CE Requirement for Nursing License Renewal

Continuing Education (CE) became a requirement for nursing license renewal in Alabama in the early 1990s when the Alabama Legislature amended the Nurse Practice Act to require CE. (Code of Ala. 1975§ 34-21-23 (f)). The Alabama Board of Nursing's Administrative Code expands on the statute by stating that the registered nurse and the licensed practical nurse are individually accountable for continued competency to practice nursing including knowledge and compliance with applicable statutes and regulations (ABN Admin. Code, §§ 610-X-10-.02(1), 610-X-6-.04(2) (a)(i) and 610-X-6-.05(2)(a)(i)).

Registered nurses and licensed practical nurses are individually responsible and accountable to obtain and accurately report appropriate continuing education as well as knowing the regulations surrounding CE. Nurses are responsible to know if providers are approved or recognized by the Alabama Board of Nursing and if the content is directly applicable to nursing practice as defined in the following definition found in the ABN Administrative Code Rule 610-X-10-.01(4):

“Planned, organized learning experiences designed to augment the knowledge, skill, and attitudes for the enhancement of the practice of nursing to the end of improving health care to the public.” Courses that are not directly applicable to nursing practice are not acceptable for continuing education credit per ABN Administrative Code, Rule 610-X-10-.03(2).

Reporting Requirements and Audit

Nurses are required to maintain individual records of continuing education records for at least four years following the year in which the contact hours were earned.

Save These Dates

NURSES AT THE CAPITOL: February 15, 2012

ELIZABETH A. MORRIS CONTINUING
EDUCATION DAY - FACES '12-April 17 2012.
(Details and Registration form will be in next
Alabama Nurse and on website www.alabamanurses.org)

ASNA/AANS/AlaONE ANNUAL CONVENTION
September 20-22 2012
(at the Embassy Suites in Birmingham, AL). Full
convention materials will be printed in the June/July/
August issue of The Alabama Nurse.)

The Alabama Board of Nursing continued on page 5
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VISION STATEMENT

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.

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The real issues need to be managed but not necessarily always resolved. Marriage researcher John Gottman of the University of Washington says that 64 percent of the fights married couples have are the same fights they have been having for five years. This is either really depressing, or really liberating. In other words, most of the things we fight about aren’t actually resolvable. It’s a process of managing differences in preferences and personalities—differences that aren’t going to go away, so we might as well quit getting worked up about “how they are” and instead focus on working out ways to get around those issues.

Talk backwards as well as forwards. Since so much of what we fight about is really surface reflections of deeper differences, put your energy into understanding those differences. What are your worst fears? This is helpful even when the topic seems more mundane.

Below are some guidelines that will help you to confront challenging conversations and situations, and if you use them your results will improve and your ability to influence others will grow along with their respect for you. Keep your goals for the conversation realistic. You cannot solve everything at once. And never, never, never make the other person think that you think you know it all or have all the answers. They will get defensive and stop listening.

1. Be prepared for bad reactions. Finger pointing, denial, arguments, tears are all possible outcomes of difficult conversations. You cannot control the other person’s reaction but you can be ready for it. Be safe and know when to stop the conversation.

2. Choose the right time and place to have the conversation. Take the “emotional climate” into consideration and don’t hold the conversation while the other person is upset or angry. Make sure you are not overheard and do not do this over the phone if at all possible.

3. Use a respectful tone. The tone is as important as what you say. Speak calmly with kindness and respect and this will increase the likelihood that your message will be received in the manner it is presented. Being condescending will cause the other person to tune you out.

4. Watch for body language clues. Much about a person’s attitude is conveyed through body language. How are they sitting in their chair? Is their posture relaxed or tense? Where are their hands? Are their eyes averted from you or are they focused on you? If the person you are talking to is relaxed, their attention is focused on you, and you are more effective with your argument. If the person you are talking to is tense, their attention is elsewhere, and you have less of an impact on them.

5. Go ahead and acknowledge that you might not both be on the same page. The person you are talking to might have a different interpretation of the facts and judgment about what is right and wrong. What seems so logical to you might not be so logical to others.

6. Make sure you really want a win-win situation before you begin. If you begin the conversation trying to win the other person completely over to your point of view you might be disappointed. It is best to aim for a compromise or resolution that satisfies your goal and the needs of the other person.

7. Be empathetic. Try to understand the other person’s point of view as much as possible. Understanding their point of view helps you to make better decisions on how to address the situation. When you show genuine interest in their point of view then you are more effective with your argument.

8. Maintain eye contact. Nothing says evasiveness like shifting your focus behind, above, or around the person you are talking to. Remember, where attention goes, energy flows.

9. Stay in control of the conversation. If you show anger then the other person will respond in kind.

10. Write it out ahead of time. If possible, put the details of the conversation in writing as doing so gives you an opportunity to consider all views of the situation.

11. Do not interrupt! When the other person is speaking, never interrupt. Show the same courtesy you would like to receive in the same situation. If you cannot wait to speak then that means you are not listening.

12. Don’t team up on anyone. Never say “everyone feels the same way.” This is an exaggeration and if it is not then it just makes the other person stop listening to you. And… if “everyone” really does feel that way then “everyone” needs to be in on the conversation.

Difficult Conversations

I had an occasion recently to have a difficult conversation with a friend whose husband is dying and she is firmly entrenched in denial. Due to the denial she was wearing herself out taking care of him when calling in hospice would be very beneficial to both of them. Being a healthcare professional that has been a caregiver to someone with a terminal disease I know what this is like and I want to help her. It was a necessary conversation but a difficult one for both of us as denial is sometimes a nicer place than reality. But... we had the conversation. So how do you begin and give yourself a little room. The conversation may or may not end in an improved state of affairs for all involved. Before you begin, give yourself a little room. The conversation may or may not end in an improved state of affairs for all involved. Before you begin, give yourself a little room.

This started me thinking about some of the difficult conversations I have had in the past and how learning to handle this type of conversation is not as hard as it sounds. Difficult or crucial conversations are defined as a discussion between two or more people where the stakes are high, options vary, and emotions run strong. Now, we have all had and/or avoided these conversations. Don’t feel bad if you are really fighting about is how you’re each treating by the other. Sometimes you’re skipping along happily through life—“Hey, do you think you could keep it down? I’ve got a baby sleeping next door...” or “By the way, if I were you, you woulda called last week...” or “BAD... I can’t even say it directly.” Stating the issue more directly actually makes it less of a big deal:

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Are you a Winner?

by Gregory Howard, LPN

There are all kinds of winners: winners of games both physical and mental where set rules determine the victor. And there are those winners that are chosen by a judges or a panel of judges who rate you on your performance in an activity or a category of activities. Another definition of winner is “one that is successful especially through praiseworthy ability and hard work; a victor especially in games and sports and I would like to add “as well as in life.” Two of my favorite people describes a winner this way:” If you believe in yourself and have determination and pride and never quit, you’ll be a winner” Paul W. “Bear” Bryant, and “You’re always a winner when you do your best” Snoopy.

I believe people notice, when you do your best and it’s our responsibility to find our purpose in life and don’t give up. I believe this is what determines whether or not you are a winner. Ruby Dee said it best in an acceptance speech on a recent BET Awards show “I am not yet the person I was supposed to be, we are always becoming.” Each new day gives us an opportunity to be the person we dream of, because we are a possibility that can be.

So are you a winner and who decides? And the answer is: Yes you are a winner and you decide because you are the master of your faith. Only you and those you tell know your goals in life and who better to judge than you? The essence of who you are has nothing to do with your physical presence or financial status in life. You are a winner because you say you are and because you have done your best toward your personal goals.

Common Questions about Lactose Sensitivity

What is lactose sensitivity?
People who are lactose sensitive have a hard time digesting the sugar (called lactose) that is naturally found in milk and may experience discomfort after consuming dairy foods.

How do I know if I’m lactose sensitive?
Stomach aches, bloating or gassiness can have many different causes. Your doctor can help you find out if you are lactose sensitive if your digestive discomfort is caused by something else.

I used to drink milk all the time when I was a child. Why am I more sensitive to dairy now?
Your body makes an enzyme called lactase to help digest the lactose in milk. As an adult, your body may be making less of this enzyme than when you were younger. This may make it more difficult to tolerate dairy.

If I am lactose sensitive, do I avoid all dairy foods?
Lactose sensitivity is a very individual condition. Most people can continue to enjoy low-fat and fat-free dairy foods by drinking low-lactose or lactose-free milk, having small amounts of milk with meals or including natural cheeses or yogurt in their diet.

Is lactose sensitivity the same thing as a milk allergy?
No, being lactose sensitive is not the same as having a milk allergy. A milk allergy is caused by a reaction to the protein in milk. This is different from lactose intolerance, which occurs when your body has a hard time digesting the natural sugar (or carbohydrate) in milk. While people with milk allergies must avoid dairy, avoidance is not necessary for those who are lactose sensitive.

Can I get the nutrients I need without dairy foods in my diet?
Nutrition experts advise that you still try to eat dairy foods to best meet your nutrient recommendations. The dairy food group (milk, cheese and yogurt) provides key nutrients such as calcium, potassium and vitamin D. It’s difficult to get enough of these nutrients without dairy foods in your diet.

Can children be lactose sensitive?
Lactose sensitivity is less common in young children. If you think your child is lactose sensitive, talk to your family doctor, pediatrician or a dietitian.

FAST FACTS ABOUT LACTOSE-FREE MILK AND MILK PRODUCTS

Lactose-free milk is real milk, just without the lactose, and is a solution to help you get all the great nutrients found in regular milk.

HOW THEY’RE MADE: Lactose-free dairy products are the same as regular dairy products except the lactose (milk sugar) is already broken down or removed for you.

GREAT TASTING: People like the taste of lactose-free milk more than some of the available nondairy alternatives, according to a study in the Journal of Sensory Studies.

AVAILABLE OPTIONS: A wide variety of lactose-free dairy products – including reduced-fat, low-fat, fat-free and chocolate milk, ice cream and cottage cheese – are available.
During an audit:

Generally, the ABN will request the following documents:

1. Evidence of meeting continuing education requirements.

Administrative Code, Rule 610-X-10-.07 (1) (c) requires that registered nurses and licensed practical nurses not enter any courses to their individual continuing education record from a Board-approved provider with an ABNP number. If you enter courses from a Board approved provider, your license may be subject to disciplinary action. It may take 24-48 hours after the electronic transmission to ensure that your course hours are visible to the license on their Individual CE Record.

To manually enter contact hours from a recognized provider, the nurse should:

- Access the ABN website (www.abn.alabama.gov).
- Click on “Continuing Education” (under the state seal).
- On the LEFT side of the screen, click on “Access Individual CE Record”.
- In the center, click on “Individual CE Record”.
- Enter your complete license number and last four digits of your social security number for your PIN Number.
- Follow the prompts by editing the mailing address to be changed.
- Record the confirmation number and maintain in a safe location.

What if I am Selected For A Continuing Education Audit?

RESPOND TO THE AUDIT. RESPOND IN WRITING AND RESPOND BY THE DUE DATE. ABN Administrative Code, Rule 610-X-10-.07 (1) (c) requires that the nurse selected for audit submit documented evidence hours to the ABN. Failure to respond within the time required will result in disciplinary action by the ABN. Failure to respond in writing by the due date will result in a late CE compliance fee of at least $150 or as specified in your “Notice of Audit” letter.

Read the Advice of Audit letter carefully, but generally, the ABN will request the following documents during an audit:

1) A copy of your Individual CE Record—Print it off from the ABN website:
   a. Go to the ABN website: www.abn.alabama.gov
   b. Click on Continuing Education (under the state seal).
   c. On the LEFT side of the screen, click on “Access Individual CE Record”.
   d. In the center, enter your License Number (1-xxxxxx or 2-xxxxxx) and the last 4 digits of your social security number for your PIN Number.
   e. Under the words “ADD COURSE” click on the drop down box to pull up the PREVIOUS Earning period.
   f. Print your Individual CE Record.
   g. Send your Individual CE Record for the earning period being audited to the ABN.

2) A copy of a CERTIFICATE for any class you manually entered onto your Individual CE Record. (Licensees are mandated in ABN Administrative Code, Rule 610-X-10-.07 (1) (b) to maintain individual continuing education records for four (4) years following the year in which the contact hours were earned.) Note: that some online companies have a variety of certificates that can be printed. Be sure the certificate you print has the following information at a minimum: your name, the name of the course, the date taken or viewed, the number of contact hours, and the provider’s name.

Should you view online programs/courses at the facility/agency where you work, ask the Education Coordinator if they will electronically transmit the record to the ABN. Note: that some online companies that provide Continuing Education, have a variety of certificates that can be printed. Be sure the certificate you print has the following information at a minimum: your name, the name of the course, the date taken or viewed, the number of contact hours, and the provider’s name.

If you claim academic hours, you must send a copy of an original transcript from the college or university that issued the academic credit.

How Do I Manually Add A Class For A Recognized Provider?

The nurse should only enter classes provided by recognized providers and for which they have a complete certificate. See below for a certificate with contact hours. Registered nurses and licensed practical nurses shall not enter any courses to their individual continuing education record from a Board-approved provider with an ABNP number. If you enter courses from a Board approved provider, your license may be subject to disciplinary action. It may take 24-48 hours after the electronic transmission to ensure that your course hours are visible to the license on their Individual CE Record.

To manually enter contact hours from a recognized provider, the nurse should:

- Access the ABN website (www.abn.alabama.gov).
- Click on “Continuing Education” (under the state seal).
- On the LEFT side of the screen, click on “Access Individual CE Record”.
- In the center, click on “Individual CE Record”.
- Enter your complete license number and last four digits of the social security number.
- Click “Add Course”.
- Leave the Alabama Provider Number blank. Since Alabama nurses should not enter courses by Approved Providers, there should not be an ABNP provider number on the certificate.
- Enter the name of the provider.
- Enter the city and state where you took the course.
- Enter the complete title of the course. Enter the name of the course/class exactly as it is on the certificate.
- Enter the complete title of the course exactly as it is on the certificate.
- Enter the date of the course using the format “mm/dd/yyyy.” If the course lasted more than one day, enter the final date of the course.
- Enter the total contact hours obtained.
- Enter the amount of contact hours exactly as they were awarded by the provider. You cannot round up the numbers.
- The Board may accept contact hours earned from a continuing education provider that uses different units of measurement without conversion. For example, if the Alabama Board of Social Work Examiners awards 4 CEUs for a course, the nurse must record the number of contact hours obtained as 4.
- Continuing education classes and activities may NOT be repeated within the earning period for credit. A class may be audited (no credit awarded) if approved by the continuing education provider.
- If the course was one for which the nurse received academic credit after initial licensure, the nurse is allowed to convert the collegiate hours to contact hours.
  - 1 academic semester credit hour = 15 contact hours
  - 1 academic quarter credit hour = 10 contact hours
- If the certificate does not contain contact hours, do not enter the class and contact the provider for a certificate with contact hours.
- Be sure to click on “Save This.”

How Do I Send My Information To The ABN?

To ensure proper credit, consider the following suggestions:

- Add your name as it is on your license and your license number on EVERY sheet that is sent to the certificate.
- Consider organizing your certificates by date of classes that will correspond with your Individual CE Record.
- Send one certificate per page rather than reducing the size of the certificate and printing with several certificates on a page.
- You may send the requested information to the ABN via postal mail, email or FAX using the addresses and numbers on your Notice of Audit letter.
- Send the information for one licensee per delivery type selected rather than sending responses from multiple licensees in the same envelope, fax or email.

- If you send information to the ABN by FAX, be sure the confirmation sheet indicates “Successful Transmission” and maintain a copy for your records.
- If you send information by email, request a delivery receipt prior to clicking the “Send” button. Be sure the delivery receipt indicates successful delivery and maintain a copy for your records.

How Will I Know The Results Of The Audit?

If the ABN has received an information request and the documentation received indicates that the requirements for continuing education have been achieved, the nurse will receive a “Passed CE Audit” letter. If the ABN needs additional information, the nurse will receive an “Additional Information Needed” letter detailing what is needed. Upon receipt of the request for additional information, the nurse will need to send that information promptly following the directions above. If it is determined that requirements for continuing education were not met, the nurse will receive a letter that the documentation will be forwarded to the legal division for further action.

For additional information, go to www.abn.alabama.gov and click on “Continuing Education.”
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Happy Holidays to all our nurses!

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- Clinical Nurse Specialist (various areas)
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- Nursing Education
- Cardiovascular
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- Nursing Informatics

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Angel Greer, MPH, BSN

Executive MPH Class of 2010

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We had additional continuing education opportunities on Friday, our annual Full Board of Directors meeting, and a very productive House of Delegates session in the afternoon. In addition, after dinner Friday night we all enjoyed the very funny musical production of the play “Nunsense” put on by the St. Mark’s Players from Prattville, AL.

The House of Delegates concluded Saturday morning with the final business session, including announcement of the election winners for 2012. Congratulations to: Jackie Williams, Vice President (reelected for a second term); Julie Freeman, Secretary; Commission of Professional Issues–Rebecca Huie, Deborah Andrews, Shannon Morrison and Glenda Smith; Nominating Committee–Cecily Hooten and Voncele Stalworth; and ANA delegates–Joyce Varner (ANA President), Arlene Morris (ANA President Elect), Helen Wilson, Brian Buchmann, Jean Ivey, Rebecca Hulse, Laura Chapman; First Alternates include Marilyn Johnson and Debra Linton. The House also passed 7 Resolutions, including one spelling out ASNA’s position calling for protection of nurses and other medical personnel in light of Alabama’s tough new Immigration Law passed in the recent session. (See listing elsewhere in this newsletter.) The House also took the opportunity to thank outgoing officers for their hard work throughout the year, presenting each with an A certificate of Appreciation: Jackie Williams, Vice President; Mardell Davis, Secretary; Ruby Morrison, District 2 President; Henrietta Brown, District 4 President; Karen Davidson, Chair, Advanced Practice Council; Jean Ivey, COPI Chair.

We are very pleased to announce that several fundraising efforts for our Alabama Nurse Foundation, the 501(c)(3) scholarship arm of ASNA met with considerable success during Convention. The annual Silent Auction raised $4,041.00, a new record; the ASNA table generated $11,000.00 and Dr. Bobbie Holt-Ragler’s superb fundraising tactics (and a darn good speech beforehand!) raised $2,775.00. All this for a grand total of $6,997.00, and we have some additional pledges for up to $500.00. This presents us with a terrific start for the 2012 scholarship drive. Thank you all, and keep those donations coming! Also, I would be remiss if I didn’t mention significant contributions from ANF Board of Trustees Chair John Beard, CEO of AlaCare and Mark Miller, President of Arthur Davis Publishing (who does our quarterly newsletter) again this year for the 2012 scholarships we disbursed at Convention. A special thanks to both of them for their longstanding support.

We also need to take this opportunity to congratulate the new inductees into the Alabama Nursing Hall of Fame, introduced at a formal banquet in Tuscaloosa on October 13th. The new members are: Elizabeth Cleino, Gregory S. Eargortin, Norma Mobley, Elizabeth A. Morris, Carol J. Ratcliff and Regina Yarbrough. Morris, Ratcliff and Yarbrough are all ASNA members.

Lastly, a few dates to remember for 2012:

15 February Nurses Day at the Capitol (Montgomery).
17 April FACES 2012, Eastmont Baptist Church (Montgomery).
20-22 September ASNA Convention/HOD, Embassy Suites (Birmingham).
13-16 June ANA Convention/HOD (Washington DC).

The E.D.’s Notes
### 2012 Calendar Winners

**January**  
Ruby Morrison, DSN, RN, recently retired from her position as Professor at the Capstone College of Nursing at the University of Alabama in Tuscaloosa.

**February**  
Ruth Harrell, RN, MPH, member of Alabama Nursing Hall of Fame and former two-time President of ASNA.

**March**  
Debbie Faulk, RN, PhD, Professor at the AUM School of Nursing in Montgomery. She is also the immediate Past President of ASNA.

**April**  
Cindy McCoy, RN, PhD, MSN, MEd, BC, Director of Health Services at HealthSpring in Mobile.

**May**  
Elizabeth “Liz” Morris, RN, MEd, served as Executive Director of the Alabama State Nurses Association for 25 years. Member of Alabama Nursing Hall of Fame.

**June**  
Cam Hamilton, RN, MSN, BSN, PhD, Faculty member at AUM School of Nursing.

**July**  
Marilyn Johnson, RN, MSN, MPH, President of District 3  
Rebecca Huie, RN, BSN, President Elect of District 3  
Mary Beth Bodin, RN, DNP, CRNP, FNP-BC, Treasurer of District 3  
Paul Gasser, RN, MPH, Vice President of District 3  
Lygia Holcomb, RN, DSN, CRNP, FNP-BC, Secretary of District 3

**August**  
Donna Pucka, RN, DSN, Senior Associate Dean and Professor at the Capstone College of Nursing, University of Alabama in Tuscaloosa.

**September**  
Florence Henderson, RN, BSN, Deceased. Florence retired in 1983 with over 30 years with the VA Hospital system.

**October**  
Debra Sullins, RN, BSN, MSN, earned the first BSN awarded by Tuskegee University. She was the first African American appointed to the Alabama Board of Nursing.

**November**  
Sue Morgan, RN, PhD, National Council, ASPH, State Ambassador to National Hospice & Palliative Nurses Association.  
Lori Lioce, RN, DNP, FNP-BC, Chair, ANA-PAC  
Linda Easterly, RN, MSN, BSN, Vice-Chair, ANA-PAC  
Colin Tomblin, Student, AANS, Breakthrough to Nursing Director, NSNA

**December**  
Allison Terry, RN, PhD, Assistant Professor, Auburn Montgomery School of Nursing.

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### 2011 ASNA Scholarship Recipients

<table>
<thead>
<tr>
<th>Name</th>
<th>Award Amount</th>
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<tbody>
<tr>
<td>Moniaree Parker Jones</td>
<td>$2000.00</td>
</tr>
<tr>
<td>Kelly Staeter</td>
<td>$2000.00</td>
</tr>
<tr>
<td>Caroline Kirkner</td>
<td>$1000.00</td>
</tr>
<tr>
<td>Vicki Hale-Brown</td>
<td>$1000.00</td>
</tr>
<tr>
<td>Katy Shrode</td>
<td>$1000.00</td>
</tr>
<tr>
<td>Christine Moss</td>
<td>$1000.00</td>
</tr>
</tbody>
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### District 3 Scholarship Recipients

<table>
<thead>
<tr>
<th>Name</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Huie</td>
<td>$1500.00</td>
</tr>
<tr>
<td>Katelyn Flinn</td>
<td>$1500.00</td>
</tr>
<tr>
<td>Emily Walker</td>
<td>$1500.00</td>
</tr>
</tbody>
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### District 5 Scholarship Recipient

<table>
<thead>
<tr>
<th>Name</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitney Law</td>
<td>$500.00</td>
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</tbody>
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### 2011 Award Winners

<table>
<thead>
<tr>
<th>Name</th>
<th>Award Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Ratcliffe</td>
<td>Outstanding Nurse Administrator Award</td>
</tr>
<tr>
<td>Olivia May</td>
<td>Outstanding Nurse Educator Award</td>
</tr>
<tr>
<td>DCH Medical Center</td>
<td>Outstanding Health Care Organization</td>
</tr>
<tr>
<td>Representative April Weaver</td>
<td>Outstanding Legislator Award</td>
</tr>
</tbody>
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### Exhibit and Sponsorship Information

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  Marsh

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**Friends of ASNA/AANS**

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- Public Health Foundation

**2011 Convention Exhibitors:**

- Alabama State Nurses Association
- Athletic College of Alabama
- Auburn University Montgomery School of Nursing
- Emory University School of Nursing
- UAB Hospital

- Alabama State Nurses Association 2011 Convention Exhibitors:
  - Alabama State University
  - UAB Hospital
  - UAB Health Sciences
  - UAB College of Nursing
  - UAB Hospital
  - UAB School of Nursing
  - U.S. Navy
  - Walden University

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**DEDICATION**

“The Macon County Ladies”

The 2011 Alabama State Nurses Association Annual Convention and House of Delegates is dedicated to a wonderful group of ladies affectionately known by everyone as “The Macon County Ladies.” These ASNA members are a close knit group of good friends from Macon County who have been in the Association for many, many years and are definitely among our most loyal partners. Collectively they have an incredible history of both the Association and of nursing in Central Alabama. They have also been, and continue to be, outstanding advocates for the nursing profession, and are wonderful role models for what a true professional Registered Nurse should be. Although many of them are now retired from active nursing, they all remain very active in the Association and in their community. Their mentoring of Tuskegee University student nurses and continuing pursuit of scholarship opportunities for young students is both noteworthy and impressive. All of these terrific ladies remain active and engaged, and are setting outstanding examples for us all. They are truly leaders, and we only wish we had many more of them in ASNA. We are grateful for their ongoing energy, participation and friendship. Here’s a salute to our good friends and associates, the “Macon County Ladies.”

*We couldn’t get a picture of all of the Macon County Ladies, but this is the majority of them.*
Resolutions Passed at 2011 ASNA Convention

Lung Cancer Awareness
Resolved: That the Alabama Nurses Association (ASNA) will ask the Commission on Professional Issues to address the fatigue/safety problem in an article published in the Alabama Nurse; and be it further
Resolved: That ASNA will provide continuing nursing education programming for nurses that validates the need for adequate pain control of elders; and be it further
Resolved: That ASNA supports only midwifery practice in accord with ACNM standards; and be it further
Resolved: That the Ethics and Human Rights Committee will develop at least one op ed editorial piece to be provided to members for placement in their local papers.

Impact of Nurses’ Fatigue on Quality Patient Care
Resolved: That ASNA will support the recommendations of ANA that involve individual nurse action, responsibilities and possible policy changes and that these actions extend to the employer as well.

Water Crisis Requires Water Conservation
Resolved: That ASNA will encourage its members to conserve water by cutting back on the amount used whenever possible; and be it further
Resolved: That ASNA will promote the Alabama Department of Public Health’s Clean Indoor Air legislative initiatives; and be it further
Resolved: That ASNA will once again advertise its and The American Nurses Association’s Stop/Quit smoking programs.

Childhood Obesity Epidemic
Resolved: That ASNA, in collaboration with The Alabama State Obesity Task Force, will provide a continuing education program on childhood obesity prevention.
Resolved: That ASNA will support efforts by the Alabama State Nurse’s Association to develop, implement, and standardize education requirements for CMS and CM by publishing an article in the Alabama Nurse that details requirements and standards of practice; and be it further
Resolved: That ASNA will provide continuing education opportunities for members to learn about water conservation programs in the State of Alabama.

Midwifery Certification in Alabama
Resolved: That ASNA will add the ACNM web site as a link for anyone desiring more information on the history of midwifery, certification requirements or to follow regulatory issues.
Resolved: That ASNA will add the ACNM web site as a link for anyone desiring more information on the history of midwifery, certification requirements or to follow regulatory issues.
Resolved: That the Ethics and Human Rights Committee with suggestions on how members can conserve water; and be it further
Resolved: That the Ethics and Human Rights Committee with suggestions on how members can conserve water; and be it further
Resolved: That ASNA will provide continuing education opportunities for members to learn about water conservation programs in the State of Alabama.

Alaska State Nurses Association’s Position on the History of Midwifery, Certification Requirements or to Follow Regulatory Issues
Resolved: That the Ethics and Human Rights Committee in accord with ACNM standards; and be it further
Resolved: That ASNA will promote a lung cancer awareness campaign by publishing articles in the Alaska Nurse; and be it further
Resolved: That ASNA will continue to support the Coalition of Tobacco Free Alabama’s Clean Indoor Air legislative initiatives; and be it further
Resolved: That ASNA will continue to support the Coalition of Tobacco Free Alabama’s Clean Indoor Air legislative initiatives; and be it further
Resolved: That ASNA will provide education programming for nurses that validates the need for adequate pain control of elders; and be it further
Resolved: That the Ethics and Human Rights Committee will develop at least one op ed editorial piece to be provided to members for placement in their local papers.

2011 Election Results
Vice President . . . . Jackie Williams, MSN, RN
Secretary . . . . . Julie Freeman, MSN, RN
Commission on Professional Issues . Deborah Andrews, MSNSA, RN
Rebecca Huse, MSN, RN, ACNP
Shannon Morrison, PhD, MSN, FNP-BC
Glenda Smith, PhD, RNC, NNP-BC, PNP-BC, MDiv
ANA Delegates . . . Helen Wilson, MSN, RN
Brian Buchmann, BSN, MBA
Jean Ivey, DSN, RN, CRNP
Rebecca Huse, MSN, RN, ACNP
Laura Chapman, MSN, RN
Alternate ANA Delegates . . . . Marilyn Johnson, RN, BSN, MPH
Debra Litton, RN, MSN, MBA
Jill Stokley, MSN, RNC, CD, MA
D’Ann Sonneral, DNP, CRNP
Glenda Smith, PhD, RNC, NNP-BC, PNP-BC, MDiv
Shannon Morrison, PhD, MSN, RNP-BC
Lygia Holcomb, DSN, CRNP, FNP-BC
Carthenia Jefferson, JD, BSN, RN
Rosenmarie Juergensen, MSN, RN
Delores “Dee” Sherman, RN, BSN,

Charlene Roberson, Edna Moore & Della Sullins
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Nighttime-breathing treatments backed by stronger evidence among options to treat sleep apnea

Among the treatments for obstructive sleep apnea, the effectiveness of a nighttime-bounding machine, the continuous positive airway pressure (CPAP) machine, was backed by the strongest evidence, and a mouthpiece worn at night was also shown to be effective, according to a new report released by the Agency for Healthcare Research and Quality (AHRQ). Sleep apnea is a disorder that disrupts sleep for an estimated 12 million Americans, with millennials more likely undiagnosed. It causes people to stop breathing during sleep (from a few times per hour to every few minutes) due to the repeated collapse and blockage of the upper airways. The CPAP, which pumps air through a mask while the patient is asleep, is highly effective in improving sleep and related symptoms of daytime sleepiness. Another option is losing weight. Treatment, a mouthpiece called a mandibular advancement device, can also be effective, the report found.

Wearing a mask or sleeping with the mouth open may also be effective, although the evidence behind these treatments is not as strong, according to the report, a comparative effectiveness review prepared by the Tufts Medical Center Evidence-based Practice Center for AHRQ’s Effective Health Care Program. The report does note that all treatments have possible side effects.

To highlight this for the American, with millions more likely undiagnosed. It causes people to stop breathing during sleep (from a few times per hour to every few minutes) due to the repeated collapse and blockage of the upper airways. The CPAP, which pumps air through a mask while the patient is asleep, is highly effective in improving sleep and related symptoms of daytime sleepiness. Another option is losing weight. Treatment, a mouthpiece called a mandibular advancement device, can also be effective, the report found.

Communication problems between hospitalists and primary care providers lead to postdischarge problems for seniors

Primary care physicians (PCP’s) are much less likely to care for patients in the hospital—a role largely taken over by hospitalists. Also, with the emphasis on shorter hospital stays, more extensive postdischarge followup is often warranted for patients, which then becomes the responsibility of the patient’s PCP. Despite the increased need for more extensive postdischarge followup, communication between hospitalists and PCP’s has been characterized as poor and ineffective. A new study suggests that this is the case, especially when the PCP is unaware of the patient was in the hospital. The study found that 42 percent (27) of 64 frail, elderly patients from a large urban hospital reported a postdischarge problem. The most common problems were patients having difficulty obtaining followup test and test results. Also, many patients needed reevaluation and had to be either readmitted to the hospital or go to the emergency department. Other patients reported that they were not properly prepared for discharge, with most of them not receiving proper discharge materials, which then caused other problems. Thirty percent of the 40 PCP’s surveyed reported that they were not satisfied with the quality of their patient’s hospitalization. Patients of these PCP’s were twice as likely to report a postdischarge problem. This study was supported by the Agency for Healthcare Research and Quality (HS17119).

Winter Pharmacology Symposium
Sponsored by the ASNA Advance Practice Council

Saturday, 3 March 2012
Heron Lakes Country Club–Mobile, Alabama

Intended Audience—Advance Practice Nurses

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

7.2—ABN (Valid through 30 March 2013)

Agenda
8:00 am  
Registration/Coffee & Advance Practice Council Meeting (discuss current state of affairs and progress meeting goals for Advance Practice Nurses in Alabama)

9:00 am  
What’s New in Drugs of Abuse–Dr. Elizabeth VandeWaa

10:00 am  
Using Psychotropic Medications for GAD–Kimberly Williams, DNSc, APRN-BC

11:15 am  
Newly FDA Approved Medication for Diabetes–Alethia Hill, DNP, CRNP

12:15 am  
Lunch

1:00 pm  
Geriatric Pain Management–Joyce Varner, DNP, GNP-BC, GNCS

2:00 pm  
Emergency Contraception–Leigh Ann Minchew, DNP, WHNP

3:15 pm  
A Dementia Medication Update–Charlote Wynn, MSN, CRNP

Refunds: If cancellation is received in writing prior to Feb 24, 2012 a refund (minus a $20.00 processing fee) will be given. After Feb, 24, 2012 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.

Fees:
• ASNA Advance Practice Council Members $65
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