

The South Carolina Nurse



CIRCULATION 63,000 TO ALL REGISTERED NURSES, LPNs, AND STUDENT NURSES IN SOUTH CAROLINA.
 A Constituent Member of the American Nurses Association and The Center For American Nurses.
 The Voice of South Carolina Nursing for over 100 years!



Volume XVIII Number 2 Provided to South Carolina's Nursing Community by SCNA. Are you a member? April, May, June 2011

South Carolina Nurses Association Biennial State Convention & 18th Annual APRN Pharmacology Conference

THE FUTURE: LET'S TAKE THE GUESS WORK OUT OF NURSING'S FUTURE

September 8-10, 2011

Marriott Columbia
 1200 Hampton Street, Columbia



Registration to open online www.scnurses.org early summer

Will attendance count towards the CNE option for 2012?



Will there be a Pre-Con for APRNs?



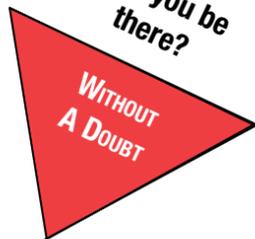
Convention Features:

- ⊙ Annual Meeting
- ⊙ Chapter Meetings
- ⊙ Continuing Nursing Education for All
- ⊙ Centrally Located Area of the State – Easy To Get To
- ⊙ Free Self Parking
- ⊙ Columbia “Lunch Around”
- ⊙ Columbia “Dine Around”
- ⊙ Not a Home Football Game in Columbia

Will it be a terrific meeting?



Will you be there?



Will you register online?



Will self parking be free at hotel?



current resident or



Index

President's Column	2
Executive Director's Report	3
You Were Represented	3
News You Can Use	4
<i>South Carolina Nurses Association</i>	
2011 Calendar	5
<i>Members:</i>	
SCNA Membership Application	6
Members in the News	7
New & Returning Members	7
Reminder for All Members of SCNA	7

<i>Chapters:</i>	
Women & Children's Chapter	8
APRN Chapter	8
Kathleen Bartholomew Coming to SC	9
Psych-Mental Health Chapter Update	9
Is Lateral Violence Training Needed	9
PAPIN	10
National Nurses Week History	11
South Carolina Board of Nursing	12-13
American Nurses Association	14-15
South Carolina Nurses Foundation	15

President's Column

Vicki Green, MSN, APRN, BC



Vicki C. Green

You will not be reading this until Spring. However, I am writing this as the 2011 Superbowl has just occurred. While I didn't really care which team won the Superbowl, I was anxious to see the entertainment surrounding the event—i.e. the national anthem, the commercials, halftime entertainment, etc. Now, the disclaimer for the rest of this article: "the opinions of the author are not necessarily those of SCNA." Some were very good, others were disappointing.

One of the best performances was by Lea Michele, the star of "Glee," who gave an emotional rendition of "America The Beautiful," accompanied by a chorus of U.S. service members. She seemed confident, ready for her moment—singing beautifully with servicemen providing back-up vocals.

Contrastingly, the next performance was by Christina Aguilera—a great vocal artist known for her accomplishments in many different venues. But, on this day, she flubbed the National Anthem—some of the most well-known lyrics in the country.

Ms. Aguilera merged lyrics within the song—more specifically, the fourth line, which reads: "O'er the ramparts we watched were so gallantly streaming?" with the lyrics of the second line, ("What so proudly we hailed at the twilight's last gleaming?"). The outcome: "What so proudly we watched at the twilight's last gleaming?" In addition, she used an unfamiliar melody and finished with a very strained last note. Overall, a very disappointing performance.

No doubt, Ms. Aguilera's voice has a wonderful tone, with a wide range and huge volume. But, her attempts to "make the song her own," led to not only changing the melody, but also changing the words. It caused me to wonder—is the comparison between these two performances (Lea Michele and Christina Aguilera) the difference between being confident and being overly confident?

Being overconfident—i.e. the **over-confidence effect**—allows subjective confidence in judgment to overcome the ability to be objectively accurate.¹ For example, when asked after a test, "How did you do?," over-confident people may say "I aced it"—meaning 95-100% correct (an "A"), when in fact, they have missed 40% of the questions (a "F"). A character trait/ flaw exists that leads the over-confident person to use poor judgment. Ms. Aguilera definitely suffered from the over-confidence effect—given a little nervousness from the huge venue of the Superbowl may have contributed to the outcome as well.

So how does this relate to Nursing? In nursing, we spend many hours building skills and confidence-levels. For instructors and supervisors, the challenge is to assess the tendency for over-confidence and recognize the difference between confidence and over-confidence. Building confidence in skills takes time. We should always question those who seem to have more confidence in their abilities than the time it should take to build their knowledge base and skills. In the nursing world, over-confidence can lead to dangerous outcomes, especially in life and death situations.

Before masters degrees were required to practice as an APRN in SC and when institutions had money to send nurses to nurse practitioner school, a nurse—who was known to be very verbal and downright bossy—was being considered for NP school by her institution. The program nurse manager was soon told by the nursing director to submit the appropriate paperwork and prepare the unit for the nurse's absence. Against the nurse manager's better judgment, Ms. Bossy was sent to nurse practitioner school.

When Ms. Bossy returned from the didactic portion of her course, she came back to her unit to learn the clinical skills required for her new role. She was assigned to the lead, seasoned NP for training. It wasn't long before the lead NP was having a difficult time teaching the new NP because the new NP was overly confident. The new NP didn't seem to ask questions. She would perform the required skill as if she knew everything she needed to know. When the seasoned NP checked behind her, her assessments or interventions would be incomplete.

The lead NP had to spend a great deal of time reviewing expectations, working to help Ms. Bossy realize she needed to ask more questions and be open to learning. Seems Ms. Bossy believed that asking questions was a sign of weakness. She had to overcome her belief to be able to work effectively. However, she always remained verbal and became even more bossy when given supervision!

All nursing leaders want nurses to have confidence in their skills and abilities. But as leaders, we must be able to recognize the character trait that leads to over-confidence. Over-confidence in nursing can lead to serious outcomes. Nurses should never be so confident that the fundamentals of nursing are skipped—like double-checking the medication to be administered and the proper dosage. No matter how many times a task is performed, how seasoned a nurse, mistakes can be made. No one should suffer bad consequences because we were too confident to check behind ourselves.

One of the most critical characteristics desired in nurses is the ability to listen, observe and assess situations accurately. Entering a situation with the mindset that we already know what is going on and have the situation in control frequently leads to more harm than good. Being overly confident cannot substitute for being adequately prepared. No matter how confident we are that we are ready to handle most situations, we should always be prepared for that one time when we will not be able to appropriately respond.

While we must be willing to put in the time and effort to build the appropriate level of confidence, we must also be willing to admit when we don't have all the knowledge and skills that may be required. Admitting when you need help is not a sign of weakness, but of humanness. In nursing, being honest about your skill level is paramount for ensuring patient safety and well-being. Others appreciate honesty in those situations and will more likely be available for assistance. Lastly, supervisors find it much simpler to deal with someone who asks questions and is open to learning versus someone who thinks they "know-it-all."

Let us all resolve to be self-aware—to be adequately prepared; confident, but humble—taking full-advantage of an improved education system that promotes seamless, academic progression to achieve higher levels of education and training. Let us strive to be able to perform when the pressures are on—strive to practice to the fullest extent of our education and training. As we go forward to convince the medical community that Nurses are full partners, with physicians and other health care professionals in redesigning health care in the US, be a "Lea," not "Christina."

¹Pallier, Gerry, et al. "The role of individual differences in the accuracy of confidence judgments." The Journal of General Psychology 129.3 (2002): 257+.

The South Carolina Nurse (ISSN 1046-7394) is published quarterly every January, April, July and October by the South Carolina Nurses Association, a constituent member of the American Nurses Association, 1821 Gadsden St., Columbia, SC 29201, (803) 252-4781, website: www.scnurses.org. Subscription fees: Members \$2 per year included in dues as a membership benefit, Institutional subscriptions, \$40 per year. Single copies \$10.

Readers: Send address changes to **South Carolina Nurses Association**, 1821 Gadsden St., Columbia, SC 29201.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. SCNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the South Carolina Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. SCNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of SCNA or those of the national or local associations.

The **South Carolina Nurse** is included in the listing of the Cumulative Index to Nursing and Allied Health Literature (CINHAL).

The **South Carolina Nurse** welcomes unsolicited manuscripts, which should be addressed to: Editor, **South Carolina Nurse**, 1821 Gadsden St., Columbia, SC 29201. It is the policy of the **South Carolina Nurse** to publish only those articles that are written by SCNA members. Articles will be considered for publication on condition that they are submitted solely to the **South Carolina Nurse**. Manuscripts should be typed with double spacing and submitted in triplicate, one original and two copies. Manuscripts on FAX paper will not be accepted, however, manuscripts may be emailed as attachments to info@scnurses.org. Manuscripts should not exceed five (5) typewritten pages. Acceptable writing format will be APA 5th edition style. The authors name, title, affiliation, and complete address and telephone number should be submitted on a separate sheet of paper. All Book Reviews should be limited to not more than 500 words.

All manuscripts will go through the classic peer review process. Each manuscript will be acknowledged. Following review by the editorial board, the author will be notified of acceptance or rejection. The editorial board reserves the right to edit manuscripts, book reviews, and other materials for clarity or to fit available space. It is not the policy of the **South Carolina Nurse** to provide monetary payment for articles, however, a complimentary copy of the journal will be sent to authors on publication.

2010-2011 Board of Directors

- President: Vicki Green
- Vice President: Connie Varn
- Treasurer: Alice Wyatt
- Secretary: Jessica Simpkins
- Commission Chair—Public
 - Policy/Legislation: Maggie Johnson
 - Commission Chair—Professional
 - Advocacy and Development: Rebecca Burrows
 - Commission Chair—
 - SCNA Chapters: Ellen Duncan
 - Director, Seat 1: Peggy Dulaney
 - Director, Seat 2: Cathy Mattingly
 - Director, Seat 3: Eva Marie Reynolds
 - Director, Seat 4: Heather Hyatt Dolan
 - APRN Chapter Chair
 - (BOD Ex-Officio): Ellen Riddle
 - Community/Public Health Chair
 - (BOD Ex-Officio): Susan Clark
 - Edisto Chapter Chair
 - (BOD Ex-Officio): Diane Bolin
 - Nurse Educator Chapter Chair
 - (BOD Ex-Officio): Sharon Beasley
 - Piedmont District Chapter Chair
 - (BOD Ex-Officio): Melissa Black
 - Psychiatric-Mental Health Chapter Chair
 - (BOD Ex-Officio): David Hodson
 - Women and Children's Health Chapter
 - Chair (BOD Ex-Officio): Lois Hasan
 - SNA-SC Representative
 - (Ex-Officio): Lydia Sprouse
 - SCNF President (Ex-Officio) Karen Brown
 - Executive Director and
 - Lobbyist: Judith Curfman Thompson
 - Assistant to the Executive Director: Rosie Robinson

Executive Director's Report

**Judith Curfman Thompson, IOM
Executive Director and Lobbyist**

It has been warm enough for the chameleons that live in the brick walls at SCNA bravely to peek out their heads and climb around on the grill work on the window in my office....it must be close to SPRING! YIPEE! I for one will be most glad to bid this very cold winter a quick and final "goodbye."

As May 6-12, 2011 approaches, Nurses Week for 2011, with the theme this year of "Nurses Trusted To Care." I have a whole new appreciation of the work that you, as nurses, do. Long story very short, my beloved husband took a very bad fall right before Christmas. The resulting events gave me more than an ample opportunity to observe nursing care in a first class emergency room, a first rate ICU, first rate care in subsequent stepping down units and finally in a rehabilitation facility. All of this care took place in a facility that is also associated with a medical school. This experience quickly brought home to me how minute by minute extraordinary nursing care can be. While not the way that my family and I had planned to spend the holiday season, it was a time of joy and caring that I had never experienced before, so, it was a good experience. It is largely due to the Registered Nurses that had the care of my husband from moment to moment that he is doing what he loves to do today and that is teaching a course at USC. Bones are still mending, muscles are being exercised, but all on an out-patient basis. Classes are being met, little by little the car is being driven (the accident did not improve my husband's dislike of driving, but, he can do it), the yard is being slowly brought into presentable shape.

So, to all of you, wherever you practice, a huge thank you for the small glimpse that I was privileged to have of the work that you perform every day in all the settings that need your special education, intelligence, and most of all touch and caring. You are truly to be trusted to care for all of us! ONWARD!



**Judith Curfman
Thompson**

You were represented

Judith Curfman Thompson, IOM

Since the Last *SC NURSE*, SCNA members have been represented at the following places:

- Meetings of member and lobbyists concerning the IOM report and planning future action in the arena of advanced practice nursing
- SC Public Health Institute meeting on Health Care Workforce
- Conference call with other Southeastern states on a variety of ANA issues
- State Board of Nursing meetings
- State Board of Nursing meeting of the Advanced Practice Committee
- Health Insurance Exchange meeting of SC Public Health Institute
- Meeting with healthcare economists
- ANA Board of Directors conference call
- ANA policy development conference call
- Meetings to facilitate planning for the 2011 convention
- Meeting with the new director of nursing of DHEC
- Meeting with the Director of the southern region of HHS, Anton Gunn, to discuss two programs available as part of the Affordable Care Act that need more information out to the public
- Conference Call with ANA CEO
- Daily, when in session, meetings of the SC General Assembly
- Conference calls with the SC Coalition for the Critically and Seriously Ill
- Meeting of lobbyists with other healthcare provider groups
- White House Conference Call about implementation of the Affordable Care Act in advance of release of press materials to the public
- Meeting of the American Nurses Association Constituent Assembly in St. Louis, MO
- Nursing Summit

News You Can Use

Affordable Care Act Bridge Funding

\$5 Billion dollars...yes, \$5 Billion dollars! That is the amount of money allocated in the Affordable Care Act (ACA) to serve as bridge funding for persons who have been denied healthcare insurance due to a PRE-EXISTING CONDITION.

You may know someone, a citizen of the US or a legal resident of the US, who has been without insurance for more than 6 months, and who is without insurance because of a pre-existing condition. This insurance coverage is for anyone that meets the criteria above and who has a letter of denial form from his/her insurance company.

Go to www.pcip.gov and click on SC to find out more about this exciting program. Share this information with your family, friends, neighbors, or patients that you know are struggling because of lack of insurance. This program is designed to bridge being without insurance until 2014 when that full ACA goes into effect.

Job Search Tips for the South Carolina Nurse

The SCNA Career Center experienced tremendous growth in 2010 with a 155% increase in registered employers and a 388% increase in new job postings. What does this mean for South Carolina RNs? More nursing jobs! We've compiled a few quick tips to help job seekers save time and make their job search more effective in 2011.

1. Don't Limit Your Job Search

Do not limit your job search to only national job websites. Take advantage of smaller niche websites, such as the SCNA Career Center, that focus exclusively on South Carolina nursing jobs. Employers who use the SCNA Career Center are looking for qualified nurses and want to reach SCNA members. *"I have had great success with the SCNA Career Center and have gotten qualified candidates with each ad. The representatives there are always easy to reach and go out of their way to help you. I would highly recommend the site to recruiters or hiring managers who are trying to find nurses,"* says Emily Nance, Recruiting Manager, for Living Well Health Solutions.

2. Keep Your Resume/CV Updated

You never know when opportunity will come knocking on your door. Whether you are actively searching for

a job or just keeping your options open, having an updated resume ready to go will help you respond quickly to employers. You can even post your resume (anonymously if preferred) on the SCNA Career Center website so employers can find you when they are searching for candidates.

3. Sign Up for Job Notifications

Rather than spending hours scouring the web for jobs, save time by creating job agents that send new job notifications to your inbox daily. On the SCNA Career Center, you can set up one or as many different job agents as you need, so you only get notified of the jobs you want.

4. Network with Your Peers

Word of mouth is one of the oldest marketing methods and it is still just as effective today. Take advantage of networking opportunities through the SCNA to make connections with potential employers and colleagues in the community.

5. Use a Professional Email Address

Nothing says, "Don't hire me! I'm unprofessional!" like a cutiepie123@gmail.com email address. Use a personal email address on your resume and when creating job seeker accounts, such as johndoe2@yahoo.com or something similar, that is professional, simple and easy for employers to remember.

The SCNA Career Center is free for job seekers and features open nursing positions across South Carolina and surrounding states, making it easy for members to find job opportunities. Access new jobs posted regularly and make the SCNA Career Center part of your job search tool kit for 2011. Visit www.scnurses.org/jobs to learn more.

South Carolina Nurses Association

The Care and Concern of SCNA...

Is expressed to Stephanie Burgess, Columbia, on the death of her father earlier this year and to Ellen Riddle, Lexington, on the death of her mother on March 12th.

Update on Scholarship

In 1995, the then Central Midlands District Nurses Association contributed \$11,000.00 to the University of South Carolina Educational Foundation to establish a scholarship for a nursing student. Since that time Scholarships have been awarded almost every year. This past year the award recipient was Kathrene Berger. Dr. Judith Alexander has been the USC contact for this fund. Thank you to Dr. Alexander for watching over this fund and to the members of former CMNA for their generosity to nurses of the future.

2011 Calendar

April 29	The Women's and Children's Health Chapter and AWHON State Workshop, Newberry Firehouse Conference Center, Newberry, SC
May 1	Bylaws Proposals Due to SCNA
May 1	Resolutions Due to SCNA
May 1	Nominations Due for SCNA Officers and Chapter Officers
May 20	SCNA Board Meeting
May 21	APRN Chapter Meeting
May 25	CE Approver Committee Application Submission Deadline
June 3	SCNA and SC Lateral Violence Task Force "Eliminating Disruptive Behavior: It Takes an Interdisciplinary Team," Columbia Conference Center, Columbia, SC
July 15	Chapter Advancement Fund Grant Request Deadline
July 27	CE Approver Committee Application Submission Deadline
August 26	SCNA Board Meeting
August 27	APRN Chapter Meeting
September 7	APRN Pre-Convention Event
September 8-10	SCNA State Convention
September 9	Annual Membership Meeting of SCNA
September 9	Annual Meeting of the SCNA Board
September 9	Annual Meetings of All SCNA Chapters
September 28	CE Approver Committee Application Submission Deadline
November 15	Chapter Advancement Fund Grant Request Deadline
November 21	CE Approver Committee Application Submission Deadline



Members



MEMBER INFORMATION

Return to: SCNA, 1821 Gadsden Street, Columbia, South Carolina, 29201

Name: _____

Current Title: _____ Credentials: _____

RN License #: _____ US Congress District: _____

Gender: _____ Ethnicity: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Home Email: _____

Employer: _____

Practice Area: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____

Work Email: _____

Education: (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D, Other Masters _____ Other Doctorate _____

Graduation Year: _____ SNA-SC Number: _____

List any past SCNA activities:

List any past Chapter activities:

ODD YEAR OFFICERS TO BE ELECTED

Vice President

Secretary

Commission Chair-Public Policy/Legislation

Commission Chair-Workforce Advocacy

Director Seat 2

Director Seat 3

EVEN YEAR OFFICERS TO BE ELECTED

President

Treasurer

Commission Chair-SCNA Chapters

Director Seat 1

Director Seat 4

SCNA Nomination Committee

ANA Delegate

COMMITTEES APPOINTED BY THE BOD

Awards Committee

Bylaws Committee

Convention Committee

Finance Committee

Reference Committee

SC Nurse Editorial Board

COMMISSION ON PUBLIC POLICY/ LEGISLATION

Legislative Committee

COMMISSION ON PROFESSIONAL ADVOCACY AND DEVELOPMENT

Continuing Education Approver Committee

Continuing Education Provider Committee

CE Offerings Committee

Environmental Health Committee

Professional Practice Advocacy Committee

Peer Assistance Program Committee

COMMISSION ON CHAPTERS

Advanced Practice Registered Nurse Chapter

Community and Public Health Chapter

Edisto (Clarendon, Calhoun, Orangeburg, and Bamberg Counties)

Nurse Educator Chapter

Piedmont (Spartanburg, Cherokee, Union, and York Counties)

Psychiatric/Mental Health Chapter

Women and Children's Health Chapter

CONSENT TO PARTICIPATE

I would like to be an active member of the following structural unit(s) above. Please number in order of preference if more than one unit is checked as an area of practice. I understand that all chapters are open to membership, and all committees are either appointed or elected as per the SCNA bylaws.

IF APPOINTED, I CONSENT-TO-PARTICIPATE ON ANY OF THE COMMITTEES/CHAPTERS INDICATED ABOVE. I REALIZE MY CONSENT INCLUDED THE OBLIGATION TO ATTEND THE MEETINGS AND PARTICIPATE ACTIVELY AS A COMMITTEE MEMBER.

Signature _____ Date _____

As of 11-2010



APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION * as of January 2011 new ANA cost of living increase

Last Name/First Name/Middle Initial _____ Basic School of Nursing _____

Street or PO Box _____ Home Phone _____ Graduation: Month and Year _____

City, State and Zip Code _____ Work Phone _____ RN License Number _____

Employer Name _____ Fax _____ State Licensed In _____

E-mail Address _____ Date of Original Licensure _____

MEMBERSHIP DUES INFORMATION

Membership Type (check one)

<p>Full Membership Dues (\$268.00)</p> <p><input type="checkbox"/> Full Time Employed</p> <p><input type="checkbox"/> Part Time Employed</p>	<p>Reduced Membership Dues (\$134.00)</p> <p><input type="checkbox"/> RNs Not Employed</p> <p><input type="checkbox"/> RNs in full time study until graduation</p> <p><input type="checkbox"/> Graduates of basic nursing programs for a first year of membership within 6 months following graduation;</p> <p><input type="checkbox"/> RNs 62 years of age or older who are not earning more than social security allows without a loss of social security payments</p>	<p>Special membership dues (\$67.00)</p> <p><input type="checkbox"/> 62 Years of age or over and not employed;</p> <p><input type="checkbox"/> Totally disabled</p> <p><input type="checkbox"/> Past NSNA/SNA-SC members for a first year of membership if membership is initiated within 6 months of licensure</p> <p>NSNA/SNA Member #: _____</p> <p>Date of original licensure: _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PAYMENT INFORMATION

Please check for choice of payment

Annual payment

By Check

By Credit Card

By Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize ANA to charge the credit card listed for the annual dues on or after the 1st day of the month when the annual renewal is due

Automatic Annual Credit Card Payment Authorization Signature

Monthly Payment

***E-Pay (monthly electronic payment)**

Checking:

Please enclose a check for the first month's payment of \$22.83—Full, \$11.67—Reduced or \$6.09—Special which will be drafted on or after the 15th day of each month using the account designated by the enclosed check. An annual service fee is included in the monthly payments.

Credit Card:

Please complete the credit card information and enter the monthly amount of \$22.83—Full, \$11.67—Reduced, or \$6.09—Special as your dues payment; this credit card will be debited on or after the 1st of each month. An annual service fee is included in the monthly payments.

Monthly Electronic Deduction Authorization Signature _____

*By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5.00 Fee for any returned drafts or charge backs.

Amount to Charge _____ Expiration Date _____

Account # _____

Card Holder's Name (as it appears on card) _____

Card Holder's Signature _____ Date _____

Mail application to: South Carolina Nurses Association
1821 Gadsden Street, Columbia, SC 29201

1/2011

Members

Members in the News:

Deborah Bridgeman has been a part of the Stroke Systems of Care Study Committee representing SCNA. The report that was required by the General Assembly was completed and submitted to the GA. Thanks, Deborah for all you wonderful work on this effort.

Gail Stuart, PhD, RN, FAAN, dean of the Medical University of South Carolina College of Nursing, was featured in the January 2011 Issue of *Advance for Nurses* for her work with the development of a mental health curriculum for healthcare professionals working in Monrovia, Liberia.

Patrick Hickey, DPH, MSN, RN will be the featured keynote speaker at the National Student Nurses Association Convention this month in Salt Lake City, Utah.

Gaye Douglas, Med, MSN, APRN-BC was featured as a Nurse Leader in the January/February 2011 issue of *The American Nurse* for her groundbreaking work in Florence County. Congratulations for the wonderful recognition of your terrific work!

Reminder for All Members of SCNA

Judith Curfman Thompson, IOM
Executive Director, SCNA

Membership in SCNA has very few "requirements." That said, there are a couple of requirements that are very important and with which all members must comply.

One of those requirements is having "been granted a license to practice as a registered nurse in at least one state, territory, or possession of the United States and does not have a license under suspension or revocation in any state, or is otherwise entitled by law to practice and whose renewal of membership shall be contingent upon the granting of licensure as a registered nurse." (ANA Bylaws, 2010, Article II Section 1. (b) (4) and SCNA Bylaws, 2010, Article III: Membership, Section 2. Qualification, (a) (1).)

This requirement is not new; it has been in place for many years.

So, why this article? During a reinstatement of a long time member whose membership had not been renewed when due, a usual check of the member's licensure status revealed that her license was not currently in an active status. This prompted a question from SCNA to ANA about what this means in accordance with both the ANA and SCNA Bylaws that currently exist. During the several months that the question was reviewed at ANA, the member's membership was renewed in good form and she is still a member. (As an aside, I have subsequently discovered that many of SCNA's peer organizations do not do the regular license check that needs to be done prior to accepting a member. Because it is important to protect the integrity of the membership, we shall continue to do what we have always done and do the license checks.)

Now, what? SCNA continues to be in touch with the ANA Bylaws Committee about this important national issue for all states and ANA. Many professional associations have a retired category that is not dependent on licensure...teachers come to mind most readily. To date the ANA Bylaw Committee seems to be fairly secure in its belief that membership is only for those entitled to practice, i.e. someone with an active license. Believe it or not some states have "Licensure for Life" categories! When suggestions for Bylaw changes are requested for the ANA House of Delegates meeting in 2012, SCNA will submit one that would create this new category for those who are not currently licensed, but, who could meet the criteria of a state to re-new a license if they so desired.

There are currently SCNA members who fit this category. What should they do? Just continue to do what you have done for your entire careers as registered nurses. If you desire to continue your membership, and believe me, you are valued members of our SCNA organization, please do so. There has to be a sensible and sane way to create a new category to honor your past service and continuing support of your professional organization.

ONWARD!

New and Returning SCNA Members

As of November 25-March 17

Elise Anglin
Cheryl Austin
Connie Battleson
Sonya Best
Trista Black
Faye Blaszk
Michael Blew
Mary Bogner
Diane Bolin
Rebecca Brennaman
Erica Brown
Wanda Brown
Brenda Byrd
Hope Campbell
Scott Carr
Sally Castle
Patricia Cathcart
Loxie Cauley
Laura Chapman
Amanda Chenault
Christy Cimineri
Rhonda Cooper
Jamie Cunningham
Patricia Derajts
Trish Dillard
Donna Dixon
Brenda Egan
Julie Eggert
Anacorita Ellisor-Walker
Donna Estes
Christy Evans
Jennifer Feltwell
Sherrel Fleming
Melonie Fleshman
Bonnie Fogle
Angela Garcia
Jill Garrison
Precious Goode
Wendy Graham
Staci Harris
Marcia Hayes
Meredith Heyde
Jennifer Hoffman
Ann Hollerbach
Heather Hyatt Dolan
Leigh Jacobs
Brenda James-Pitt
Kathryn Johnson
Theresa Jones
Pamela Karabin
Shawn Karn
Coleen Kennedy
Erin Kersey
Belena Killooy
Yon Kim

Piedmont, SC
Gaston, SC
Gaffney, SC
Columbia, SC
Washington, GA
Greenville, SC
Columbia, SC
Columbia, SC
Montmorenci, SC
Mt Pleasant, SC
Columbia, SC
Charleston, SC
Hodges, SC
Maumee, OH
Easley, SC
Easley, SC
Mount Pleasant, SC
Myrtle Beach, SC
Piedmont, SC
Greer, SC
Loris, SC
Blacksburg, SC
Columbia, SC
Seabrook Island, SC
Easley, SC
Bonneau, SC
Mt Pleasant, SC
Greer, SC
Simpsonville, SC
Lugoff, SC
Johnsonville, SC
Columbia, SC
Fountain Inn, SC
Greenville, SC
Norway, SC
Moncks Corner, SC
Simpsonville, SC
Moore, SC
Smoaks, SC
Fort Mill, SC
Greenville, SC
Simpsonville, SC
Pelzer, SC
Mt Pleasant, SC
Goose Creek, SC
Beaufort, SC
Columbia, SC
Florence, SC
Columbia, SC
Mauldin, SC
Conway, SC
Conway, SC
Lancaster, SC
Columbia, SC
Pineville, NC

Barbara Knab
Virginia Knight
Anita Korbe
Jonathan Lee
Kathy Lindsey
Sheila Loftis
Brian Lorimer
Sandra Lowe
Julie Mccoy
Meg Mccoy
Candyce Mcleod
Erin Mcnatt
Robin Michael
Theresa Mikouchi-Lopez
Laura Mitchell
Helen Mitchem
Emmi Mooney
Justin Morris
Annie Muller
Lillian Nicks
Leslie O'Neal
Diane Parker
Karen Patel
Fay Petrovitz
Theresa Prince
Rosanne Pruitt
Jayne Quinn
Brad Reeder
Jessica Rice
Joynelle Rivers
Christie Roeske
Andrea Saffer
Maureen Sanford
Karen Singleton
Patricia Smith
Jeffrey Smith
Angela Snowden
Paige Sprietsma
Ruth Stanton
Doreen Stubbs
Maria Suarez
Jason Thrift
Richard Torbik
Kim Weis
Evelyn Casey Williams
Rita Williams
Denise Williams
Mary Williams
Leslie Williams
Jane Wilton
Erin Blythe Winburn
Donna Wolff
Deborah Wood
Melissa Woods
Linda Zaepfel

Charleston, SC
Greer, SC
Summerville, SC
Columbia, SC
Spartanburg, SC
Iva, SC
Irmo, SC
Seneca, SC
Hodges, SC
Mount Pleasant, SC
Surfside Beach, SC
Gilbert, SC
Anderson, SC
Hilton Head Island, SC
Florence, SC
Greenville, SC
Greer, SC
Alcolu, SC
Florence, SC
Greer, SC
Columbia, SC
Spartanburg, SC
Mullins, SC
Mt Pleasant, SC
Gaston, SC
Clemson, SC
Isle Of Palms, SC
Taylors, SC
Gray Court, SC
Columbia, SC
Seneca, SC
Charleston, SC
Bluffton, SC
Beaufort, SC
Murrells Inlet, SC
Bluffton, SC
Hopkins, SC
Beaufort, SC
Spartanburg, SC
Camden, SC
North Myrtle Beach, SC
Williamston, SC
Greenville, SC
Mt Pleasant, SC
Greenville, SC
Starr, SC
Rock Hill, SC
Columbia, SC
Summerville, SC
Greenville, SC
Anderson, SC
Columbia, SC
Travelers Rest, SC
Anderson, SC
Chapin, SC

Join the South
Carolina Nurses
Association Today!



SCNA State Convention September 8-10, 2011. . .The Future: Let's Take the Guess Work Out of Nursing's Future



Chapters



Women & Children's Chapter

Debra Moynihan, WHNP-BC

Recently I attended a local Nurse Practitioner meeting in the Myrtle Beach area where a SC Department of Health and Environmental Control Nurse gave a presentation about a program called the Nurse-Family Partnership. It is an evidence-based, home visitation program that has model fidelity and delivers replicable outcomes. Although the program serves families in 31 states, currently it is only being offered in ten counties in South Carolina. Those counties are Anderson, Berkeley, Charleston, Colleton, Dorchester, Greenville, Horry, Lexington, Richland and Spartanburg. Hopefully, the program will expand to other counties in the future.



Debra Moynihan

The Nurse-Family Partnership Program has three major goals. The first goal is to **improve pregnancy outcomes**. This is achieved by encouraging women to seek adequate prenatal care, reducing or stopping their consumption of alcohol, cigarettes and drugs, and by educating them on proper nutrition. Once the patient has delivered, the second goal is to **improve child health and development**. Here the nurse helps to provide the necessary parenting skills to provide responsible and competent child care, which aids in enhancing their child's healthy growth and development, and reduces incidents of abuse and neglect. The third goal is to **improve the economic self-sufficiency of the family**. In addition to helping mothers minimize their use of social service programs in the future, this program also aids in building the patient's self esteem. The mother will be provided with information and assistance in finding ways to continue her education and develop job skills that will enable her to be a contributing member of her community.

The Nurse-Family Partnership is a national nonprofit organization that is based in Denver, Colorado. The National Service Office hopes to be of service to 100,000 low-income, first time mothers nationwide by the year 2019. The program, free-of-charge, is open to all first time mothers of low-income families and/or Medicaid or WIC recipients that live in an assigned service area. After introducing the program to the patient, she should be encouraged to enroll in the program as early as possible,

ideally by 16 weeks gestation. Early intervention will help to prepare the patient for the emotional, physical and social challenges she will encounter as she prepares for a healthy birth. Prenatal support is only the beginning of careful and strategic plan to assist the mother to succeed in parenting and personal growth.

In order to accomplish the stated goals, a registered nurse and the perspective mother make a two-and-a-half year commitment to each other. During this time frame, the nurse will plan approximately 95 visits with the mother. The first month will consist of weekly visits and then decrease to twice a month throughout the rest of the pregnancy. Once the mother has delivered, visits become weekly again for the six week post partum period. The remainder of the program will consist of twice a month visits until the child is 21 months and then monthly until the age of two. The program has set guidelines that are followed by the nurse to provide a comprehensive structure for working with families. Visits are to focus on personal and environmental health, family support, quality child care, maternal life course development, and health and human service utilization. Due to the number of visits and the intensity of the intervention, nurse home visit caseloads are capped at 25 families. This is to allow for accomplishment of the stated goals.

The Nurse-Family Partnership program has been around for quite some time. Three randomized controlled trials have been conducted since 1977 indicating effects of the program are improved prenatal health, fewer childhood injuries, improved school readiness, fewer subsequent pregnancies, increased intervals between births and an increase in maternal education and employment. For women completing the program, national outcomes have realized a 79 percent reduction in preterm delivery for women who smoke, 32 percent fewer pregnancies, with a greater interval between the first and subsequent births, a 48 percent decrease in child abuse and neglect, as well as, a 50 percent reduction in language delays in children age 21 months. Other positive outcomes that have been reported are: an increased commitment to breastfeeding through six months of age, a significant reduction in cigarette smoking during pregnancy, an increase in the number of high schools graduates, and an increase in employment of mothers who were engaged in the program.

Funding of this program is through a multitude of sources including local, state and federal funds. In South Carolina, leading support is through The Duke Endowment, SC DHEC, South Carolina First Steps to School Readiness, The Children's Trust of South Carolina, and the Blue Cross/Blue Shield of South Carolina Foundation. In addition, in 2010, Congress created the Maternal, Infant, and Early Childhood Home Visiting Program under the Patient Protection and Affordable Care Act, which provides grants to states for funding evidence-based home visiting programs like Nurse-Family Partnership.

As nurses, no matter what our discipline, we can all agree that enhanced prenatal care will produce positive outcomes for both mother and baby. Nurse-Family Partnership is committed to providing our patients with the tools necessary to attain these outcomes. I invite those interested in learning more about the program to visit www.nursefamilypartnership.org or to call your local DHEC office in the participating counties.

APRN Chapter

Consensus Model Update

Ellen Riddle, APRN
Chapter Chair

In June of 2008, ANA board of directors approved a Consensus Model for APRN practice that defines the roles, education, certification, and licensure of the advanced practice nurse. This model was the culmination of years of work by many health care providers through a consensus process and endorsed by 42 organizations.



Ellen Riddle

This model was endorsed by the National Council of State Boards of Nursing and recommends that all APRN's be licensed and governed by the same regulations throughout the United States. This would allow APRN's to be mobile and respond to the health care needs in the many underserved areas of our country, especially in times of crisis. They also recommend independent practice in all states. Currently APRN's practice independently in only 12 states and the District of Columbia.

In 2008, the Institute of Medicine (IOM) launched 2 year study to look at the future of nursing. The goal of this study was to identify the need to evaluate and change nursing. The IOM report was published in October, 2010 and recommends that nurses be encouraged to practice to fullest extent of their education. They also stress that nurses strive for the highest level of education possible and be seen as full partners with physicians and other health care professionals.

The passing of the Affordable Health Care Act made it very clear that advance practice registered nurses were a valuable asset that could offer excellent care to our populous. Under this act APRN's are identified as equal partners in health care.

For this model to be successful all states must be in agreement and all 50 state boards will have to come to consensus. A target date for implementation has been set for 2015.

When we opened the nurse practice act here in South Carolina several years ago, it took 2 years of preliminary work before we actually went to the legislature. If this model is going to be successful, all APRN's will need to be involved and support this cause. It will take a great deal of collegiality and a lot of nurse's working together for a common goal.

Fortunately, we are more politically savvy now. We have well-informed lobbyists' that keep us informed and provide valuable insight into the politics of health care in our state.

Recently Lisa Summers at ANA hosted an update on the progress of the model. The update was open to all states. It was very interesting. Some states still don't have any authority to write prescriptions for any controlled substances. Some still have to have a physician to co-sign all their charts and some have independent practice but are having a difficult time getting their legislators to agree to change their titles from APN to APRN.

If you are an APRN and are not familiar with the Consensus Model, you need to get on the band wagon. All the information you need is available on the ANA website at www.nursingworld.org. Click on the advance practice nurse link and familiarize yourself with this great piece of work that defines our future. There is also a link to ANA through the www.scnurses.org website.

If you are not a member of ANA/SCNA, this is the time to become involved. This is your future. This is your opportunity to work for increased patient-centered access to care for all citizens in South Carolina and our nation. If health care is truly to be changed for the better, we all need to be involved.

Chapters



Kathleen Bartholomew, National Expert, Coming to SC

By Peggy Dulaney, MSN, RN
Co-Chair SC Lateral Violence Task Force

On June 3, 2011, Kathleen Bartholomew, MN, RN, nationally known speaker and author of *Ending Nurse-to-Nurse Hostility* (Bartholomew, 2006) will be the keynote speaker at a conference sponsored by the South Carolina Lateral Violence Task Force, “**Eliminating Disruptive Behavior: It Takes an Interdisciplinary Team.**” Bartholomew was recently named by HealthLeaders Media as one of its annual “HealthLeaders 20” list of individuals who are changing health care for the better.

Bartholomew was the manager of a 57 bed surgical unit in Seattle when she recognized that creating a culture where staff felt a sense of belonging was critical to retention. After she implemented her own down-to-earth strategies, staff, patient and physician satisfaction all improved dramatically and even during a nursing shortage, there was always a list of nurses waiting to work on her unit. Now she takes these same ideas to nurses across the country and around the world as a much sought after speaker.

In addition to Bartholomew, there will be a panel discussion after lunch with an opportunity for the audience to ask questions. Panel members represent the interdisciplinary team that is necessary to create a positive, healthy work environment for the entire health care team. Panel members will be Susan Duggar, MSN, RN, Vice President of Nursing and Chief Nursing Officer, Spartanburg Regional Medical Center, Mary M. Martin, PhD, ARNP, FNAP, Assistant Professor of Nursing and Coordinator of Nursing Administration Major, Medical University of South Carolina, Angie Olawsky, RN, MPH, CPM, State Director of Nursing, SC Department of Health and Environmental Control, Shelly Rorie, RN, Director of Risk Management and Guest Services, Palmetto Health Richland, and Gayle Ford White, RN, MEd, SPHR, Human Resources, Greenville Hospital System.

The conference will be held at the Columbia Conference Center, 169 Laurelhurst Ave., Columbia, S.C. Registration begins at 8:30 with the program from 9:00 AM-3:30 PM.

The cost is \$75. Special arrangements have been made for the first 35 full-time students who register to attend for \$50. Lunch and breaks are included. To register, go to www.scnurses.org and look for the link to the conference. All registrations must be done online.

If your organization is interested in participating as a sponsor, several levels of sponsorship are available. Two levels include exhibit space, complimentary registrations and recognition in the conference program. Information on sponsorship is also available at www.scnurses.org.

Members of the South Carolina Lateral Violence Task Force are The South Carolina Nurses Association, The Center for Nursing Leadership at the University of South Carolina, Upstate AHEC, The SC Organization of Nurse Leaders, Greenville Hospital System, Palmetto Health, Spartanburg Regional Health System, Alpha Xi Chapter of Sigma Theta Tau, The Medical University of South Carolina, USC Upstate and Technical College of the Lowcountry representing the Deans and Directors and the Student Nurses Association of SC.

Continuing Nursing Contact Hour Information

This event is being co-provided by the SCNA and The SC Lateral Violence Task Force. Attendees of this one day workshop will be awarded 5 contact hours. Provision of this education activity by

SCNA does not imply endorsement by SCNA or ANCC of any commercial products displayed in conjunction with this activity. SCNA gratefully acknowledges the support of companies to support the presentations of speakers. Commercial support does not influence the design and scientific objectivity of any SCNA educational activity.

SCNA is an approved provider of continuing nursing education by The Vermont State Nurses' Association, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Reference: Bartholomew, K. (2006) *Ending Nurse-to-Nurse Hostility*. Marblehead, MA HCPro, Inc.

Psych/Mental Health Chapter Update

David Hodson, EdD, MS, APRN, BC,
Chapter Chair

Hello everyone and on behalf of the chapter, we are hopeful that the winter weather has past and we can move forward to the warmth of spring. We are fortunate here in South Carolina not to have to endure long protracted winters. The idea of having to be mindful of seasonal affective disorder is not as prevalent here as in other states, however, we should not let our guard down.

The tax season is upon us and with it comes emotional distress and those whom are vulnerable may find this time of year very “taxing,” pardon the pun. I did want to point out a very disturbing statistic that I have been made aware of via the South Carolina Department of Mental Health News Line that in Anderson County the suicide rate has increased dramatically, more than doubling from 2009 to 2010. According to the American Foundation for Suicide Prevention (AFSP) every 18 minutes someone commits suicide and every 19 minutes someone is left trying to make sense of it. It is those individuals and families that I think we tend to forget about and I want to champion for that group. Survivors of suicide feel a pain unlike any other and there is no recipe for putting one's life back together. I have learned that not all is lost however, and although time is not a cure, it is a saving grace. With the help of SCNA and the chapter members, we want to put forth an educational session related to survivors of suicide. We would like our membership to garner greater insight into dealing with suicide loss. We are planning for this activity to take place July 30th 2011 and schedule the program to start about 10am and be completed by about 2pm. We are very hopeful that the chapter membership and any other interested party would find this educational in-service worthy of taking the time to attend. So mark your calendars JULY 30th and hope that we see you there.

On another note I would like to take this opportunity to inform our SCNA members that there are many poignant activities afoot and for everyone to keep abreast of. First there is, the ongoing efforts by the State wide Lateral Violence task force who are working diligently on their next program which is scheduled for June 3rd, 2011. Additionally a white paper has come to surface on the role of Advanced Practice Registered Nurses in South Carolina presented by the Advanced Practice Committee of the SC Board of Nursing. Please take note of the white paper and the vision of the committee on advance practice in South Carolina.

So until we meet again, as they say in St Thomas, “have a great day.” David Hodson



David Hodson

The SC Lateral Violence Task Force

Invites you to Register now for the statewide conference:

Friday, June 3, 2011
8:30am - 4:00pm

*“Eliminating Disruptive Behavior:
It Takes an Interdisciplinary Team”*

Agenda

8:30-9:00: Registration
9:00-9:15: Welcome and Announcements
9:15-10:30: Plenary session:
“Eliminating Disruptive Behavior: It Takes an Interdisciplinary Team”
Kathleen Bartholomew, RN, MN
Expert on Hostility in the Workplace
10:30-10:50: Break
10:50-12:00: Plenary session continued
12:00-12:45: Lunch and networking
12:45-2:00: Panel Discussion; Moderator Kathleen Bartholomew
2:00-2:15: Break
2:15-3:15: Plenary session continued
3:15-3:30: Summary and evaluations

Columbia Conference Center
169 Laurelhurst Avenue
Columbia, SC 29210

Registration Costs: \$75; Fulltime students: \$50
To register go to www.scnurses.org
For further information call at 803-252-4781
Platinum Sponsor - SC AHEC

Is Lateral Violence Training Needed in Nursing School????

by Gloria Fowler, RN, MN, CNAA,
Director of Student Affairs, College of Nursing,
University of South Carolina

Nursing literature consistently identifies novice nurses as the most likely to experience lateral violence in the healthcare workforce. With that statistic in mind, faculty at USC decided to offer lateral violence workshops to senior students. Several faculty members attended the train-the-trainer program sponsored by the Upstate AHEC and training sessions with senior nursing students began in fall 2010. The focus was on identification of lateral violence and skills to address it should it occur. Multiple sessions of approximately 30 students per group were held utilizing the AHEC program *Lateral Violence among Nurses: Let's Get Rid of It*.

As part of the program, the students anonymously completed a Personal Experience of Workplace Violence survey. The sheets were collected and redistributed to others in the class. The questions were read out loud and

the students responded by raising their hands based on what the survey in front of them stated. The outcome was very impressive. Without exception, the student results mirrored the results of a survey of 900 nurses in the upstate who were the first to undergo the AHEC program. Approximately 90% of both student groups and nurses had witnessed lateral violence with 83% identifying themselves as a victim of lateral violence. Nonverbal innuendo was listed as the most frequent form of lateral violence. Novice nurses were the most frequent target and the most overwhelming and startling statistic was that lateral violence is typically ignored. One can extrapolate that the lack of action to stop the violence is why it has continued for so long.

The AHEC program has a board game, *Can We Talk?*, which is played at the end of the session to give participants practice responding to different situations of lateral violence using a format for effective feedback model:

Describe the situation (“When...happened,”) Explore or express your thoughts, feelings or concerns given the benefit of the doubt (“Was it your intent to...?”) Specify what you want them to do differently next time (“In the future, would you...?”) Consequence-state the positive consequence when they do as you ask (Bowers & Bowers, 2004) The program evaluations from the students showed high satisfaction with the program and most made statements that they would be better able to address issues of lateral violence as nurse.

So YES—Lateral violence awareness and training is needed for nursing students to stop it in the future.

References:

Bowers, S. & Bowers, G. (2004). *Asserting yourself: A practical guide to positive change*. MA: Da Capo Press
Information about lateral violence training materials is available at www.upstateahec.org.



PAPIN

Peer Assistance Program In Nursing (PAPIN)

Sylvia Whiting, Ph.D., APRN-BC
President, SC Board of Nursing

Although PAPIN has been in existence since 1982, many nurses have no idea about the reason for its existence. Peer assistance is a concept that can apply to many areas in the nursing profession, but in this instance, peer assistance has a specific purpose and design. It actually applies to a small percentage (2 percent in South Carolina) of nurses where assistance may mean the difference between life and death, employment or idleness, and self-esteem versus shame, isolation and despair. PAPIN has a very significant meaning, specifically for those who are attempting to make a comeback from addiction.

For one who has never experienced addiction, it is difficult to understand how a person can allow themselves to get into such a situation. There may be a tendency to proclaim a judgment and to think, "He/she should have known better that to get started with drugs in the first place." Or the addicted person may be seen as being weak or morally bankrupt. Some may consider the addicted person incapable of changing or improving and others may wonder why any attempt is made to restore such nurses to the profession at all. Finally, there are those who decry the fact that time and energy are spent on those they consider to be losers.

This article purports to explain the programs which exist to help when a nurse is either caught and reported to the Board of Nursing or seeks help independently. Until the year 2000 when the health-related professions under Labor, Licensing and Regulation (LLR) found themselves forced to deal with the increasing problem of drug diversion and addiction, individual professionals were solely assisted through their professional organizations.

This is why PAPIN was begun in 1982. Ultimately, the Recovering Professionals Program (RPP) was formed to provide a monitoring program and assigned the responsibility of managing the appropriate treatment of professionals who are referred there. Such referrals may be voluntary or may be required by action of the licensing board. Among the recommendations made by RPP may be a referral for the nurse to attend a PAPIN support group if there is one available near his/her home. The PAPIN support groups enable the nurse to experience the support and encouragement of other recovering nurses who can identify with the experience of recovery and reintegration to practice.

The last edition of the *SC Nurse* (Winter, 2011) provided the resolution passed at the SCNA Annual Meeting which described the basic role and function of PAPIN and recognized Kathryn Pearson for providing leadership for PAPIN since its inception in 1982.

South Carolina nurses are most fortunate to have the services that come through LLR and the Board of Nursing, RPP and PAPIN. If there are any nurses needing the services described above, voluntary enrollment and participation in RPP will prevent exposure to the Board of Nursing, since these services are strictly confidential. There is no need to suffer in silence and alone. PAPIN is there to help with support and compassion. For more information about PAPIN, call SCNA (803-252-4781) or for information about RPP, call 1-877-349-2094 (24 hour hotline).

Reference:

Psychiatric Mental Health Chapter. (2011). Resolution passed for peer assistance program in nursing (PAPIN), *South Carolina Nurse*, vol. XVIII (no. 1).



A Recovering Addict's Journey

Submitted by an anonymous nurse
via the PAPIN Steering Committee

I am a recovering addict. I am writing to share my experience with you, to let you know that you are not alone, and to offer hope. My addiction began early in my teenage years when I began experimenting with drugs and alcohol without the foresight that it would lead to addiction.

I struggled with drug (cocaine) and alcohol use. It impacted my relationships at work and at home. I was in school to obtain my RN, but I struggled. My family intervened and I attended a 12 Step Program (never worked the steps) along with outpatient counseling. Although, cocaine was no longer being used, alcohol consumption continued.

There were so many things occurring in my life. To the outside world, it looked like I had it together. However, I felt unloved and unlovable. I thought a relationship would fix me and I soon found one. I entered into a relationship where drugs and alcohol were the norm. I mistakenly believed that being around drugs and alcohol would not cause a problem, but soon I was smoking crack and using cocaine intravenously. Throughout this time, I continued to work. I was working and using, but couldn't keep it up. I sought out help and eventually was treated at a 90 Day Program.

Once again, I returned to and completed rehab. I returned to work. However, it not long before I started using again. This time it was worse than before. I would not eat or sleep. My addiction was out of control and consequently my job was terminated. One of the strangest events occurred as a result of the termination. Relief was felt because there was no longer accountability for a job. I could use and abuse without any additional consequences, at least I thought. I lost my family. Yet, this was not enough to cause me to stop using. My addiction was so powerful that I couldn't choose between stopping and keeping my family which resulted in me losing everything.

I relapsed multiple times in my recovery. Fortunately, I was eventually able to find a program that worked for me. This program taught me so much about myself and addiction.

I was introduced to the Recovery Professional Program (RPP) earlier in one of my many attempts to quit. Initially, success was not met with RPP. At one point, I dropped out of RPP. When I finally got my life together and had two years sober, I returned to RPP where assistance was obtained with beginning my nursing career again and recommendations made to attend a PAPIN support group. Our PAPIN support group met and still continues to meet weekly, providing support, and encouragement to each other. We discuss issues related to returning to nursing as well as issues in recovery. I have been able to watch others grow in their personal recovery as well as continue to grow. It has been a blessing to me.



BUPRENORPHINE POLICY STATEMENT

Buprenorphine is a Schedule III opiate approved for short-term use during detoxification from opiate addiction. However, as an opiate, buprenorphine, like methadone, is not acceptable for long term use by practicing healthcare professionals licensed in this state. Therefore, licensed healthcare professionals in this state under monitoring with the RPP who are placed on buprenorphine maintenance programs may not be authorized to return to practice until such time as they achieve abstinence from all mood-altering substances, including buprenorphine.

National Nurses Week History

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

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

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

A Brief History of National Nurses Week

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

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

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

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

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

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

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

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

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

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

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



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

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



Celebrate National Women's Health Week: May 8-14, 2011

The 12th annual National Women's Health Week (NWHW) will kick off on Mother's Day, May 8, and will be celebrated until May 14, with the theme "It's Your Time." NWHW brings together communities, businesses, government, health organizations, and other groups in an effort to promote women's health. The weeklong health observance empowers women across the country to make their health a top priority and take simple steps for a longer, healthier and happier life.

Nurses and nurse practitioners are on the front lines of women's health, and have the opportunity educate women every day on prevention and the screenings they need to stay healthy and prevent disease. There are several ways you can help celebrate National Women's Health Week, including: encouraging women in your community to visit their doctor or health care professional, holding a free screening or health event at your clinic, listing your activity on <http://www.womenshealth.gov/whw> and ordering free educational materials, disseminating women's health information or having a health display in your facilities. For more information or promotional materials, or to register your activities, please go to <http://www.womenshealth.gov/whw> or contact Maggie Naples at mnaples@hagersharp.com.



South Carolina Board of Nursing



Official Information

MISSION OF THE BOARD OF NURSING

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

BOARD VACANCIES

There are currently four vacancies on the South Carolina Board of Nursing. Members serve terms of four years and until their successors are appointed and qualify. Board members must be appointed by the Governor with the advice and consent of the Senate.

Pursuant to Section 40-33-10(A) of the Nurse Practice Act, when appointing members to the Board of Nursing, the Governor will give consideration to include a diverse representation of principal areas of nursing not limited to hospital, acute care, advanced practice, community health and nursing education. Registered nurse and licensed practical nurse members must be licensed in South Carolina, must be employed in nursing, must have at least three years of practice in their respective professions immediately preceding their appointment and must reside in the district they represent. If you are not sure of your congressional district, you may check your district at www.scvotes.org/check_your_voter_registration.

There is a vacancy on the Board of Nursing for a registered nurse representative from Congressional District 4 as well as two vacancies for licensed practical nurse representatives from Regions I and II. Region I includes Congressional Districts 1, 2 and 3. Region II includes Congressional Districts 4, 5 and 6. There is also a vacancy for a lay member. Lay members represent the public at large as consumers of nursing services and may not be licensed or employed as a health care provider. No board member may serve as an officer of a professional health-related state association.

An individual, group or association may nominate qualified persons and submit written requests to the Governor's Office for consideration and appointment to the Board of Nursing. If you or someone you know is interested in one of these Board of Nursing positions, a letter of request, along with a resume or curriculum vitae, should be submitted to Boards and Commissions, Governor's Office, Post Office Box 11829, Columbia, SC 29211.

Required Written Protocols—Advanced Practice Registered Nurse & Certified Registered Nurse Anesthetist

An APRN is a registered nurse prepared for an advanced practice registered nursing role by virtue of additional knowledge and skills gained through an advanced formal education program of nursing in a specialty area that is approved by the Board. The categories of APRN are nurse practitioner (NP), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA).

An APRN may perform delegated medical acts pursuant to approved, written protocols which are established between the APRN and supervising physician and must be established prior to practice.

An NP, CNM, or CNS may perform delegated medical acts pursuant to approved written protocol between the nurse and the physician and must include, but is not limited to the following:

- (a) general information:
 - (i) name, address and South Carolina license number of the nurse;
 - (ii) name, address and South Carolina license number of the physician;
 - (iii) nature of practice and practice locations of the nurse and physician;
 - (iv) date the protocol was developed and dates the protocol was reviewed and amended;
 - (v) description of how consultation with the physician

is provided and provision for backup consultation in the physician's absence;

- (b) this information for delegated medical acts: (i) the medical conditions for which therapies may be initiated, continued or modified; (ii) the treatments that may be initiated, continued or modified; (iii) the drug therapies that may be prescribed; (iv) situations that require direct evaluation by or referral to the physician.

The CRNA must practice pursuant to approved written guidelines developed with the supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted and must include, but is not limited to the following:

- (a) general information:
 - (i) name, address and South Carolina license number of the registered nurse;
 - (ii) name, address and South Carolina license number of the supervising physician, dentist or the physician director of anesthesia services or the medical director of the facility;
 - (iii) dates the guidelines were developed, and dates the guidelines were reviewed and amended;
 - (iv) physical address of the primary practice and any additional practice sites;
- (b) these requirements for providing anesthesia services:
 - (i) documentation of clinical privileges in the institutions where anesthesia services are provided, if applicable;
 - (ii) copy of job description;
 - (iii) policies and procedures that outline the pre-anesthesia evaluation, induction, intra-operative maintenance and emergence from anesthesia;
 - (iv) evidence of outcome evaluation for anesthesia services.

Please also note that the original protocol and any amendments to the protocol must be reviewed at least annually and signed and dated by the nurse and the physician. If the licensee changes practice settings or physicians, the licensee is to notify the Board of the change within 15 business days and provide verification of approved written protocols. Also, licensees who discontinue their practices must notify the Board within 15 business days. The Change of Practice form may be found on the Board's website at <http://www.llr.state.sc.us/POL/Nursing/>, Applications/Forms, Advanced Practice Registered Nurse (APRN), Notification of Change of Practice. You will find more information on our website under Laws/Policies, Nurse Practice Act, Chapter 33, please see Section 40-33-34. Performance of delegated medical acts; qualifications; protocols; prescriptive authorization; anesthesia care.

Practice of Nursing in South Carolina

The South Carolina Nurse Practice Act defines the "practice of nursing" as *"the provision of services for compensation, except as provided in this chapter, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care. Nursing practice occurs in the state in which the recipient of nursing services is located at the time nursing services are provided."*

There are many diverse areas of nursing practice, which include the traditional clinical setting and non-traditional practice settings. In order to practice nursing in South Carolina, one must have an active nursing license. An active license is defined as the status of a license that has been renewed for the current period and authorizes the licensee to practice nursing in this State.

The Nurse Practice Act defines orientation as *"any introductory instruction into a new practice environment or employment situation where being a nurse is a requirement of employment or where the individual uses any title or abbreviation indicating that the individual is a nurse. Orientation is considered the practice of nursing in this State."*

For additional information, please visit the Board's website at <http://www.llr.state.sc.us/POL/Nursing/>, Laws/Policies, Nurse Practice Act, Chapter 33.

Can You See Me Now?

Technology is a wonderful thing . . . when it works! On December 8th a group of nurses met in a classroom in Walterboro and were able to "see" the Board of Nursing Administrator, Joan Bainer, as she sat in her office in Columbia. Technology called "video-teleconferencing" allowed the audience to see the speaker and slides on a 52-inch screen in High Definition. At the same time, the speaker was able to see the audience as she addressed current legal issues applicable to nurses in the state. This interactive format was especially helpful when it came time for questions and answers since nurses were able to ask questions specific to their practice and receive a response in real-time.

Yes, technology is a wonderful thing and hopefully we'll be "seeing" you soon.

HAVE YOU MOVED?

Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. So you do not miss important time sensitive information, such as your courtesy renewal notice, audit notice or other important licensure information, be sure to notify the Board immediately whenever you change addresses. Failure to notify the Board of an address change may result in a public reprimand and \$500 civil penalty. You may change your address on-line utilizing the address change form under Online Services found on the Board's Web site: www.llr.state.sc.us/pol/nursing/.

Please Note: Changing your address with the South Carolina Nurses Association (SCNA) does not change your address on your licensing records with the South Carolina Board of Nursing.

TOOLS OF THE TRADE

When was the last time you visited the Board's Web site? The Board recommends that *all* nurses visit its website (www.llr.state.sc.us/pol/nursing/) at least monthly for up-to-date information on nursing licensure in South Carolina. When a new advisory opinion is issued or a current advisory opinion revised, it is updated on the website after Board approval. The Competency Requirement, Competency Requirement Criteria, Licensure information, Advisory Opinions, Position Statements, and the Nurse Practice Act are just a few of the valuable tools and information you will find on the website.

The Advisory Opinions, Position Statements and the Nurse Practice Act are located under Laws/Policies. The Competency Requirement and Competency Requirement Criteria, which includes continuing education contact hours, are located under Licensure.

The Board hopes you will find this information useful in your nursing practice.

RETURNED CHECKS

When submitting any fees to the Board of Nursing, please be certain there are sufficient funds in your account to cover your check and that the check has cleared before closing any account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license shall be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of license fees. Section 40-33-38 (C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of any address change. When a check is returned, replacement funds plus the returned check fee allowed by law will be charged.

BOARD MEMBERS

Sylvia A. Whiting, PhD, APRN-BC, Congressional District 1—President

Rose Kearney-Nunnery, RN, PhD, CNE, Congressional District 2—Vice-President

LLR Continued on page 13



State Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing Official Information

LLR Continued from page 12

Carrie H. James, RN, MSN, CNA-BC, CCE,
Congressional District 6—*Secretary*
C. Lynn Lewis, RN, EdD, MHS, Congressional District
3

Brenda Y. Martin, RNC, MN, CNA, Congressional
District 5
Trey Pennington, Public Member

Vacancies: [See Section 40-33-10(A) of the
Nurse Practice Act]

Registered Nurse—Congressional District 4
Licensed Practical Nurse—Region I (Congressional
Districts 1, 2, & 3)
Licensed Practical Nurse—Region II (Congressional
Districts 3, 4 & 5)
One Public Member

S.C. BOARD OF NURSING CONTACT INFORMATION:

*(Questions prior to Submission of License Application as
well as Education & Practice)*

Main Telephone Line (803) 896-4550
Fax Line (803) 896-4515
General Email Nurseboard@llr.sc.gov
Website www.llr.state.sc.us/pol/nursing/

The Board of Nursing is located at Synergy Business
Park, Kingstree Building, 110 Centerview Drive, Suite
202, Columbia, SC 29210. Directions to our office can
be found on our website—www.llronline.com Our mailing
address is LLR—Office of Board Services—SC State
Board of Nursing, Post Office Box 12367, Columbia, SC
29211-2367.

Applications and license related correspondence
should be sent directly to the Office of Licensure and
Compliance (OLC).

Our normal agency business hours are 8:30 a.m. to
5:00 p.m., Monday through Friday. Our offices are closed
for holidays designated by the State.

Administration

Joan K. Bainer, Administrator bainerj@scdllr.com
Dottie M. Buchanan, Assistant to
Administrator dbuchana@scdllr.com

Nursing Education

Nancy G. Murphy,
Nurse Consultant murphyn@scdllr.com

Nursing Practice / Advanced Practice

Birddie Felkel, Nurse Consultant felkelb@scdllr.com

OFFICE OF LICENSURE AND COMPLIANCE (OLC)

CONTACT INFORMATION:

*(Questions on Compliance, Discipline, Monitoring,
Submitted Licensure Applications)*
Main Telephone Line (803) 896-4550
Fax Line (803) 896-4525

OLC is located at Synergy Business Park, Kingstree
Building, 110 Centerview Drive, Suite 306, Columbia,
SC 29210. Walk-in applications [Advanced Practice,
Endorsement & Reactivation/Reinstatement] are
processed Monday-Friday between the hours of 9:00
A.M.-12:00 P.M. and 1:30 P.M.-4:00 P.M.

OLC Mailing address: LLR—Office of Licensure &
Compliance, Post Office Box 12517, Columbia, SC 29211.

Office of General Counsel

Main Telephone Line (803) 896-4470

Office of Investigations and Enforcement

Main Telephone Line (803) 896-4470

VISIT US ON OUR WEB SITE:

www.llr.state.sc.us/pol/nursing/

The Board of Nursing Web site contains the Nurse
Practice Act (Chapter 33) /Regulations (Chapter 91),
Compact Information, Advisory Opinions, Licensure
applications, Continued Competency Requirements,
Application Status, Licensee Lookup, Disciplinary
Actions, and other helpful information. All nurses are
encouraged to visit the Web site at least monthly for up-
to-date information.

**Board of Nursing Meeting Calendar
for Remainder of 2011**

(Agendas are posted at on Web site 24 hours prior
meeting.)

Board Meeting	05/19-20/2011
Board Meeting	07/28-29/2011
Board Meeting	09/29-30/2011
Board Meeting	11/17-18/2011

APC Meeting	05/06/2011
APC Meeting	08/12/2011
APC Meeting	11/04/2011

ACON Meeting	04/19/2011
ACON Meeting	06/21/2011
ACON Meeting	08/30/2011
ACON Meeting	10/18/2011
ACON Meeting	12/06/2011

NPSC Meeting	04/14/2011
NPSC Meeting	07/14/2011
NPSC Meeting	10/13/2011

Designated State Holidays For Remainder of 2011

Confederate Memorial Day	May 10
National Memorial Day	May 30
Independence Day	July 4
Labor Day	September 5
Veterans Day	November 11
Thanksgiving Day/ Day After Thanksgiving	November 24-25
Christmas Eve	December 23 (<i>Observance</i>)
Christmas Day	December 26 (<i>Observance</i>)
Day After Christmas	December 27 (<i>Observance</i>)



American Nurses Association

New Resource to Help Consumers Navigate Health Care Law—HealthCareandYou.org

Coalition of Consumers, Patients, Health Care Professionals Launches New Website to Educate Consumers in All 50 States

Washington, D.C.— A coalition of some of the nation's most trusted organizations representing consumers, patients, physicians, nurses, hospitals and pharmacists today launched a new comprehensive online resource—HealthCareandYou.org—to give Americans easy-to-understand information about the health care law so they can make informed health care decisions for themselves and their families.

The Health Care and You Coalition is made up of eight organizations:

- AARP
- American Academy of Family Physicians (AAFP)
- American Cancer Society Cancer Action Network (ACS CAN)
- American College of Physicians (ACP)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- Catholic Health Association (CHA)
- National Community Pharmacists Association (NCPA)

“This effort is designed to provide simple, straightforward information about the health care law,” said Nancy LeaMond, Executive Vice President of AARP. “Some of the most important decisions Americans face center around keeping themselves and their families healthy and secure, so we are pleased to join some of the country's leading consumer and health care organizations in this effort to help Americans of all ages get reliable information they need.”

“HealthCareandYou.org is a critical resource for patients to quickly access valuable information about the health care law and how it affects them,” said Cecil B. Wilson, M.D., President of the AMA. “Our physician members look forward to working with our coalition partners to make this important information available to Americans.”

The website will provide tailored information for users, including what provisions of the Affordable Care Act are in effect now and those scheduled to take place in the future. The content on HealthCareandYou.org will reflect

any updates to the law made at the federal or state level.

“Key provisions of the law have the potential to help millions of Americans with cancer or at risk for cancer to access lifesaving care, but first they need to understand what the law means for them,” said

Christopher W. Hansen, President of ACS CAN. “HealthCareandYou.org is an essential tool that will inform families struggling with cancer about new coverage options, patient protections and no-cost preventive services such as mammograms and colonoscopies.”

AAFP President Roland Goertz, M.D., MBA, FAAFP, said that HealthCareandYou.org is another resource for family physicians. “Our patients often look to family physicians for more than just a diagnosis and a prescription,” Goertz said. “By teaming up with our colleagues in the coalition, we offer a valuable resource that doctors can share with patients.”

Karen Daley, PhD, MPH, RN, FAAN, president of ANA said that HealthCareandYou.org can help patients make informed decisions about their health care. “An informed patient is an empowered one. This new website provides information in a clear, simple format that will help nurses and other health care professionals explain the benefits of the law to their patients.”

The website includes up-to-date facts about the law, including a timeline of when provisions take effect, and a state-by-state listing of health coverage options that are available to consumers.

“Everyone deserves access to quality, affordable health care. It is important for patients and families to understand the health care law and how it may affect them,” said Sister Carol Keehan, DC, president and CEO of CHA. “HealthCareandYou.org helps explain it, and features stories of Americans who are already benefiting from the



law.”

The website also features information tailored to consumers of all ages and circumstances, including older Americans, small business owners, and health care professionals.

“Educating consumers is one of the most important things we can do to help bring high-value, cost-conscious health care to Americans,” said J. Fred Ralston, Jr., M.D., FACP, President of ACP. “HealthCareandYou.org can be a trusted resource for our physicians on the front lines of improving America's health care system to share with their patients.”

Additional information on the website includes video content and, in the future, a planned chat feature that will allow users to ask members of the Health Care and You Coalition questions about the law.

“As highly accessible providers, community pharmacists across the nation are helping patients navigate changes in the Medicare Part D ‘doughnut hole’ and other provisions in the new law,” said Kathleen Jaeger, CEO of NCPA. “The website will serve as a resource for pharmacists and will help their patients find the information they need.”

The Health Care and You Coalition will continuously update HealthCareandYou.org as the law is implemented and changes take effect. The member groups each will be engaging in sustained efforts to make consumers, patients and health care across the country aware of the site. The groups also will continue to educate Americans about the health care law through state-level outreach to their members, presentations at regional and local events and other ongoing activities.

For more information, follow the coalition on Twitter @HCandYou.

American Nurses Association

South Carolina Nurses Foundation

New ANA Publications

Code of Ethics for Nurses with Interpretive Statements
ISBN 9781558101760 List \$18.95 / Member \$15.95
NDNQI Case Studies in Nursing Quality Improvement
ISBN 9781558103054 List \$39.95 / Member \$31.95

~~~~~

**Ellen Swartwout**, MSN, RN, NEA-BC, GCDF, has been appointed as the Director of Certification for ANCC.

~~~~~

Wylecia Wiggs Harris has been appointed as its first Chief of Staff/Special Projects of the American Nurses Association.

~~~~~

**Karen Drenkard**, PhD, RN, NEA-BC, FAAN, has been appointed as the new Executive Director of ANCC.



## ANA Immunize

The *Bringing Immunity to Every Community* initiative is a two-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) to promote immunizations among nurses and their surrounding communities. Nurses have an important stake in helping to promote immunizations, both by being vaccinated to protect their families, contacts, and patient populations, but also by advocating for vaccination and striving to break down the barriers to a fully-vaccinated American population. As the country's only full-service professional organization representing the country's estimated 3.1 million registered nurses, the **American Nurses Association** and the **American Nurses Foundation** (ANA/ANF), has a long history of leading and participating in health promotion activities, and nursing itself is grounded in education and action to prevent disease and enhance wellness.

## April 2011 Update

South Carolina Nurses Foundation Board of Trustees welcomes newly elected officers and members, Ann Lee-President, Kelly Pabst-Vice President, Bernice Daugherty- Secretary, and Debbie Herman-Treasurer. New members to the board are: Barbara (Rossa) Knabb, Cathy Mattingly, Jada Quinn, Pat Macaruso, and Laura Mitchell. Returning members of the board of trustees are: Stanley Harris, Virginia Ard, Iona Graham, Cheryl Bullard, Ann Alexander, and Eleanor Rogers.

In 2011 the South Carolina Nurses Foundation will award a total of fifteen Nurses Care Scholarships in the amount of \$1500.00 each. Ten (10) will be awarded to undergraduate nursing students and five (5) to RNs pursuing a Master's Degree. Applicants must be a current resident of South Carolina and enrolled in nursing courses.

Copies of the award criteria, application form, and recommendation form are found on the SCNF website at [www.scnursesfoundation.org](http://www.scnursesfoundation.org). The postmark deadline for receiving the application is May 31, 2011. All applications, with recommendation forms included, should be mailed to Ann C. Alexander, MN, APRN, BC, Scholarship Committee Chair, 180 Morgan Drive, Lexington, SC 29072.

These scholarships are made possible through the proceeds received by the SCNF from the sale of Nurses Care license plates. Recipients will be notified in September 2011.