And Your Calling Is?

Over the last several weeks, celebrations around the state welcomed new graduates to the brink of the profession while the art and science of nursing was also recognized during National Nurses Week. Alabama nurses have had even more reason to celebrate as the doors to multi-state practice opened with the passing of the compact licensure bill in the state legislature. As I reflect now on this recent milestone and the numerous nursing celebrations statewide, I’ve been reminded of the many ways that the beauty of nursing touches lives both young and old. Whether novice or experienced, nurses have the power to also influence their patients with a simple word or touch. Science alone cannot heal the whole person. Without kindness extended through a nurse’s presence, words, or touch, a patient or even a loved one may never know the art of our profession. It is the art of delivering healthcare that influences patients beyond the confines of the walls around them long after receiving treatments or procedures for healing or comforting their physical bodies. Yet, as nurses we sometimes become so entrenched in what must be accomplished in a work day that we sometimes forget how we go about accomplishing the science of nursing. While the season of celebrating our profession may have drawn to a close, it’s not too late to pause and reflect on your own enthusiasm when you graduated from your alma mater. Remember how you couldn’t wait to pass boards not just for monetary relief but for the privilege of calling yourself a NURSE? Rekindle that enthusiasm and let those with whom you come in contact see the art of kindness and compassion that is nursing. No other profession has such presence as that of nursing during what are often the most vulnerable times in a person’s life, and no other profession allows such diversity in practice! For 16 years in a row, nursing is the most trusted profession in the country! Be proud to be a nurse, and more importantly, let others see the inner you that led you to join the most noble of professions!
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Our Mission
ASNA is committed to promoting excellence in nursing.

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

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© Copyright by the Alabama State Nurses Association. Alabama State Nurses Association is a constituent member of the American Nurses Association.
State Nurses Association, I have listened to nurses at all relevant to every nurse and every institution. The focus of our educational processes? These are questions the soul and inner purpose – and substituted knowledge, wonderful career. But, have we neglected the power of not discussed or promoted. Has the profession become secular SON’s this sense of calling and life-purpose is in schools of nursing that are religiously based that is was unashamedly embraced as a Divine calling. Today, leading one to follow a path. For many decades, nursing root for the term vocation is related to “vocal” – a voice to nurses that were generations apart sharing that golden career oriented without a spiritual motivation are any all talked about having a sense of “calling” as central practice yet all four had one thing in common. They four nurses were at different places in their tenure and the other was exploring various opportunities. All certain of a nurse specialty that was her dream job their experiences that were checkered with good and less effective as professionals. It was just cool to listen to nurses with many years in the profession had “seen The nurses with many years in centers and settings like Children’s Hospital and Saint stage 4 cancer. a mental health nurse. She had seen the same patients in her arms as they died? One of the nurses known cure. What kept them going? What kept Mother conditions in war, plagues and with diseases that had no to be reaping the rewards one hoped for. Think about when times are tough and the hard work doesn’t seem to go long-term in this manner and do well. Most people, with personal career advancement. Some people can professional aiming at better patient outcomes along based mind-set. Again, nothing wrong with a serious levels of the profession express concern about the “soul” in all 50 states, and filter by location and credentials. Alabama State Nurses Association. I have listened to nurses at all levels of the profession express concern about the “soul” of nursing being lost to a purely secular career $55 based mind-set. Again, nothing wrong with a serious professional aiming at better patient outcomes along with personal career advancement. Some people can go long-term in this manner and do well. Most people, I believe, need something “extra” to keep them going when times are tough and the hard work doesn’t seem to be reaping the rewards one hoped for. Think about the nurses throughout history that endured horrible conditions in war, plagues and with diseases that had no known cure. What kept them going? What kept Mother Teresa going in the streets of Calcutta as she picked worms from the sores of dying lepers and held starving children in her arms as they died? One of the nurses at my ASNA luncheon table had worked for years as a mental health nurse. She had seen the same patients progress/relapse over and over for years. What keeps the nurses going in emergency rooms, stage 4 cancer centers and settings like Children’s Hospital and Saint Jude’s? In my book, all good nurses are amazing. That’s why it is an honor to serve the interests of nurses of all specialties through ASNA. If you are an early career or
seasoned nurse, ASNA belongs to (serves) you. Do you belong to ASNA? Are you a member? 97% of people reading this are NOT members. At great time and expense, we send this paper to all nurses in the state. For 106 years ASNA has served Alabama nurses. For most of those years, we didn’t have to ask people to join! Nurses joined their professional organization… as a natural extension of their calling, their oneness, join! Nurses joined their professional organization…

ONE ED SIDEBAR – JUST FOR DON’S. (Directors of Nursing)
A high ranking official in a large hospital system recently told me that there was a HUGE misunderstanding among some in the DON and Hospital Administrator community that the Alabama State Nurses Association were LABOR UNIONS! OMG! NO! ASNA/ANA exists to bring unity, promote development. Pointedly, we are NOT a union. Also, we endorse NO POLITICAL candidates. (ANA used to endorse presidential candidates… but even that is apt to change). BOTTOM LINE: ASNA HELPS NURSES BE BETTER NURSES! So… Why wouldn’t every Administrator and DON in the state want their staff saturated with ASNA members? Many do! But, if you have been misinformed… please contact John Ziegler at edasna@alabamanurses.org and let’s talk.

Conclusions: The ASNA Board of Directors and ASNA Staff extend their deepest condolences to the following:

Donna Everett, ASNA Board of Directors Secretary, and District 1 Member who recently lost her mother-in-law.
The family and friends of Maggie Delight Robinson, killed during the tornadoes that hit Beauregard, AL, March 3, 2019.
The family and friends of Mary Louise Jones, killed during the tornadoes that hit Beauregard, AL, March 3, 2019.
Margaret Howard, ASNA District 5 Member, who recently lost her mother.
Marilyn Whiting, ASNA District 5 Member, who recently lost her Nephew.
Mary Jenkins Johnson, ASNA District 3 Member, who recently lost her mother.
Marilyn Jenkins, ASNA District 3 Member, who recently lost her mother.
Mary Chiles, ASNA District 3 Member, who recently lost her brother.

Chances and Responsibility in Nursing

Jon D. Barganier J.D.

Upon completion of law school and successful passage of the Alabama Bar Exam twenty-five years ago, I began making legal work of a wide variety which I thought would allow me to undertake a general practice of law rather than specialization in any one area. In other work settings, that would have made me a “jack of all trades, but a master of none,” so to speak. I remember speaking to an elder in the profession of law, and he put it another way: He said, “if you do that, you will know enough about the law to get yourself into trouble, but not enough to get you out.” It was good advice. It is probably true for most professions, including nursing. Specialization has changed nursing a lot through the years. I mentioned in my last report that my daughter is a Nurse Practitioner. I have watched her change practice settings a number of times now and seen how different those settings can be, from floor nurse, to nurse supervisor, to surgery, to neurology and now to wound care. It is daunting. And, with those changes come responsibility – the responsibility to become proficient in each new role. That responsibility is most importantly owed the patient, but also extend to the State in that the State (State and Federal law and regulations, not to mention case law in courts) regulates the profession. This is one of the most important reasons to support your professional organizations because who else would look out for nurses first as changes take place in the profession and in your role changes. So what responsibility do you owe as a practicing nurse regardless of practice setting? From a civil, i.e., non-criminal, standpoint? A nurse must (1) assess and monitor; (2) follow standards of care; (3) use equipment in a responsible manner; (4) communicate; (5) document; and, (6) act as a patient advocate and follow the chain of command. Failure to do any of these could be considered malpractice. (borrowed from Deanna Reising, Professor of Nursing, Auburn University) In the past, these were books written on medical malpractice and the nuances associated with each of these so do not make the mistake of thinking that if you do all of these generally, you are home safe, but generally speaking these are the practices that keep you out of trouble. Here are some additional steps that can minimize your risks also borrowed from Reising: (1) know and follow your state’s nurse practice act and your facility’s policies and procedures; (2) stay up to date in your field of practice; (3) assess your patients in accordance with policy and their physicians’ orders and more frequently, if indicated by your nursing judgment; (4) promptly report abnormal assessments, including laboratory data, and document what was reported and any follow-up; (5) follow up on assessments or care delegated to others; (6) communicate openly and factually with patients and their families and other health care providers; (7) document all nursing care factually and thoroughly and ensure that the documentation reflects the nursing process and never chart ahead of time; (8) promptly report and file appropriate incident reports for deviations in care. I wish I could say that it just all comes down to common sense, but that would be a vast overstatement. The truth of the matter is that it takes a lot of discipline to know the who, what, when, why and how of professional nursing. The constant change in roles that many of you experience over the course of your career make that even more challenging. Thankfully, there are a lot of organizations, like ASNA, to help you along the way. I hope this information is helpful to you.

What Inspires Us, Makes Us Who We Are “Are You Doing Your Part?”

Gregory Howard LPN

As we make, and strive, toward the things in life that inspire us, are we giving our best? No matter the profession or task, you owe it the best you can offer. The people we serve, expect our best. It is understandable. Self-preservation and family come first. Then comes our financial means of survival, friends and so on. Are we giving our best? I yield to the fact that unless something is physically or mentally out of balance, we take care of ourselves. But what happens when it comes to family, our jobs and our professions, are we giving our best? Do you dare ask your boss / supervisor that question? I hope the answer is yes. Is there a professional organization associated with what you do? Then do you support that organization? I hope the answer is yes. Because it is a means of survival for the job that puts food on your table and pays your debts. With family and friends, are you giving them the attention they need? It is important that you listen and hear what is going on. And more importantly, supporting them as much as possible. With friends, sometimes it means just listening and sharing your perspective when needed. Be that person that people respect, look up to and say nice things about. Because you are doing your part and doing it well:

Now some may hate you because of the way others like or love you. But guess what, that does not and should not matter to you at all. Be confident in who you are and ignore the rest. Because “Life is the Sum of the Choices We Make.”
**2019 ASNA Convention Agenda**

**Wednesday, 4 September 2019**
- 0745 Registration/Continental Breakfast
- 0830 House of Delegates 1
- 1000 Break
- 1015 Plenary Session
- 1115 Box Lunch
- 1200 House of Delegates 2
- 1330 Free Time
- 1900 President’s Reception
- 1930 Supper/Live Auction

**Thursday, 5 September 2019**
- 0800 Breakfast Buffet with Exhibitors and Posters
- 1130 Keynote address, Dr. Ernest Grant, ANA President
- 1230 Awards Luncheon
- 1430 Free Time
- 1930 Beach Party

**Friday, 6 September 2019**
- 0700 Breakfast/Voting
- 0745 Leadership Academy Presentations
- 0845 House of Delegates 3
- 1000 Break
- 1015 Board of Directors Meeting
- 1015 Mable Lamb Sessions
- 1215 Lunch on your own
- 1300 Mable Lamb cont.
- 1515 Evaluations

**Hotel Reservation Info:**

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**CONVENTION REGISTRATION FORM**
Register online at [alabamanurses.org/convention](http://alabamanurses.org/convention) (Hotel Registration Separate)

**FEES**

1. **MABEL LAMB CONTINUING EDUCATION DAY WORKSHOPS** (Fri., Sept. 6, 2019)
   - Select your tract and registration type. Add $10 to fees if received after Aug. 21, 2019
   - Tracts
     - 9:00 AM – 3:00 PM (Tract I)
     - 9:00 AM – 3:00 PM (Tract II)
   - Registration Type
     - ASNA member $40
     - Non-member $60

2. **CONVENTION** (Wed., night, Sept. 4; Thurs., Sept. 5; Fri., Sept. 6, 2019)
   - Select one registration type below. Includes tickets to all meal functions listed in this application. Add $20 to fees if received after Aug. 21, 2019. Meals may not be available if registration received after Aug. 21, 2019.
   - **ASNA Delegates Only**
     - $330 (must register for entire convention)
   - **Daily Registration** (if not attending full convention)*
     - ASNA Member $225/day
     - Non-member $265/day
   - **Select your day(s)**
     - Wednesday
     - Thursday
     - Friday

3. **ADDITIONAL MEAL/FUNCTION TICKETS**
   - For guests.
     - $40 Wednesday, September 4, 2019 – Continental Breakfast
     - $45 Wednesday, September 4, 2019 – Boxed Lunch
     - $65 Wednesday, September 4, 2019 – Taco Truck Buffet
     - $18 Thursday, September 5, 2019 – Breakfast Sandwiches
     - $65 Thursday, September 5, 2019 – Awards Luncheon, Pecan Crusted Chicken Breast or Seared Gulf Shrimp
     - $65 Thursday, September 5, 2019 – Beach Party Buffet
     - $48 Friday, September 6, 2019 – True Southern Plated Breakfast

4. **Total Enclosed:** $

   *ASNA Special Dues members (65+ or Retired or Completely Disabled) receive an additional 10% discount on registration.

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**Tuscaloosa County School System**
Seeking for the 2019-20 school year:
- Sub Nurses for School Day, Field Trips and Extended Day Programs
- AM/PM Bus Nurses (Bookwood / Northport / Fosters area)
- 1:1 Trach/Vent Nurse
- No benefits
- Flexible Schedule / Mon.-Fri. / 7:45am-3:15pm
- Rates Vary
- Email f.washington@tcss.net for more info.
The Enhanced Nurse Licensure Compact is Coming to Alabama

Governor Kay Ivey has signed Alabama Act No. 2019-102, which enacts the Enhanced Nurse Licensure Compact in our state, into law. Thanks to Governor Ivey, Representative April Weaver, RN, and Senator Greg Reed for their leadership in moving Alabama nursing forward.

The Alabama Board of Nursing will now begin the implementation phase, which includes necessary rule changes, education for licensees, employers, and the public, and major IT system changes.

The target date for issuing Compact licenses is set for January 2020. Stay tuned to communications from the Board through email, Facebook, and Twitter for updates, as we prepare for this exciting new venture in Alabama.

One of the goals of The Alabama State Nurses Association (ASNA) is to encourage nurses to be leaders in nurse specialty/practice setting of their choice. ASNA believes that every nurse can be a leader. What better way to be a leader than to share your experiences and knowledge? ASNA offers two great opportunities each year for Poster Presentations: the Elizabeth Morris Clinical Education Session - FACES in the spring and the annual ASNA Convention in the fall. The association often asks for abstract submissions from applicants who wish to be considered for a speaker position.

There exists an abundance of published articles presenting information on writing an abstract. Some are written for the researcher (nurse scientist) and some are written with the student or novice in mind. Before beginning to write the abstract, the author must determine the reason why the abstract is needed. Is the Abstract in answer to a Call for Abstracts for a journal or a meeting? Decide if the intent is a Call for Abstracts is where the author will find the guidelines, instructions, and qualifications. Most abstract calls will offer choices of categories as well as acceptable formats. It is imperative that the abstract author follow the posted guidelines in order to be considered for acceptance. Journal editors and organizations will have already made the decision as to what the needs are for a particular call. The second step in answering a Call for Abstracts is to focus on the quality of the abstract. The quality of the abstract is one of the major reasons why an abstract might not be accepted. The abstract must be of publishable quality. This means that sentence structure, spelling, grammar, and style must be without error. The author should ask an experienced peer to proofread for these items as well as for adherence to the published guidelines. ASNA has a committee of experts to review the abstracts for publication.

Dr. Ernest J. Grant is the 36th President of the American Nurses Association (ANA), the nation’s largest nurses organization representing the interests of the nation’s four million registered nurses.

A distinguished leader, Dr. Grant has more than 30 years of nursing experience and is internationally recognized burn-care and fire-safety expert. He previously served as the burn outreach coordinator for the North Carolina Jaycee Burn Center at University of North Carolina (UNC) Hospitals in Chapel Hill. In this role, Grant oversaw burn education for physicians, nurses, and other allied health care personnel and ran the center’s nationally acclaimed burn prevention program, which promotes safety and works to reduce burn-related injuries through public education and the legislative process. Grant also serves as adjunct faculty for the UNC-Chapel Hill School of Nursing, where he works with undergraduate and graduate nursing students in the classroom and clinical settings.

Grant is frequently sought out for his expertise as a clinician and educator. In addition to being a prolific speaker, he has conducted numerous burn-education courses with various branches of the U.S. military in preparation for troops’ deployment to Iraq and Afghanistan. In 2002, President George W. Bush presented Grant with a Nurse of the Year Award for his work treating burn victims from the World Trade Center site. In 2013, Grant received the B.T. Fowler Lifetime Achievement Award from the North Carolina Fire and Life Safety Education Council for making a difference in preventing the devastating effects of fire and burns injuries and deaths within the state.

An active participant in professional organizations, Grant is a past chair of the National Fire Protection Association board of directors and served as second vice president of the American Burn Association board of trustees. He also holds membership in Sigma Theta Tau and Chi Eta Phi. Grant served as president of the North Carolina Nurses Association from 2009-11. In 2002, ANA honored Grant with the Honorary Nursing Practice Award for his contributions to the advancement of nursing practice through strength of character, commitment, and competence.

Grant holds a BSN degree from North Carolina Central University and MSN and PhD degrees from the University of North Carolina at Greensboro. He was inducted as a fellow into the American Academy of Nursing in 2014. He is the first man to be elected to the office of president of the American Nurses Association.

The Alabama Department of Public Health is now hiring for the position of:

LICENSURE AND CERTIFICATION SURVEYOR – classification number 40726, nurse option.

This involves professional work surveying health care providers to determine compliance with state and federal regulations. To qualify you must have a Bachelor Degree in Nursing and two years of direct patient care nursing experience OR an Associate degree in Nursing or diploma in Nursing and five years of direct patient care nursing experience.

This position offers competitive compensation, generous paid time off and excellent benefits. Extensive overnight travel is required. For more information and to apply please go to:

http://www.adph.org/employment/index.asp?id=474
or http://personnel.alabama.gov/default.aspx

If you have questions please contact Diane Mann at diane.mann@adph.state.al.us.
who reviews the abstracts submitted for each educational opportunity. Many of these members are willing to provide guidance in abstract development but will need to recuse themselves from the review if they are a proofreader for a particular call. Students will often find a mentor from within the faculty at their college or university or from within their organizations or places of employment. Once the writer has determined that the work is of acceptable quality, adherence to posted guidelines must be verified. The abstract author does not have the option to simply state in an abstract submission that the work does not fit the abstract guidelines. If the work does not fit the guidelines, it is not suitable for the particular venue.

For the ASNA Call for Abstracts, the acceptable categories include:

- Original Research
- Innovations in Practice or Education
- Patient Safety
- Quality Improvement
- Benchmarking Initiatives
- Case Studies

Abstracts should be no longer than 500 words, in 12-point font, with up to two additional bibliography pages. Although ASNA requires bibliography pages, an abstract should not have citations within the body.

For Original Research, the content should be presented in the form of a structured abstract:

- Purpose
- Subjects
- Design
- Methods
- Results
- Limitations
- Implications for Practice

A similar format will be used for the remaining options or categories. For example, the format for a Case Study Abstract might, more appropriately, include the following:

- Introduction
- Case Presentation:
  - History of Present Illness
  - Hospital Course
  - Family History
  - Social History
  - Labs, Images, Studies
- Discussion

Many abstracts received by the ASNA Research Committee are technically narratives related to a particular topic with a main focus on a review of the literature (ROL). A ROL is not a research method and is typically not an accepted category for oral presentation for a meeting. Most attendees are interested in what is currently being discussed or what the “Hot Topics” are in nursing. Anyone who is interested in scientific research will do a ROL as part of the information development process. Therefore, ASNA asks that a paper or poster based solely on a ROL not be submitted as such. If the abstract author encounters a unique or interesting case study, a ROL would be an appropriate piece of the background for the presentation but would not be presented as a ROL rather as a Case Study.

Innovations in Practice or Education, Quality Improvements and Benchmarking Initiatives might be developed by the author(s) or discovered during a ROL because of a personal interest. The Abstract would be written as a narrative with a format that includes:

- Introduction
- Background
- ROL
- Implications for Practice

The category of Patient Safety might include a number of topics such as Safe Staffing, Prevention of Falls, Medication Errors and many others. The appropriate format would be very similar to that of Innovations in Practice or Education. In some cases, a Case Study might be included. Although there is room for some variance in format, it is imperative that the general guidelines be followed. If potential Abstract Submitters have questions, please contact the authors:

Mary Beth Bodin, DNP, CRNP, NNP-BC
Neonatal Consultant and Author
sboedin2006@comcast.net

Gretchen S. McDaniel, PhD, RN, CNE
Graduate Associate Dean and Professor
gsmcdani@samford.edu

Recommendations for Further Reading:

Resources for writing an abstract American College of Physicians (ACP) guidelines: https://www.acponline.org/membership/residents/competitions-apply/abstract/submitting/writing
http://www.writeawriting.com/academic-writing/abstract-literature-review/

ASNA’s Call for Poster Abstracts for 2019 Annual Convention available on alabamanurses.org
Deadline July 15, 2019

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  - MSN – Family Nurse Practitioner (30-month program)
  - MSN – Nursing Education (16-month program)
- RN-BSN – ONLINE (In as little as 12 months)
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- Associate of Science in Nursing – LPN to ASN Bridge (12-month program)
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“When you think it’s not possible, Herzing will show that it is possible.”

– Rozina Holmes, Nursing

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Caring for children. It’s what we do best. Our team has the most inquiring minds, the most skilled hands and the most compassionate hearts in pediatric medicine. We’re dedicated to providing Alabama children with world-class care that leads to better tomorrows. From tiny babies to teens, we care for every child like our own.

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Children’s of Alabama  Children’s of Alabama
FACES ‘19 Highlights

Scholarship Recipients:
Colleen Anuschwicz, Molly Fortner and Dawn Thomas

ASNA President Elect
Dr. Lindsey Harris and Regina Craig-Avery

Past ASNA Vice President,
Carthenia Jefferson, Esq.

Hal Taylor, Secretary of ALEA and Sarah Wilkinson-Buchmann, ASNA President

ASNA Dist. 5 Members,
Lauretta Huff, Mary and Delnora Bell

ASNA Dist 2 Members,
Pat Green and Brenda Perry

ASNA Members Vannessa Barlow, ASNA Dist. 3
and Sarah Franklin, ASNA Dist. 5

Attendees between sessions

Lunch at FACES

Poster Winners

Best Scientific Poster,
Malia Douglas, BSN, RN

Most Creative Poster,
Julia Maclay, BSN, RN

Thank You Exhibitors!

Thank You Sponsors!

Order Your Nurse Tag TODAY!
(At your local tag office)

All proceeds from tag purchases and renewals benefit ANF. Get your tag at any Alabama license office!
# Notifiable Disease Rules

## FOR VACCINE-PREVENTABLE DISEASES (VPDs)

### HIGHLIGHTS
- Timely reporting provides criminal and civil liability protection for all physicians, dentists, nurses, medical examiners, hospital and nursing home administrators, school principals, and child care / Head start directors
- Laboratories are required to report electronically to ADPH
- Expanded minimum data elements required
- Report ALIs with all acute hepatitis A & B reports
- Collect CDC recommended specimen types and lab tests, [http://www.alabamapublichealth.gov/immunization/cases.html](http://www.alabamapublichealth.gov/immunization/cases.html)

To receive free face-to-face CEUs, schedule a 1-hour “You Are the Key to HPV Cancer Prevention” and/or “Notifiable Disease Specimens and Testing” training, go to [alabamapublichealth.gov/imm](http://alabamapublichealth.gov/imm) or Call 1-800-469-4599.

## ALABAMA NOTIFIABLE DISEASES/CONDITIONS (Effective 8/4/18)

### Immediate, Extremely Urgent Disease/Condition
Report to the State Health Department by telephone within 4 hours of presumptive diagnosis

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax, human</td>
<td>Smallpox</td>
</tr>
<tr>
<td>Botulism</td>
<td>Tularemia</td>
</tr>
<tr>
<td>Plague</td>
<td>Viral hemorrhagic fever</td>
</tr>
<tr>
<td>Poliomyelitis, paralytic</td>
<td>Cases related to nuclear, biological, or chemical terrorist agents</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome associated Coronavirus (SARS-CoV)</td>
<td></td>
</tr>
</tbody>
</table>

### Immediate, Urgent Disease/Condition
Report to the State Health Department by electronic means or telephone within 24 hours of presumptive diagnosis

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brucellosis</td>
<td>Novel influenza A virus infections (i.e., potential new strain)</td>
</tr>
<tr>
<td>Cholera</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Poliovirus infection, nonparalytic</td>
</tr>
<tr>
<td>E. coli, shiga toxin-producing (STEC)</td>
<td>Rabies, human and animal</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em>, invasive disease</td>
<td>Rubella</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome (HUS), post-diarrheal</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Hepatitis A, including ALT</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Yellow fever</td>
</tr>
<tr>
<td>Measles (rubella)</td>
<td>Outbreaks of any kind</td>
</tr>
<tr>
<td>Meningococcal Disease (Neisseria meningitidis)</td>
<td>Cases of potential public health importance</td>
</tr>
</tbody>
</table>

### Standard Notification Disease/Condition
Report to the State Health Department by electronic means, telephone, or in writing within 5 days of diagnosis.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute flaccid myelitis</td>
<td>Hepatitis B, C, and other viral (acute only).</td>
</tr>
<tr>
<td>Anaplasmosis</td>
<td>Human Immunodeficiency Virus infection (including asymptomatic infection, AIDS, CD4 counts, and viral load)</td>
</tr>
<tr>
<td>Arboviral disease (including all reported tests)</td>
<td>Influence-associated pediatric mortality</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>Lead, exposure screening test result</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Leptospirosis</td>
</tr>
<tr>
<td>Chancroid</td>
<td>Listeriosis</td>
</tr>
<tr>
<td><em>Chlamydia trachomatis</em></td>
<td>Lyme disease</td>
</tr>
<tr>
<td>Coccidioidomycosis</td>
<td>Malaria</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Mumps</td>
</tr>
<tr>
<td>Dengue</td>
<td>Perinatal hepatitis B</td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td>Perinatal HIV Exposure (&lt;18 months of age)</td>
</tr>
<tr>
<td>Granuloma inguinale</td>
<td>Varicella</td>
</tr>
<tr>
<td>Gonorrhea*</td>
<td>V-fibrosis</td>
</tr>
<tr>
<td>Hansen’s disease (Leprosy)</td>
<td>Zika virus</td>
</tr>
</tbody>
</table>

| *Detection of organisms from a normal sterile site | *As reported by the reporting healthcare provider |

### State Health Department Phone Numbers

- **Bureau of Clinical Laboratories**
  - 334-260-3400 (24-Hour Coverage)
  - 334-206-5971 or 1-800-338-8374 (24-Hour Coverage)
- **Infectious Disease and Outbreaks Division**
  - 1-334-206-3734
- **Division of HIV/AIDS Prevention and Control**
  - 334-206-5364 or 1-800-344-1153
- **Division of Immunization**
  - 334-206-5233 or 1-800-469-4599 (24-Hour Coverage)
  - 1-334-206-5350
  - 1-334-206-5330
- **Division of Sexually Transmitted Diseases**
- **Division of Tuberculosis Control**

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[Alabamapublichealth.gov/imm](http://www.alabamapublichealth.gov/imm) | [immunization@adph.state.al.us](mailto:immunization@adph.state.al.us)

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[Alabamapublichealth.gov/vfc](http://www.alabamapublichealth.gov/vfc) | [VFC](http://www.alabamapublichealth.gov/vfc)
ANF Awards 2019 Scholarships to Alabama Nursing Students

Thanks to funds provided from nursing care tag sales, The Alabama Nurses Foundation (ANF) awarded scholarships at FACES on April 16, 2019 at Eastmont Baptist Church in Montgomery, Alabama. Academic scholarships were available to any Alabama resident enrolled in a nursing degree. This year’s awardees hail ed from all over the state and included both nursing students and nurses who returned to school to further their education. Please make sure to get your nursing tags at your county tag office to ensure we are able to continue to provide these scholarships to future nurses!

*ASNA member

Congratulations Academic Scholarship Awardees

* Kimberly Andrews, Troy University

Long term, my goal is to become a tenured professor so that I can help supply our workforce with some of the best, most highly-qualified nurses. I want to make a difference in the lives of all my students.

* Colleen Amusiewicz, University of Alabama in Birmingham

My long-term goal is to become a leading nurse scientist in health systems and outcomes research. Upon completion of my PhD, I would like to pursue a post-doctoral fellowship to enhance my research skills and provide a foundation on which I can develop as an independent nurse scientist.

* Kristen Ashley, University of Alabama in Birmingham

As a nursing student, I learned that dedication and hard work brings success while teaching valuable lessons. My love for nursing has grown more and more. I love the respect behind being a nurse, the love I have for my co-workers, and the love I have for my patients.

* Samantha Baggett, Auburn University

I plan to continue my career as a nurse educator and advance nursing by training nursing students.

* Ryan Matthew Barnett, University of Alabama in Birmingham

I became interested in nursing while a member of my high school HOSA program. Since then, I knew I wanted to work in pediatrics. I hope to always be an inspiration to both my patients and my peers, and to represent my profession well.

* Amy Beasley, University of Alabama in Birmingham

After graduation, I intend to continue my research in the area of palliative care access for rural communities. My dissertation will focus on a needs assessment for Alabama that will help me to fulfill my long-term goal of intervention studies for rural Alabamians with serious illnesses.

* Molly Fortner, Auburn University

I aspire to be a professor of nursing with a research focus involving community health and/or pediatrics. I hope to teach and empower future Alabama nurses who will, in turn, impact the community as practitioners a stronger player in the interdisciplinary team.

* Melissa Garrett, University of Alabama in Birmingham

My current goals are to use the knowledge learned in the classroom to make a difference in the community and to focus on advocating for the specific needs of each patient. I also hope to make nurses better.

* Kayleigh Green, Samford University

I have a passion for helping children in need and I would love to work in a child’s hospital. I would also like to do short-term mission work in impoverished countries. Ultimately, my goal is to help others in whatever capacity I can serve.

* Catherine Griffith, Samford University

After I graduate with my BSN, I plan to work in a critical care unit and apply for CRNA school. CRNAs provide comfort and ease pain. Because of experiences my mom had during her fight against cancer, my passion is teaching, research, and providing healthcare to the underserved.

* Amy Beasley, University of Alabama in Birmingham

I have an interest in Parkinson’s disease and would love to work in a neurological setting. As a nurse practitioner, I would love to work in a rural area.

* Frederick Richardson, University of Alabama in Birmingham

My long-term goal in nursing is to obtain my DNP and to help others in my community. As a nurse, I am able to help others improve their health by providing safe and therapeutic care. I want to make a difference in the community.

* Shamedeka Rodgers, University of Alabama in Birmingham

My overall goal in nursing is to decrease health disparities in rural and underprivileged areas. I also plan to become a faculty member at a research university so I can combine my love for teaching, research, and providing healthcare to the underserved.

* Summer Stephens, Troy University in Montgomery

One of my short-term goals is to work as a nurse extern to gain more experience. My long-term goal is to specialize and become certified in a field I decide is the best fit for me and that will contribute to improving patient wellness and lowering error rates across the board.

For more information and to apply, visit our website at https://alabamanurses.org/ANF.
Scholarships and Grants

In addition to these scholarships, up to four different grants will be awarded each year on an ongoing basis throughout the year. The grants must address a current Alabama health issue and priority will be given for projects that support the ASNA Strategic Plan and/or resolutions adopted by the ASNA House of Delegates. The amount is $500 per grant.

Through its functions, ANF not only offers scholarships and grants, but also addresses the critical issues facing the nursing profession in Alabama today. These functions are exclusively charitable, educational, scientific and literary and are intended to increase the visibility of nursing in the state. The primary mission of the Alabama Nurses Foundation is to increase public knowledge and understanding of nursing and the nursing profession.

Apply for grants at alabamanurses.org/ANF

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June, July, August 2019

* Tyler Sturdivant,
University of Alabama in Huntsville
I hope to continue participation in academic-practice partnerships to influence and improve nursing care on the front line. With completion of my DNP, I will be in a unique position to better impact students, academic, and practice systems.

* Dawn Thomas,
Cahoon Community College
Currently, I serve as an LPN on the behavioral health unit at Huntsville Hospital. My long-term goal is to complete a graduate program in nursing and then serve as a nursing instructor in a community college.

Haley Tomlinson,
University of Alabama in Huntsville
Meeting so many strong, like-minded nursing leaders from around the country has pushed me to pursue excellence in my career. I want to be highly involved in the nursing field and be an advocate for myself and my fellow nurses.

* Sonia Turner,
University of Alabama
I would like to complete the Master of Nursing in Family Practice and provide care for our hometown, surrounding areas, and the Latino population.

Scholarships and Grants

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Call us today at
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(855.563.2846) or visit www.kindredathome.com/careers
Congratulations to the newest members of Alabama State Nurses Association’s (ASNA) Leadership Academy (LA) 2019! The inaugural meeting of the ASNA LA 2019 was on Monday, April 15, 2019 at Grace Episcopal Church in Pike Road, AL. The group also attended FACES at Eastmont Baptist Church in Montgomery, AL on Tuesday, April 16, 2019. This meeting was a wonderful outlet for the participants to collaborate with other nursing leaders and share ideas about potential LA projects. The participants were paired with a mentor, who will work with them throughout the six months of the LA. The group will meet monthly via conference call to share progress on LA projects. In September, the group will present their projects at the ASNA Convention in Point Clear, AL.

The ASNA Leadership Academy started eight years ago in 2012. Since that time, several of the participants have entered leadership roles on the district, state, and national level. Three ASNA presidents were past participants of the leadership academy, as well as, the current president-elect. Many participants have served as district presidents and other leadership roles within the district.

Our belief is that every nurse is a leader. The ASNA Leadership Academy empowers nursing leaders. The organization has many leaders that are invested in helping each other flourish in their roles. Leaders are also recognized for the excellent work that they accomplish through awards presented at the ASNA Awards Ceremony every fall at convention.

Our association is making a big difference in Alabama through leadership activities and other initiatives to promote excellence in nursing. Consider getting involved on the district level and attend convention in September. You will be very glad that you did this for yourself. Next year, we hope to see you as a participant in the ASNA Leadership Academy!

Contact the ASNA office at charlenerasna@alabamanurses.org for details to become a part of the Leadership Academy for 2020.

To access electronic copies of the Alabama Nurse, please visit http://www.nursingald.com/publications
The University of West Georgia Tanner Health System School of Nursing RN-BSN program and graduate program offer highly qualified students the ability to earn accredited degrees in a convenient and flexible 100% asynchronous online setting. Choose the RN-BSN, Health Systems Leadership, or select Nursing Education at the MSN or Doctoral level. Both full-time and part-time plans of study specifically created for adult learners are available, allowing students the ability to accelerate their careers.

For those interested in the RN-BSN program, contact the School of Nursing at nurs@westga.edu or 678-839-6552.

For those interested in the graduate program, contact Embry Ice, Graduate Studies Associate, at eice@westga.edu or 678-839-5115.

Where will West take you? Start exploring at westga.edu/nursing
Patient Violence: It’s Not All in a Day’s Work
Strategies for reducing patient violence and creating a safe workplace

By Lori Locke, MSN, RN, NE-BC; Gail Bromley, PhD, RN; Karen A. Federspiel, DNP, MS, RN-BC; GCNS-BC

Reprinted from American Nurse Today, Volume 13, Number 5

Robert, a 78-year-old patient, requests help getting to the bathroom. When the nurse, Ellen, enters the room, Robert’s lying in bed, but when she introduces herself, he lunges at her, shoves her to the wall, punches her, and bites her with a footstool. Ellen gets up from the floor and leaves the patient’s room. She tells her colleagues what happened and asks for help to get the patient to the bathroom. At the end of the shift, Ellen has a swollen calf and her shoulder aches. One of her colleagues asks if she’s submitted an incident report. Ellen responds, “It’s all in a day’s work. The patient has so many medical problems and a history of alcoholism. He didn’t intend to hurt me. What difference would it make if I filed a report?”

These kinds of nurse-patient interactions occur in healthcare settings across the United States, and nurses all too frequently minimize their seriousness. However, according to the National Institute for Occupational Safety and Health, “…the spectrum [of violence]...ranges from offensive language to homicide, and a reasonable working definition of workplace violence is as follows: violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.” In other words, patient violence falls along a continuum, from verbal (harassing, threatening, yelling, bullying, and hostile sarcastic comments) to physical (slapping, punching, biting, throwing objects). As nurses, we must change our thinking: It’s not all in a day’s work.

This article focuses on physical violence and offers strategies you can implement to minimize the risk of being victimized.

Consequences of patient violence
In many cases, patients’ physical violence is life-changing to the nurses assaulted and those who witness it. (See Alarming statistics.) As a result, some nurses leave the profession rather than be victimized—a major problem in this era of nursing shortages.

Too frequently, nurses consider physical violence a symptom of the patient’s illness—even if they sustain injuries—they don’t submit incident reports, and their injuries aren’t treated. Ultimately, physical and psychological insults result in distraction, which contributes to a higher incidence of medication errors and negative patient outcomes. Other damaging consequences include moral distress, burnout, and job dissatisfaction, which can lead to increased turnover. However, when organizations encourage nurses to report violence and provide education about de-escalation and prevention, they’re able to alleviate stress.

Workplace violence prevention
Therapeutic communication and assessment of a patient’s increased agitation are among the early clinical interventions you can use to prevent workplace violence. Use what you were taught in nursing school to recognize behavioral changes, such as anxiety, confusion, agitation, and escalation of verbal and nonverbal signs. Individually or together, these behaviors require thoughtful responses. Your calm, supportive, and responsive communication can de-escalate patients who are known to be potentially violent or those who are annoyed, angry, belligerent, demeaning, or are beginning to threaten staff. (See Communication strategies.)

Communication strategies
Effective communication is the first line of defense against patient violence. These tips can help:

- To build trust, establish rapport and set the tone as you respond to patients.
- Meet patients’ expectations by listening, validating their feelings, and responding to their needs in a timely manner.
- Show your patients respect by introducing yourself by name and addressing them formally (Mr., Ms., Mrs.) unless they state another preference.
- Explain care before you provide it, and ask patients if they have questions.
- Be attentive to your body language, gestures, facial expressions, and tone of voice. Patients’ behavior may escalate if they perceive a loss of control, and they may not hear what you say.
- Control your emotions and maintain neutral, nonthreatening body language.
- Strive for communication that gives the patient control, when possible. Example: “Which of your home morning routines would you like to follow while you’re in the hospital? Would you like to wash your hands and face first, eat your breakfast, and then brush your teeth?”
- Offer a positive choice before offering less desirable ones. Example: “Would you prefer to talk with a nurse about why you’re upset, or do you feel as though you will be so angry that you need to have time away from others?”
- Only state consequences if you plan to follow through.
- Listen to what patients say or ask, and then validate their requests.
- Discuss patients’ major concerns and how they can be addressed to their satisfaction.

Despite these strategies, patients may still become upset. If that occurs, try these strategies to de-escalate the situation before it turns violent.

- Nonverbal communication. “I see from your facial expression that you may have something you want to say to me. It’s okay to speak directly to me.”
- Challenging verbal exchange. “My goal is to be helpful to you. If you have questions or see things differently, I’m willing to talk to you more so that we can understand each other better, even if we can’t agree with one another.”
- Perceptions of an incident or situation. “We haven’t discussed all aspects of this situation. Would you like to talk about your perceptions?”

Other strategies to prevent workplace violence include applying trauma-informed care, assessing for environmental risks, and recognizing patient triggers.

Trauma-informed care
Trauma-informed care considers the effects of past traumas patients experienced and encourages strategies that promote healing.

The Substance Abuse and Mental Health Services Administration says that a trauma-informed organization:
- recognizes patient trauma experiences are widespread
- recognizes trauma signs and symptoms
- responds by integrating knowledge and clinical competencies about patients’ trauma
- resists retraumatization by being sensitive to interventions that may exacerbate staff-patient interactions.

This approach comprises six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Applying these principles will enhance your competencies.
Patient triggers

Recognizing and understanding patient triggers may help you de-escalate volatile interactions and prevent physical violence.

**Common triggers**
- Expectations aren’t met
- Perceived loss of independence or control
- Upsetting diagnosis, prognosis, or disposition
- History of abuse that causes an event or interaction to retraumatize a patient

**Predisposing factors**
- Alcohol and substance withdrawal
- Psychiatric diagnoses
- Trauma
- Stressors (financial, relational, situational)
- History of verbal or physical violence

so that you can verbally intervene to avoid conflict and minimize patient retraumatization. For more about trauma-informed care, visit samhsa.gov/nctic/trauma-interventions.

Environmental risks

To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to injure someone. Chairs, footstools, IV poles, housekeeping supplies, and glass from lights or mirrors can all be used by patients to hurt themselves or others. Remove these objects from all areas where violent patients may have access to them.

Patient triggers

Awareness of patient triggers will help you anticipate how best to interact and de-escalate. (See Patient triggers.) Share detailed information about specific patient triggers during handoffs, in interdisciplinary planning meetings, and with colleagues in safety huddles.

**What should you do?**

You owe it to yourself and your fellow nurses to take these steps to ensure that your physical and psychological needs and concerns are addressed:

- Know the definition of workplace violence.
- Take care of yourself if you’re assaulted by a patient or witness violence.
- Discuss and debrief the incident with your nurse manager, clinical supervisor, and colleagues.
- Use the healthcare setting’s incident reporting to report and document violent incidents and injuries.
- File charges based on your state’s laws.

Your organization should provide adequate support to ensure that when a nurse returns to work after a violent incident, he or she is able to care for patients. After any violent episode, staff and nurse leaders should participate in a thorough discussion of the incident to understand the dynamics and root cause and to be better prepared to minimize future risks. Effective communication about violent patient incidents includes handoffs that identify known risks with specific patients and a care plan that includes identified triggers and clinical interventions.

**Influence organizational safety**

You and your nurse colleagues are well positioned to influence your organization’s culture and advocate for a safe environment for staff and patients. Share these best practices with your organization to build a comprehensive safety infrastructure:

- Establish incident-reporting systems to capture all violent incidents.
- Create interprofessional workplace violence steering committees.
- Develop organizational policies and procedures related to safety and workplace violence, as well as human resources support.
- Provide workplace violence-prevention and safety education using evidence-based curriculum.
- Design administrative, director, and manager guidelines and responsibilities regarding communication and staff support for victims of patient violence and those who witness it.
- Use rapid response teams (including police, security, and protective services) to respond to violent behaviors.
- Delineate violence risk indicators to proactively identify patients with these behaviors.

**Resources**

- American Nurses Association (ANA) (goo.gl/NksbPW): Learn more about different levels of violence and laws and regulations, and access the ANA position statement on incivility, bullying, and workplace violence.
- Centers for Disease Control and Prevention (cdc.gov/niosh/topics/vio-ence/learning_institute) Online course ("Workplace violence prevention for nurses") is designed to help nurses better understand workplace violence and how to prevent it.
- Emergency Nurses Association (ENA) toolkit (goo.gl/0JuYsB): This toolkit offers a five-step plan for creating a violence-prevention program.
- Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2016. osha.gov/Publications/osha3448.pdf
- Substance Abuse and Mental Health Services Administration. Trauma-informed approach and trauma-specific interventions. Updated 2015. samhsa.gov/nctic/trauma-interventions


**Selected references**

- Substance Abuse and Mental Health Services Administration. Trauma-informed approach and trauma-specific interventions. Updated 2015. samhsa.gov/nctic/trauma-interventions

Advocate for the workplace you deserve

Physically violent patients create a workplace that’s not conducive to compassionate care, creating chaos and distractions. Nurses must advocate for a culture of safety by encouraging their organization to establish violence-prevention policies and to provide support when an incident occurs. You can access violence-prevention resources through the American Nurses Association, Emergency Nurses Association, Centers for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. Most of these organizations have interactive online workplace violence-prevention modules. (See Resources.) When you advocate for safe work environments, you protect yourself and can provide the care your patients deserve.

The authors work at University Hospitals of Cleveland in Ohio. Lori Locke is the director of psychiatry service line and nursing practice. Gail Bromley is the co-director of nursing research and educator. Karen A. Federspiel is a clinical nurse specialist III.

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