

# MNA *The Pulse*



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THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION FOUNDATION  
Quarterly publication direct mailed to approximately 19,000 RNs and LPNs in Montana.

## Executive Director Report

Montana Nurses Association



HELENA COLLEGE RN PROGRAM  
RANKED #1 IN THE COUNTRY

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2019 MNA ANNUAL CONVENTION

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The Montana Nurses Association (MNA) has been in existence for 107 years as the recognized leader and advocate for the professional nurse in Montana, whether they are members or not. MNA's membership includes Registered Nurses (RNs) as well as Advanced Practice Registered Nurses (APRNs). MNA is the professional nurse association that is inclusive of all nurses practicing in Montana or those that hold a MT state license. Our diverse membership consists of long term and acute care staff nurses, nurse practitioners, nurse educators, nurse leaders such as Director or Vice President of Nurses, nurse managers and supervisors, public health nurses, and correctional nurses. Within our diverse membership we enjoy the collaboration from all educational levels. The association has registered nurse members with diplomas and associate, bachelor, master, and doctorate degrees. It is vital for the association to have the ability to solicit the feedback from our members so we are able to advocate for their issues, moreover, empower them and provide the tools for them to advocate for safe quality patient care and all that it encompasses. Our collective issues are always about our patients, keeping them firmly in our hearts and minds as we advocate for safe violence-free working conditions, safe patient limits, protecting the rights of our nurses to practice to the fullest extent of their education, and protecting quality healthcare access for everyone. As Munger (n.d.) states above, as professionals we must make a commitment to help our profession. Not all nurses, as they have busy family and work lives, can make a volunteer time commitment, however, it is perfectly fine to invest in your professional organization and pay association dues for others to advocate on your behalf. That is the commitment that can help the profession as it contributes to the MNA infrastructure and MNA staff that provides legislative oversight and results, professional development, and for our collective bargaining members, representation.



Vicky Byrd,  
BA, RN, OCN

As we strive to engage professional nurses, MNA continues to educate everyone that MNA is first and foremost the state's

professional nurse association and we continue to elevate the voice of nurses and the nursing profession. Nurses (and those who work closely with nurses) speak to nurse issues and we need to flex that muscle and communicate this to those non nurses that attempt to make nurse or nursing practice changes that affect our profession without the nurse seated at the table. As our membership grows, we are able to participate as significant stakeholders in nursing and healthcare issues across the state. MNA can elevate the voice of the professional nurse through professional relationships with other nurse stakeholders, professional development, and collective bargaining. "Nurses speak to nursing issues and those who work closely with nurses can speak to nursing issues, as your MNA staff does every day."

MNA just finished their 107<sup>th</sup> annual convention, an opportunity for all registered nurses, members or not, to obtain accredited continuing education and become informed regarding nurse, nursing, and healthcare issues from across the state of MT. I had the opportunity to address our membership during our business House of Delegates and would like to share the highlights here.

On a personal note, I obtained my Master of Science in Nursing this year with a program study in Nursing Leadership and Management. Although it was a personal goal, the main reason for this pursuit was to elevate the role of the CEO of MNA. I did it for **our** professional association, to bring heightened credibility to my role as your voice and advocate.

Your elected MNA board has authorized investments into our association by approving additional MNA staff to meet your needs. MNA membership is critical in maintaining the infrastructure to assure our association's business can be institutionalized and modified to meet your ongoing strategic needs. Montana Nurses Association is accredited with distinction by ANCC as both an approver and provider of nursing continuing professional development. In order to maintain our high level of performance and facilitate growth, we will now have a full-time nurse planner to meet the professional development needs of our organization, replacing a half-time professional development associate. To enhance our collective bargaining department, we have hired staff for organizing (first in MNA history) and an additional labor representative staff as we

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# Influenza Vaccination and Health Care Personnel

Influenza (flu) is a contagious viral respiratory infection causing mild to severe illness. Even healthy people can get very ill from the flu and can spread it to others. Influenza is contagious up to one to two days prior to the onset of symptoms and up to five to seven days after becoming sick. Complications from the flu range from sinus and ear infections to pneumonia, myocarditis, multi-organ failure and an extreme inflammatory response leading to sepsis.

People at high risk of serious complications from flu, possibly requiring hospitalization and sometimes resulting in death, include pregnant women, young children, adults over the age of 65, and people with certain chronic medical conditions such as asthma, diabetes, or heart disease. The Centers for Disease Control and Prevention (CDC) recommends that everyone six months and older receives a flu vaccine every flu season.



Enjoy a user friendly layout and access to more information, including membership material, labor resources, Independent Study Library, a new Career Center for Job Seekers & Employers, and more downloadable information.

Please visit  
MNA's constantly updated website!

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

## PULSE SUBMISSIONS

We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that would be helpful to you? *The Pulse* is YOUR publication, and we want to present you with content that pertains to your interests.

Please submit your ideas and suggestions to Jennifer.

[Jennifer@mt nurses.org](mailto:Jennifer@mt nurses.org)



We are recruiting for the following full-time positions:

Great Falls Clinic Hospital

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The Great Falls Clinic offers:

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Visit our website at [gfclinic.com](http://gfclinic.com)

Last season in Montana, there were 766 influenza-associated hospitalizations and 38 deaths, including one pediatric death (<18 years). Of those hospitalized due to influenza, over 52 percent were not vaccinated against influenza.

It is especially important to prevent influenza among health care personnel (HCP) who might serve as sources of transmission to patients already at risk for influenza complications. Vaccination of HCP can specifically benefit patients who cannot receive vaccinations (infants younger than six months or those with severe allergic reactions to prior influenza vaccination), patients who may have less than an optimal response to vaccination (people older than 65 years and immune-compromised people) and people for whom antiviral treatment is unavailable (people with medical contraindications).

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that all U.S. health care workers get annually vaccinated against influenza. Annual mandatory influenza vaccination for HCP is supported by more than 12 national health care associations, including the American Academy of Family Physicians, the American Academy of Pediatrics and the American Hospital Association, to name a few.

You can stay up to date on Montana's weekly influenza activity, detailing the number of cases reported, hospitalizations and deaths, by visiting: <https://dphhs.mt.gov/publichealth/cdepi/diseases/influenza>

If you would like to learn more about health care workers and influenza vaccination visit: <https://www.cdc.gov/flu/professionals/healthcareworkers.htm>

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## WRITER'S GUIDELINES:

MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in *The PULSE*. Please limit word size between 500–1000 words and provide resources and references. MNA has the Right to accept, edit or reject proposed material. Please send articles to: [jennifer@mt nurses.org](mailto:jennifer@mt nurses.org)

If you wish to no longer receive *The Pulse* please contact Monique: [mheddens@aldpub.com](mailto:mheddens@aldpub.com)

If your address has changed please contact Montana Board of Nursing at: [www.nurse.mt.gov](http://www.nurse.mt.gov)

# The Pulse

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## VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access.

MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Professional Development (CPD)
- Council on Advanced Practice (CAP)

## MISSION STATEMENT - MNAF

Preserve the history of nursing in Montana and contribute, support and empower the professional nurse in Montana.

## MISSION STATEMENT - MNA

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

## PROFESSIONAL DEVELOPMENT

Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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

## MNAF & MNA

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Questions about your nursing license?

Contact Montana Board of Nursing at: [www.nurse.mt.gov](http://www.nurse.mt.gov)

# Labor Reports and News

## Facilitating Collective Action

Collective action can be defined as action(s) taken together by a group of people whose goal is to enhance their status and achieve a common objective. Seems simple enough, right? It can be. This difficulty lies in organizing your "group of people" aka Union Members to take said action. A very effective way of accomplishing collective actions is to develop a Collective Action Team (CAT).



**Leslie Shepherd,  
BSN, RN, Labor  
Representative**

Collective Action Teams, like bands of superheroes, put ideas into action! Their goal is to strategize, facilitate, and implement actions that will move them closer to their goal. Actions can be as simple as holding a union meeting, to as complicated as a comprehensive community campaign. So, how do you develop a successful Collective Action Team? Great question.

First, you need a team! Nurses who are interested in strengthening and furthering the impact of your Union are perfect candidates. This group can be made up of any combination of

members; your bargaining team, officer group, or even unit representatives. Ideally this group will work in tandem with your officers and bargaining team in communicating with members and strategizing actions. Your team will benefit from having roles and responsibilities shared amongst team members.

Next, your team will need a solid form of communication with your membership. This can happen in many and varied ways. Email, text message, bulletin board, flyers, mailings, phone banking. Any method of communication is better and more effective than none, but the most effective method is always a face-to-face conversation. Face-to-face conversations are incredibly effective in discussing the goals behind your collective actions. That being said, trying to have conversations with every member of your Union might not be realistic, especially if you are working to implement a very rapid action. This is why diversity in your communication techniques is always helpful.

Once you have your team assembled and your communication methods strategized, you will need to determine which actions you plan to organize. I find, starting with your end goal and working backwards is always a great place to start. Taking into account the amount of time you have and

the number of people on your team will help you determine what actions are attainable. The best campaigns start with small supportive actions that move towards large collective actions. Starting with simple actions, like a sticker campaign, will demonstrate your level of support and engagement and will help you determine what actions to take next.

After you have outlined your collective action plan, the next step will be to delegate the roles and responsibilities of the team to ensure follow through on your plan. Assignments for the acquisition of supplies, design of communications, distribution of materials and communications, scheduling locations of any events, and coordinating community engagement are all important things to consider. Creating a list of assignments for each team member will help to ensure everyone is clear on the tasks they are responsible for and that one team member isn't overburdened with too many assignments.

No matter the size of your Union or the goals you are hoping to accomplish, organizing a Collective Action Team can help. If you are interested in developing or participating on a Collective Action Team, reach out to your officer group or your Labor Representative for more information.

## SAVE the DATE for our NEW Nurse Advocacy Retreat!

Mark your calendars and save the date to attend our new **Nurse Advocacy Retreat** (formally the Labor Retreat) May 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup>, 2020! The *definition of advocacy* is the act of speaking on the behalf of, or in support of another person. In nursing, advocacy stems from a philosophy in which nursing practice is the support of an individual to promote their own well-being, their fellow nurses, and their patients. Your advocacy for each other is how you impact change in your facilities. Through collective bargaining and your Union's, you all have the ability to advocate for each other through ways that are protected by your contracts and the



**Robin Haux, BS  
Labor Program  
Director**

law. The Nurse Advocacy Retreat will educate you on HOW you can use your nurses' Unions to advocate at the highest level. This is an awesome event at which our union nurses gain valuable knowledge and contact hours, with an opportunity to meet and network with other MNA nurse labor leaders from around the state. If you are active in, or interested in collective bargaining and your Union, or want to enhance your knowledge, skills and communication related to advocating for your patients, your colleagues and safer environments, please check out the MNA website for more information and ask your MNA Labor Representative for more details!

This year we will provide each local bargaining unit with a toolkit to help you encourage your nurses to attend this event! Additionally, we will have scholarship opportunities available and even a fun contest! And don't forget... this wonderful educational opportunity is held at Chico Hot Springs!

This year's Nurse Advocacy Retreat will include presentations about effective strategies and tools available to you through your contracts, education on how to engage new employees, how to more successfully advocate for nurses and patients by using tools and rights you have through your Union, and how to improve our nurses' abilities at the bargaining table using contract campaign strategies. We will also be sharing success stories!

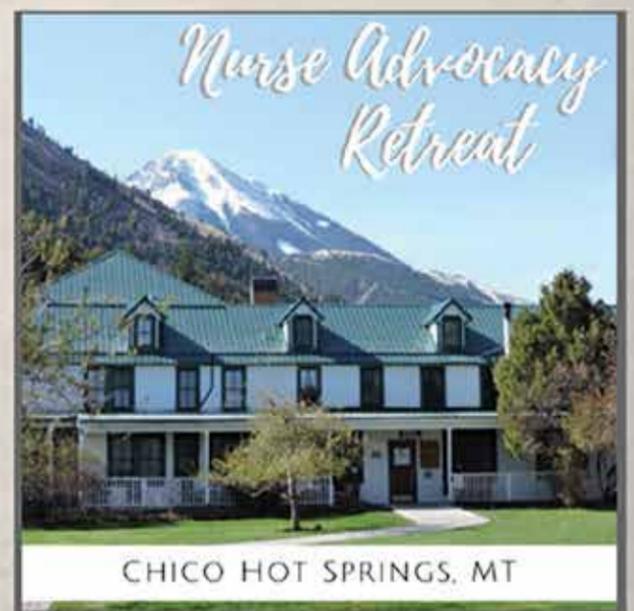
The event is designed for all ranges of knowledge and skill in the collective bargaining arena. First time attendees are warmly welcomed and encouraged to come to Chico and learn how to advocate by using your contract and your Union.

This event is a true retreat and wonderful networking experience in a welcoming, and casual atmosphere. We are excited to invite you all to our "re-branded" Nurse Advocacy Retreat (per our membership's recommendation)! Come learn, network, and please bring a friend!

# Nurse Advocacy Retreat

May 3rd, 4th & 5th, 2020

[www.cnebymna.com](http://www.cnebymna.com) for  
more information



# Labor Reports and News

## Let's Have Our Voices Heard!

Sometimes bargaining unit members feel like their local unit is so big or there are so many issues going on, their lone voice will not be heard. Actually, there are many ways to give feedback to your bargaining team or elected MNA leadership. Completing a pre-bargaining survey is one of the best methods of directly communicating with your peers who will be sitting at the bargaining table representing you and your co-workers.



**Amy Hauschild, BSN, RN, Labor Representative**

Participating in the pre-bargaining survey may seem simplistic, please know your bargaining team relies on your input to a large extent. It is vitally

important you let your bargaining team know what YOU or YOUR unit would like to see bargained next cycle. We look at every survey, keep individual comments confidential and use that information to drive the bargaining platform. Your bargaining team relies on your input.

If you have missed a pre-bargaining survey and not had a chance to reply, no worries! Please check your Local's schedule for the next union meeting and let your officers know what is important to you and your co-workers. If that option doesn't work for one reason or another, email or text one of your local unit leaders. They really want to know your thoughts on how to make your workplace better!

Your MNA labor staff is always available to visit with nurses about their concerns. Please do not hesitate to call, we are here to help you!

## When Nurses Rule the House and Senate

At MNA convention this year, I met a Registered Nurse who is running for the Montana State Legislature in the 2020 election cycle. Her reasoning was that she's seen too many policies that apply to nurses but were not necessarily effective or written in a way that fits with good nursing practice. Like employers, legislators make policy too... public policy in the form of Montana state law. There are 150 Montana Senators and House of Representatives and 149 of them vote on laws that impact nurses and their patients, but they are not nurses. If Loni Conley, Missoula RN, gets elected she will hopefully work alongside Gordon Pierson, Anaconda RN, as elected lawmakers who are also actively-employed Registered Nurses.



**Sandi Luckey Labor Representative**



**Loni Conley, RN Candidate, Montana State Legislature**

Have you ever wanted to be in a room full of decision-makers to passionately convey what nurses need for quality care and education, how nurses view healthcare law, and what keeps nurses on-the-job and in the profession? If the answer is yes, you might be an RN lawmaker at heart!

Nurses like Leesha Ford in Great Falls, Loni Conley in Missoula, and Gordon Peirson in Anaconda had no experience when they decided to run. There's a lot of help out there and MNA can help get you connected to explore whether serving in Montana's citizen legislature for 90 paid days every two years is a possibility for you. The deadline to file as a candidate in the election is in March of 2020, so now is the time to look into it.

MNA would love to see a day when we have a legislative caucus of healthcare professionals and emergency responders. RN engagement is an essential element to passing good laws that improve access to nursing education, protection from violence in the workplace, protect the right to form or join a union and collectively bargain for better wages and working conditions, to ensure that laws don't intrude upon the provider/patient relationship, promote the APRNs to their appropriate status as primary care providers, and improve laws that impact access to affordable healthcare and prescription medication. If this subject speaks to your values and peaks your interest give us a call! As you well know, when nurses are in the House (and Senate), we all win!

Be sure to check out our CNEbyMNA Website for Continuing Education opportunities. Sign up for upcoming events and online learning courses. It is constantly updated with new Webinars and Courses for your continued learning!

\*Montana Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation\*

[www.cnebymna.com](http://www.cnebymna.com)

### ONLINE LEARNING

Categories:

\$15.00

What is Your Learning Environment?

see more

\$15.00

Performing a Quick and Helpful Physical Assessment

see more

\$15.00

Transitions of Care: Interfacility Transfers

see more

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Quick Review of 12-lead ECG

see more

The map shows Montana divided into 8 numbered regions:

- Region 1:** Ravalli, Mineral, Missoula, Deer Lodge, Silver Bow, Granite, Powell, Beaverhead.
- Region 2:** Beaverhead, Madison, Park, Yellowstone NP.
- Region 3:** Madison, Park, Yellowstone NP.
- Region 4:** Lewis and Clark, Cascade, Meagher, Broadwater, Jefferson, Gallatin, Sweet Grass, Stillwater, Carbon.
- Region 5:** Wheatland, Golden Valley, Musselshell, Yellowstone, Big Horn, Rosebud, Treasure, Prairie, Wibaux, Custer, Fallon.
- Region 6:** Pondera, Teton, Choteau, Judith Basin, Fergus, Petroleum, Garfield, Dawson.
- Region 7:** Lincoln, Flathead, Lake, Sanders.
- Region 8:** Phillips, Valley, Roosevelt, Richland, McCone, Daniels, Sheridan.

**St. John's United**  
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**CNA Instructor/Program Coordinator**

The successful candidate will oversee and implement the curriculum for students training to become nursing assistants, as outlined by requirements established by the State of Montana.

\$30/hour, part-time. Course is approximately 90 hours in duration, and runs 2-3 times a year, based on community need.

Visit our website for full details: [http://www.helenacollege.edu/hr/docs/job\\_postings/CNA-instructor-job-description.pdf](http://www.helenacollege.edu/hr/docs/job_postings/CNA-instructor-job-description.pdf)

**HELENA COLLEGE**  
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*Powder River*  
MANOR

**Director of Nursing**

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Graduate from an accredited nursing school and 3 to 5 years progressive experience in nursing. Must hold a valid Montana license as a Registered Nurse

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For more info call 406-436-2657

EOE

# HELENA COLLEGE RN PROGRAM RANKED #1 IN THE COUNTRY

(Helena, MT; July 30, 2019) — The Helena College is thrilled to announce that their Associate Degree in Nursing (ADN) program has been ranked #1 in the country, according to the 4<sup>th</sup> Annual Nursing School Rankings published by [RNCareers.org](http://RNCareers.org). With an overall score of 100.00%, Helena College is also the highest scored RN program in Montana and the #1 ADN program in the state.

“Our Nursing program is proof that two-year colleges can meet the high standards necessary to guarantee student success in a fiscally sound manner,” says Nursing Program Director Sandy Sacry RN, MSN. “This honor is a direct result of the dedication of the administration, staff, faculty and nursing students, as well as our community partners who support the program by ensuring that our students receive quality work experiences during the program.”

Helena College admits 24 RN students every year, 16 each fall and eight in the spring. The mission of the Helena College Department of Nursing is to provide quality nursing education that prepares competent, safe generalists and to model and encourage life-long learners who are prepared for successful employment and leadership in the community. The RN program is currently accredited by ACEN (Accreditation Commission for Education in Nursing). Helena College also has a Licensed Practical Nursing program that accepts eight students each spring, upon completion of this program students receive a certificate that allows them to practice nursing upon passing the NCLEX exam.

“Nurses are the backbone of the healthcare system and preparing great nurses is something we’d like to acknowledge Helena College University of Montana for doing so well,” says Laura Jacobson, an [RNCareers.org](http://RNCareers.org) representative.

[RNCareers.org](http://RNCareers.org) is a team of nurse educators, nurse practitioners, RNs and LPNs, whose mission is to provide the information they wish they had when they began our nursing careers, including credible nursing school rankings. The group evaluated 1,892 RN programs on a range of important factors including first-time NCLEX passing rates, accreditation, program offerings, and more.

“One of my past graduates once told me that Helena College’s Nursing program was one of the best kept secrets,” says Sacry. “Now that we have been ranked #1 in the country, I guess the secret is out!”

For more information on Helena College Nursing programs, please visit the Helena College website.

## ABOUT HELENA COLLEGE

Established in 1939, Helena College University of Montana is a two-year comprehensive college in Helena, Montana. In earlier years, it was known as The University of Montana – Helena College of Technology, Helena College of Technology, and the Helena Vocational-Technical Center.

The college is located in the state's capital city near the headwaters of the Missouri River. It offers 28 associate degrees and certificates in general



education/transfer, career and technical education and trades programs of study, as well as credit and non-credit continuing education courses for workforce training and personal enrichment.

Helena College maintains two campuses. The Donaldson Campus is the main facility which houses academic programs, including general education, accounting and business, computer and office technology, fire and rescue (also at Missoula College and the Park County Rural Fire District in Livingston), and nursing, as well as the majority of administrative operations, student support services, and continuing education. The

Airport Campus houses the computer-aided manufacturing, diesel technology, industrial welding and metal fabrication, automotive technology, and aviation maintenance technology programs.



# Congratulations

**CONGRATULATIONS TO THE FOLLOWING NURSES WHO HAVE TAKEN ADVANTAGE OF THE SUCCESS PAYS OFFERING BY ANCC TO MNA MEMBERS!**

1. Sarah Allegrucci RN-BC; certified in Medical-Surgical Nursing
2. Jade Beckham RN-BC; certified in Medical-Surgical Nursing
3. Kara Brocies RN-BC; certified in Medical-Surgical Nursing
4. LeAnn Cahill RN-BC; certified in Medical-Surgical Nursing
5. Ana Cambero-Kautz RN-BC; certified in Cardiac-Vascular Nursing
6. Alice Depaso RN-BC; certified in Medical-Surgical Nursing
7. Shannon Eckhart RN-BC-certified in Medical-Surgical Nursing
8. Maureen Forsting RN-BC; certified in Ambulatory Care Nursing
9. Lisa Stricker RN-BC; certified in Pain Management Nursing
10. Beverly Sleaford RN-BC; certified in Medical-Surgical Nursing

## New Member Benefit: MNA now offers certification through ANCC's Success Pays® Program

- > **Reduced fee for MNA Members** to obtain initial certification or recertify
- > **No cost** if you don't pass the exam; you can also take the exam a second time at no cost
- > **Pay only when you pass!**
- > Identify your specialty practice area

## How Success Pays® Works

- > Visit [nursingworld.org/our-certifications/](http://nursingworld.org/our-certifications/) to:
  - Make sure you're eligible to sit for the exam
  - Look at the test blueprint and test preparation materials
  - Make the decision to move forward
- > Visit [www.mtnurses.org](http://www.mtnurses.org) and click on Success Pays® option to the left and sign up for the program!
- > MNA will contact you regarding how to get the benefit.



# Professional Development Department

## Meet Our New MNA Professional Development Team Member!

Please help us welcome Kelly Amtmann, MSN, RN, as our new nurse planner and professional development generalist. Kelly started full time with MNA on August 19. Her primary responsibilities will include being a nurse planner for the MNA accredited provider unit, coordinating real-time and virtual professional development events and activities, and navigating statewide, regional, and national relationships impacting our ability to provide evidence-based quality continuing professional development activities.



**Kelly Amtmann, MSN, RN**

Kelly comes to us from her most recent position as Dean of the College of Health Sciences, Montana State University Northern in Havre, MT. Prior to that role, she was a member of the nursing faculty at Montana Tech for 21 years. She has a Bachelor of Arts in nursing from Carroll College in Helena, MT., a master's degree in nursing from Gonzaga University in Spokane, WA., and is completing her doctoral work in educational leadership at the University of Montana, Missoula.

## How, and What, Did You Learn at Convention 2019?

Different people learn in different ways. Some like to read, others like to watch, still others like to "do." There are various perspectives on the process of learning and how people acquire new knowledge and skills. Some people suggest that education should be designed to help people learn in the way that makes the most sense for them, and to a certain extent, that is true. If a person learns best by doing, sitting in a classroom listening to a lecture will be boring at best, and counterproductive at worst. On the other hand, you can never learn to knit without picking up knitting needles or how to ride a bike without getting on one, regardless of whether you would rather read the instructions or watch a video.



**Pam A. Dickerson, PhD, RN-BC, FAAN**  
*Director of Professional Development*

One thing we do know is that people learn best when they're actively engaged, whether listening to a presentation, sharing ideas, or practicing a skill. For those of you who participated in MNA's 2019

convention, what engaged you? In several sessions, you were invited to participate in discussion. These conversations included topics such as ethics in the clinical environment and the opportunity for nurses to engage in health policy and community health initiatives. In other sessions, you were asked to reflect on your own values and how you support patients and families in addressing social, cultural, or end-of-life issues. Skill-building sessions encouraged you to use muscles as well as brains to practice safe patient handling or self-defense. Besides the formal educational sessions, plenty of networking opportunities created time and space for you to connect with other MNA members or guests and meet new friends. The House of Delegates offered a wonderful opportunity to explore the value of creativity, critical thinking, and collaboration.

Regardless of how you learn, the most important part is what you retain and use. Unfortunately, we tend to forget much of what we've learned within 24 hours of the educational experience. Actively engaging in the learning experience helps to reduce that "forgetfulness," but it's your responsibility to keep that learning "alive" after you leave the educational setting. What have you done to help you remember what you learned at convention?

Several strategies can help. Have you reviewed any of the notes you took during convention sessions? Talked with a colleague who also attended a session to consider how you'll apply what you learned? Shared your experience with coworkers who were unable to attend convention? Implemented new techniques or strategies to improve communication, collaboration, or safety?

"Use it or lose it" isn't an empty phrase. Our professional development team worked hard to plan sessions that offered a variety of ways for you to learn and grow during the convention experience. Now it's up to you. How you learned, what you learned, and what you apply in your practice will impact your professional growth. Thanks for joining us, and we look forward to seeing you at Convention 2020!



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# Professional Development Department

## 107<sup>th</sup> Annual MNA Convention 2019

The Annual MNA Convention has blossomed into an event where members can enjoy three days off being fed physically, mentally and emotionally. Over 120 nurses attended the Continuing education portion of the event and House of Delegates enjoyed robust discussion and policy making.

Everyone loved brunch and the time off on Thursday night to enjoy our wonderful Capitol City. The following is a synopsis of our fabulous event!

Janet Haebler MSN,RN, ANA's Senior Associate Director of Policy and Government Affairs, began the Convention discussing a variety of advocacy options enabling learners to achieve effective political advocacy and knowledge of the top health related issues in the political environment. Wonderful quotes from the session were: "Policy should not replace Common Sense" and "You cannot separate policy and politics." She stressed advocating for your patients and community by getting to know your legislators and discuss with them the critical nursing issues we face. Timing is the key and understanding the political process is helpful. The time to introduce yourself to your legislator is now, before the 2021 Legislative Assembly convenes. Janet went on to discuss issues that ANA is involved in including Violence against Healthcare workers, Staffing adequately and Title Protection.

Sarah Shannon PhD, RN, FAAN, Dean and Professor of Nursing at Montana State University began Thursday morning with the history of professional ethics within the nursing practice. Ethics dates back to the Hippocratic Oath in the 4<sup>th</sup> century BC. Morality is the code by which we live and the Code of Ethics for Nurses is our Professional Values. "Never give up your duty and values that clash with your professional values." Dr. Shannon presented scenarios and led a vibrant discussion on case managing ethical dilemmas that occur frequently in the workplace. In 2018, the American Society of Bioethics and Humanities began offering national certification for Healthcare Ethics Consultants (HEC-C)

Comments about the Convention were as follows:

- Excellent. All sessions were great, can't pick a favorite...thanks for such a great organized conference.
- Loved the strong clinical representation.
- Cultural sensitivity presented by Billie Jo Brown BSN-RN, BA, M.Ed., is so pivotal for connection and respect. Amazing, inspirational and relatable.



**Mary Thomas, BA, RN  
RN Professional  
Development Associate**

- Janet Haebler's lecture got me excited about being involved with policy because often times I want to be involved in the problems I see but I don't know how.
- Enjoyed networking and hearing from all the other locals and labor reps.
- Great sessions! The Self Defense team should come every two years at least!
- Will use information given right away!
- Honoring our experiences, Caring for Self was excellent.
- Loved Nightingale Tribute in Memoria and information on how to start my own Nurse Honor Guard
- This conference had it all!

As I bid adieu to all, as I retire this December... Thank you for assisting me in my own Professional Development and I look forward to taking my experiences and knowledge in every aspect of nursing to more involvement with the vulnerable in our community.

## Montana Nurses Association Approved Providers

**MNA thanks all of the Approved Provider Units we work with for their commitment to advancing and promoting quality nursing practice through continuing nursing education.**

Acute Care Education Vancouver, WA	Mat-Su Regional Medical Center Palmer, AK
Alaska Native Tribal Health Consortium Anchorage, AK	Montana Geriatric Education Center of UM Missoula, MT <i>With Distinction</i>
Alaska Nurses Association Anchorage, AK	Montana Health Network Miles City, MT
Alaska Regional Hospital Anchorage, AK	Montana VA Health Care System Helena, MT <i>With Distinction</i>
Alzheimer's Resource of Alaska Anchorage, AK	Mountain Pacific Quality Health Helena, MT
Bartlett Regional Hospital Juneau, AK <i>With Distinction</i>	North Valley Hospital Whitefish, MT <i>With Distinction</i>
Benefis Healthcare Systems Great Falls, MT <i>With Distinction</i>	Pacific Lutheran University Tacoma, WA
Billings Clinic Billings, MT	Planned Parenthood of the Great Northwest and the Hawaiian Islands Seattle, WA
Boise State School of Nursing Boise, ID	Providence Alaska Learning Institute Anchorage, AK
Bozeman Health Bozeman, MT	Providence Healthcare Spokane, WA
Cardea Services Seattle, WA	Providence St. Patrick Hospital Missoula, MT <i>With Distinction</i>
Caring for Hawai'i Neonates Honolulu, HI	South Dakota Nurses Association Pierre, SD
Central Peninsula General Hospital Soldatna, AK <i>With Distinction</i>	South Peninsula Hospital Homer, AK
Community Medical Center Missoula, MT	St. Alphonsus Health System Boise, ID
Evergreen Health Kirkland, WA	St. Luke's Health System Boise, ID
Fairbanks Memorial Hospital Fairbanks, AK	St. Peter's Health Helena, MT
Kadlec Regional Medical Center Richland, WA	St. Vincent Healthcare Billings, MT
Kalispell Regional Healthcare System Kalispell, MT	UF Health Shands Hospital Gainesville, FL
Kootenai Health Coeur d'Alene, ID	Wisconsin Nurses Association Madison, WI <i>With Distinction</i>



to be represented by



**Montana Nurses Association**

- #1 MNA is a member-driven organization led by elected nurses from across Montana.**
- #2 MNA currently represents registered nurses in 30 facilities across the state.**
- #3 Montana Nurses Association is accredited as a provider and an approver of continuing nursing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Through this accreditation, MNA has the ability to support professional development of nurses world-wide.**
- #4 MNA is nationally affiliated with:**
  - **American Nurses Association (ANA)**, the voice for over 3 million registered nurses.
  - **American Federation of Teachers-Nurses and Health Professionals (AFT-NHP)** who represents over 75,000 RNs and over 150,000 healthcare workers across the U.S.
- #5 Building RN power in Montana impacts Montana families!**  
Montana RNs use our collective voice through MNA to advocate for the best working conditions for all Montana RNs and the best care for all Montana patients. We accomplish this locally through collective bargaining, through community discussions on healthcare, and at the MT Legislature, where MNA directly IMPROVED access to healthcare across our state with helping MT APRNs reach more patients! [SB 94; 2019 Leg.]

# 2019 MNA Annual Convention



**2019  
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Linda Larsen, RN \* Matt Larson, BSN, RN, CCRN  
Paul Lee, CCRN \* Barb Moser, RN \* Dawn Sprinkle, RN  
Jennifer Tanner, BSN, RN, CCRN \* Audrey Turner, RN

**2019  
Over and  
Above  
Award**

Amy Hauschild,  
BSN, RN



# Montana Nurses Association 2019 Elected Leaders

### President

January 2020-December 2021



Lorri Bennett, RN

### Vice President

January 2020-December 2021



Terry Dutro, MSN, APRN, AGPCNP-BC

### Secretary

January 2020-December 2021



Chelsee Baker, BSN, RN

### Rep to the Board CPGA

January 2020-December 2021



Bobbie Cross, BSN, RN

### Council on Professional Dev

January 2020-December 2021



Megan Hamilton, MSN, RN, CFRN, NRP

### Council on Professional Dev

January 2020-December 2021



Gwyn Palchak, BSN, RN-BC, ACM

### Council on Professional Dev

January 2020-December 2021



Emily Michalski-Weber, PMHNP-BC

### Council on Professional Dev

January 2020-December 2021



Sandy Sacry, MSN, RN

### Council on Prac & Gov Aff

January 2020-December 2021



Gwyn Palchak, BSN, RN-BC, ACM

### Council on Prac & Gov Aff

January 2020-December 2021



Sally Lisa Sluder, DNP, APRN, AGACNP-BC

### ANA Assembly Representative

January 2020-December 2021



Lori Chovanak, DNP, RN, APRN-BC

### ANA Assembly Representative

January 2020-December 2021



Anna Ammons, BSN, RN, PCCN

### Nominations Committee

January 2020-December 2020



Jacy Voss, RN

### Nominations Committee

January 2020-December 2020



Rich Smith, RN-PCCN

### Nominations Committee

January 2020-December 2020



Katrina Brandenburg, BSN, RN, CNRN

### Elections Committee

January 2020-December 2020



Lorie Van Donsel, BSN, RN, PCCN

### Elections Committee

January 2020-December 2020



Lauri Hunton, RN

### Elections Committee

January 2020-December 2020



Karen Schledewitz, RN

### Rep to the Board CAP Council

January 2020-December 2021



Lori Chovanak, DNP, RN, APRN-BC

### Member at Large CAP Council

January 2020-December 2021



Terry Dutro, MSN, APRN, AGPCNP-BC

### Secretary CAP Council

January 2020-December 2021



Nanci Taylor, APRN

### Council on Econ & Gen Welf

January 2020-December 2021



Lorie Van Donsel, BSN, RN, PCCN

### Council on Econ & Gen Welf

January 2020-December 2021



Charlie Julia Buffo, RN

### AFT National Delegate

January 2020-December 2021



Jennifer Tanner, BSN, RN, CCRN

### AFT National Delegate

January 2020-December 2021



Jennifer Miller, RN

Montana Nurses Association



Foundation

# Statewide Nursing News

## Montana Tobacco Use and Prevention Program (MTUPP)

### My Life, My Quit: New Youth Tobacco Cessation Program

On July 1, 2019, the Montana Tobacco Quit Line launched My Life, My Quit, a new free program specifically for youth under 18 who need help quitting tobacco (cigarettes, smokeless, cigars/cigarillos and e-cigarettes).

Tobacco use among Montana youth remains high; **one third** of high school students currently use at least one form of tobacco product. E-cigarettes are now the most commonly used tobacco product among youth, and e-cigarette use increased significantly from 23% in 2017 to 30% in 2019.

My Life, My Quit, combines best practices for youth tobacco cessation adapted to include vaping and new ways to reach a coach using live text messaging and online chat. The program provides youth access to free, tailored resources for quitting, including: five coaching sessions, a dedicated toll-free number (1-855-891-9989) for real-time coaching, and confidential enrollment. Youth who are interested should text or call 1-855-891-9989 or visit the website at <http://www.mylifemyquit.com>.

As a provider you have the unique opportunity to help address the rise in tobacco use among Montana's youth. It is recommended that providers assess youth tobacco use, offer brief counseling, refer to services (such as My Life, My Quit), and follow up with youth during future visits.

If you want to know more about My Life, My Quit please call 1-855-891-9989 and let them know you are looking for information about the program. Or visit [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov)

### Healthy Homes, Indoor Triggers, and Asthma Report:

Interested in healthy home environments and asthma? Check out the latest surveillance report from the Montana Asthma Control Program, *Healthy Homes, Indoor Triggers, and Asthma*. In this surveillance report, the MACP explores the relationship between home conditions and childhood asthma in Montana.

### Upcoming Events:

#### Big Sky Pulmonary Conference, March 5-7, 2020

Save the date for the 2020 Big Sky Pulmonary Conference March 5-7, 2020 at Fairmont Hot Springs. This conference provides up to 13 continuing education credits and highlights promising methods of preventing and managing respiratory conditions and contributing factors. For more information visit: <http://www.umt.edu/sell/cps/bigskypulmonary/>

### Health in the 406 Messages:

See [www.healthinthe406.mt.gov](http://www.healthinthe406.mt.gov) for current messages to share.



Linda Krantz, MS  
Communication & Coordination  
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# Excerpts from ANA

## Excerpted From

### Transitioning from nurse clinician to nurse educator

By Donelle M. Barnes, PhD, RN, CNE, and Amanda Veasart, PhD, RN, CNE

#### Clinician to educator: 8 steps for success

Incorporate these steps into your journey from expert nurse clinician to educator.

- 1 Observe experienced educators in clinical settings and the classroom. Ask for permission first and arrange acceptable times.
- 2 Volunteer to precept an undergraduate student in your clinical site. If your organization has a preceptor training program, complete that first.
- 3 To experience the educator role before making a commitment, teach one course or clinical group part-time while still employed as a full-time clinician.
- 4 Look for new faculty orientation and development education opportunities at your organization and online.
- 5 Read articles and books about nursing education. You can find them via literature searches at a hospital or university library.
- 6 If you plan to become a full-time educator, get your master's degree or post-master's certificate in nursing education, in addition to your clinical degree.
- 7 If you decide to get a nursing education degree, look for schools with new faculty mentoring programs. If they don't have one, ask to be assigned to an experienced faculty mentor and ask many questions.
- 8 Attend national nursing education conferences, such as the National League for Nursing ([nln.org](http://nln.org)) or the American Association of Colleges of Nursing ([aacnursing.org](http://aacnursing.org)). Attend as many sessions as you can on topics that fit your new role.

You can find more information about nurse education at [americannursetoday.com/2018-education-guide/](http://americannursetoday.com/2018-education-guide/)

American Nurse Today; October 2019, Volume 14, Number 10; Pages 45-46

## Excerpted From

### Early intervention can prevent behavior escalation

By Debra Berard Krahlung, DNP, MSN, MSHSA, BSBA, RN

#### Behavior plan components

Your organization's behavior plan should include staff and patient-specific considerations related to patient triggers, escalated behaviors, and interventions.

	Staff considerations	Patient-specific considerations
<b>Triggers</b>	<ul style="list-style-type: none"> <li>A predetermined plan of action facilitates proactive strategies.</li> <li>Patient involvement helps to identify triggers.</li> <li>Staff observation and health record documentation helps to identify triggers.</li> <li>Knowing triggers allows staff to help patients avoid or work through triggered incidents.</li> </ul>	<p><b>Triggers (examples):</b></p> <ul style="list-style-type: none"> <li>Being tired</li> <li>Being hungry</li> <li>Lack of privacy</li> <li>Lack of control</li> <li>Loud noises</li> <li>Feeling lonely</li> <li>Feeling rejected</li> </ul>
<b>Escalated behaviors</b>	<ul style="list-style-type: none"> <li>Staff must be aware of the patient's reactions to identified triggers.</li> <li>Early identification of signs and symptoms of impending loss of control facilitates early intervention.</li> </ul>	<p><b>Signs and symptoms (examples):</b></p> <ul style="list-style-type: none"> <li>Pacing</li> <li>Cursing</li> <li>Shaking</li> <li>Sweating</li> <li>Restlessness</li> <li>Talking in a loud voice</li> <li>Fist clenching</li> <li>Chest tightness</li> <li>Singing</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>At the onset of a triggering event, interventions should be implemented to prevent behavior escalation.</li> <li>Knowing what interventions might be successful or have proven successful in the past facilitates behavior de-escalation.</li> </ul>	<p><b>Interventions (examples):</b></p> <ul style="list-style-type: none"> <li>Going to a quiet place</li> <li>Meditation</li> <li>Deep breathing</li> <li>Lying down</li> <li>Listening to music</li> <li>Singing</li> <li>Dancing</li> <li>Talking to a staff member</li> <li>Talking to peers</li> <li>Calling someone</li> <li>Pacing</li> <li>Exercising</li> <li>Squeezing a ball</li> <li>Reading</li> <li>Being read to</li> <li>Blanket wrap</li> <li>Lying down</li> <li>Warm shower</li> <li>Journaling</li> </ul>

American Nurse Today; September 2019, Volume 14, Number 9; Pages 93-95

# Using Leadership Power Wisely



Reprinted from American Nurse Today

September 2019 Vol. 14 No. 9

Author(s): Rose O. Sherman, EdD, RN, NEA-BC, FAAN, and Tanya M. Cohn, PhD, MEd, RN

Learn how to use power in the service of others.

## Takeaways:

- Leaders are entrusted with power and are expected to use it wisely.
- Sources of power include coercive, legitimate, reward, expert, and relationship.
- When using power is necessary, leaders must exercise their judgment to know the best form it should take.

MARK is completing his first year as nurse manager of an urgent care center. More than 25% of the nursing staff has resigned in the last 12 months. A recurring theme in exit interviews is that Mark uses coercive power to achieve his goals. A leadership coach has been assigned to work with Mark to help him gain insight into how he uses power and to help him use it wisely to achieve unit objectives and help staff achieve their full potential.

Some new managers like Mark have a burning desire to make changes and solve problems. To achieve their goals, they use their newly minted authority coercively and alienate staff. In the absence of any counterbalance, staff may feel that resigning is the only psychologically safe way to push back against Mark's decision-making. With RN turnover costs now averaging more than \$52,000 per nurse, Mark's misuse of power has come at a high price to his organization. He'll need to commit to using coaching as an opportunity to reflect on what's happened or he might derail his leadership.

John Maxwell, a nationally known leadership expert, notes that just because you've been crowned the leader doesn't mean that you're leading. If people don't follow you, then you're not a leader.

## Leadership power today

Leaders are entrusted with power and are expected to use it wisely. They drive unit culture and values through their actions and behaviors. Coercive behavior sends a strong message to staff that their opinions and ideas aren't respected. Trust is eroded when staff don't feel safe to participate in discussions because they fear retribution.

The contemporary nursing workforce doesn't respond well to command-and-control leaders. In recent research reported by Gallup, Millennial employees will quickly leave organizations where they feel that they aren't nurtured and developed by their managers. Mark's coach is likely to point out that power can be beneficial if used constructively. This will involve more reliance on influence-building skills and less on coercion as a source of power.

## Sources of leadership power

Jeffrey Pfeffer, a noted scholar on power, has observed that most leadership-development programs don't directly discuss the concept of power, and nurse managers like Mark may not realize the impact of their behavior. Mark's coach should guide him to move from his current coercive source of power and tap into a source that's less self-serving and more group serving. (See 5 power sources.)

## Using power wisely

Using power wisely stems from understanding how our actions affect others and being aware of the appropriateness of our actions. In clinical settings, power should be used to improve work environments for direct patient care providers and to produce positive patient outcomes. Given the turnover rates under his leadership, Mark hasn't used his power wisely. His coercive use of power has resulted in an environment of dominance motivation to control others and put his goals above his teams.' With the leadership coach's



## 5 power sources

Leaders have five major sources of power in their power grid.

- 1 Coercive power** is the "stick" of leadership where staff are sanctioned for failing to comply with the leader's desires. Coercive power relies on fear but rarely inspires nurses to work with a leader with the long term.
- 2 Legitimate power** emanates from a position or title. It can be short lived if the leader is ineffective because to be influential, leaders must have followers.
- 3 Reward power** is based on a leader's ability to give something of value in return for performance. Nurse leaders have reward and recognition power that needs to be used in a meaningful, sustainable, and practical way.
- 4 Expert power** is built on one's specialized knowledge and access to information. Many nurse leaders struggle with giving up their expert power as clinicians when moving into a leadership role.
- 5 Referent or relationship power** is built on a leader's personal brand. Leaders with referent power are respected and have what's sometimes called social capital because people choose to follow them.

help, Mark will need to transform his dominance motivation style to an inspirational motivation style, which will empower the staff and engage them in decision-making and constructive feedback that benefits patient outcomes.

Using power wisely requires not only self-reflection and positive motivation of those you lead, but also understanding the resulting value that comes from these actions. For Mark, the value is an engaged and productive staff who are committed to the organization.

## Recognizing power plays

To determine how power is affecting your work environment, learn to identify power plays, which are actions taken by someone to manipulate another into doing or not doing something, and teach employees to do the same. In Mark's case, employees who resigned said that he used coercive tactics, which suggests using force (threatening write-ups, demotion, or layoffs) to get others to comply. Mark may have found this effective in the short term, but such a power play can have serious organizational consequences.

Recognizing power plays by a coercive leader like Mark may be relatively easy because of the clear potential end result of punishment. However, power plays can be subtle, so it's also important to know how you might unintentionally create pressure on employees. Take, for example, the employee who takes on increasingly more work responsibilities because her leader asks her, even though it's creating a poor work-life balance. In this example the leader is using her power to increase an employee's workload. In turn, the employee feels obligated to take on the additional work because her leader is asking. However, the result is poor job satisfaction and increased feelings of burnout and resentment. For the leader to avoid losing an employee who's likely highly productive and an asset to the workplace, the employee needs to set healthy boundaries that the leader will respect.

Recognizing power plays also requires being aware of feelings of resentment, avoidance behaviors, being too compliant, and excessive complaining, which contribute to a poor work environment that's unproductive and riddled with

communication failure. When these behaviors are present in the clinical setting, patient outcomes and safety are at risk. Instead, leaders and employees must recognize power plays and stop them through effective respectful communication.

## Motivate, influence, inspire

The consequences of using coercive power as Mark did can have devastating outcomes for the leader and staff. It erodes trust and leads to unhealthy work environments. Nurse leaders are expected to motivate, influence, and inspire staff to achieve excellent patient outcomes. This is done most effectively when they use their power wisely and rely on their influence. In some circumstances, nurse leaders may need to use power, but they must exercise judgment to know when it's appropriate and what form it should take.

As Jim Rohn, an entrepreneur and motivational speaker, once said, "The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not a bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly."

Ultimately, the best use of power is in the service of others.

**Rose O. Sherman is a professor emeritus at Florida Atlantic University in Boca Raton, Florida, and author of the book *The Nurse Leader Coach: Become the Boss No One Wants to Leave*. You can read her blog at [emergingnleader.com](http://emergingnleader.com). Tanya M. Cohn is an associate professor of practice and consulting nurse scientist at Simmons University in Boston, Massachusetts.**

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Executive Director Report continued from page 1

have 30 local units of RNs from Sidney to Hamilton from Havre to Helena. To enhance our association as a whole, we have combined our new labor representative's duties with a communication/media component to assist in meaningful marketing, highlighting the good things MNA does with and for their members.

An amazing member benefit is the discounted certification program we have invested in. This program allows RNs and APRNs to achieve ANCC certification at a significant discount (up to 40% off the list price), and only requires payment upon passing. Members can sit for the test up to two times as a program participant, removing a lot of financial and emotional stress out of the testing process.

I also spoke about our legislative advocacy. This legislative year (2019) MNA drafted, advocated for, and helped pass SB 94: Signature Authority for Advanced Practice Registered Nurses, sponsored by Republican Senator Terry Gauthier, Helena. SB94 states: *When a provision of law or administrative rule requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, the requirement may be fulfilled by an advanced practice registered nurse practicing within the scope of the advanced practice registered nurse's certification. This section may not be construed to expand the scope of practice of an advanced practice registered nurse.* Governor Bullock signed this bill into law March 2019. Congratulations to all APRNs across our state that practice to their full scope of education.

"Your Nurse Wears Combat Boots" took a suggested approach, by those lawmakers who opposed our previous bills, as we continue to address workplace violence for nurses and healthcare workers. In the 2017 Montana legislature the House Judiciary committee was very clear that they needed reporting data to support felony legislation or any legislation at all. When this committee considered our bill last session to increase the penalties for those assaults, there were questions of whether there really was a problem. It was stated that the nurses hadn't done enough to make their case and wondered why nurses hadn't provided police reports for the more than 2,000 workers' comp claims that had been paid in a recent five-year period as outlined in the Department of Labor study by Brennan and Elenbaas (2016) that reviewed thousands of Montana claims. One representative went onto state that they noted that the nurses didn't also provide the committee with actual police reports for all those claims and was quoted to say, "that is a big problem." So, our goal was to somehow create, encourage, and support reporting as it has already been proven these assaults are severely underreported and that they do happen. MNA continues to partner with our facilities and other stakeholders to assist in developing more robust safety education and more aggressive workplace safety strategies for nurses and healthcare workers. We worked with lawmakers and the sheriff's and peace officers, the Attorney General's office, and reached out to the county attorneys over the last two years. We discussed the lack of reporting with law enforcement and they want healthcare workers to report these assaults. The employers will have the most accurate data on frequency and severity. This information must be reportable and made accessible as one way to address the violence problem effectively.

MNA continues to address unintended consequences related to the Nurse Licensure Compact (NLC). MNA as an association has long opposed the compact for RNs and APRNs, however, in 2017, the enhanced NLC came to pass and is only applicable to our RN license. There is an APRN compact being pursued by the NCSBN (National Council of State Boards of Nursing) of which MNA continues to oppose. The unintended consequences listed below are those we continue to attempt to address with evidence and meaningful conversation with the appropriate stakeholders.

- No process to monitor compact nurses working in the state of MT
- No process to ensure a compact nurse obtains a new home state license
- Compact Nurses (non-agency/non-travel nurses) are not complying with obtaining home state licenses
- Loss of revenue to our board of nursing
- Changed licensure jurisdiction (MNA continues to believe and advocate for license jurisdiction to remain with the nurse as the nurse is where the knowledge and the practice stem from.) Under the NLC, which is now law, states that the jurisdiction of our licenses resides with the location of the patient and not with the nurse.
- No data that more nurses come into the state due to multistate license privilege
- Loss of state sovereignty
- Has not helped fill open nurse positions

MNA has not seen nor have any data that the State of MT healthcare facilities are benefitting from participating in the NLC, especially as it relates to staffing. MNA continues to ask for data that shows nurses are coming here to live and work in Montana due to the NLC, however, in reality, the compact license from another state is moot as the nurse coming to our state to live and work must obtain a new home state license from MT board of nursing anyway. They are not supposed to work on their multistate license from another state past what was initially 90 days (our BON removed the 90 day limit as it was suggested by NCSBN). It is MNA's understanding now with the 90 day limit removed, they are supposed to obtain a MT nursing license more expediently than 90 days, however, without the lack of education among the nursing community in regards to the NLC and the inability to track a compact nurse working in MT, there is no ability to ensure compact nurses are complying with the NLC law and obtaining a MT nursing license.

Finally, I shared our top ten issues, whether we address them locally, statewide, or nationally, through legislation or other stakeholder communications, please feel free to reach out to us at the office if you have other insights or topics we should be keep our PULSE on!!

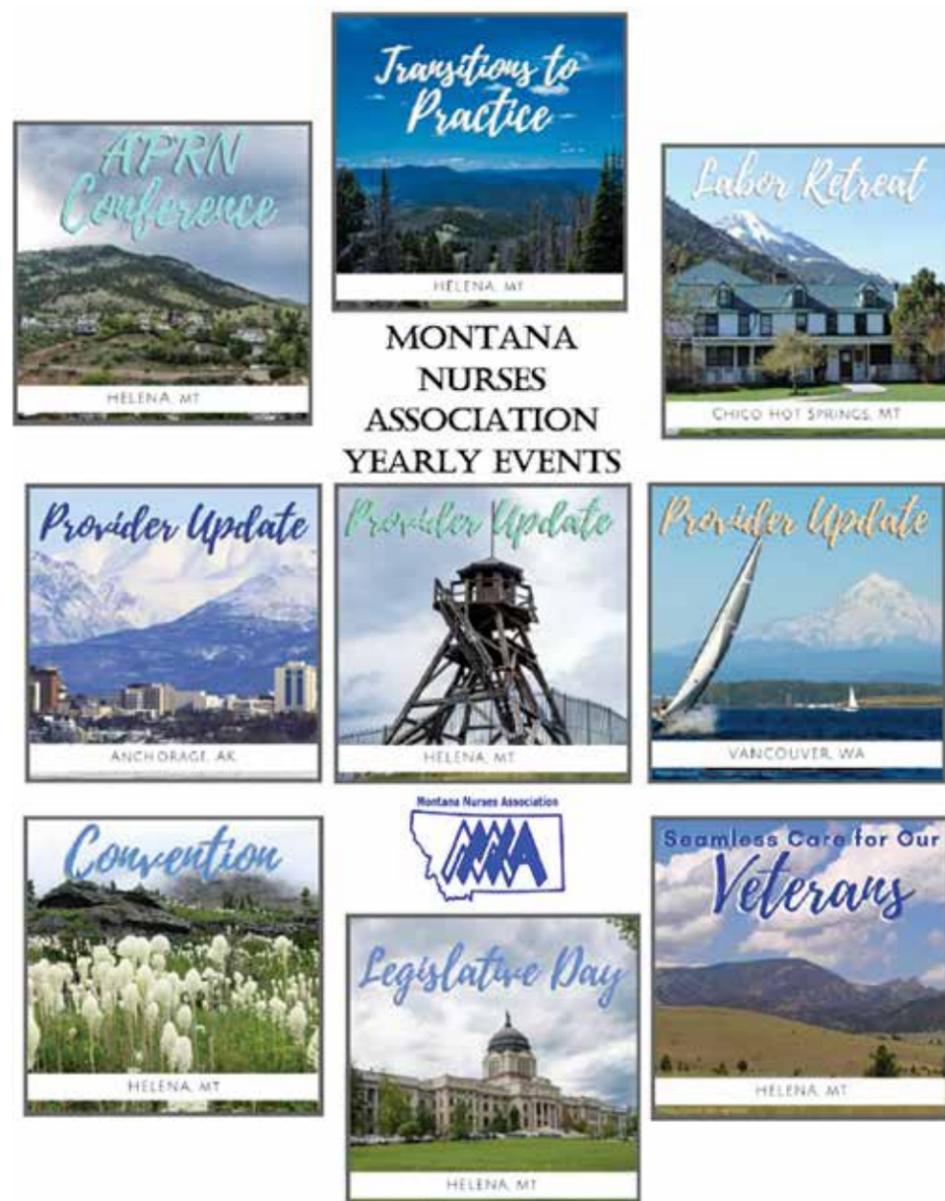
1. "Your Nurse Wears Combat Boots" – Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309/S. 851) is a national bill making its way through the house of representatives in Washington, DC and will require the creation of safety plans to prevent workplace assaults in healthcare and social services settings.
2. Safe Staffing Patient Limits – Staffing Resolution update: Have had three meetings with AFT and ANA, our two national affiliates and our next meeting is this month (October) in DC. Jointly, we are exploring possible joint language to address safe staffing or safe patient limits perhaps at the national level, while steering away from the word ratio, however, also understand each states autonomy in addressing this complicated issue and explore language that we can all wrap our arms around addressing staffing challenges.
3. ACA-preserving what works and fixing what doesn't
4. APRN parity especially as it relates to reimbursement and primary provider status
5. Medicaid expansion
6. Student and medical debt
7. Opioid crisis/suicide and other public health issues
8. Climate change
9. Gun control
10. Title protection: NURSE – Veterinary tech association continues to pursue using the title "Nurse" in conjunction with their title and are attempting to bring legislation forward state by state to amend their title to say Registered Veterinary Nurse. Fortunately for MT, the MT Vet Tech Association reached out to MNA and collaboratively and professionally agreed that nurse was off limits and supported their name adjustment to Licensed Veterinary Tech (LVT).

I am concluding with a powerful and completely relevant quote from one of our longest living members of which she believes she wrote in the early 60's, Ms. Mary Munger.

**"The mark of a real professional is a love for and interest in, what is happening to that profession, and a commitment to help it"** (Munger, M. (n.d.). Membership: A professional commitment. Letter.)

References

Brennan, J. M., & Elenbaas, D. A. (2016). Assaults on healthcare workers in Montana. *Montana Occupational Health and Safety Surveillance Program in the Montana Department of Labor & Industry*. Retrieved from <https://dli.mt.gov/>  
 Munger, M. (n.d.). Membership: A professional commitment. Letter.



# THEORIES: THE BASIS FOR LEADERSHIP DECISIONS (PART I)

## DEFINITION AND PURPOSE/GOAL OF LEADERSHIP

The definition of leadership is the organizing of employees to achieve goals through direction and guidance. It is the careful orchestration of different employee talents and factions under specific circumstances. The “leader” may or may not be a formal assignment, as some employees just have a given propensity to be natural leaders.



**Carolyn Taylor**  
Ed.D., MN, RN

Ever since the great philosophers existed in hundreds of years BC, there has been an interest in the traits that define a great leader. It was, also, recognized that people need someone to direct them and keep them on the path toward an ultimate goal. That seemed reasonable and was acceptable to be enough until the studies of the 1940 and 1950 era, at which time leadership theories became the basis of *rational substantiated leadership choices*. These theories support successful and positive implementation of the leadership role through understanding and fearless implementation. These theories provide the leading edge for any leader.

The leader's purpose/goal is to be authentic, have integrity, build trust, and support every employee as he/she performs the pre-determined minimum expectations stated on their job description. The leader is to be a good listener, be a positive example, be required to keep his/her word, and be trustworthy. If it sounds like perfection — well, almost!

As you read these theories, think how you can use each theory. Some leaders will say, “I don't like to pigeon-hole my employees” when determining the task and relationship abilities of employees. So — some leaders will just attempt to lead (some people say and observe) by the “seat-of-their-pants.” It means that leaders are not choosing to be a *professional leader and accountable for their logical decisions by applying known and proven theories of leadership*. By determining how each employee is performing (or has the potential of performing) you can, as a leader, be more certain that a leader's behavior and decisions regarding each unique employee will encourage employee success. Consequently, there is improvement in nursing care. Keep in mind that when each employee is successful, **YOU ARE TREMENDOUSLY SUCCESSFUL AS A LEADER!**

The following theories are founded in basic life and intellectual understanding by the most outstanding minds of our times. It is like an “AH HA” light coming on that our subconscious always knew, but our reality did not take the intellectual effort to admit and understand. I do not want to imply that such intellectual or behavioral effort to use an identified theory is easy — I only mean to say that it is worth it! Such effort to apply theoretical concepts can be taxing to the passive and over-empathetic mind and sometimes that empathetic effort causes the spirit to tire. If you are such a leader, know this — you are not alone with your challenge. The theorists know your challenge and willingly share their understanding of the basic ways to enable your success!

### POSITIVE PSYCHOLOGY

**(Related to Martin Seligman and his focus on positive psychology)**

Leadership is a process with consequences for every leadership behavior. It is dynamic, ongoing, and requires a leader to lead by *example* and invest continually in positive working relationships with others. This means providing positive (rather than negative) verbal and other supportive feedback. Rewarding positive behaviors with positive verbal comments and recognition for excellent nursing care encourages more positive nursing behaviors. It requires that the leader value positive human relationships and know that **POSITIVE RELATIONSHIPS MATTER!**

There have been situations where negative incompetent behaviors of nursing employees have been witnessed. The leader might not have

had the personal leadership strength to confront the incompetent or inappropriate behavior which compromised nursing care. Unfortunately, even the voices of other nursing employees continued to remain quiet.

Henceforth, all forthright and dedicated nurses to high quality nursing care will be allowed and encouraged to appropriately voice their concerns for the betterment of improved nursing care. Be not afraid to recognize negative aspects of nursing care! It is only by knowing negative nursing care that provides the impetus to know, recognize, teach, and support positive nursing care. It is this recognition of “a problem” that will allow the leader to practice the successful theory of **POSITIVE PSYCHOLOGY**.

Oh, the leader might say, “We have to accept what we can get! Good help is so hard to get now-a-days!” The rule is that the leader just has to be a leader and hold all nursing employees accountable for the job they were hired to do per their minimal requirements on the job description and for which they are monetarily reimbursed. Good help (and improved help) is an outcome of positive support and perhaps education relative to any expected nursing behavior.

Know this—there are always nurses who can possibly do a leadership job! However, it is the knowing of how to use positive reinforcement leadership behaviors that will result in positive nursing care outcomes. Positive leadership will produce the *outstanding leader*.

### LEADERSHIP VS. MANAGEMENT — IT ALL DEPENDS

**(Related to Paul Hershey & Ken Blanchard — Situational Theory)**

**(Related to Fred Fiedler — Contingency Theory)**

A true leader knows the difference between *leadership and management and knows when to use one or the other*.

Leadership means involving others in decision-making  
Management means telling others specifically what to do

Prepared and pre-determined job descriptions (not involving employees) are a management style/technique, because the job description is telling a nurse about the leader's expected minimal behavior by the nurse. Also, giving specific verbal directions to nursing staff during emergencies is a management style/technique for the situation to be accomplished in the specified correct manner, sequence, and/or timeframe. Conversely, having nursing employees come together to share concerns and determine resolutions and a mutual plan is a leadership style. One is not better than the other — they are different due to required/expected outcomes. The choice of a leader's behavior (leadership behaviors or management behaviors) is a part of the theory of, “**IT ALL DEPENDS.**”

### TASKS VS. RELATIONSHIPS

**(Related to “Just Common Sense” Theory)**  
**(Related to Situational Theory and Contingency Theory)**

Nurses are all different in their abilities. Some are high (or lacking) in task/doing abilities. And, others are high (or lacking) in relationship/people abilities. It does not take a leader long to determine to what extent each nurse has task ability and relationship ability — if you pay close attention, that is. Nurses high on task abilities do their required manual performance quickly and often as an outcome of doing the task repetitively and frequently. Sometimes, their relationship abilities might be less. Nurses with high relationship abilities do their required interaction performance on a more personal level by connecting emotionally with patients, clients, residents, co-workers, and families with overt kindness, empathy, and an obvious caring attitude. Sometimes, their task abilities might be less. It is a real “treasure” if you find a nurse that can perform a high level of both task and relationship abilities.

The integration of the before-mentioned theory of, **IT ALL DEPENDS**, will tell a leader the nurse's ability/suitability/acceptability for the specific nursing job and tasks the nurse is expected to perform.

You tell me as you review your staffing situation — Do all high task ability/low relationship ability nursing staff members meet the nursing care needs of the area in which nurses are expected to perform? Conversely, do all high relationship/low task ability nursing staff members meet the nursing care needs of the area in these nurses are expected to perform? If a leader is aware of what natural tendency each nurse possesses, the leader can make opportunities and scheduling adjustments that allow each nurse to perform their best in their scheduled employment situation.

What I am saying is this — Every nurse is different — as every human being is different. To add to or change overt human abilities might be possible to some extent; however, the leader is dealing with a person's life of behaviors that cannot be fully redirected, just possibly magnified or augmented. There is a psychological understanding that people (even nurses) do what works for them—and whatever they have found to work best for them (task or relationship skills) in their life, is most likely what they will continue to do in the future — even in their work situation.

As a leader, pay attention to the differences of task and relationship abilities. Do your nursing assignments/scheduling relate to task and relationship abilities of nurses for the purpose of maximizing the *natural* ability of nurses to meet the specific needs in the health care setting? Often times, knowing the different degree of abilities (tasks vs. relationship) in nurses will allow a leader to schedule nurses in a specific health care setting so as to *maximize* the quality of overall nursing care by mixing and matching different abilities of nurses (or) minimizing nursing behaviors that have a tendency to not support positive nursing care outcomes. Your scheduling decisions now have more relevance because it will be according to the theory of, “**IT ALL DEPENDS.**”

### INTELLECTUAL LEADERSHIP

It is known that when a leader and/or a hiring committee hires from outside the health care facility, it does take more leadership time and effort to teach a new nurse the health care system and expected minimal job requirements of a job description. Show your prowess as a leader by explaining the theories that govern your leadership behavior/style. Such ability and willingness to explain the basis of your positive leadership style will provide the personal encouragement to fulfill your commitment.

It is time to learn to be a knowledgeable leader, not just a leader that performs according to what feels good. Know theory related to *your* job!! Know that *your* skills, **if** you are academically knowledgeable and in tune with the human needs of others, make you the “King/Queen of the Hill.” Listen to others and their input for hiring and nursing expectations. But know this — **You are responsible and accountable for your intellectual leadership and management, hiring decisions, and nursing care outcomes.**

As different theories are presented to you in the future, determine their appropriateness and usefulness to your position as a leader. Never let it be said that your leadership decisions are baseless or without theoretical relevance.

Montana Emergency Nurses Association

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# PROCEDURES FOR OBJECTING NON-MEMBERS TO FILE WITH MNA OBJECTIONS AS TO THE EXPENDITURES OF DUES FOR PURPOSES NOT GERMANE TO COLLECTIVE BARGAINING PROCESS

This notice is for all employees working under a Montana Nurses' Association collective-bargaining agreement that contains a union security clause. A union security clause requires, as a condition of employment, that an employee pay MNA membership dues and fees. MNA membership is a valuable asset for working nurses.

Federal and state labor laws grant employers and union the right to enter into agreements requiring workers to join and maintain their membership in a union as a condition of employment. This right is consistent with the democratic principle of majority rule and it ensures that everyone who benefits from a union's representation shares the union's financial support.

Over the years, the courts and administrative agencies that enforce the labor laws have limited the enforcement of union security clauses. Specifically, the U.S. Supreme Court has held that individuals covered by a collective-bargaining agreement containing a union security clause may not be required to join the union and may only be required to pay that percentage of full union dues and fees that are germane to the collective bargaining process. In other words, workers can be required to financially support a union but they cannot be required join the union and they can only be required to pay that percentage of the union's customary dues and fees that is germane to the union's role as the collective-bargaining representative.

MNA spends the vast majority of its funds on activities related to the representation of its members. These expenditures are considered to be germane to the collective-bargaining process and must be paid for by all individuals working under MNA contracts containing union security clause language. MNA also has spent funds on activities such organizing new bargaining units and legislative lobbying. MNA believes that money spent on these activities advances one of our fundamental purposes – nurses helping nurses to better their lives. However, the U.S. Supreme Court does not consider these activities to be germane to the collective-bargaining process.

Employees employed under a contract containing a union security clause who choose not to join MNA or who resign their membership from MNA lose benefits, rights and privileges to which they would have been or were entitled to as MNA members. For example, these employees lose the right to vote on the acceptance of agreements negotiated with their employer, the right to vote on any dues increase, and the right to run and vote in the election of MNA officers. They lose the right to attend, speak and vote at any MNA meeting.

In short, non-members elect to give up important rights, benefits and privileges. Moreover, it is illegal for an employer to compensate such workers in any way for the loss of these valuable rights. However, non-member are still members of the collective-bargaining unit in which they work, they are entitled to the benefits of the collective-bargaining agreement covering their employment and MNA and its officers and employees will provide them with the representation required by the law.

Individuals employed under a union security clause maintain the right to object to being a member of MNA and may resign their membership at any time. However, those who either object to ever being a member or who were once members and then later resign must pay MNA an amount equal to the percentage of dues paid my members of MNA which are germane to collective bargaining process. That percentage includes the expenditures necessarily or reasonably incurred for the purpose of performing the duties of an exclusive representative of the employees in dealing with the employer or labor-management issues including not only the direct costs of negotiating and administering collective-bargaining contracts and of settling grievances and disputes, but also the expenses of activities or undertakings normally or reasonably employed to implement or effectuate the duties of MNA as the exclusive representative of the employees in a bargaining unit. The percentage of nonchargeable expenses for MNA which will be effective for the months of January 2020 through December 2020 is based on the experience from the 2018 calendar year. In other words, those who are covered by

a collective-bargaining agreement containing a union security clause and who elect not to be members and who elect to pay the reduced fee must pay the fair share percentage of the dues assessed members of MNA employed in the same bargaining unit.

In addition to other avenues of relief available under the law, a non-member may challenge MNA's classification or calculation of expenditures used by MNA to determine the percentage of chargeable expenses germane to the collective-bargaining process before a neutral arbitrator appointed by the American Arbitration Association pursue to its Rules for Impartial Determination of Union Fees. Any objection a non-member makes may be coordinated or consolidated with other objections from other non-members before a single arbitrator.

In such a challenge, MNA has to justify its calculations and determinations. All hearings will be conducted in Helena or Clancy, Montana. The arbitrator's fees and expenses will be paid by MNA. However, an objector will have to pay his or her own expenses and the fees, costs and expenses of his or her witnesses and attorneys.

Once a written objection is received from an individual, MNA will adhere to the rules established by the courts and by the administrative agencies that enforce the labor laws as to the handling of the objector's fees until the arbitrator has issued his or her ruling. Generally, the objector must pay the fees as

determined by MNA's calculations. Those fees will be placed in a separate interest bearing account. If the arbitrator's decision increases the percentage of non-chargeable expenditures, the appropriate portion of the fees will be refunded to the objector, plus interest earned. All reduced service fee payers will then pay the adjusted amount as determined by the arbitrator. If the arbitrator's decision approves the MNA's calculation, no adjustment will be made in the amount of the fee and the total fees paid and placed in the separate interest-bearing account will be released to MNA.

Individuals who choose to file objections to MNA's fee calculations must file the objection in writing addressed to MNA, 20 Old Montana State Hwy, Clancy, Montana 59634. The written objection must include the objectors name, address, phone number, social security number, employer and work location. In order for MNA to understand the nature of the objector's challenge, the objector is urged to also include a brief statement concerning the nature of the objection, including the objector's opinion as to the appropriate percentage for non-chargeable expenses. This requirement to file a letter of objection and request for a hearing is an annual requirement. Objection will not be presumed. Agency fee payers who do not file a timely notice of objection shall be deemed to have waived any right to a hearing to challenge the estimated percentage of reduction of that year's agency fee.

## APRN Corner

Montana APRNs,

As we settle into the winter think about what you would like to see on our legislative agenda for 2021. It is never to early to start the groundwork necessary for a successful session and agenda. One issue that I have heard from many Montana Nurse Practitioners, is the time it takes for insurance payer credentialing. Currently it takes in excess of 90 days after getting a license to get payer credentialing for Medicare, Medicaid, and all other state payers. Also, think about payer equity for APRNs and Medicaid. We are paid at 85% of the Physician rate. About 50% of states have equal pay for Physicians and APRNs, so there is good data to support this. Some states don't allow APRNs to bill Medicaid and some states have variable reimbursement rates from 50-85%.

I always want to remind all APRNs to get MAT waiver. The course is free with **24 contact course**, 18 of which can be used towards Pharmacology. Here is the website <https://aanp.inreachce.com> to sign up and learn about the waiver and free classes to become a prescriber. You do not need to be a member of AANP to utilize these resources. Even if you don't want to prescribe buprenorphine, the knowledge that you gain after completing the modules about addiction treatment is invaluable.

Be sure to set your calendars for February 28<sup>th</sup> & 29<sup>th</sup>, 2020 for the Annual MNA APRN Pharmacology Conference in Helena. [www.cnebymna.com/events/](http://www.cnebymna.com/events/) for more information and to register. I will have an update regarding the speakers in my January 2020 column. Best



**Keven Comer  
MN, APRN, FNP-BC**

to you all, contact me with any questions, comments, ideas or concerns. [keven.comer@gmail.com](mailto:keven.comer@gmail.com)

**Congratulations to John Honsky, APRN, for winning the Excellence for Advanced Practice Registered Nurse of the Year Award**

"I was fortunate to have him as a preceptor in the summer and Fall of 2018. He is active as a preceptor for many PMHNP students and medical residents as well. John demonstrates skill and understanding in communication with other practitioners in the integrative medical model. John is adept in forming a therapeutic relationship with patients and models unconditional positive regard as in Carl Rogers approach.

I have had the benefit of firsthand experience working with him in my first job as a PMHNP at Partnership Health Center (PHC). I learned so much from his thorough approach in mental health care. One thing that stands out was he taught me to always validate information on the Montana Prescription Drug Registry. He is thorough in checking medical records, labs and initiated pharmacogenetics for optimizing medication choices at PHC. In addition, he taught me the importance of negotiating consultation time in the workplace. We had the benefit of meeting with a retired psychiatrist every two weeks to consult on difficult cases which proved to be an invaluable in my education as a new practitioner.

John is an expert in the field of Psychiatric Mental Health and is always willing to share his knowledge, skill and expertise in a compassionate way with patients and other practitioners. He has contacted our legislature on numerous issues involving maintaining Medicaid expansion for the marginalized in our community as well."




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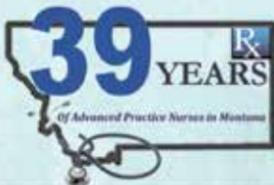


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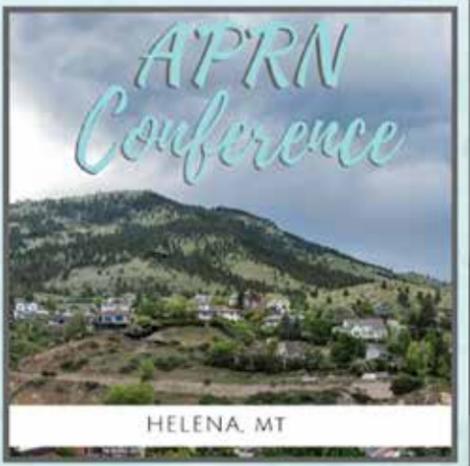
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**SAVE THE DATE**

- \*Transition To Practice\***  
Helena, MT - January 26<sup>th</sup> & 27<sup>th</sup> 2020
- \*2020 APRN Pharmacology Conference\***  
Helena, MT - February 28<sup>th</sup> & 29<sup>th</sup> 2020
- \*Nurse Advocacy Retreat\***  
Chico, MT - May 3<sup>rd</sup>, 4<sup>th</sup>, & 5<sup>th</sup> 2020
- \*MNA Convention\***  
Helena, MT - October 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> 2020\*
- \*Seamless Health Care for Our Veterans\***  
Helena & Broadcast Sights - November 12<sup>th</sup> 2020



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 Jennifer Hamilton - Administrative Asst  
 (406)442-6710 or [jennifer@mtnurses.org](mailto:jennifer@mtnurses.org)



**Has your contact information changed?**

New name? New address?  
 New phone number?  
 New email address?

To update your contact information, please email or call  
 Montana Nurses Association:  
[jill@mtnurses.org](mailto:jill@mtnurses.org) or 406-442-6710



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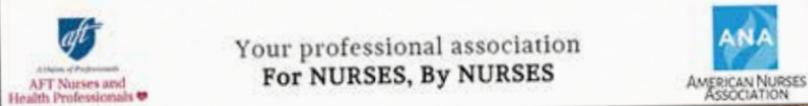
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# MAPP-Net

Montana Access to Pediatric Psychiatry Network

**MAPP-Net offers expert consultation, resources, training, and support to help you care for your pediatric patients in their own community when possible.**



### Pediatric Mental Health Online Clinics

12:00 pm – 1:30pm · 2nd & 4th Wednesdays of each month. Clinical training and case review sessions submitted by rural and remote providers.

- **December 11... Eating Disorders**
- **January 8 ..... Screening: Integrating Screening into Primary Care**
- **January 22..... ADHD vs. Anxiety**
- **February 12 ... MAPP-Net (Montana Access to Pediatric Psychiatry Network)**
- **February 26... Childhood Trauma**
- **March 11 ..... Substance Use Disorder: SBIRT**
- **March 25..... Suicide & Suicidal Ideation**

#### The Project ECHO clinical team:

- Board certified child psychiatrist
- Expert psychotherapist
- Psychiatric pharmacist
- Resource specialist

**Register & learn more at [mapp-net.org](http://mapp-net.org)**

**1-844-922-MAPP  
Access Line  
Launching Soon!**

Speak with Billings Clinic  
Mental Health Professionals  
during daytime business  
hours. (1-844-922-6277)



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– Lori Wightman, Senior Vice President,  
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