved Elders</td>
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<td>Meredith Clark, MS</td>
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<td>12:15 – 1:15 PM</td>
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<td>1:15 – 2:30 PM</td>
<td>Lunch</td>
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<td>2:40 – 3:40 PM</td>
<td>My Patient is Depressed, So Why are They on This Medication?</td>
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<td>Dr. Suzanne Astrab Fager</td>
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<td>2:40 – 3:30 PM</td>
<td>Sickle Cell Disease and Trait</td>
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<td>Dr. Tricia Hu ey</td>
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<td>2:40 – 3:30 PM</td>
<td>Wheezy Made Easy: Applying the National Clearinghouse Guidelines for Asthma Care to Children</td>
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<td>Dr. Kay Willmore, RD, Jennifer Yank, MSN, RN, PONS, B.C.</td>
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<td>Therapeutic Hypothemia: A Multidisciplinary Treatment Improving Patient Outcomes</td>
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<td>Dan Sotriffer, MSN, RN, CCOR</td>
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<td>2:40 – 3:30 PM</td>
<td>Acute Coronary Syndrome: Recognition and Treatment Updates</td>
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<td>Dr. Cindy McClay</td>
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<td>Dr. Susan Hayden</td>
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<td>Insulin Pumps: Help Kids be Kid!</td>
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<td>Linda “Liz” Lewis, MSN, RN, CDE, RPT</td>
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<td>2:40 – 3:30 PM</td>
<td>Rich Eating with a Poor Income: Can the Poor Afford to Eat a Healthy Diet?</td>
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<td>Dr. Arina King</td>
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<td>2:40 – 3:30 PM</td>
<td>Morbid Obesity Patient in the Clinical Setting</td>
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<td>Janet Donoghue</td>
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<td>Best Practices in Catheter Care</td>
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<td>Brian Buchanan, BSN, RN &amp; ABA</td>
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<td>3:50 – 4:50 PM</td>
<td>Mental Health Inpatient Cultural Transformation</td>
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<td>Rebecca G. Meyers, MSN, RN, RC</td>
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<td>3:50 – 4:50 PM</td>
<td>Complementary and Alternative Medicine Use in Cancer Patients: What the Nurse Needs to Know</td>
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<td>Dr. Kimberly Quetzell</td>
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<td>3:50 – 4:50 PM</td>
<td>Acute Decompensated Heart Failure: Pathophysiology and Current Pharmacological Therapies</td>
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<td>Gail Sudder, MSN, RN, ACNP-BC</td>
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<td>3:50 – 4:50 PM</td>
<td>An Overview of Antibiotic Therapy</td>
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<td>Erin Castle, MSN, RN, WHP, BC</td>
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<td>Obesity &amp; Metabolic Syndrome: Are We Managing in the Minors</td>
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<td>Dr. Deborah L. Curry &amp; Rocky Bertain, MSN, RN</td>
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<td>Administration Among Pediatric Nurses</td>
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<td>Leslie L. Jones, BSN, RN &amp; Lisa Wright, RN &amp; Sherry L. Odom, RN</td>
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**Elizabeth A. Morris Clinical Education Sessions - FACES ’11**

**Sponsor:** Arthur L. Davis Publishing Agency

**Exhibitors:**
- Providence Hospital
- Rinchart & Associates
- Walden University
- Tile Grass School of Anesthesia
PLENARY A
Immunization in Alabama
Deborah L. Kilgo, RN
Sponsored by Pfizer
At the conclusion of the presentation the participant should be able to:
1. Compare the rate of immunizations in Alabama to the national average.
2. List vaccinations adults & children should have.
3. Relate special concerns of immunizations with the elderly.

PSY A–Caregiver: Dementia and Alzheimer’s Disease (AD)
Lucille Taylor-Smith, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Describe the differences between Dementia and Alzheimer’s disease.
2. Identify intervention approaches that healthcare and family caregivers prefer when caring for individuals with dementia and AD.
3. Define caregiver’s depression, burnout, fatigue, burden, and stress and recognize their symptoms.

CLIN 1 A–The Big Chill: The Role of Therapeutic Hypothermia in the ICU
David H. James, MSN, RN, CRN, CCNS
At the conclusion of the presentation the participant should be able to:
1. Describe the impact of cardiopulmonary arrest and injury to the brain.
2. Discuss physiological effects of hypothermia on the patient.
3. Apply evidenced based practice to the management of cardiac arrest patients.

CLIN 2 A–Community-Associated MRSA: Guidelines for Prevention and Treatment
Stacey White, MSN, MSHA, CRNP
At the conclusion of the presentation the participant should be able to:
1. Discuss the clinical syndrome with CA-MRSA infection, diagnosis, and treatment guidelines.
2. Discuss the most recent procedures and pharmacologic interventions associated with recurrent infections.

CLIN 3 A–Medication Safety to Improve Health Outcomes in Geriatric Patients
Julie Savage Jones, MSN, RN-BC
At the conclusion of the presentation the participant should be able to:
1. Relate common medications that can cause serious adverse events in geriatric patients.
2. Discuss potential side effects of medications mentioned.
3. Relate Nursing interventions to prevent serious adverse events related to medication administration in the elderly.

CARD A–The Final Four: Ventricular Tachycardia, Ventricular Fibrillation, Asystole, and Pulseless Electrical Activity
Vicky Knopp, MSN, APRN
At the conclusion of the presentation the participant should be able to:
1. Identify the signs and symptoms of an acute myocardial infarction.
2. Identify four lethal arrhythmias.
3. Discuss treatment options according to the 2010/2011 ACLS Algorithms.

AANS A–Alabama Nurses’ Perception and Awareness of Health and Safety Issues in the Workplace
Dr. Lynn Chilton & Joyce Varner
At the conclusion of the presentation the participant should be able to:
1. Relate Alabama nurses’ beliefs regarding health and safety issues in the workplace.
2. Explore readiness of healthcare facilities to protect nurses in the workplace.

PED A–When the Bough Breaks–The Impact of Congenital Anomalies
Dr. Michelle Schatt
At the conclusion of the presentation the participant should be able to:
1. List the most common congenital anomalies.
2. Discuss measures to support families of newly diagnosed infants.
3. Relate available resources for further family support.

DIAB A–A Nursing Perspective on Caregiver’s Mealtimes Management in New Onset Diabetic Inpatients: Insulin Cardiac Hydroxyrate Ratio vs Set Dose
Tarricka Everett, MPH, RN & Cinnamon Banks, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Relate RN perspective of caregiver’s comfort level, understanding and dietary freedom related to using insulin cardiac hydroxyrate ratio or set dose insulin regimen.
2. Compare insulin cardiac hydroxyrate ratio and set dose insulin regimen to determine which method increases likelihood of future adherence.
3. Identify areas for future studies and research to integrate RN perception and actual patient outcomes.

OBES A–The Gluten Free Diet: Is the Marketing Ahead of the Science?
Dr. Teresa Johnson
At the conclusion of the presentation the participant should be able to:
1. Describe the medical conditions that utilize gluten-free diets as a part of treatment.
2. Describe the alterations in gluten metabolism of these medical conditions (although some are controversial).
3. Debate the pros and cons of a gluten-free diet.

MINI A–The Role of a Nurse Managed, Community-Based Clinic for Outreach and Research
At the conclusion of the presentation the participant should be able to:
1. Describe the community development of a nurse-managed healthcare clinic focused on wellness, health promotion and community outreach.
2. Identify a holistic and integrated view of heart health in the elderly, using the Roy Adaptation Model as a framework.
3. Discuss how a nursing intervention of health coaching can contribute to health promotion and wellness in underserved elders.

Part A–Holistic Look at Heart Health in an Elderly Population
Kyle Batemen, MS

Part B–Health Coaching in a Community of Underserved Elders
Meredith Davis, MS

11:15 AM–12:15 PM
SESSION B

PSY B–Combat PTSD
Jill M. Stuckey, MSN, MA, RNC
At the conclusion of the presentation the participant should be able to:
1. Discuss the symptoms of PTSD.
2. Identify the neurochemistry involved in PTSD.
3. Discuss epidemiology of Combat PTSD.

CLIN 1 B–Arterial Blood Monitoring: Basic and Advanced
Beverly Berndan, MSN, RN, CNE
At the conclusion of the presentation the participant should be able to:
1. State normal and abnormal blood gas values and identify the possible causes of abnormal arterial blood gas result.
2. Describe physiologic compensatory mechanisms and associated laboratory values for basic abnormal arterial blood gas results.
3. Discuss real life examples of arterial blood gases that seem to fall outside the normal parameters of ABG analysis.

CLIN 2 B–Mandatory Reporting of Infection Control Data: What the RN Needs to Know
Dr. Martha Long, MSN, RN, CIC
At the conclusion of the presentation the participant should be able to:
1. Identify the three infection events required to be reported by the State of Alabama.
2. Discuss the methods used by infection control professionals to identify hospital-acquired infections.
3. Discuss strategies the nurse can implement to prevent hospital acquired infections.

CLIN 3 B–Administration of Moderate Sedation by Non-Anesthetist RNs
Michael R. Edinger, RN, CRNA, MA, APN
At the conclusion of the presentation the participant should be able to:
1. Discuss the continuum of care during sedation.
2. Examine the Alabama Board of Nursing sedation policy.

CARD B–Acute Coronary Syndrome: Recognition and Treatment Updates
Doris Strother, MSN, RN, CCRN
At the conclusion of the presentation the participant should be able to:
1. Identify Acute Coronary Syndromes based upon EKG findings.
2. List treatment options for Acute Coronary Syndrome.
3. Discuss the modified Braunwald risk stratification process.

AANS B–Passing Nursing School and the NCLEX Exam
Wilda Rinehart, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Know NCLEX structure.
2. Implement testing strategies to correctly answer the multiple choice questions.
3. Explore the process to become licensed to practice nursing.

PEDS B–Assessing Pain in Children
Dr. Taralyn McMullan & Kimberly C. Norris, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Discuss various pain assessment tools that can be used for assessing pain in children.
2. Explain how specific variables can influence the pain score in children.
3. Compare and contrast pain assessment tools based on the specific pediatric setting.

DIAB B–Planning for the Discharge of the Inpatient Diabetic: Are You Doing Enough?
Lisa Smith, BSN, RN, CCD
At the conclusion of the presentation the participant should be able to:
1. Identify survival skills that diabetics need for the home setting.
2. Relate complementary resources in the diabetic industry available to assist with educating patients.
3. Identify a means to have educational resources for patients 24/7.

OBES B–Alabama Obesity: Strategies for a Healthier Lifestyle
Drs. Janice L. Vincent & Mary Annette Wright
At the conclusion of the presentation the participant should be able to:
1. Discuss appropriate goals for overweight/obese patients at risk for diabetes and cardiovascular diseases.
2. Discuss treatment strategies for healthier lifestyles.
3. Discuss barriers and facilitators with healthy lifestyle modifications.

MINI B–Disposable vs Reusable Blood Pressure Cuffs: An Evidence-Based Approach to Change Practice
Sheila Ray Montgomery, BSN, RN; Kristen Nolte, BSN, RN & Pamela Patterson, MSN, RN
At the conclusion of the presentation the participant should be able to:
1. Describe the process of clinical practice issues resolution addressing the issue of disposable versus reusable cuffs in the clinical setting.
2. Describe the improvement project of converting the entire hospital from disposable blood pressure cuffs to reusable.

Elizabeth A. Morris continued on page 11
Best Practices in Catheter Care
Brian Buchmann, BSN, RN, MBA
At the conclusion of the presentation the participant should be able to:
1. Review criteria that helps determine when catheterization is necessary.
2. Review risks factors associated with healthcare-associated urinary tract infections (UTIs).
3. Implement effective strategies for preventing catheter-associated UTIs.

CLIN 2 D–Asthma Management, Prevention, and Treatment Modalities
Dr. Ramona Browder Lazenby
At the conclusion of the presentation the participant should be able to:
1. Discuss indications for therapeutic hypothermia.
2. Incorporate data from a thorough chief complaint history and physical examination.
3. Relate how this new engagement positively influences the health environment.

CLIN 3 D–Complimentary and Alternative Medicine (CAM) Use in Cancer Patients: What the Nurse Need to Know
Dr. Kimberly Quiet
At the conclusion of the presentation the participant should be able to:
1. Define complementary and alternative medicine (CAM).
2. Identify techniques for assessing patient’s use of CAM.
3. Identify common CAM treatments that should be avoided by cancer patients.
4. Identify appropriate CAM interventions for cancer patients.

PSY C–My Patient Is Depressed, So Why Are They On This Medication?
Dr. Susanne Astrub Foger
At the conclusion of the presentation the participant should be able to:
1. Identify medications used with SSRIs in the treatment of Major Depression.
2. Describe underlying theory and mechanism of action of medications for depression.
3. Discuss management strategies for safe and therapeutic use of medications that augment SSRIs for treatment of depression.

DIAB D–Gestational Diabetes 101
Dr. Kimberly Quiett
At the conclusion of the presentation the participant should be able to:
1. Define complementary and alternative medicine (CAM).
2. Discuss various levels of evidence.
3. Provide recommendations for broader multidisciplinary approaches and research.

MINI D–Evidence Based Practice: First, You Have to Be Able to Read the Literature
Dr. Susan Hayden
At the conclusion of the presentation the participant should be able to:
1. List 4 or more body systems affected by immobility.
2. Identify interventions to prevent these complications.

AANS C–Immobility: STILL a Major Problem
Dr. Susan Hayden
At the conclusion of the presentation the participant should be able to:
1. List 4 or more body systems affected by immobility.
2. Identify interventions to prevent these complications.

PEDS D–Sedation Administration by the Registered Nurse in the Pediatric Setting
Dr. Sara C. Majors
At the conclusion of the presentation the participant should be able to:
1. Discuss methods in identifying pathogens versus empirical treatment.
2. Discuss preventative measures to decrease resistant strains of bacteria in our communities.
3. Provide the latest clinical guidelines entailing: selection, length of treatment, and proper use for antibiotic therapy.

PSY D–Mental Health Inpatient Cultural Recovery
Rebecca L. Meyer, MSN, RN, BC
At the conclusion of the presentation the participant should be able to:
1. Define cultural transformation in an inpatient mental health environment.
2. Cite several methods of engaging clients in this new environment.
3. Relate how new engagement positively influences Mental Health Recovery.

DIAB C–Rich Eating With a Poor Income: But Did the Stork Come? Overweight
Dr. Lynn Hillhouse
At the conclusion of the presentation the participant should be able to:
1. Compare and contrast community programs that can assist the low-income with healthy food choices.
2. Discuss the role of natriuretic peptides in heart failure evaluation.
3. Emphasize the legal and ethical impacts of administering sedation to children.
4. Identify appropriate CAM interventions for cancer patients.

MINI C–A Pill a Day Keeps the Stork Away: But Did You Know...?
Sherron B. DeWeese, MSN, RN, WCNPN
At the conclusion of the presentation the participant should be able to:
1. Define emergency contraception (EC).
2. Compare FDA-approved EC pharmacological methods.
3. Describe risks, benefits, and legal aspects of EC use.
4. Compare and contrast community programs that can assist the low-income with healthy food choices.
Elizabeth A. Morris continued from page 11

An Education Plan to Increase the Knowledge Base of Intramuscular Injection Administration Among Pediatric Nurses

Leslie H. Jones, BSN, RN; Lisa Wright, RN & Sherry L. Osborne, RN

At the conclusion of the presentation the participant should be able to:
1. Develop a policy for the administration of IM Injections in pediatric patients.

Poster Sessions:
1. Enhancing Communication With the Traditional Whiteboard–Wade Forehand, MSN, RN-BC; Jan Wynn, RN-BC & Lynn Grimes, RN
2. A Descriptive Study on the State of the Science: How Nursing Educators Address Essential Outcomes–Dr. Susan Hayden; Dr. Taralyn McMullan; Diane Keasler, MS; Dr. Catherine Dearman & Cecelia Martin
4. Prevention and Treatment of Respiratory Syncytial Virus (RSV)–Kristin Hinton, RN
7. Progression Through the Second Stage of Labor: Efficacy of Commonly Used Procedures and Techniques–Lacy Walton, RN
8. School Lunch Programs: Nutritional Value vs. Recommended Daily Allowance for Children–Emily Apple, NS; Lori Brezan, NS; Natalie Murphy, NS & Angelica Moore, NS
9. Nursing Perspectives on the Effectiveness of the ON-Q Pain Management System–Lindsay Baker, NS; Laura Donnelly, NS; Carole Ann Downing, NS & Caroline Gorgoglione, NS
10. MRSa: On and Off the Field–Krisen Arrington, NS; Becca Ensor, NS; Amy Ingham, NS; Karymen Kline, NS & Morgan Read, NS
11. Examining the Integration and Effects of Simulation in Nursing Courses–Kelly Johnson, BSN, RN
12. Child Sexual Abuse: Evidence Based Signs and Symptoms–Michelle S. Powell, BSN, RN, CEN, SANÉ-A
13. Chemotherapy–Induced Nausea and Vomiting–Kelly Morgan, BSN, RN
14. Evidence−Based Best Practice for Patients With Heart Failure in the Outpatient Setting–Carissa Dehner, MSN, RN
15. Improve Workflow Process From Point of Care to Laboratory Specimen Processing So That Results Are Reported in a Timely and Accurate Manner–Antoinette Shedlarski, BSN, RN; Kristen Noles, RN, BS & Pamela Patterson, MSN, RN
16. Clinical Simulation: An Innovative Teaching Tool–Dr. Beverly J. Myers; Lucile Irby, MSN, RN; Stella Ervin, MSN, RN; Artilya Jones, MSN, RN; RN; Allyson Maddox & Yolanda Smith, MSN, RN
17. Multiple Myeloma–Katie Foote, BSN, RN
18. Adolescent Depression–Shelley Byrd, BSN, RN
19. Management of Atrial Fibrillation–Sherry Wright, BSN, RN
20. Utilizing the Recognize, Ask, Critically Analyze, and Eliminate (RACE) Model–Julie C. Freeman, BSN, CEN
21. Asthma in the Pediatric Client–Jennifer Bradley, BSN, RN
22. Diabetes Education: Addressing Health Literacy–Kimberly Davis, BSN, RN; Dr. Anita All & Dr. Ramona Luzenzey
23. Methamphetamine Use and Abuse: Escalating Clinical Epidemic–Heather Bolden, BSN, RN
24. New Graduate Nurse Retention: Components of Successful Hospital Orientation Programs–Leigh Anne Childree, BSN, RN
25. A Disaster is Coming: Are You Ready?–Ginny Langham, MSN, RN
26. Prenatal Stress Impacts Birth and Developmental Outcomes–Candace Knight, BSN, RN
27. Adolescent Sexual Behavior: Evidence Based Practice Interventions–Elizabeth Stargell, BSN, RN
30. The Relationship Between Obstetric Care and Breastfeeding Outcomes–Mckenzie Dunn, NS & ASENS, NS
31. Mental Health Recovery Empowerment–Rebecca G. Myers, MSN, RN, BC
32. An Orientation Plan for Novice Adjunct Clinical Faculty–Dr. Rosalynde Peterson
33. Raising Awareness of the Need for Statewide Regulation on Adult Day Care Programs–Christy Farleigh, NS & Cody Walker, NS
34. The Education of Nurses to Decrease Lateral Violence in the Workplace and Increase Nursing Retention–Nancy Blevill-Mathews, BSN, RN, CNOR

Elizabeth A. Morris Clinical Education Sessions–FACES ‘11–Registration Form

| Print Name: ________________________________________ | ABN License Number: ______________________ |
| Address: ______________________________________________________________________________________ |
| City State ZIP __________________________________________________________________________________ |
| Check: ____________________________________________________________________________________ |
| Credit Card #: _________________________________ | Exp. Date: ______________  CVV# _______________ |
| Make check payable to: ________________________________ Payment Method: ________________ |
| Online Registration Open until Midnight April 18, 2011 at www.alabamanurses.org |
| Fest Fax registration form to: 334-262-8578 |
| Optional Lunch Menu: Ribeye Steak, (served Med. Well), Baked Potato, Salad, Assorted Desserts, & Tea or Water |

Make check payable to: Alabama State Nurses Association

Mail Registration form and fee to: 360 N. Hull St. – Montgomery, AL 36104

Fest Fax registration form to: 334-262-8578

Online Registration Open until Midnight April 18, 2011 at www.alabamanurses.org

Registrations Received after April 18, 2011 will be treated as “At Door”

Credit Card #: ________________
Exp. Date: ________________
CVV# ________________
Signature: ________________

Fees if received by April 18, 2011:

| ( ) $59 ASNA Member |
| ( ) $79 Non Member |
| ( ) $20 Student |
| ( ) $10.00 LUNCH* (Optional) |

After April 18, 2011 add $10 late fee

Amount Enclosed

All individuals registering at door will be required to pay the late fee.

*Optional Lunch $10.00–not available after April 18, 2011 OR for at-door registration
In an effort to celebrate and recognize professional nurses, the Alabama State Nurses Association announces the 2012 The FACE of Nursing project. If you know a nurse who inspires other nurses and patients through her outstanding professional practice of nursing, and whom you would like to receive special recognition, then write ASNA and tell us in 150 words or less. Twelve nurses from across the state will be selected to appear on a 2012 FACE of Nursing Calendar sponsored by the Alabama State Nurses Association.

Submissions are due to the Alabama State Nurses Association no later than July 1, 2011, and must include the following information:

1. Full name and nursing credentials of Nominee.
2. Daytime phone number and email address of Nominee.
3. Position and years in the position for Nominee.
4. Recent Photograph(s). Digital camera (use portrait mode); photos must be of at least 750K file size per photo. We need at least three pictures, one of which should be a close-up/"Face shot." Please transmit to us electronically.
5. Employer's Name and address.
6. Describe the Nominee in a 150 word (maximum) overview, including how the nominee's professional conduct:
   - inspires nurses in their practice
   - represents the best example of a professional nurse, and
   - promotes professional nursing to colleagues and the general public.

Each nomination must also include:
1. The Nominator's name, email address, mailing address and daytime phone.
2. A signed Employer Statement of Support (see attached) from the Nominees Chief Nurse/Nurse Executive/Supervisor must accompany each nomination.

Nurses selected will be required to provide a release for appearing in the calendar. Photographs should be taken of the selected nurses in their places of work for inclusion in the calendar. Employers may be asked to participate in doing some photographs or allowing access to their facilities to do photographs.

Employer Statement of Support

I support the nomination of ________________________________

for the 2012 ASNA Face of Nursing Calendar. This individual is an employee in good standing at our facility.

I understand that photographs will need to be taken of this employee in his/her area of work and agree to have our in-house photographer or a photographer selected by the Alabama State Nurses Association to do this photography.

Signature ________________________________

Printed name ________________________________

Title ________________________________

Facility ________________________________

Phone ________________________________

Email ________________________________

Please be advised that your facility/organization may purchase advertisement in the calendar, which will be made available across the state. In addition, should your nominee be selected, there will be a formal presentation to that person that will include recognition of the Chief Nurse/Nurse Executive at the ASNA Annual Awards dinner during our annual Convention in Auburn, October 20-22, 2011. A confirmation of date will be sent to you with a notice of selection.

You may also wish to purchase individual calendars for your nursing staff or units. Order forms will be available later in the year with delivery in October 2011, just in time for the holidays. Bulk purchasing rates will be available.

This form must be returned with the nomination in order for the nomination to be valid.

If you have any questions please contact Joe Decker, Executive Director, Alabama State Nurses Association at edasna@alabamanurses.org or 334-262-8321.

Twelve nurses will be selected to appear in a 2012 FACE of Nursing Calendar. These nurses will also be featured in an upcoming issue of The Alabama Nurse, and will be recognized at the 2011 ASNA Convention to be held October 20-22 at the Auburn University Hotel and Conference Center in Auburn, Alabama.

Submissions may be done by mail, fax or electronically:

Alabama State Nurses Association
360 N. Hull St.
Montgomery, AL 36104

Electronically to edasna@alabamanurses.org
FAX 334-262-8578

Deadline for all submissions is July 1, 2011.

If you have any questions please contact Joe Decker, Executive Director, Alabama State Nurses Association at edasna@alabamanurses.org or 334-262-8321.
Convention 2011 News

ASNA Leadership Opportunities: 2011
Consent to Serve Form for Alabama State Nurses Association Office

☐ Vice President
☐ Secretary
☐ ANA Delegates (7)
☐ Commission on Professional Issues

☐ Nominating Committee

The Commission on Professional Issues has openings for 3 positions this year.

The Nominating Committee has openings for 3 positions this year.

All criteria for eligibility must be met before your name will appear on the ballot.

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent to Serve Form?

☐ Yes  ☐ No

Name and Credentials _____________________________________  Home Phone:__________________________

E-Mail Address:________________________________________  Work Phone:__________________________

Fax Number:__________________________________________

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent To Serve form?

☐ Yes  ☐ No

Because of the time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

My Views of the issues facing the nursing profession, the Alabama State Nurses Association, and the office I am seeking are: (200 words or less–typed or printed)

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Alabama State Nurses Association
360 North Hull Street • Montgomery, Alabama 36104
(334) 262-8321 • Fax# (334) 262-8578 • Members (800) 270-2762
E-Mail: alabamasna@alabamanurses.org

Save These Dates
October 20-22, 2011

The Alabama State Nurses Association will hold its 98th Annual Convention co-sponsored by the Alabama Organization of Nurse Executives and the Alabama Association of Nursing Students at the Auburn University Hotel & Dixon Conference Center in Auburn, AL. We invite each of you to attend. Thursday, October 20th will be a Pre-Convention CE day. This is a great opportunity for all you LPNs, who haven’t quite met the ABN requirements during the LPN renewal cycle, to finish getting your 24 hours. RN’s are also encouraged to attend. Friday and Saturday, October 21st and 22nd, will be the Full Convention days. You’ll have the opportunity to hear a quality Keynote Address. ASNA members who are delegates to the convention will have the opportunity to debate on issues of current concern to the association and the nursing community. Complete convention registration materials will be printed in the pull-out section of the June/July/August issue of The Alabama Nurse. Mark your calendars today and plan to attend an exciting convention.

For Awards Information and Application go to alabamanurses.org

ASNA’s Official Call for Resolutions
All You Need To Know

What Is a Resolution?
It is a formal written call to action on a subject of great importance to members of ASNA. In other words this is an action members would like ASNA to pursue. Resolutions are often the source of action in developing positions on issues affecting nurses, nursing, and the needs of the public. Once the resolution is voted on and passed by the House of Delegates ASNA will try to implement in order to meet the needs of the association. Resolutions may be sent to other organizations, governmental agencies, or other individuals. The resolution process is one of the most important functions of the House of Delegates.

Call for Resolutions
Any ASNA member may research, write, and/or submit a resolution for consideration by the ASNA House of Delegates. Resolutions should be submitted to the Governance Committee through the ASNA office at 360 N. Hull St., Montgomery, AL 36104 by May 2, 2011. Only an emergency resolution will be accepted after the designated date.

Types of Resolutions
Resolution are classified according to the following:
• Substantive Resolution, which deal with basic principles and policies of ASNA, or issues of statewide or national concerns of nurses as practitioners and citizens.
• Courtesy Resolutions, which give recognition to outstanding persons who have made especially valuable contributions to ASNA or the nursing profession.
• Commemorative Resolutions, which deal with commemoration of important events or developments in nursing, allied professions, or government.
• Emergency Resolutions, which have significance for the association and require immediate action.

How is a Resolution written?
A resolution has two parts—the “whereas” section and the “resolved” section. The “whereas” section is a series of single item, factual statements which present documentation of the need for the resolution. The “resolved” section is a series (or single) item action statement(s) of position by ASNA and is the actions by which the intended result will be obtained. (If requested ASNA will assist individuals in formatting the resolution.)
Advocate to:
- Reduce the use of pesticides and herbicides
- Use only third-party certified green cleaning products
- Reduce the presence of chemical hazards, such as mercury in schools
- Improve indoor air to school design, construction, and school site

Goal
Ensure that every child has a healthy, clean, quiet, well-lit, and dry with good indoor air quality. Also needed is an administration that swiftly address such hazards as lead, PCBs, molds, asbestos, pest infestations, and chemical spills consistent with ACG Tools for Schools Program.

Identify recognized third party certifiers of green cleaning products
Describe the process of identifying and selecting a green cleaning product. This includes verifying the product meets specific criteria, such as being environmentally friendly.

Cleaning for Healthy Schools—simple first steps—prevent dirt and pests
- Keep walkways, parking areas clean & swept/shoveled so shoes stay clean & dry
- Place walk-off mats at each entry entrance
- Provide receptacles for personal items with regular trashcans clean的日子
- Restrict all smokers and food to one or two designated areas in the building
- Ban pets in classrooms, keep classroom plants away from air supply
- Keep tightly sealed garbage cans/recycling bins away from the fresh air intakes
- Keep clean and dust-free clean
- Use durable, hard surface easy-to-clean materials for floors and walls.
- Ban new or used upholstered furniture
- Keep classrooms/dalles, leave classrooms ready to clean
- Children can help tidy up, but should never be required to use hazardous
- Cleaning products brought from home
- Give teachers rationale for cleaning materials for quickly wiping up small spills
- Maintain heating/ventilation system to reduce/eliminate airborne contaminants such as bacteria, dusts, molds

Breathe easier—clean does not have an odor

Cleaning for Healthy Schools Toolkit: http://www.healthyschoolsinfo.org/
Scholarships

The Alabama Nurses Foundation has been designated by the Internal Revenue Service as a 501(c) (3) organization existing exclusively for charitable, educational, scientific, and literary purposes. All gifts to the Foundation are tax deductible to the extent allowed by applicable law.

The Foundation invites and sincerely appreciates donations in any amount.

This year the primary goal of the foundation is to raise enough money to be able to offer several scholarships to encourage nurses to become nurse educators/faculty.

The public is already aware that this nation is suffering a severe nursing shortage. Alabama is not at this shortage level yet. Alabama's severe shortage is in available nurse faculty. What this means is that just about every school of nursing in the State must turn away qualified students because they do not have the nursing faculty to accommodate the increasing enrollment.

With the ever increasing costs of tuition the Foundation want to be able to offer scholarships to individuals interested in pursuing the advance degrees required to become a faculty member of a school of nursing. But help is needed. Please invest in the future of nursing and nurses in Alabama. The Foundation invites and sincerely appreciates donations in any amount. If every nurse in Alabama would donate just a few dollars we could solve this shortage in record time.

Yes! I want to help. Here’s my contribution to the Alabama Nurses Foundation.

Success Depends on You

The Foundation invites and deeply appreciates your tax deductible contributions from all who believe in and wish to support its purposes and programs. Investment in the Foundation’s work enables contributors to help increase public understanding of nursing and health, promote better use of nursing services and strengthen nursing research and practice.

Yes! I want to Increase Public Understanding of Nursing and Health… Enclosed is my contribution to the Alabama State Nurses Association Foundation.

Alabama Nurses Foundation Scholarships

Amount:
- Graduate school minimum award $2000 (Charles D. Beard Scholarship).
- Undergraduate school minimum award $1000 (Arthur L. Davis Scholarship).

Limitations:
1. Legal resident of Alabama for at least 1 year (provide evidence).
2. Priority will be given to students seeking graduate degree and interested in teaching in a school of nursing.
3. Remain employed in Alabama for at least two (2) years after graduation. May attend either an in-state (preferred) or out-of-state school.
4. Recipients who withdraw from the program before completing the semester/year for which the scholarship applies agree to repay the Alabama Nurses Foundation the sum advanced.

Dates:
- Application deadline 1 July 2011
- Scholarship recipients announced at ASNA Annual Convention 20 October, 2011.

Name/Credentials: ___________________________
Permanent Address:  ___________________________
Day phone number:_____________________________
Email Address: ________________________________

Indicate the Nationally Accredited school where you will apply the scholarship:
______________________________________________

Honors and achievements/extracurricular activities:
______________________________________________

Career Goals (100 words or less)

Send the following with application:
1. Official Copy of current transcript
2. Names and contact information for two (2) references (at least one should be academic)

Send To:
Alabama Nurses Foundation
Attn: Scholarship Application
360 North Hull Street
Montgomery, Alabama 36104
Suggestions on How to Celebrate National Nurses Week

• Hold a special celebration or reception to recognize a nurse or several nurses in your community. These nurses could be honored for heroic acts, years of service to the community, exemplary courage, or their commitment to the nursing profession over the years.

• Promote a positive, realistic image of registered nurses by sponsoring health fairs, conducting preventive screenings in underserved areas, organizing a walk-a-thon, etc.

• Place an article in your state or local newspaper(s) about National Nurses Week and the value of nurses.

• Invite a politician–local, state or federal–to accompany a nurse or several nurses at their place of employment for a day or part of a day. Health care remains an issue of tremendous importance to voters. Politicians should be visible and accountable for their positions on health care. This is a win-win situation and it offers good media coverage potential.

• Sponsor a community-wide event, such as a coloring contest or poem-writing contest for school children. The children could acknowledge their favorite nurse, a famous nurse, or family member who is a nurse–past or present–in a colorful drawing. The drawings could be displayed in local schools, hospitals, nursing homes, etc.

• Work cooperatively with hospitals, schools, and libraries to set up a special display for National Nurses Week.

• Host a press conference. Discuss an important health care issue in your community; release the findings of a local survey; honor a nurse for a heroic act; or bestow an “honorary” nurse title to a deserving politician or civic leader.

• Organize a free cholesterol and/or blood pressure screening in your local community and promote via radio announcements, flyers, posters, etc.

• Host a hearing before city council or hold a town meeting on nursing’s concerns about the recent trends in health care (nurses being replaced by unlicensed assistive personnel, safety and quality of care issues, etc.)

• Invite a local celebrity (one who has spoken about health care in the past; one who has personally been a patient of a nurse; or one whose family member has been a patient) and request his/her sponsorship of National Nurse Recognition Day and/or National Nurses Week. Hold an event and ask him/her to speak about a personal experience in which he/she was cared for by a nurse.

• Host a fund-raiser (i.e., walk-a-thon) and donate money to a local charity. Emphasize the importance of registered nurses in our nation’s health care system; pay tribute to a local nurse; or recognize all registered nurses who are indispensable and provide care selflessly 24-hours a day, seven days a week, 365 days a year.

• Request a proclamation from your mayor/governor declaring May 6 as National Nurse Recognition Day and/or May 6-12 as National Nurses Week. (Sample proclamation).

• Host an editorial board meeting with leading state or local newspapers. Discuss the importance of registered nurses at the bedside and the nursing profession’s concerns about current issues, specifically those related to safety and quality of care.

• Organize a candlelight vigil on National Nurse Recognition Day (May 6) in honor of the hard work and commitment of the nurses in America.

• Suggest that your state or local newspaper solicit stories from readers who would like to pay tribute to a nurse who provided exemplary care.

• Press release is available.

• Obtain support from other nursing and health care organizations in your area by asking them to sponsor National Nurse Recognition Day and/or National Nurses Week and to hold a joint event with your organization.

• Suggest that your state or local newspaper solicit stories from readers who would like to pay tribute to a nurse who provided exemplary care.

• Press release is available.

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In 2008, The Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. Through its deliberations, the committee developed four key messages:

- **Nurses should practice to the full extent of their education and training.**
- **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.**
- **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**
- **Effective workforce planning and policy making require better data collection and information infrastructure.**

Nurses’ roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America’s increasingly complex health care system, says a new report from the Institute of Medicine.

Nurses (APRNs). With millions more patients expected to have access to health coverage through the ACA, the health care system needs to tap the capabilities of APRNs to meet the increased demand for primary care, the committee said. Data from studies of APRNs and the experiences of health care organizations that have increased the roles and responsibilities of APRNs indicates that such efforts have extended beyond the Veterans Health Administration, Geisinger Health System, and Kaiser Permanente, show that these nursing professionals deliver safe, high-quality primary care.

Transforming the health care system and the practice environment will require a balance of skills and perspectives among physicians, nurses, and other health professionals. The committee recommends that health professionals deliver safe, high-quality primary care.

To handle greater responsibilities and the increasing complexity of health care, nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression, the committee said. Data from studies of APRNs and the experiences of health care organizations that have increased the roles and responsibilities of APRNs indicates that such efforts have extended beyond the Veterans Health Administration, Geisinger Health System, and Kaiser Permanente, show that these nursing professionals deliver safe, high-quality primary care.

To handle greater responsibilities and the increasing complexity of health care, nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression, the committee said.

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