



## President's Address

*Rebecca Nichols, RN, MSN, CCNS*

I hope that many of you were able to attend the annual convention at Yankton this year. Change was the predominant theme of the conference and so appropriate in the world that we are living in today. Our ANA president, Karen Daley, PhD, MPH, RN, FAAN talked about changes in creating safer work environments that ANA has championed. She also reminded attendees that unless we engage ourselves in part of change, than the very real possibility exists that we may also lose the gains that we have made in nursing to this point. The conference provided opportunities to learn from engaging speakers, fun and networking, and lifted and reignited the spirit. I know that I personally felt more motivated upon returning to work on Tuesday and hope to remain optimistic and engaged in change at the local level.



**Becky Nichols**

*President's Message continued on page 2*

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## SDNF Corner

### A Faith Walk Providing Hope and Courage

*by Mary Claire May  
SDNF Board Public Member*

"Faith is taking the first step even when you don't see the whole staircase" (Martin Luther King, Jr.) has been Michelle McGregor's guiding principle for a number of years. Her exceptionally personal decision to become a nurse was made when her younger brother lost his 10-year battle with leukemia at age 19. The gentle, compassionate, and respectfully kind nurses who cared for him and her family "provided hope and courage when there was only despair and apprehension. I knew that I was given a gift through these experiences and I wanted to provide the same comfort, strength, and compassion to others," remarks Michelle, the first recipient of the South Dakota Nurses Foundation Rita H. Walsh Scholarship in 2010.

Thus began Ms. McGregor's 15-year career as an RN. She graduated with an AD in nursing from Dakota Wesleyan University and received a BS in nursing from South Dakota State University (SDSU). She is currently completing a master of science in nursing with a specialization in nurse administration degree from SDSU.

She has worked as an acute care and ambulatory bedside nurse. In addition she has practiced as a specialized procedure nurse, a performance consultant, a clinic manager, and a clinical nurse educator.

Finding a passion for educating others and sharing the wisdom found in the nursing practice, Ms. McGregor serves as the Director of Clinical Onboarding at the Sanford Health Center for Learning. She and other highly skilled Clinical Nurse Educators oversee and coordinate the foundational learning activities within the clinical orientation curriculum that supports those newly hired transition into practice for acute and ambulatory care.

"Over the last year, we have been working towards expanding the clinical orientation curriculum for nursing and other interdisciplinary team members by implementing clinical simulation scenarios and interdisciplinary team concepts." Her day-to-day responsibilities include the development of initial clinical competencies, coordination of the orientation curriculum and secondary curriculum schedule, as well as the execution of quality improvement and organizational strategies related to workforce development and learning priorities.

Michelle, anticipating her continued leadership role as an educator interjects, "The MSN program



prepared me for my role and strengthened my academic foundation and expertise. I truly enjoy learning and applying my knowledge in the many projects I lead and appreciate having the opportunity to be involved in many innovative initiatives."

Currently residing in Tea, SD with husband, Jeremy, and their two sons, Carter (9), and Noah (5), Ms. McGregor delights in family summer bike riding, camping and fishing excursions at local lakes and winter snow skiing. "My husband and I have especially enjoyed watching the two boys grow and get more involved in sporting and church activities," adds Michelle, who also teaches kindergarten bible study.

Walking and reflecting on the day replenishes Michelle's energies. "I have a great support system in my family and friends. Spending time with them renews my spirit and offers a new perspective. I try to make time each day to appreciate the gifts that I have been given."

Ms. McGregor advises persons to apply for scholarships. "The Rita H. Walsh scholarship has helped me reach my goal of achieving a MSN degree." She concludes, "The nursing practice offers endless opportunities so I encourage all nurses to explore and uncover their personal passion in nursing, learn more about it, and become involved."

**Join SDNA Today!**  
**Application on page 9**



# SDNA Annual Convention

## SDNA Hosts Annual Convention and Honors South Dakota Nurses

The South Dakota Nurses Association (SDNA) recognized nurses from across the state at its 2011 Annual Convention in Yankton on October 2nd and 3rd. The following nurses were recognized for their exceptional service, dedication, and contributions to the nursing profession:

**Rookie of the Year Award**—Judy Winther, Aberdeen  
**Distinguished Service Award**—Karen Wolter, Groton  
**Nursing Practice Award**—Linda Erlenbusch, Aberdeen

**Pioneer in Nursing Award**—Esther Preszler, Roscoe  
**President's Award**—Carman Timmerman, Rapid City  
**Nurse Educator Award**—Sister Corinne Lemmer, Yankton

Each SDNA district also honored one nurse for his or her contributions to the SDNA and the nursing profession.

**District 1-3**—Christina Erickson, Rapid City  
**District 4**—Monica Karpinske, Aberdeen  
**District 5-7**—Dianne Sandhoff, Parkston  
**District 8 & 9**—Paula Carson, Brookings  
**District 10**—Robyn Tyler, Sioux Falls  
**District 11**—Sister Kathryn Burt, Yankton

The goal of the SDNA Annual Convention is to offer a forum for nurses to gain knowledge about clinical care, leadership, and professional practice issues and to build professional relationships. Special guest included the American Nurses Association President, Karen Daley.

## 2011 Convention Report

*Sister Kathy Burt, Convention Co Chair*

A huge thank you to everyone who attended the Annual Convention "Rowing on the River of Change" in Yankton this year. The convention began with a keynote address from Karen Daley, the ANA President. Karen shared the recent changes that are being made in ANA to help better nurses to face the changes that will be coming our way. Karen provided an energetic positive outlook on how nurses of today and tomorrow will be making significant contributions to the ever changing health care field.

The Keynote address was followed by several breakout sessions. Nurses from around South Dakota shared about health care reform and the various changes in nursing by Deb Fischer Clemens, being financially responsible by Carman Timmerman, working with challenging personalities by Gwen Maag, using alternative therapies such as healing touch by Gwen Steckler, aroma therapy by Traci Holmquist, working with women and families dealing with domestic violence by Denise Cody, and learning more about nurse midwifery by Sue Rooks. The evening ended with time for networking, sharing a meal, and spending money on the live auction.

On Sunday the convention was blessed again with Karen Daley's expertise on needle stick prevention. This was followed by an awards banquet and the business meeting. The convention ended with presentation from Beth Deckert on taking care of oneself. She shared her experience as a nurse and care provider for a family member and how that has impacted her life and practice. The Brookings district then invited us to the annual convention which will be held in Brookings next fall.

Again, thank you to everyone who made this convention a success. May God continue to bless our healing ministry.

### President's Message continued from page 1

There were a few new members to the board this election year as well. Change is always challenging but brings fresh ideas and opportunities for growth in our organization. Look for some interesting ideas and news to come in the next months from your SDNA board.

So as we pass from fall to winter and the seasons change around us, remember to stay attuned to the healthcare and governmental changes happening around you. The SDNA office will continue to provide updates to the members via email and *SD Nurse*. I hope that all of our SD nurses used their right to vote on November 8th and continue to remain enlightened and engaged in their local and state government affairs. Change continues with or without us and so the challenge is to remain aware, engaged and optimistic that positive change is possible.



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CIRCULATION, ARTICLES, LETTER TO THE EDITOR, ETC. 2012 deadlines for articles submitted to the *South Dakota Nurse*: January 25—March issue; April 25—June issue.

The *South Dakota Nurse* accepts and encourages manuscripts or editorials. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. All materials should be mailed to: South Dakota Nurses Association, P.O. Box 1015, Pierre, SD 57501 or e-mailed to: [sdnurse@midco.net](mailto:sdnurse@midco.net).

The views expressed in the articles and editorials are those of the individual contributors and do not necessarily reflect the viewpoint of SDNA.

South Dakota Nurse Editors: Brittany Novotny, Executive Director

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# SDNA Annual Convention



**2011 SDNA CONVENTION**  
**"ROWING ON THE RIVER OF CHANGE"**



## South Dakota Nurses Association Elects New Leadership

The South Dakota Nurses Association elected RN leaders to be a mentor, an advocate, and actively involved in shaping the future of the nursing profession.

The SDNA is excited to announce that the following members were elected at the 2011 Annual Convention.

- **President**
  - Rebecca Nichols—District 10
- **Vice President**
  - Margie Washnok—District 4
- **Treasurer**
  - Deb Fischer-Clemens—District 10
- **Core Issues Task Force**
  - Angela Lochridge—District 2
- **ANA Delegates**
  - Thomas Stenvig—District 9
  - Ardelle Kleinsasser—District 10
- **Nominations Committee**
  - Susan Fisher—District 4
  - Sharon Rehorst—District 7
- **Education Committee**
  - Tina Peterson—District 1
  - Karen Jensen—District 10

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BUSINESS

# SDNA Annual Convention



# Nurses Day at the Legislature

## Nurses Day at the Legislature 2012

February 6-7, 2012

**Ramkota Inn River Centre**  
 920 W Sioux Avenue  
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 605-224-6877

Nurse's Day at the Legislature (NDL) is an annual event that celebrates the importance of nurse's involvement in the political process. NDL provides a valuable opportunity to talk with legislators from your community, to learn about the political process, and to network with other nurses and nursing students from across the state. During NDL you will be able to attend committee hearings at the Capitol, watch the legislators in action on the House and Senate floor, and attend the Chili Supper with the legislators.

Register now for the 37th NDL that will be held February 6th and 7th, 2012 at the Ramkota Inn River Centre in Pierre! Guest Speakers will include Secretary of the Department of Health, Doneen Hollingsworth and Secretary of the Department of Social Services, Kim Malsam-Rysdon.

Comments from last year's NDL include:

- "Power packed agenda today—very well done. Thank you!"
- "I love coming to NDL! It's so fun to meet new people from all over SD and to learn about the current legislative issues. Very interesting!"
- "Very informative, straight to the point and easy to follow. Thanks."

NDL is sponsored by the South Dakota Nurses Association (SDNA.) SDNA is the professional association that represents the nearly 12,000 Registered Nurses in South Dakota. SDNA is involved in the shaping of public health policy that is consistent with the goals of nurses and is a respected authority on legislative and political issues that affect the health of all South Dakotans. Nurses have a strong voice in the legislature because of the work that SDNA does. It's important that nurses continue to have a place in the legislative process or others will attempt to speak for us. Please take time to attend this important event and represent your profession!

### Register Now!

To qualify for early rates, this form below must be filled out for *each* attendee and postmarked by **January 23, 2012**.

Nurses Day at the Legislature	SDNA Member	Non-Member	Nursing Student/Retiree
Full NDL Registration	\$90.00	\$105.00	\$58.00
<b>Postmarked after January 23, 2012</b>			
Full NDL Registration	\$100.00	\$116.00	\$69.00

- ~ Full refunds less a \$10.00 fee allowed in case of major family emergency.
- ~ SDNA cannot be held responsible for weather-related problems.
- ~ Fees include education programs and materials, refreshments and meals as noted on the agenda.

*A block of rooms will be held at the Ramkota until January 6th.*  
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**Please make your check payable to SDNA and mail to the SDNA Office with this registration form:**

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The South Dakota Nurses foundation (SDNF) is a charitable organization affiliated with SDNA to support nursing in South Dakota through education, research, and service. Please consider supporting SDNF by "Rounding Up" your registration fee.

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## Nurses in the News

### Tieman Receives Nursing Award

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(Vermillion, SD)—Joanne Tieman, RN, Sanford Care Center Vermillion was honored with the Florence Nightingale Professional Nurse Award at the Celebrating Nursing Excellence ceremony held at Sanford in Sioux Falls on Thursday, May 5.

The Florence Nightingale Professional Nurse Award was established to recognize licensed nurses who are involved in the provision of the art and the science of nursing. Through strength of character, commitment, and competence, this recipient is recognized by peers as one who contributes to the evolution of the nursing practice. This nurse also participates in community and organizational affairs, demonstrates kindness and Sanford Values (Courage, Passion, Resolve, Advancement, and Family) has the ability to work with others, and has a positive innovative outlook.

#### Award Criteria

- The nominee must be currently employed as a licensed nurse in a non-managerial role and meets one or more of the following criteria:
  - The nurse is employed at a Sanford Health Network site;
  - The nurse's primary role is provider of patient care, either direct or indirect; and
  - The nurse is actively involved in organizational and/or unit based activities.
- The nominee, through application of nursing knowledge, assists patients and their families in functioning and maintaining optimum levels of health and activities as individuals, as members of families, and as members of their community.
- The nominee must have expertise in professional performance of the art and the science of nursing; demonstrating kindness to those around them.
- The nominee has contributed to the improvement of quality for safe, reliable patient-centered care.

Other considerations include participation in organizational and community affairs and a positive and innovative perspective.

There were 24 nominations received and each one told the story of the nurse's caring and commitment to the professional practice of nursing. The Daisy Selection Committee selected one hospital and one long term care nurse to receive these very first SHN Nightingale Awards.

"Joanne Tieman believes strongly in the characteristics of the Florence Nightingale philosophy. She is supportive to residents and families. Joanne has built excellent relationships in her years at the Care Center. Her heart is first and foremost with the quality of care delivered. Joanne has been a nursing instructor during her career. She

continues to be a mentor and educator as a charge nurse at the Care Center. She has continually been flexible in working when and where she is needed." These comments were shared in the nominations for Tieman.

"Joanne has been active in South Dakota Nursing Association (SDNA) for most of her career. She is presently our district president, takes her role very seriously and is continually working to add to the ranks of those nurses who are members of SDNA. Joanne is a stable and strong member of our nursing team at the Care Center. It has been wonderful, as a new Director of Nursing at the Care Center, to have such a strong charge nurse within our staff," added Pat Fodness, Director of Nursing, Sanford Care Center Vermillion.

Other nurses from Sanford Vermillion that were nominated included Susanne Steenholdt, RN, Sanford Medical Center Vermillion, Deb Hansen, LPN and Joyce Bogatz, LPN of Sanford Care Center Vermillion.

#### About Sanford Medical Center Vermillion

Sanford Medical Center Vermillion, a medical facility including a family medicine clinic, 25-bed acute care hospital, 66-bed nursing home, and 23-unit senior living apartment complex in Southeast South Dakota, is a member of Sanford Health, a non-profit, integrated health system headquartered in Fargo, ND and Sioux Falls, SD. To learn more about Sanford Vermillion, visit [www.sanfordvermillion.org](http://www.sanfordvermillion.org).



Pictured (L-R): Pat Fodness, Director of Nursing, Sanford Care Center Vermillion, Joanne Tieman, Florence Nightingale Professional Nurse Award recipient, Sanford Care Center Vermillion, Amy Thiese, Director of LTC Services, Sanford Health Network



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# SDNA District Reports

## District 1, 2, 3

President: Marie Cissell  
 Vice President: Christina Erickson  
 Secretary: Beth Bauer  
 Membership: Lesley Wilkinson  
 Nominations: Kay Foland  
 Government Relations Committee: Linda Wolden

District 1, 2, and 3 met in September at the Rapid City Regional Hospital. Major Bushman presented a program on his experiences in Afghanistan as an Air Force Nurse. His major responsibility was to develop an Afghanistan nursing students' program and to serve as an instructor in the program. Several members and guests were in attendance as well as our special guests, senior nursing students from SDSU.

The October meeting was held at Minerva's Restaurant. The members discussed the upcoming Dessert with the Legislators which was held on November 17th at 5:30. The event was held at Rapid City Regional Hospital. Lani White was elected to serve as Vice President for the upcoming 2012-2014 term. Lesley Wilkinson reported on the upcoming Nurse's Day at the Legislature which will be held in February. The members also discussed a recruitment event to be held possibly in March.

The next business meeting will be held January 17, 2012 at 5:30.

If you are new to Districts 1, 2, or 3 and have questions about opportunities, or you are looking for a place to share your talents to support nursing, feel free to contact me.

Marie Cissell  
 605-343-5148 (home)  
 605-394-5390 (office)  
[marie.cissell@sdstate.edu](mailto:marie.cissell@sdstate.edu)

## District 4

The Aberdeen chapter of SDNA, District 4, had their bimonthly meeting September 12, 2011, at 7:30 p.m. at the Presentation College Cafeteria.

Old business discussed referred to the First Aid Booth at the Brown County Fair, that was held August 16-21, 2011. There were 99 people who received treatment at the First Aid Booth. A report of occurrences and treatments was sent to Amy Scott, the Brown County Fair Board Manager. District 4 would like to say thank you to all of the nurses who donated their time and worked at the booth! There was a discussion regarding several items that were needed for the booth. Thank you cards were sent to Kessler's grocery and Ken's Fairway for the donation of water and pop for the First Aid Booth!

The SDNA State Convention was October 2-3, 2011 in Yankton. Those District 4 members in attendance were: Karen Wolter, Kathi Piper, Monica Karpinske, Linda Erlenbusch, Margie Washnok, Carrie Clausen-Hansen, Esther Preszler, and Barb Goehring. District 4 is very proud of our members who received the following SDNA nursing awards: Nurse of the Year – Monica Karpinske, Rookie of the Year – Judy Winther, Distinguished Service – Karen Wolter, and Nursing Practice – Linda Erlenbusch. The Pioneer in Nursing Award was awarded to Esther Preszler. Esther was the first Nurse Practitioner in the State of South Dakota to open her own clinic in Roscoe. Congratulations to each of you from District 4!

District 4 is making a SDNA cookbook and is asking all members to please send your favorite recipes to [Barbara Goehring@avera.org](mailto:Barbara.Goehring@avera.org). Please submit them by December 15, 2011.

A \$300 donation was given to Matthew Kolb. He was involved in a farming accident this past spring. This will help to defray medical expenses.

The Aberdeen Chapter of SDNA, District 4, meetings are held the second Monday of every other month at Presentation College in the cafeteria at 6:30 p.m. Our next meeting will be January 9, 2012, at 5:30 p.m. with a post-holiday celebration at Max and Erma's immediately following the meeting.

Respectfully Submitted,  
 Barbara Goehring, District 4 President

## Districts 8 & 9

District President: Paula Carson

September 20 – 6pm While sharing happy hour snacks, the members listened to the presentation, *Mandatory Reporting Issues in Children, Older Adults, and Disabled Adults*, given by Nancy Kertz, MS, CNP. The presentation was a great update regarding legislative changes and well-received.

October 18 – 6pm With the fall becoming more crisp, District 8 & 9 members for soup potluck and conversations regarding the SDNA 2011 Convention and SDNA 2012 Convention planning. The meeting was held at Paula Carson's home.

## District 11

President: Joanne Tieman  
 Secretary: Sister Sharon Haas

District 11 hosted the SDNA convention on Oct. 2nd & 3rd in Yankton, SD. We wish to thank everyone who attended, hoping you enjoyed it. Co-Chairmen Sister Kathy Burt and Julie Dangel did an outstanding job with organizing the district members and keeping on the time-line suggested. I want to thank them and thank all of the nurses who helped on the various committees. Thank you to Kristin Kellar and Brittany Novotny from the SDNA office for all of your assistance.

Karen Daley, ANA President, gave several inspirational presentations and the other break-out speakers were very interesting also. We are proud of our District Nurse for 2011: Sister Kathy Burt, and of the SDNA Educator of the Year: Sister Corrine Lemmer. Congratulations to both of you!

Our next meeting will be November 21 at 6:30 pm at MMC. We will have a post-convention discussion, election of officers, and also collect gifts for the patients at the HSC. All nurses are invited.

Submitted by Joanne Tieman, Dist 11 President

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# Nursing Responsibilities in Providing Culturally Appropriate Care for Refugees

by Senior Nursing Students Kara Kracht, Sarah Skattum, Megan Hogrefe, Allison Brooks, Rachel Lewis, Angela Scheibe, Janice Pindroh, and Jennifer Minion

As senior nursing students at South Dakota State University, we had the opportunity to work with refugee families in Sioux Falls during our community nursing experience over the summer of 2011. In this article we share information and insights we gained that may help nurses be more effective in working with refugees in their everyday practice.

Living in the United States today means living among individuals from all corners of the world. Immigration, an integral part of United States history, continues to be a driving force behind the growing population. While immigration continues to be a part of modern society, recent years have seen an increase in the placement of refugees, displaced persons, and asylum-seekers in the United States. Global turmoil, war, genocide, and religious persecution have driven millions of people from their homes into refugee camps and tragic, unlivable environments. Since 1975, the United States has welcomed over three million refugees and offered resettlement opportunities in a variety of communities. Yearly, around 80,000 individuals from countries all over the globe are settled into American society (U.S. Department of State, 2010).

In South Dakota, the refugee population has grown exponentially in the last 10 years. According to the 2010 Census, the minority population increased 15% in Sioux Falls due to immigration and refugee resettlement. Immigrants from Sub-Saharan Africa have contributed to the largest growth among single minority groups, particularly due to refugee resettlement from Somalia, Sudan, Ethiopia, and other African nations (Winchester, 2011). In fact, Sioux Falls has one of the largest populations of Sudanese refugees in the United States (Young, 2011).

Among the refugee population, poor living conditions, trauma, hunger, and poverty are contributing factors to high rates of mental and physical ailments, malaria, tuberculosis, nutritional deficiencies, and other chronic conditions. It is vital that nurses be aware of these issues as the refugee population in South Dakota increases. To help nurses provide culturally competent care, the following 10 tips and recommendation are intended to help you provide compassionate and appropriate care for refugees.

## 10 Tips to Providing Compassionate and Appropriate Care for Refugees

1. **Be welcoming to a refugee.** When refugees arrive in the United States, many do not speak English and are unfamiliar with their new surroundings. However, most are grateful for the opportunity of a new beginning. Opportunities for you as a nurse and

member of the community to assist in their adjustment to a new life are abundant. Helping refugees become integrated into American society will increase their chances of success in their new life (Pacquiano, 2008). A smile, courteous greeting, and warm handshake may help signal your genuine concern for the refugee.

2. **Seek personal and professional knowledge of culture.** Cultural competence is a key nursing skill. Take time to explore the patient's culture, even if only by a quick Internet search. It may help with communication, assessment, and setting expectations (Keyes & Kane, 2004).
3. **Remember that each refugee is different; do not stereotype.** "If you've met one Afghan refugee, you've met *one* Afghan refugee" said Angela Hyde, a social worker with extensive experience in refugee resettlement. No two refugees are alike; therefore it is imperative to assess each patient individually without making assumptions based solely on his or her national origin or situation.
4. **Provide empathetic and compassionate care.** Remember that many refugees have lived in unspeakable conditions and experienced traumatic events throughout their lives. Each individual responds differently to these challenges. Take the time to get to know your patient and find a way to build rapport (Keys & Kane, 2004).
5. **Assess for a skill set and possible occupational health hazards.** Refugees may come with education and skills sets that are not recognized in America. Many refugees may find work in industries fraught with physical hazards. It is important to assess skills and talents as well as current occupational risks when caring for these individuals.
6. **Use interpreters as needed to overcome language barriers.** Incorporating certified translators into the plan of care will help break down barriers to discovering pertinent information about the individual, and in implementing care (Morris, Popper, Rodwell, Brodine, & Brouwer, 2009; Pacquiao, 2008). It is important for providers to set the tone of what is expected of the interpreter. Using family members and friends of the individual as interpreters is strongly discouraged.
7. **Help with acclimation to life in America.** This can include facilitating access to community outreach program to assist in the adjustment. Many refugees seek to improve on their own cultural competence, such as language skills (Keyes & Kane, 2004). Individuals may not know what services or free programs such as the public library are available to them or how to access what is available. Take a few moments to explain and refer refugees to these services.

8. **Enforce the need for preventive care.** Compared to the United States, many other countries do not encourage primary and secondary prevention. Facilitating the efficacy of such measures is vital in decreasing chronic health concerns of the refugee population (Morris et al., 2009).
9. **Refer to as many available resources as possible.** Refugees coming to the United States qualify for eight months of assistance, including housing assistance and Medicaid. After this allotted time, a refugee is responsible for obtaining their own health insurance. Providing refugees with resources for employment or access to health care will assist them in acclimating to the health care system in the United States (Morris et al., 2009) (Bhatia & Wallace, 2007).
10. **Emphasize the need to seek continual care.** The notion of chronic illness requiring lifelong treatment is foreign to many cultures. It may be necessary to educate patients that care must be continued, and that prescription medications must be taken even after the current supply is used. Be diligent in assuring the patient understands the treatment with follow up and referral as needed for successful outcomes (Bhatia & Wallace, 2007).

For further information, see Refugee Backgrounders available at <http://www.cal.org/co/publications/backgrounders.html>

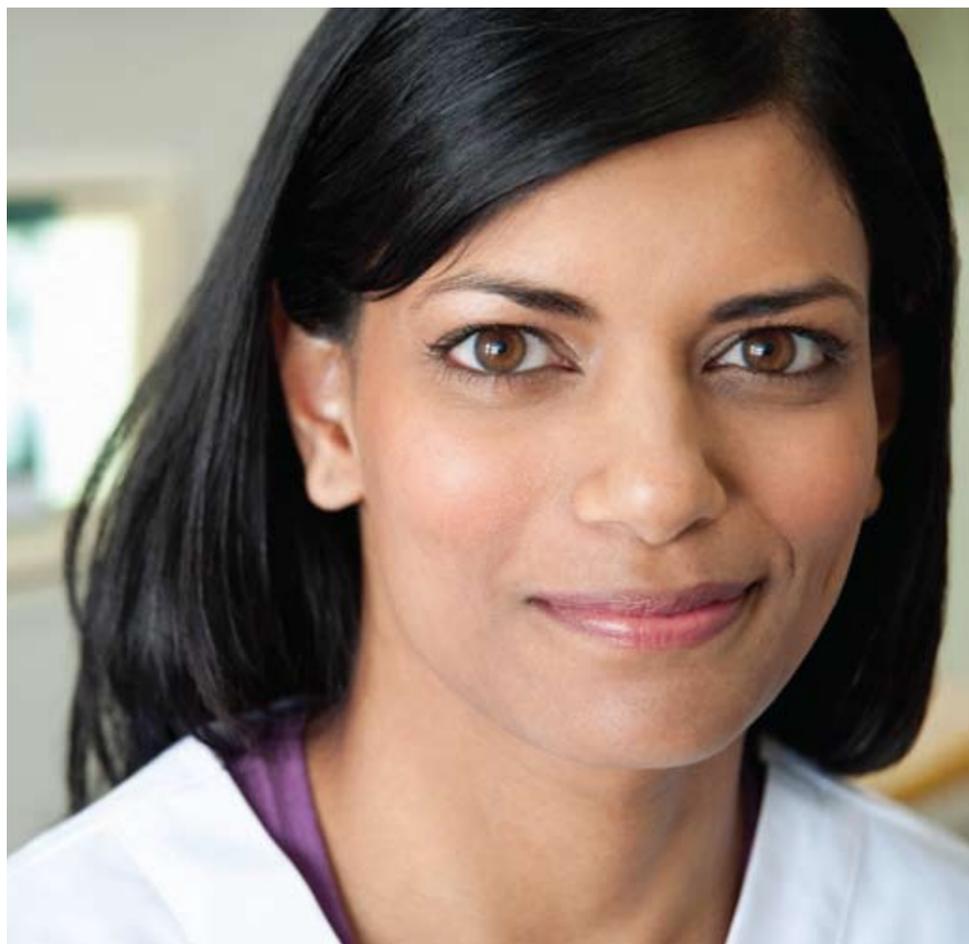
For further reading, see:

Eggers, D. (2006). *What is the what*. New York: Vintage Books.  
Pipher, M. (2002). *The middle of everywhere*. Orlando, FL: Harcourt.

Thanks to our professor, Dr. Tom Stenvig for leading this clinical experience for us.

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*CITY / STATE / ZIP	GRADUATION: MONTH / YEAR	WORK PHONE
EMPLOYER NAME	*R. N. LICENSE #	FAX
EMPLOYER ADDRESS / CITY / STATE / ZIP		E-MAIL
TITLE / POSITION	MAJOR CLINICAL, PRACTICE, OR TEACHING AREA	RECRUITED BY

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RN enrolled in baccalaureate, masters or doctoral program, at least nine (9) credit hours per calendar year
- REDUCED 50% OF FULL ANA/SDNA MEMBERSHIP DUES (NEW GRADUATES)**  
RN who is unemployed  
- OR - over 62 years of age & earning less than maximum allowed receiving Social Security benefits  
- OR - enrolled in baccalaureate, masters or doctoral program, at least 20 credit hours per year  
- OR - RN FIRST YEAR, WITHIN SIX (6) MONTHS AFTER GRADUATION
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- RN who is over 62 years of age and unemployed  
- OR - who is totally disabled
- SDNA ONLY MEMBERSHIP**  
RN employed full or part time

MEMBERSHIP TYPE	MONTHLY (EDPP)	ANNUAL
FULL ANA/SDNA MEMBERSHIP	\$ 22.42	\$263.00
STUDENT ANA/SDNA MEMBERSHIP	\$ 16.94	\$197.25
NEW GRADS ANA/SDNA MEMBERSHIP	\$ 11.46	\$131.50
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SDNA ONLY MEMBERSHIP	\$15.50	\$180.00

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- FULL ANNUAL PAYMENT BY CHECK**
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Read, sign the authorization, and enclose a check for the first month's payment (amount shown in bold above); one-twelfth (1/12) of your annual dues will be withdrawn from that checking account monthly, in addition to an annual \$6.00 (50¢ per month) service fee (total is amount above).  
**AUTHORIZATION:** This authorizes ANA to withdraw 1/12 of my annual dues and any additional service fees from the checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written confirmation of termination 20 days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for return drafts.  
**SIGNATURE FOR EDPP AUTHORIZATION:** \_\_\_\_\_
- PAY BY CREDIT CARD**  
\_\_\_\_ Full annual payment—automatic annual credit card payment (automatic renewal)  
\_\_\_\_ Monthly payment from credit card  
\_\_\_\_ Full annual payment---one year only  
\_\_\_\_ Visa/MasterCard \_\_\_\_\_ Expiration date

## Welcome New Members!

<p><b>Districts 1, 2 &amp; 3</b> Barbara Leonard Deb Arlt Angelique Benson Karen Griffith Rudi Thomas</p> <p><b>Districts 5 &amp; 7</b> Cassandra Stewart Myrna Lakner</p>	<p><b>Districts 8 &amp; 9</b> Karen Russman Dory Gassman Lindsay Leischner</p> <p><b>District 10</b> Mary Anne Krogh Amy Larsen Kimberly Staebell Janet Nash Holly Ordal</p>	<p><b>District 11</b> Joan Clement Shelly Luger Jennifer McGinnis Carol Stewart Stephen Willison</p>
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### Membership Dues Increase

The SDNA Board of Directors has worked hard to keep membership dues low. However, to continue its important work on behalf of nurses across the state, the SDNA must periodically increase its membership dues. The SDNA membership dues were last increased by a vote of membership at its 2007 Annual Convention. During the April 2011 board meeting, the SDNA Board of Directors reviewed and approved a proposal to bring forward to membership that would increase the SDNA portion of membership dues by approximately 5% beginning January 1, 2012. At the 2011 SDNA Annual Convention membership approved this dues increase. Therefore, beginning January 1, 2012 the ANA/SDNA and SDNA Only membership dues will be the following:

Membership Type	Current Annual Membership Dues	Annual Membership Dues as of 01/01/2012	Current Monthly Membership Dues	Monthly Membership Dues as of 01/01/2012
ANA/SDNA	\$ 263.00	\$ 269.00	\$ 22.42	\$ 22.92
Student ANA/SDNA	\$ 197.25	\$ 201.75	\$ 16.94	\$ 17.32
New Grad ANA/SDNA	\$ 131.50	\$ 134.50	\$ 11.46	\$ 11.71
Retired ANA/SDNA	\$ 65.75	\$ 67.25	\$ 5.98	\$ 6.11
SDNA Only	\$ 180.00	\$ 186.50	\$ 15.50	\$ 16.04

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- Director of Nursing

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## District 4 is creating a cookbook!

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Beverages, main dishes, desserts, bread, rolls, cookies, cakes, appetizers, candy, soups, salads, vegetables & side dishes...or any others you have.  
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**Recipes due December 15th**

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### Secretary

Term: 2010 – 2012  
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### Treasurer

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Term: 2010 – 2012  
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### Core Issues Task Force Chair

Term: 2011 – 2013  
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### Revised 10.11

### President, District 1-3

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### President, District 4

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Vacant

### President, District 5 & 7

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### President, District 11

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Kristin Kellar  
Program Manager

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## SDNA Calendar of Events

*If you have events that you want posted on the SDNA Calendar of Events, please contact the SDNA office at 605-945-4265 or by email at [sdnurse@midco.net](mailto:sdnurse@midco.net).*

### December 2011

**District Leadership Reporting Form Due to SDNA Office**  
Monday, December 1, 2011

### Christmas Day

December 25, 2011  
SDNA Office Closed

### January 2012

**New Year's Day – Office Closed**  
January 1, 2012

### Martin Luther King Day – Office Closed

January 17, 2012

### SD Nurse Article Submission Deadline – March Issue

January 16, 2012

### February 2012

**SDNA Board of Directors Meeting**  
February 6, 2012  
Pierre, SD

### Nurses Day at the Legislature

February 6 & 7, 2012  
Pierre, SD

### March

**Last Day of the 87th Legislative Session**  
March 19, 2012

### April

**SDNA Spring Workshop**  
April 13, 2012  
Dakota Wesleyan University – Mitchell, SD

### SDNA Board of Directors Meeting

TBA

### SD Nurse Article Submission Deadline – June Issue

April 16, 2012

## Why Join ANA/SDNA?

### Joanne Tieman, Dist 11 President

Years ago when I first started to teach at MMC the head of the dept made it very clear that he expected the faculty to be members of our professional organization: ANA/SDNA. As a student at MMC, I attended some of the local meetings as a requirement for a leadership class so I was familiar with the local group. But if I hadn't been "pushed into it," I may not have joined. I would have missed out being part of a group I'm very proud to be associated with. I hope this can be the "push" to get more RNs to join ANA/SDNA.

ANA's Mission Statement: "Nurses advancing our profession to improve health for all," states a profound message for me. It isn't what "they" can do for me but that ANA includes me. "It's all about me, Love it," is heard on a popular advertisement on TV and I like to refer it to being part of ANA. During my nursing career I have had many years that I didn't think I had the time or energy to get as involved as I would have liked to because of family and job responsibilities, but I continued to pay my dues so work could be done on the state and national level.

About eight years ago SDNA was going from a regional to a district format. No one was agreeing to take a leadership role in our district and the recommendation was made to split up our district with half going to the SF and half to Mitchell. The drive to either would be an obstacle to being active for most of the membership in present day, District 11. With apprehension, I agreed to be District

President and have served in this role for the past 8 years. There have been time and money involved going to some planned meetings, workshops, and conferences, etc but I have gained more from this experience than I have given.

As a member of ANA/SDNA I have gotten to know many more of the people who are involved on the district as well as the state level. To lose contact with them would leave a void in my life. These nurses who have joined our organization have valued their nursing career and valued working for the betterment of other nurses and to improve the profession for present and future nurses and ultimately improve patient care. I have served on the Awards Committee for SDNA for several years and I am in awe of the high quality of nurses in our state. These nurses are an inspiration for me and I am so proud to be associated with them by being a member of SDNA.

As an individual I can do very little but a larger organized group can accomplish so much more. By being part of this group, ANA/SDNA, I can have the satisfaction that I'm contributing also. ANA is involved with the Congress and watches over bills that will affect nursing and health care. ANA is well respected for advocating for health care of our citizens. SDNA does the same with SD Legislature.

The Nurse's Day in Legislature which is usually held in February in Pierre has introduced me to our Legislative process in our state. I probably would have never been in Pierre while the legislators were in session if it hadn't been for SDNA. I found the committee hearings interesting

and I learned how a citizen could testify in a hearing on a bill he/she wanted to try to make law. The speakers from various state departments have been very interesting and have given me a much broader understanding of issues in our state. There is usually a SDNA sponsored event when we can talk to our district's legislators. They come to speak to US. That is powerful.

I am presently a staff nurse and the ANA website, [Nursingworld.org](http://Nursingworld.org), refers to the work it does for staff nurses: safe staffing levels, mandatory overtime, Code of Ethics, the rights of nurses, safety on the job and principles for practice. I fear what nursing would be like if ANA had not been working so hard for us. The website gives much more information about what is being done by our professional association. Take some time to explore it. By being a member, my dues contribute to this worth-while work. I can't think of a better investment for my career, my job, my health, and the health of those I love.

Yes, there are benefits to being a member according to the website of ANA which are some financial discounts for insurances, meeting attendance, CEU's, etc. These are nice perks but shouldn't be the only reason to join SDNA/ANA. Membership and involvement can bring much greater benefits to a nurse and that is making him/her a much more informed nurse and citizen. It can improve the nurse's leadership skills while contributing to the good of the profession and to the health care of all.

Please consider joining and being involved. All nurses need ANA/SDNA even if they don't realize it but the organizations also need YOU.

# Midwifery in the U.S. and South Dakota

Susan Rooks, CNM, MPH

Midwives have been in existence since antiquity. Ancient civilizations refer to them in their drawings, funerary writings and in stories handed down generations. They are mentioned more than once in the Old Testament. Three infants were born into the hands of midwife Brigit Lee Fuller on the Mayflower, and in colonial America, midwives were given priority at ferry crossings. Midwives were, and still are, respected and revered in many societies. Today, worldwide, 70% of babies are born into the hands of midwives.

In the late 1800's and early 1900's the development of organized medicine with male-only medical schools, the advent of anesthesia, and the increasing popularity of forceps led to a pervasive social trend that moved birth from home to hospital. This trend, boosted by a well-orchestrated public campaign caused the marginalization and near extinction of midwives in North America.

In the late 1920's modern nurse-midwifery in the U.S. was "born" when Nurse Mary Breckenridge brought the English model of midwifery to underserved rural Kentucky. During a pilot study, she and her team of nurse-midwives were able to lower maternal and infant mortalities. Subsequent projects, studies and meta-analyses have repeatedly illustrated the safety and cost effectiveness of nurse-midwives.

Today, nurse-midwifery is legal in all 50 states and the District of Columbia. Certified nurse-midwives (CNMs) are advanced practice nurses who provide primary care for women, focusing on pregnancy, birth, and reproductive health. Their scope of practice reaches across the lifespan, from adolescence through menopause and beyond. Nurse-midwifery education involves the two disciplines of nursing and midwifery. CNMs are educated at the graduate level, and their functions, qualifications, and midwifery standards of practice must meet established criteria for the accreditation of educational programs, overseen by the Accreditation Commission for Midwifery Education (ACME). Nurse-midwifery candidates must then pass the national certifying exam, administered by the American Midwifery Certification Board (AMCB). In 1998, the credential of Certified Midwife (CM) was developed for those individuals who have obtained a college degree other than nursing. They also must attend an ACME-approved graduate program, and must sit for the same certifying exam as their CNM counterparts. There are five states that legally recognize this new credential. CMs should not be confused with CPMs, (Certified Professional Midwives), the third nationally recognized credential. The CPM credential has its own professional organization, certifying body, scope of practice and educational routes.

In 1979 South Dakota passed legislation, SDCL 36-9A which legally recognized certified nurse-midwives and nurse practitioners. To date, CNMs are the only legally recognized category of midwife in this state. Currently, there are 27 CNMs licensed to practice. As with their nurse practitioner colleagues, South Dakota's nurse-midwives are regulated jointly by both the Board of Nursing and the Board of Medical and Osteopathic Examiners. They must also have a written practice agreement with one or

more collaborating physicians, which is kept on file by the boards. In 2008, legislation was passed for CNMs who wished to provide out of hospital services, making it possible to obtain a waiver from the required practice agreement. To date, seven CNMs have received the waiver. (Source: South Dakota Board of Nursing)

After years of study and eliciting opinions from a wide audience of nursing stakeholders, the Advanced Practice Registered Nurse (APRN) Consensus Work Group (which included the National Council of State Boards of Nursing APRN Advisory Committee) published the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. Endorsed by 44 nursing

organizations, including the American College of Nurse-Midwives (ACNM), this model serves to alleviate inconsistencies between states. These inconsistencies adversely affect access to care for patients and create significant barriers for APRNs who wish to practice to the fullest extent of their education. This is of particular concern for states with large rural populations, such as ours.

In the publication, Midwifery in the United States and the Consensus Model for APRN Regulation, the ACNM, AMCB and ACME embrace this model. The following recommendations are especially pertinent for South Dakota:

**PRACTICE AUTONOMY.** ... It has been clearly demonstrated that supervisory language and collaborative agreement requirements represent needless barriers to APRN practice and access to health care services, while providing no benefits in quality of care. The Consensus Model clearly and repeatedly supports that APRNs are autonomous practitioners.

**Recommendation 1:** ACNM, ACME, and AMCB urge state legislatures and regulatory boards to eliminate regulatory requirements for collaboration, direction, or supervision of APRNs in all 50 states, federal districts, and territories.

**LICENSING BOARDS FOR CNMs AND CMs.** The Consensus Model intends that advanced practice nursing professions be self-regulating and therefore not be regulated by Boards of Medicine. It also recognizes that CNMs may be regulated by Boards of Midwifery or Boards of Nurse-Midwifery. (Pg. 13, Reference 6).

**Recommendation 2.1:** ACNM, ACME, and AMCB urge boards of nursing to support Boards of Midwifery or Boards of Nurse-Midwifery.

**Recommendation 2.2:** In jurisdictions where it is not feasible to establish separate boards of midwifery, given that CMs have the same core education requirements, attain the same theoretical and clinical competencies, and take the same certification exam as CNMs, we urge state boards of nursing to expand their purview to include the licensing and regulation of certified midwives.

Advanced Practice Nurses, including nurse-midwives are critical for the future of health care. They provide cost-effective care and are highly regarded by patients/clients. They will be a constant and permanent feature of future health care provision. We owe it to our South Dakota residents to work towards appropriate legal recognition of our APRNs' unique skills and abilities.

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