

The Alabama Nurse

The Official Publication of the Alabama State Nurses Association

Circulation to 76,000 Registered Nurses, Licensed Practical Nurses and Student Nurses in Alabama
Alabama State Nurses Association • 360 North Hull Street • Montgomery, AL 36104

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Inside Alabama Nurse

Suggestions on How to Celebrate National Nurses Week

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The Future of Nursing: The Institute of Medicine (IOM) Issues Report

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National Nurses Week History

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, other 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 Nurse 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 Brendon 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 his 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.



Elizabeth A. Morris Clinical Education Sessions-FACES'11

Registration Information in Pullout Section

Eastmont Baptist Church
4505 Atlanta Hwy
Montgomery, AL
April 26, 2011

Save This Date

ASNA/AANS/ALAONE ANNUAL CONVENTION October 20-22, 2011 (at the Auburn University Hotel & Dixon Conference Center in Auburn, AL). Full convention materials will be printed in the June/July/August issue of *The Alabama Nurse*.

Female Genital Mutilation: Cultural Practice or Human Rights Violation?

Ann L. Guzman, RN, BSN, CPNP

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I have no potential conflict of interest, or commercial affiliation.

Female Genital Mutilation: Cultural Practice or Human Rights Violation?

On April 26, 2010 the American Academy of Pediatrics (AAP) published its policy statement "Ritual genital

Female Genital Mutilation continued on page 8

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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

ASNA is committed to promoting excellence in nursing.

ADVERTISING

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. ASNA 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.

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Condolences to:

The family of **Ms. Betty McCreery**, 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 Urla Boggan.

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!

PUBLICATION

The Alabama Nurse Publication Schedule for 2011

Issue	Material Due to ASNA Office
June/July/Aug	May 1, 2011
Sep/Oct/Nov	August 8, 2011
Dec/Jan/Feb2012	November 1, 2011

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

The President's Message

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

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, keep current with healthcare laws, regulations, and be avid consumers of any information that will make the care we provide better. A technical worker may be content to do what they are told during their work hours



then go home. A nurse cannot do this because their work life does not end when their shift ends. Nursing is a way of life rather than a job. 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. 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.

The E.D.'s Notes

by Joseph F. Decker, II
Executive Director

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 State House in Montgomery 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



Joseph Decker

Ethics Commission; and an end to taxpayer-financed deductions for special interests (i.e. AEA and ASEA for example, can no longer have dues/PAC contributions deducted from their individual paychecks and sent directly to those organizations). This entire group 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 will definitely improve how laws are made. It should also improve government's public image and credibility going forward.

Charlene Roberson and **Helen Wilson** are putting the last pieces in place for **FACES 2011**, to be held once again at the Eastmont Baptist Church in Montgomery on 26 April. You will find the registration form and schedule of events in this edition of the *Alabama Nurse*. The information will also be available online at our website at www.alabamannurses.org. Once again we anticipate a terrific lineup of speakers/presenters, lots of top notch vendors, and another large crowd. This will be another excellent CE offering, with numerous tracks of educational sessions. Don't miss the opportunity to network, hear good speakers and get those CE hours.

NOTE: Don't forget the ASNA Annual Convention and House of Delegates, set for 20-22 October 2011 in Auburn at the Auburn University Hotel and Conference Center—mark your calendar!

Finally, a brief word about membership in your professional organization(s). A recent survey done by the American Nurses Association found that 80% of RNs in America do not belong to any professional nursing organization. You should be shocked to see that number. The fact is that your professional nursing organization—and the Alabama State Nurses Association is clearly the largest and most widely recognized nurses' organization in the state, with a full range of benefits and a professional staff at work—represents all nurses in the public eye, and in its impact on public policy. There are many other professional nursing organizations both nationally and in our state that represent nurses. If you care about the nursing profession, you should join your professional association. The Alabama Nurses Coalition has come a long way in the past several years in improving communication and coordination among the nursing groups in Alabama. But every nurse should be a part of at least one professional organization. There are over 30 such nursing groups in Alabama: ASNA, ALANA, AORN, NPAA, ALN, AWHONN, AAPN, BNA, ALONE, ACNM, ENA, RNFA, AACCN, APNA, HEAL, ACAPNEP, ANNA, etc. While dues, organization and benefits vary widely in these groups, if you want someone to "carry the flag" for your profession, you need to step up to membership in at least one of these groups. As I have said many times in speaking to nursing groups around the state, if you don't look out for your profession, then someone else will—and they may not have your best interests at heart.

Legal Corner

by Don Eddins, BS, MS, JD

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 had done precisely the same thing without being fired or suspended. Or a complaint that another nurse got promoted. Those type actions normally do not constitute legal discrimination.

The law definitely 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.

Someone who is pregnant cannot be treated differently than 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 touchings 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 to Human Resources. If a supervisor is doing the harassing, report it to another supervisor and Human Resources. If an employer 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 sustain 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.



LPN Corner

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”.



Research Corner

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 findings 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).

See “Male fetal loss in the U.S. following the terrorist attacks of September 11, 2001,” by Time A. Bruckner, Ph.D., Ralph Catalano, Ph.D., M.R.P., and Jennifer Ahern, Ph.D., M.P.H., in the May 25, 2010 *BMC Public Health* 10, pp.273. *KFM*

Reprinted from November, 2010 issue of Research Activities

Call for Abstracts

Alabama State Nurses Association

Annual Convention

20 October–22 October 2011

Auburn, Alabama

See ASNA webpage for details

alabamannurses.org

Membership News

**New/Renew/
Rejoin Members:**

**REMEMBER:
70% of your dues are tax
deductible!**



**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”**

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Membership News

APPLICATION FOR MEMBERSHIP



Please check **One** New Application _____ Renewal _____ ANA ID# _____ Today's Date _____

Name—First/Middle/Last: _____

Credentials: _____ RN License #: _____

Address: _____

_____ County: _____

City State Zip

Home Phone: _____ Home Fax: _____

Work Phone: _____ (Ext) _____ Work Fax: _____

Cell Phone: _____ E-mail Address: _____

Employer: _____

Employer Address: _____

City State Zip

Recruited By: _____ Preferred Contact: ___ Home ___ Work ___ Email

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 S—\$6.60 Month D—\$15.08 Month

Monthly Bank Draft/Credit Card Authorization (Please initial choice):

Read and sign the authorization below. *Enclose a check made payable to ASNA/ANA for the first month's dues (see rates listed above).* This amount will be deducted from your checking/credit card account each month.

- _____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my checking account each month on or after the 15th day of each month, which is designated and maintained as shown by the enclosed check for the first month's payment.
 - _____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my credit card account each month on or after the 1st day of each month, which is designated and maintained as shown by the enclosed payment for the first month's payment.
1. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
 2. The undersigned may cancel this authorization at renewal time upon receipt by ANA of **written notification of termination twenty (20) days prior to deduction date** as designated above. Please note that all Bank Draft plans include a \$6.00 annual service fee. Do not add this \$6.00 to your payment; it is already built in. ANA will charge a \$5.00 fee for any returned drafts.

Authorized Signature: _____ Date: _____

FULL ANNUAL PAYMENT
 M—\$293 R—\$146.50 S—\$73.25 D—\$175

PAYMENT METHOD

___ CHECK ENCLOSED ___ VISA ___ MASTERCARD

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STANDING COMMITTEES

- _____ Committee on Governance
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- _____ Committee on Awards
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Meetings may be held at the ASNA office, virtual (online) or by telephone conference.

NOW

**IS THE TIME FOR YOU TO PROVIDE LEADERSHIP
 IN YOUR PROFESSIONAL ASSOCIATION**

Female Genital Mutilation continued from page 1

cutting of female minors” (Committee on Bioethics, 2010) sparking a firestorm of negative response from global organizations such as the World Health Organization (WHO) and United Nation agencies to denounce all practices of female genital mutilation (FGM) (End FGM Now, 2010). The strong responses lead to the AAP retraction of their policy on May 27, 2010. The information, discussions and outreach created by the controversy have served to broaden the awareness and efforts to eliminate these potentially lethal cultural practices.

Female genital mutilation or cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons (Obaid; Eliminating female genital mutilation, An interagency statement, 2008). By adopting the term female genital cutting (FGC), many organizations choose to not alienate or demean the estimated 100 to 140 million women around the world who are living with effects and side effects of these practices. It is imperative to be culturally sensitive to those females who have chosen to have these procedures, and those who have not been given a choice, by not identifying them as having mutilated genitals, something that cannot be reversed.

According to the World Health Organization (WHO) FGM/FGC is classified into four major types: 1) Clitoridectomy 2) Excision 3) 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, scapels, pieces of glass or razor blades” (Obaid, p. 1). With the exception of procedures performed by medical personnel, anesthetics and antiseptics are generally not used. One personal account of a young woman includes a description of being held down by five women for the procedure and having her legs tied by a rope following 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 mummies that display characteristics of FGM/FGC” (p. 1) and claims by historians that in the fifth century BC Phoenicians, Hittites and Ethiopians 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 there. 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 female infants 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 brought the practice of FGM/FGC to countries like France, Britain and the United States (Gallard, 1995).

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 predominating 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 thus 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 communities view FGM/FGC as a girl’s entrance into womanhood. There are cultures who view the female genitalia as ugly and unclean. By performing FGM/FGC these females are seen as clean and beautiful (Committee on Bioethics, 2010; Obaid).

Obaid and others refer to the intrinsic cultural foundations and heritage of these practices. There is a strong sense of identity in countries practicing FGM/FGC, and their women are identified by their particular procedure. Many tribal men maintain the belief that unless a female has undergone FGM/FGC she has not been raised properly, nor is she marriageable. In communities where men control the economics, and women are dependent on men, parents will seek out FGM/FGC to ensure their daughter’s marriageability and survival (Committee on Bioethics, 2010; Female genital mutilation, 2010; Obaid). Although many groups cite religious mandates for these procedures, the WHO has identified no religious foundations for these claims, and the procedures have been denounced by Christian, Islam and Jewish leaders (Eliminating female genital mutilation, An interagency statement, 2008).

These procedures carry untold consequences both medically and psychologically. Should a female survive, there are multiple long term consequences including increased risk of contracting AIDS, higher infant mortality and long term mental health issues due to the trauma (Eliminating female genital mutilation, An interagency statement, 2008).

Despite international recognition as a human rights violation, and its identification as a punishable crime against children and women, FGM/FGC persists. Obaid identifies the need to “promote men’s understanding of their roles and responsibilities,” (p. 1) she cites the need for countries to eliminate discrimination, exploitation and violence against women, and work to promote equality and provide services for those females who have suffered due to FGM/FGC (Obaid). Lastly, the WHO response includes advocacy through the development of publications and tools; research to increase “knowledge about the causes and consequences,” (p. 3) methods effective in eliminating the practice, and care for victims; and providing guidance for health systems in the form of training, materials and guidelines (Female genital mutilation, 2010).

Although some physicians advocate minimally invasive procedures to “satisfy cultural requirements” (p. 1092) and perhaps prevent more devastating procedures, the AAP has clarified its opposition to FGM/FGC and advocates compassionate education and counseling of families, health professionals and communities and supports efforts to eliminate the potentially lethal practices of female genital mutilation/cutting (Committee on Bioethics, 2010).

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Elizabeth A. Morris Clinical Education Sessions–FACES '11

	PSYCH/MENTAL HEALTH	CLINICAL 3	CLINICAL 2	CLINICAL 1	CARDIAC	AANS	PEDIATRICS	DIABETES	OBESITY	MINI TOPICS
8:00–9:15 AM	Opening Plenary Immunization in Alabama <i>Deborah L. Kilgo, RN</i>									
9:15–10:00 AM Break ~ Visit Exhibitors, View Posters										
10:00–11:00 AM	Caregivers: Dementia and Alzheimer's Disease <i>Lucille Taylor-Smith, MSN, RN</i>	Medication Safety to Improve Health Outcomes in Geriatric Patients <i>Julie Savage Jones, MSN, RN-BC</i>	Community-Associated MRSA: Guidelines for Prevention and Treatment <i>Stacey White, MSN, MSHA, CRNP</i>	The Big Chill: The Role of Therapeutic Hypothermia in the ICU <i>David H. James, MSN, RN, CCRN, CCNS</i>	The Final Four: Ventricular Tachycardia, Ventricular Fibrillation, Asystole, and Pulseless Electrical Activity <i>Vicky Knapp, MSN, APRN</i>	Alabama Nurses' Perception and Awareness of Health and Safety Issues in the Workplace <i>Dr. Lynn Chilton & Dr. Joyce Vamer</i>	When the Bough Breaks—the Impact of Congenital Anomalies <i>Dr. Michelle Schutt</i>	A Nursing Perspective on Caregiver's Mealtime Management in New Onset Diabetic Inpatients: Insulin Carbohydrate Ratio vs Set Dose <i>Tarrika Everett, MPH, RN & Cinnamon Banks, MSN, RN</i>	The Gluten Free Diet: Is the Marketing Ahead of the Science? <i>Dr. Teresa Johnson</i>	The Role of a Nurse Managed, Community Based Clinic for Outreach and Research Part A. Holistic Look at Heart Health in an Elderly Population <i>Kyle Bateman, NS</i> Part B. Health Coaching in a Community of Underserved Elders <i>Meredith Davis, NS</i>
11:15 AM–12:15 PM	Combat PTSD <i>Jill M. Stokley, MSN, MA, RNC</i>	Administration of Moderate Sedation by Non-Anesthetist RNs <i>Michael R. Eslinger, RN, CRNA, MA, APN</i>	Mandatory Reporting of Infection Control Data: What the RN Needs to Know <i>Martha Long, MSN, RN, CIC</i>	Arterial Gas Monitoring: Basic and Advanced <i>Becky Bertalan, MSN, RN, CNE</i>	Acute Coronary Syndrome: Recognition and Treatment Updates <i>Doris Strother, MSN, RN, CCRN</i>	Passing Nursing School and the NCLEX Exam <i>Wilda Rinehart, MSN, RN</i>	Assessing Pain in Children <i>Dr. Taralyn McMullan & Kimberly C. Norris, MSN, RN</i>	Planning for Discharge of the Inpatient Diabetic: Are You Doing Enough? <i>Lisa Smith, BSN, RN, CDE</i>	Alabama & Obesity: Strategies for a Healthier Lifestyle <i>Drs. Janice L. Vincent & Mary Annette Wright.</i>	Disposable vs Reusable Blood Pressure Cuffs: An Evidence-Based Approach to Change Practice <i>Sheila Ray Montgomery, BSN, RN; Kristen Noles, BSN, RN & Pamela Patterson, MSN, RN</i> & Best Practices in Catheter Care <i>Brian Buchmann, BSN, RN, MBA</i>
12:15–1:15 PM Lunch										
1:15–2:30 PM	Afternoon Plenary The Concept of Resilience: What is the Impact for the Nursing Profession <i>Dr. Lynn Hillhouse</i>									
2:30–2:40 PM Break ~ Visit Posters										
2:40–3:40 PM	My Patient is Depressed, So Why are They on This Medication? <i>Dr. Susanne Astrab Fogger</i>	Sickle Cell Disease and Trait <i>Dr. Tricia Huey</i>	Wheezy Made Easy: Applying the National Clearinghouse Guidelines for Asthma Care to Children with Asthma <i>Dr. Kay Williams-Prickett & Jennifer Frank, MSN, RN, PCNS, B.C.</i>	Therapeutic Hypothermia: A Multidisciplinary Team Approach to Improve Patient Outcomes <i>Doris Strother, MSN, RN, CCRN</i>	Anemia 101: Pathophysiology and Nursing Interventions <i>Dr. Cindy McCoy</i>	Immobility: STILL a Major Problem <i>Dr. Susan Hayden</i>	Insulin Pumps: Help Kids be Kids! <i>Linda "Lin" Lewis, MSN, RN, CDE, CPT</i>	Rich Eating With a Poor Income: Can the Poor Afford to Eat a Healthy Diet? <i>Dr. Anita King</i>	Morbid Obese Patient in the Clinical Setting <i>Janet Donoghue, BS, RN, SANE-A</i>	A Pill a Day Keeps the Stork Away: But Did You Know... <i>Sherron B. DeWeese, MSN, RN, WHCNP & Emergency Contraception: An Overview of FDA-Approved Treatment Options</i> <i>Dr. Leigh Anne Minchew</i>
3:50–4:50 PM	Mental Health Inpatient Cultural Transformation <i>Rebecca G. Meyer, MSN, RN, BC</i>	Complementary and Alternative Medicine Use in Cancer Patients: What the Nurse Needs to Know When Providing Care <i>Dr. Kimberly Quiett</i>	Asthma Management, Prevention, and Education Update for Nurses <i>Lisa E. Gurley, MSN, RN</i>	Make Every Assessment a Homerun Hit <i>Dr. Ramona Browder Lazenby</i>	Acute Decompensated Heart Failure: Pathophysiology and Current Pharmacological Therapies <i>Gail Butler, MSN, RN, ACNP-BC</i>	An Overview of Antibiotic Therapy <i>Stacey White, MSN, MSHA, CRNP</i>	Sedation Administration by the Registered Nurse in the Pediatric Setting <i>Dr. Sara C. Majors</i>	Gestational Diabetes 101 <i>Erin Carlisle, MSN, RNC, WHNP-BC</i>	Obesity & Metabolic Syndrome: Are We Majoring in the Minors <i>Dr. Deborah L. Curry & Becky Bertalan, MSN, RN</i>	Evidence Based Practice: First, You Have to be Able to Read the Literature & An Education Plan to Increase the Knowledge Base of Intramuscular Injection Administration Among Pediatric Nurses <i>Leslie H. Jones, BSN, RN; Lisa Wright, RN & Sherry L. Osborne, RN</i>

Elizabeth A. Morris Clinical Education Sessions - FACES '11

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Elizabeth A. Morris Clinical Education Sessions–FACES '11

Elizabeth A. Morris Clinical Education Sessions– FACES '11

Tuesday, April 26, 2011
Eastmont Baptist Church, Montgomery, AL

7:15–8:00 AM
REGISTRATION

8:00–9:15 AM
OPENING PLENARY

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.

9:15–10:00 AM

BREAK

VISIT EXHIBITORS, VIEW POSTERS

10:00–11:00 AM

SESSION A

PSY A–Caregivers: Dementia and Alzheimer's Disease (AD)

Lucille Taylor-Smith, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Discuss 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, CCRN, 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 Knapp, 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

Drs. 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 workforce.

PED A–When the Bough Breaks–The Impact of Congenital Anomalies

Dr. Michelle Schutt

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 Mealtime Management in New Onset Diabetic Inpatients: Insulin Carbohydrate Ratio vs Set Dose

Tarrika 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 carbohydrate ratio or set dose insulin regimen.
2. Compare insulin carbohydrate 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 Bateman, NS

-and-

Part B–Health Coaching in a Community of Underserved Elders

Meredith Davis, NS

11:15 AM–12:15 PM

SESSION B

PSY B–Combat PTSD

Jill M. Stokley, 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 Gas Monitoring: Basic and Advanced

Becky Bertalan, 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

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. Eslinger, 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, CDE

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 Noles, 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.

-and-

Elizabeth A. Morris Clinical Education Sessions—FACES '11

Elizabeth A. Morris continued from page 10

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 risk factors associated with healthcare-associated urinary tract infections (UTIs).
3. Implement effective strategies for preventing catheter-associated UTIs.

12:15–1:15 PM

LUNCH—OPTIONAL Option Closes at Midnight April 18

1:15–2:30 PM

AFTERNOON PLENARY

PLENARY B

The Concept of Resilience: What is the Impact for the Nursing Professional?

Dr. Lynn Hillhouse

Sponsored by Arthur L. Davis Publishing Agency

At the conclusion of the presentation the participant should be able to:

1. Describe the concept of resilience and the impact on the Nursing Profession.
2. Examine methods to improve resilience.
3. Describe at least three resources available to nursing professionals to help maintain resilience.

2:30–2:40 PM

BREAK

2:40–3:40 PM

SESSION C

PSY C—My Patient Is Depressed, So Why Are They On This Medication?

Dr. Susanne Astrab Fogger

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.

CLIN 1 C—Therapeutic Hypothermia: A Multidisciplinary Team Approach to Improve Patient Outcomes

Doris Strother, MSN, RN, CCRN

At the conclusion of the presentation the participant should be able to:

1. Discuss indications for therapeutic hypothermia.
2. Identify team members and key components of a therapeutic hypothermia protocol.
3. Identify three patient outcome goals for therapeutic hypothermia.

CLIN 2 C—Wheezy Made Easy: Applying the National Clearinghouse Guidelines for Asthma Care to Children with Asthma

Dr. Kay Williams-Prickett & Jennifer Frank, MSN, RN, PCNS, B.C.

At the conclusion of the presentation the participant should be able to:

1. Define Asthma.
2. Discuss national Clearinghouse Guidelines for Children ages 5–11.
3. Describe the signs and symptoms of each stage of asthma and its associated treatment.

CLIN 3 C—Sickle Cell Disease and Trait

Dr. Tricia Huey

At the conclusion of the presentation the participant should be able to:

1. Explain both the genetic inheritance pattern and the pathophysiology of Sickle Cell Disease and Trait.
2. List important nursing diagnosis for this population.
3. Discuss both treatment and preventative options for individuals with Sickle Cell Disease.

CARD C—Anemia 101: Pathophysiology and Nursing Interventions

Dr. Cindy McCoy

At the conclusion of the presentation the participant should be able to:

1. Identify the major categories of anemia.
2. Discuss nursing care for patients experiencing signs and symptoms of anemia.

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.
3. State assessment/evaluation measures necessary to identify/evaluate immobility issues.

PEDS C—Insulin Pumps: Help Kids be Kids!

Linda “Lin” Lewis, MSN, RN, CDE, CPT

At the conclusion of the presentation the participant should be able to:

1. List diabetes treatment included to maintain control.
2. Identify indications for insulin pump therapy.
3. Project what is next with insulin pump therapy.

DIAB C—Rich Eating With a Poor Income: Can the Poor Afford to Eat a Healthy Diet?

Dr. Anita King

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. List at least 6 survival tactics for the low-income population to maintain a healthy diabetes diet.
3. Outline a teaching plan to “train the trainer” in budget friendly meal planning.

OBES C—Morbid Obese Patient in the Clinical Setting

Janet Donoghue, BS, RN, SANE-A

At the conclusion of the presentation the participant should be able to:

1. Explain staffing concerns when caring for the morbid obese patient.
2. Evaluate clinic or hospital equipment for the care of the morbid obese patient.
3. List the co-morbidity that are part of being grossly overweight.

MINI C—A Pill a Day Keeps the Stork Away: But Did You Know...

Sherron B. DeWeese, MSN, RN, WNCNP

At the conclusion of the presentation the participant should be able to:

1. Identify 3 long-acting reversible contraceptive methods.
2. Explore the prevalence and causes of unwanted pregnancies in the United States.
3. Review the advantages of long-acting reversible contraception.

-and-

Emergency Contraception: An Overview of FDA-Approved Treatment Options

Dr. Leigh Anne Minchew

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.

3:50–4:50 PM

SESSION D

PSY D—Mental Health Inpatient Cultural Transformation

Rebecca G. Meyer, MSN, RN, BC

At the conclusion of the presentation the participant should be able to:

1. Describe cultural transformation in an inpatient mental health environment.
2. Cite several methods of engaging clients in this new environment.
3. Relate how this new engagement positively influences Mental Health Recovery.

CLIN 1 D—Make Every Assessment a Homerun Hit

Dr. Ramona Browder Lazenby

At the conclusion of the presentation the participant should be able to:

1. Articulate the importance of a holistic assessment.
2. Incorporate data from a thorough chief complaint history to guide an appropriate assessment.
3. Synthesize finding from various scenarios to generate a holistic assessment that is a homerun hit.

CLIN 2 D—Asthma Management, Prevention, and Education Update for Nurses

Lisa E. Gurley, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Relate the pharmacotherapeutic effects of bronchodilators, corticosteroids, leukotriene inhibitors, mast cell stabilizers, and immunomodulators to the pathophysiology of asthma.

2. Discuss client education related to the prevention, management, and treatment of asthma.
3. Discuss opportunities for the professional nurse’s involvement in initiatives to decrease environmental triggers of asthma.

CLIN 3 D—Complimentary and Alternative Medicine Use in Cancer Patients: What the Nurse Need to Know When Providing Care

Dr. Kimberly Quiett

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.

CARD D—Acute Decompensated Heart Failure: Pathophysiology and Current Pharmacological Treatment Modalities

Gail Butler, MSN, RN, ACNP-BC

At the conclusion of the presentation the participant should be able to:

1. Contrast normal heart anatomy to the pathology of acute decompensated heart failure.
2. Discuss the role of natriuretic peptides in heart failure diagnosis and treatment.
3. Review the pharmacologic therapies currently being used to treat patients with heart failure.

AANS D—An Overview of Antibiotic Therapy

Stacey White, MSN, MSHA, CRNP

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.

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. Describe settings in which registered nurses give sedation to children.
2. Explain the knowledge requirements necessary to provide sedation for children.
3. Emphasize the legal and ethical impacts of administering sedation to children.

DIAB D—Gestational Diabetes 101

Erin Carlisle, MSN, RNC, WHNP-BC

At the conclusion of the presentation the participant should be able to:

1. Describe physiologic indicators of glycemic control during pregnancy.
2. Discuss importance of implementing a treatment/prevention strategy based on standards of diabetes self-management for women diagnosed with gestational diabetes.

OBES D—Obesity & Metabolic Syndrome: Are We Majoring in the Minors

Dr. Deborah L. Curry & Becky Bertalan, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Identify current standards of care for Metabolic Syndrome.
2. Examine political, socioeconomic, psychological, and environmental constructs as they influence metabolic syndrome.
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 J. Hayden

At the conclusion of the presentation the participant should be able to:

1. List steps of doing a literature search.
2. Describe various levels of evidence.
3. State the meaning of basic statistical findings; is it statistically significant, is it clinically meaningful?

-and-

Elizabeth A. Morris continued on page 12

Elizabeth A. Morris Clinical Education Sessions–FACES '11

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
3. **Can You Believe The Hype? The Safety and Efficacy of Bio-Identical Hormone Therapy vs. Conventional Hormone Therapy in the Treatment of Menopausal Symptoms**–Tracy Barlow, BSN, RN
4. **Prevention and Treatment of Respiratory Syncytial Virus (RSV)**–Kristin Hinton, RN
5. **Rural Grass Roots Coalitions: A Study of the Relationship Between Resources and Sustainability in Eliminating Health Disparities**–Hope D.R. J. Warren, MS, MPH, GNP-BC, CPHQ
6. **Umbilical Cord Blood Banking**–Renece Waller-Wise, MSN, CNS, RNC-OB, CLC, LCCE, CNL
7. **Progression Through the Second Stage of Labor: Efficacy of Commonly Used Procedures and Techniques**–Lucy Walton, RN
8. **School Lunch Programs: Nutritional Value vs. Recommended Daily Allowance for Children**–Emily Apple, NS; Lori Braaten, 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**–Kristen Arrington, NS; Becca Ensor, NS; Amy Ingham, NS; Kameryn 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, SANE-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, 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, BSN, RN & 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, NP-C; 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 Lazenby
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
28. **An Integrative Description of Heart Health in an Elderly Underserved Population Using The Roy Adaptation Model**–Kyle S. Bateman, NS
29. **Best Practices for Adolescent HPV Prevention**–Sharon M. Hamlin, BSN, RN
30. **The Relationship Between Obstetric Care and Breastfeeding Outcomes**–Mckenzie Dunn, NS & Ansley Evans, NS
31. **Mental Health Recovery Empowerment**–Rebecca G. Myer, 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 Beville-Mathews, BSN, RN, CNOR

Optional Lunch Menu: Ribeye Steak, (served Med. Well), Baked Potato, Salad, Assorted Desserts, & Tea or Water

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

HOTEL INFO:
 Drury Inn ~ I-85/Eastern Blvd
 \$89.95 ~ 1 King or 2 Queen
 Includes breakfast, heavy hors d'oeuvres at supper, and complimentary drinks
 Prices good thru March 25, 2011. After March 25, 2011, \$129.99

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

Print Name: _____ ABN License Number: _____

Address: _____

City State ZIP

Credentials: _____ Day Phone: _____

*Email: _____

***Confirmations by Email Only**

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

Alabama Board of Nursing (ABNP002) expires March 30, 2013.

Refund/Substitutions:
 If cancellation is received in writing prior to April 18, 2011, a refund minus a \$20 processing fee will be given. After April 18, 2011, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A \$30 return check fee will be charged for all returned checks/payments.

	10:00 AM	2:40 PM
PSY A		PSY C
CLIN 1 A		CLIN 1 C
CLIN 2 A		CLIN 2 C
CLIN 3 A		CLIN 3 C
CARD A		CARD C
AANS A		AANS C
PEDS A		PEDS C
DIAB A		DIAB C
OBES A		OBES C
MINI A		MINI C
11:15 AM	3:50 PM	
PSY B		PSY D
CLIN 1 B		CLIN 1 D
CLIN 2 B		CLIN 2 D
CLIN 3 B		CLIN 3 D
CARD B		CARD D
AANS B		AANS D
PEDS B		PEDS D
DIAB B		DIAB D
OBES B		OBES D
MINI B		MINI D

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

Make check payable to:
Alabama State Nurses Association

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

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 Lunch registration closes at Midnight April 18**

Elizabeth A. Morris Clinical Education Sessions–FACES ‘11



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 his or 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:

The FACE of Nursing 2012 Calendar

- 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.

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@alabamannurses.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@alabamannurses.org or 334-262-8321

**2012 Face of Nursing Calendar
Alabama State Nurses Association**

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@alabamannurses.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

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

- Nominating Committee

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

**Nominations Procedure for 2011
Criteria for Eligibility
Deadline: May 6, 2011**

The person nominated for each office on the state level should:

1. Be a current member of ASNA.
2. Have sufficient education and experience within the organization that will demonstrate his/her understanding of the requirements of the office as evidenced by being active at the local and/or state level.
3. Have commitment for time involved with the position compatible with employment.
4. Have ASNA District Board of Directors verify participation and attendance on the local level and his/her ability and willingness to give time and effort to accomplish tasks.
5. Be assertive, understand appropriate methods of confrontation, exhibit good decision-making abilities, and have leadership qualities.
6. Submit a statement, typed or printed in 200 words or less, regarding your views of issues facing the nursing profession, the Alabama State Nurses Association, and the office you are seeking.
7. Because of 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.

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 alabamannurses.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.)*

Name and Credentials _____ Home Phone: _____
 Address: _____ Work Phone: _____
 E-Mail Address: _____ 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@alabamannurses.org

Environmental Issues



NASN
National Association of School Nurses

Cleaning for Healthier Schools - What School Nurses Need to Know

Green Cleaning for schools protects public health without harming the health of staff, building occupants and the environment. The best way to reduce cleaning chemical exposures for students and staff is to implement a cleaning for healthy schools program.

Health Benefits For All

- ◆ Reduced Allergies and sensitivities ◆ Reduced Absenteeism
- ◆ Increased productivity ◆ Higher test scores

Ingredients in common cleaning products have been linked to

- ◆ Triggering asthma episodes ◆ Cancer
- ◆ Effects on the nervous system, reproductive organs, kidneys, liver and hormones

Asthma and Allergy Triggers

- ◆ Dust ◆ Pesticides ◆ Chemicals and toxins ◆ Mold ◆ Pollen
- ◆ Animal Dander ◆ VOC's (Volatile organic compounds)

Disinfecting vs Sanitizing – know the difference

- ◆ **Disinfecting** destroys or inactivates microbes life and should be used where required and in high risk areas
- ◆ **Sanitizing** reduces microorganisms to safe levels and is **often sufficient** for food prep areas and in child care for diapering areas

School Nurse Role: Green cleaning in schools

- ◆ Elimination – not using chemicals where possible
- ◆ Substitution – replacing one substance or activity with a less hazardous one
- ◆ Engineering – using ventilation or other mechanical means to reduce exposure
- ◆ Administrative – policies, procedures and training



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 in school design, construction, and school siting/location .

Goal

Ensure that every child has a healthy school, 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 IAQ Tools for Schools Program.

Identify recognized third party certifiers of green cleaning products

Schools, communities and agencies can rely on independent third-party certifiers (such as EcoLogo or Green Seal) to assure that products meet specific, publicly available 'green' and 'healthy' criteria

Cleaning for Healthy Schools—simple first steps—prevent dirt and pests

- Keep walks/ parking areas clean & swept/shoveled so shoes stay clean & dry
- Place walk-off mats at each major entrance
- Provide cubbies/lockers for personal items with regular locker clean out days
- Restrict all snacks 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 cans and dumpsters clean
- Use durable, hard surface easy-to-clean materials for floors and walls.
- Ban new or used upholstered furniture
- Keep classroom clutter down, leave classrooms ready to clean
- Children can help tidy up, but should never be required to use hazardous cleaning products
- Ban cleaning products brought from home
- Give teachers nontoxic cleaning materials for quickly wiping up small spills
- Maintain heating/ventilating system to reduce/eliminate airborne contaminants such as bacteria, dusts, molds

Breathe easier – clean does not have an odor

Barnett, C. (2010). How to Achieve Healthy School Environments. NASN School Nurse, 25: 82-86.
 Healthy Schools Network, Inc. <http://www.healthyschools.org/>
 Cleaning for Healthy Schools Toolkit <http://www.cleaningforhealthyschools.org/>
 NASN Environmental Health Materials & Training Tools <http://www.nasn.org/Default.aspx?tabid=483>



Scholarships

Alabama Nurses Foundation

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.

- Supporter \$10 Friend \$25 Sponsor \$50
 Fellow \$100 Patron \$500 Benefactor \$1000
 Other _____
 In Memory or Honor of _____ \$ _____
(name)

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

Please make check payable to the Alabama State Nurses Foundation and mail to: 360 North Hull Street, Montgomery, AL 36104

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:

1. Application deadline 1 July 2011
2. 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)

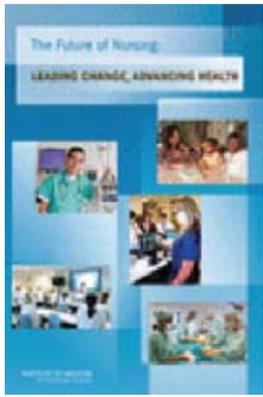
Send To:

**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.

The Future of Nursing: The Institute of Medicine (IOM) Issues Report



The Future of Nursing: Leading Change, Advancing Health

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine released the consensus report Oct 5, 2010. <http://www.nap.edu/catalog/12956.html>.

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 system, says a new report from the Institute of Medicine.

Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States, said the committee that wrote the report. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. And regulatory and institutional obstacles—including limits on nurses' scope of practice—should be removed so that the health system can reap the

full benefit of nurses' training, skills, and knowledge in patient care.

"The report's recommendations provide a strong foundation for the development of a nursing work force whose members are well-educated and prepared to practice to the fullest extent of their training, meet the current and future needs of patients, and act as full partners in leading advances in the nation's health care system," said committee chair Donna E. Shalala, president, University of Miami, Miami. "Transforming the nursing profession is a crucial element to achieving the nation's vision of an effective, affordable health care system that is accessible and responsive to all," added committee vice chair Linda Burnes Bolten, vice president for nursing, chief nursing officer, and director of nursing research, Cedars-Sinai Medical Center, Los Angeles.

At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year, the committee said.

States, federal agencies, and health care organizations should remove scope of practice barriers that hinder nurses from practicing to the full extent of their education and training, the report says. Scope of practice barriers are particularly problematic for advanced practice registered 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 nurses in patient care, such as 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 includes creation of a residency program to help nurses transition from education to practice and additional opportunities for lifelong learning, the report says. Nursing is unique among health professions

in that there are multiple tracks by which individuals can attain undergraduate education—through diploma, associate degree, or bachelor's degree programs. The health care system does not provide sufficient incentives for nurses to pursue higher degrees and additional training, the report says. Lack of academic progression has prevented more nurses from working in faculty and advanced practice roles at a time when there is a significant shortage in both areas, it adds. Public and private organizations should provide resources to help nurses with associate degrees and diplomas pursue a Bachelor of Science in Nursing within five years of graduation and to help nursing schools ensure that at least 10 percent of their baccalaureate graduates enter a master's or doctoral program within five years.

Health care organizations, including nursing associations and nursing schools, should also provide nurses greater opportunities to gain leadership skills and put them into practice, the report adds. Nurses in turn need to recognize their responsibility and capability to contribute on management teams, boards, and other groups shaping health care. To that end, all health professionals should have opportunities to be educated and trained with other health professionals, which would facilitate the kind of interprofessional practice that is called for by many to promote more effective patient care.

Transforming the health care system and the practice environment will require a balance of skills and perspectives among physicians, nurses, and other health care professionals. Shaping the work force needed to achieve this balance will necessitate better data on the numbers and types of health care professionals currently employed, where they are employed, and what types of activities they perform, the report says.

The report is the product of a study convened under the auspices of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, and is the result of the committee's review of scientific literature on the nursing profession and a series of public forums to gather insights and evidence from a range of experts. NHNA will be convening regional discussion sessions as follow up to the Nov. 30th Future of Nursing Initiative national conference. Watch our website for details.

To read the complete report see <http://www.nap.edu/catalog/12956.html>.

Dr. Peter Buerhaus' Perspective on the Short- and Long-term Outlook for Registered Nurses in the US

Both the near and long-term outlooks for the stability and growth of the nursing workforce are dominated by the aging of RNs and by uncertainty over key economic factors. In the near-term (next couple of years) we can expect that, until there is a strong jobs recovery, most hospitals and other employers will continue to find that they can employ all the RNs they want at prevailing wages. To some observers, this situation might understandably suggest that it would be wise to decrease the production of new nurses and thereby avoid enlarging what might already be an excess supply of RNs. The danger of this strategy is, of course, that once the jobs recovery begins and RNs' spouses return to work, many currently employed RNs could leave the workforce. Because hospital employment of RNs over the age of 50 increased by more than 100,000 in 2007 and 2008, the exit could be swift and deep as many of these RNs seek to resume (or begin) their retirement once their spouses' rejoin the labor market. And just as fast as the current great recession unfolded, we could find ourselves facing yet another nursing shortage. Because of the uncertainty about how soon a jobs recovery will unfold, uncertainty over whether it will be a slow or fast jobs recovery, and because of uncertainty over how fast and intensely RNs will respond to the eventual jobs recovery, slowing the production of nurses is not without significant near-term risk.

The risk grows even more consequential when shifting the time horizon out over the longer-term. Over the next 15 years, it is reasonable to assume that demand for RNs will grow considerably due to a number of factors, including (but not limited to): the increasing size of the population; the expansion of health insurance coverage to tens of millions of currently uninsured Americans via the enactment of health reform; the changing age composition

of the population marked primarily by the estimated 80 million baby boomers, the first of whom reach 65 years of age in 2011 (those over the age of 65 consume much more healthcare services compared to those under 65); advances in technology; and the expected shortage of physicians that will shift more work onto nurses. How much demand will grow is uncertain, but there is little doubt that it will outpace the growth of the size of the nursing workforce. Currently, nearly 900,000 RNs (out of an estimated 2.6 million working RNs) are over the age of 50, and large numbers of these RNs are expected to retire in the years ahead (independent of the pace and intensity of a jobs recovery). Thus, the long-term task before the profession is twofold: replace these aging baby boom RNs, and beyond that, increase the total supply of RNs to meet the increasing demand.

Given the magnitude of these long-term challenges, it is important to resist the short-term urge to curtail the production of RNs. If nursing education capacity is decreased now, the ability to respond to the longer term, yet more predictable challenges will be hampered, as well as responding to the unpredictable near-term challenges should a strong and swift jobs recovery develop. Meeting both short- and long-term challenges is vital for the healthcare system, the health of society, and for the advancement of the nursing profession over the next two decades. The costs of failing to meet these challenges must be weighed against the benefits of reducing the current capacity of nursing education programs. Rather than decrease education capacity and output of new nurses and become caught up with the distraction that such a policy could ignite, now is the time to intensify the search for novel and effective ways to engage new graduates into the nursing profession so that we will be ready to respond successfully for both near- and longer-term challenges.