Finding Pathways to the Future of Nursing

by Andrea Gregg, DSN, RN

Large numbers, diverse academic preparation, and a continuum of nursing roles across health care settings are characteristics of our professional workforce that at once presented both challenges and opportunities. The major challenge, I believe, is achieving unity on common issues that affect our work life and finding common ground when our differences become divisive. Disunity of opinions allows legislators and system administrators, who do not want to get caught in a crossfire, to ignore our voices altogether. However, disunity [like beauty] is in the eye of the beholder for it is one aspect of our diversity that has positioned us to improve the current health care delivery system. Our continuum of care roles spans home, hospital, and community, making us a large, efficient, and effective care delivery resource. Indeed, we can deliver primary, making us at once present both challenges and opportunities. The major challenge, I believe, is achieving unity on common issues that affect our work life and finding common ground when our differences become divisive. Disunity of opinions allows legislators and system administrators, who do not want to get caught in a crossfire, to ignore our voices altogether. However, disunity [like beauty] is in the eye of the beholder for it is one aspect of our diversity that has positioned us to improve the current health care delivery system. Our continuum of care roles spans home, hospital, and community, making us a large, efficient, and effective care delivery resource. Indeed, we can deliver primary, making us a large, efficient, and effective care delivery resource. Indeed, we can deliver primary, making us a large, efficient, and effective care delivery system.

Recommendation 1: Remove scope-of-practice barriers [at federal and state levels].

Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Recommendation 2: Implement nurse residency programs.

Recommendation 3: Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.

Recommendation 4: Double the number of nurses with a doctorate by 2020.

Recommendation 5: Ensure that nurses engage in lifelong learning.

Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

Recommendation 6: Prepare and enable nurses to lead change to advance health.

Recommendation 7: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts [nurses on decision-making committees and boards].

Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Recommendation 8: Build an infrastructure for the collection of an analysis of inter-professional health care workforce data.

National and state leaders are working to make these recommendations a reality. Regional Action Committees (RACs), co-led by nursing and non-nursing organizations, are being formed across the United States under the purview of RWJF. Here in Florida, the Blue Foundation and the Florida Center for Nursing have agreed to apply and co-lead a RAC for Florida. Supporting these efforts are the organizations and associations that are members of the Quality and Unity in Nursing (QUIN) Council. As an active and coordinating member of QUIN Council, FNA will be part of this path finding work. For now, I want you to be knowledgeable of the Future of Nursing report, consider how it may affect you as an individual nurse, and encourage you to voice your opinion on the recommended actions for the nursing profession. Our upcoming Lobby Days (March 15-16) would be a good place to begin such dialogue with your colleagues. I’ll look for you there.

How does this all work anyway? How does change happen in nursing? There are no simple answers for this and there is certainly not ONE answer. But if we want to try and share some simple facts to try and help wake up that “something” inside you that will convince you to join us in our work for nurses. It is obvious to me by some of the things you hear from nurses that they don’t understand what is needed to make things better. Nurses tend to be “heart” people. We do things based on what we “feel” is right. We are frustrated when others do not see our point. For example, nurse practitioners in 48 states SAFELY prescribe controlled substances. They also provide EXCELLENT care to their patients. Physicians trust patients in their practices to nurse practitioners every day, however, we constantly read articles where these same physicians state that nurse practitioners “are not qualified or educated enough” to perform certain functions? Some of the same physicians who say that they are not qualified to prescribe will sometimes try to suggest “workarounds” to get nurse practitioners to do the very thing they state are not qualified to do. We know that this is an access to care issue. We promote this as an access to care issue. We have educated legislators and other stakeholders on this issue ad nauseum. We have tried every method from rule changes, a television commercial, ad campaigns, to educational information, to local intervention by our Legislative District Coordinators, to a strong coalition of Nurse Practitioners, to legislative district asking them to reach out to their legislators to educate them about our issues. If there is a bill in the House, there must be a matching bill in the Senate. And we have to monitor and work both. The work is often fast paced and intense. We send out alerts on a daily basis during session with information and instructions for members. You trust me… this is a simplistic snapshot of one of the processes for dealing with issues important to the profession. As we have seen, some of these issues are ongoing and the association leadership and active members address them on a continual basis. To help you understand, let take an issue that we addressed in the past. We were concerned about the protection of the RN title. We wanted to make it illegal for anyone to call themselves a nurse if they did not have the education and the license. Our lobbyists found sponsors for both the House and the Senate for those bills and then they have to “work” the bills to make sure they move out of committee. A lot of work goes into each bill and we usually have two to four each session. In addition, we may have to jump into other issues that have an impact on nursing or on healthcare issues in general. Our lobbyists are watching everyday for amendments to unrelated bills that might also affect nursing. As this is all occurring during the Legislative Session (March) we are contacting our members in every legislative district asking them to reach out to their legislators to educate them about our issues. If there is a bill in the House, there must be a matching bill in the Senate. And we have to monitor and work both. The work is often fast paced and intense. We send out alerts on a daily basis during session with information and instructions for members. You trust me… this is a simplistic snapshot of one of the ways we work to advocate for nurses. But hopefully, it gives you a picture of why we need every nurse possible to join the association and add to our efforts. We need nurses who are VOTERS to work with us to educate legislators within their districts. With over 200,000 nurses in Florida, our potential power is staggering… but we need you to ENGAGE with us. We as nurses must create a path to UNITY. Legislators do not listen to disparate voices. While we cannot always agree, we have must be unified in our approach to advocacy. We must work out our differences privately, and come together with a unified voice to advance nursing’s agenda. For
Welcome...  

FNA is pleased to welcome Temeka Da’Vis to the FNA team. Temeka will be the new voice of FNA as the Receptionist. She will also be working on membership recruitment/retention projects, as well as conference planning in her dual role of Receptionist/Membership Programs Specialist. Temeka is a native Floridian and has two beautiful sons. Welcome Temeka!

FNA staff is also lucky to work with Breanna Alston this semester. Breanna is working on membership recruitment/retention projects, conferences, and public relations initiatives during her Spring 2011 internship.

MARK YOUR CALENDARS!

Plan on attending these 2011 conferences now. Visit floridanurse.org and click on “Conferences” for more information on:

- March 15 & 16–Lobby Days, Tallahassee
- May 6–Ingeborg Mauksch Clinical Excellence Conference, Orlando
- September 23 & 24–Membership Assembly, Orlando

Don’t forget, Nurses Week is May 6-12 and National Nurse Practitioner Week is November 7-13.
2011 Empowerment Webinar Series

Learn and earn continuing education through FNA’s 2011 webinar series. The theme for the 2011 webinar series is EMPOWERMENT and topics covered will help you become empowered as a nurse in all elements of your profession. Please mark your calendars now and plan on attending the webinars listed below. Webinars provide both phone and web components. Each webinar is 1 CH of CE. All speakers are either members or employees of FNA. Dates and topics are subject to change.

April 7 (10–11 am)–Jeanie Densbar, Esq., will speak on conflict resolution strategies that are applicable for all. By learning how others deal with conflict and identifying how you do, you will be empowered in times of conflict to make decisions that are in your best interest.

June 21 (7-8 pm)–Laurie Stark, PhD, RN, is a previous Florida Nurses Foundation research grant recipient. During this webinar, Laurie will present her findings and how art therapy empowered breast cancer patients to cope with their illness.

July 13 (11 am–Noon)–Patricia Posey Goodwin, RN, has a passion for engaging nursing students and new graduates. During her webinar on Generational Diversity, Patricia will instruct attendees on different age groups and their tendencies, as well as retention issues. Attendees will be empowered by the knowledge of how to interact with colleagues of different age groups.

August 4 (9-10 am)–Debbie Hogan, RN, will give an update on immunizations, empowering attendees to learn more about the trends of current possible epidemics and treatments.

November 8 (1-2 pm)–Denise McNulty, DNP, ARNP, will present an evidence-based comprehensive review of literature on nursing empowerment in the workplace. The presentation addresses the nurse’s perception of his/her psychological empowerment and the impact this has on patient care and outcomes.

ATTENTION FNA MEMBERS: EMAIL ADDRESSES NEEDED

FNA communicates via email throughout the year. In order to receive all email updates, please send your personal email address to info@floridanurse.org as soon as possible. Also include what your preferred method of communication is to receive FNA regional information.
THE FLORIDA NURSE

MEMBERSHIP

2011 Star Campaign “Starship FNA”

The Star Campaign has officially launched for 2011. Please see below for FNA superstars who are on board with the Star Campaign. The results below only reflect the number of recruitments made by September 1, 2010. The Star Campaign cadets who recruit the most will receive special prizes, such as free registrations to FNA conferences. Winners of the Star Campaign will be notified and announced in The Florida Nurse and in Members Only. FNA’s online e-newsletter. Congratulations to 2010 Star Campaign winners: Maria Seidel and Marsha Martin. Both received complimentary registrations to the 2010 Membership Assembly. Thank you to those of you who have been working hard to recruit new FNA members. Remember, FNA only gets stronger with the more members we have. As we grow in numbers, we grow in strength and voice! Keep recruiting so that you may be eligible for prizes in 2011!

Marsha Martin 4  Jennifer Gleason 1  Lulu Hobay 1
Denise McNulty 1  Kathleen Cappo 1  Annmarie J. Farro 2
Sharon Smith 1  Anne Peach 2  Rodney Osterhuber 7
Brian Eldridge 1  Jason Clinger 1

How You Were Represented

It is the responsibility of your FNA Board of Directors and staff to represent FNA at meetings throughout the state. As a member, this is also one of your member benefits. Your membership dollars support these initiatives, making the voice of FNA stronger. Here is how you were recently represented:

• FNA Board of Directors Meetings
• Nursing Executives of Polk County Meeting
• Constituent Assembly Executive Committee
• ANA Constituent Assembly (made up of State Presidents and Executive Directors)
• LERG Meetings
• FNSA Meetings/Speakers
• State Nurse Negotiations
• Unit Negotiations
• QUIN Council
• Board of Nursing Meetings
• FNA Region and Chapter Meetings
• FNA Finance Committee Meetings
• FNA District Legislative Forums
• FNA Health Literacy Committee Meetings
• FNA Unlicensed Assistive Personnel (UAP) Committee Meetings
• Simulation Think Tank (presented by the Florida Center for Nursing)
• Executive Enterprise Conference
• Nurse Practitioner Coalition Meetings

How You Were Represented

It is the responsibility of your FNA Board of Directors and staff to represent FNA at meetings throughout the state. As a member, this is also one of your member benefits. Your membership dollars support these initiatives, making the voice of FNA stronger. Here is how you were recently represented:

• FNA Board of Directors Meetings
• Nursing Executives of Polk County Meeting
• Constituent Assembly Executive Committee
• ANA Constituent Assembly (made up of State Presidents and Executive Directors)
• LERG Meetings
• FNSA Meetings/Speakers
• State Nurse Negotiations
• Unit Negotiations
• QUIN Council
• Board of Nursing Meetings
• FNA Region and Chapter Meetings
• FNA Finance Committee Meetings
• FNA District Legislative Forums
• FNA Health Literacy Committee Meetings
• FNA Unlicensed Assistive Personnel (UAP) Committee Meetings
• Simulation Think Tank (presented by the Florida Center for Nursing)
• Executive Enterprise Conference
• Nurse Practitioner Coalition Meetings

Florida Nurses Association

Membership Application

Membership is open to all registered nurses (RN). Please check the appropriate dues category.

- ADP Option—Automated Bank Withdrawal (Available to Full Pay Members, State Only Members and FNSA First Time Renewal Members)
- Authorization is given to withdraw $24.59 per month for full pay members, $16.83 for state only members, $12.80 for FNSA First Time Renewal Members over one year or $70.00 for FNSA First Time Renewal over two years (includes a $1 service charge) on or before the 20th of each month. Included is the first month’s payment for processing of further deductions. FNA is authorized to charge the amount by giving the undersigned thirty days written notice. The undersigned may cancel this authorization by written notification of termination to FNA within 30 days prior to deduction date.

- FULL MEMBERSHIP DUES $283.00
  - Employed full time or part time under 65 years of age.
- SEMI-ANNUAL DUES $142.75
- REDUCED MEMBERSHIP DUES $141.50
  - Not currently employed
  - Full time student
- FNSA First Time Renewal - 1 year (If ADP, provide info above)
- FNSA First Time Renewal - 2 years (ADP only)
- New graduate, basic nursing education program (first year only)
- 65 years of age or older and not employed.
- REDUCED SEMI-ANNUAL DUES $72.00
- SPECIAL RETIREMENT DUES $70.75
  - 65 years of age or older and not employed
- FNA STATE ONLY MEMBERSHIP $190.00

Choose the payment plan you desire:

- Full payment
- Semi-annual (Full and Reduced payment only)
- FNA State Only Membership

Credit Card Information

- Discover
- American Express
- Master card
- Visa

Credit Card Number ___________ 3 digit security code ___________

Card expires: ___________  Signature on Card ___________

I was referred by: __________________________________________________________

Graduate Nurse/FNSA ID # __________________

Region Number: ___________________ Amount enclosed ___________

Last Name ___________________  First Name ___________________  Middle Initial ______

Address ________________________________________________________________

City _____________________________ State ________  Zip Code____________

Employer ______________________________________________________________

Major Area(s) of Practice ________________________________________________

Employer Phone __________________ Date of graduation (student) __________

License number ________________  Date of Birth ____________________________

Authorized signature __________________

Note: Membership dues are not deductible as a charitable contribution, rather they may be deductible as a business expense if you itemize your deductions. The exception is that a portion of your FNA and ANA dues used for lobbying purposes that is estimated to be twenty five percent (25%). A portion of a members annual dues ($5) is automatically contributed to the Florida Nurses Political Action Committee unless by written request, the member designates this amount be paid to the FNA General Fund.
Are You Ready to Lead?

It is time again to consider running for a Leadership Position in the Florida Nurses Association. All members in good standing are eligible to self-nominate. The 2010-2011 Nominating Committee would be pleased to accept your nomination. Please see the brief descriptions of the positions available. If you have any questions or to request this form, please call FNA Headquarters using the toll-free Members Only phone line or email info@floridanurse.org.

FNA Nominating Committee
Kathy Mason, Chair
Catherine Emmett
Naomi Benton-Brown
Janice Hess

Florida Nurses Association Board of Directors Duties and Responsibilities at a Glance

President
- Formulate an agenda for Board meetings, in cooperation with the Executive Director and with input from the Board and Leadership
- Preside over FNA board meetings and the annual Membership Meeting
- Serve as ex-officio member of FNA committees
- Represent FNA at local, state, and national meetings when feasible or select a designee
- Appointment to standing and other committees of the association
- Attend ANA convention and serve as a state delegate
- Keep abreast of ANA news and events
- Attend Constituent Assembly meetings of ANA
- Keep frequent communication with FNA Board, Staff and Structural Unit Leadership

President–Elect
- Serve as assistant to the President
- In the absence of the President, assume the duties of the President
- Serve on and/or chair committees, as needed
- Represent the Board at meetings and functions as requested

Vice President
- In the absence of the President and the President–Elect, assume the duties of the President
- Serve on and/or chair committees, as needed
- Represent the Board at meetings and functions as requested

Secretary
- Attend each board meeting
- Take minutes and board meetings and other official meetings of the FNA Board
- Work with FNA staff for the typing, review, and dissemination of the minutes.
- Serve on and/or chair committees, as needed
- Represent the Board at meetings and functions as requested

Treasurer
- Report to the Board of Directors the financial status of FNA at each meeting
- Serve as Chair of the Finance Committee
- Make a full report of the financial standing at each FNA convention
- Work with the ED to oversee the budget as it pertains to Region allocations

Directors at Large (8)
- Attend the Board Meetings in Orlando (usually 3)
- Attend the Membership Assembly (4th meeting)
- Review all the preparatory reports and material prior to the Board Meeting
- Serve in liaison to FNA Regions to which they are elected to serve. (Maintain contact with leaders within the region)
- Prepare a brief, concise report of any FNA related activities prior to each meeting (template provided)
- Serve on appointed or volunteer committees, as needed.
- Serve as Chair of Task Forces or committees (with consent)
- Attend conference calls, as needed.
- Serve as an official representative of FNA when requested
- Be accessible through email

Regions
Northwest–Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun, Gulf, Liberty, Franklin, Bay
Northeast–Nassau, Baker, Duval, Clay, Putnam, St. Johns
East Central–Volusia, Lake, Seminole, Orange, Osceola, Brevard, Flagler, Sumter
West Central–Hernando, Pasco, Pinellas, Hillsborough, Polk, Manatee, Sarasota, Hardee, Highlands, Sumter
Southeast–Indian River, Okaloostee, St. Lucie, Martin, Palm Beach
Southwest–Charlotte, Lee, Glades, Hendry, Collier
South–Dade, Broward, Monroe

Workforce Advocacy Commissioners (5)
Workforce Advocacy Commissioners work to develop products and services to assist and support nurses in improving their work life and working conditions. Members who are not represented by collective bargaining are eligible for these positions.
See bylaw sections in the manual for information on the Nominating Committee and ANA Delegates. (Pages 10-14)

Florida Nurses Association
Nominated by: ____________________________
[ ] Indicate structural unit
[ ] Self nomination

Biographical Data and Consent-to-Serve

It is important that you include information that will describe your current and past experience in nursing and the Association, as well as why you believe you would like to serve in this position. This form will be used by the Nominating Committee and then will be reprinted in the June issue of The Florida Nurse for those candidates on the ballot.

You are encouraged to review the general information about the offices and if you would like more specific details contact members who currently hold these positions. Contact FNA Headquarters for addresses and phone numbers.

Please return complete Consent-to-Serve form with signature no later than close of business April 20th, for the first deadline and May 20th, for the final deadline to be considered by the Nominating Committee or return completed Consent-to-Serve form with signature no later than close of business for Self-Nomination.

Please print legibly:

1. Nomination for Office(s) of:
   [ ] Please list specific FNA office sought and/or ANA Delegates
   [*ANA delegates must be FULL FNA/ANA members.]
   Name: ________________________________
   Credentials: __________________________
   Region: ______________________________
   County: ______________________________
   Address: ______________________________
   Personal Phone: ________________________
   Business Phone: ________________________
   Fax: _________________________________
   Email: ______________________________
   Name: ________________________________
   Credentials: __________________________
   Region: ______________________________
   County: ______________________________
   Address: ______________________________
   Personal Phone: ________________________
   Business Phone: ________________________
   Fax: _________________________________
   Email: ______________________________

   **This form must be completed and signed by the candidate and returned to FNA Headquarters by April 20, 2011 for the first deadline and May 20, 2011 for the final deadline to be considered by the Nominating Committee. Please request a separate form for Workforce Advocacy Positions.**

   Please print legibly:

   Please describe in 30 words or less why you want this position (what you would like to do while holding this office):

2. Education (List all degrees you have completed).
   School(s) of Nursing

3. Place of Employment and present position held

4. Professional organization activities (list offices and committees on national, state or local level for the last five years), to include collective bargaining activities, and local unit leadership.
   a. Region(District):
   b. State:
   c. National:
   d. International:
   5. Present Office(s):

6. Current ANA member District:

7. Are you currently or have you ever been a member of a collective bargaining unit?
   Yes     No      If yes, when and where:

   I have read the FNA Bylaws and understand the duties and responsibilities of the office for which I am submitting my name. If elected, I agree to fulfill the duties of office to the best of my ability.

   Signature

   * Please submit a photograph for publication in The Florida Nurse *

Florida Nurses Association
P.O. Box 536985, Orlando, FL 32853-6985
info@floridanurse.org

Page 6 The Florida Nurse March 2011
MARK YOUR CALENDARS:
2011 Membership Assembly

Start saving now for the 2011 Membership Assembly on September 23 and 24 at the Hilton Orlando Altamonte. Please visit floridanurse.org and click on “Conferences” and keep an eye on your inbox for more information.

At the meeting, FNA members and students will make important association decisions, network, and earn continuing education credit hours. Students are invited to attend for free on September 23rd for a special Student Day.

The 2011 FNA Membership Assembly will be held at the Hilton Orlando Altamonte and those attending will receive a special daily rate of $109 per night. You may call 1.800.678.4380 to make your reservations now. Don’t forget to tell them that you are with FNA to get your special room rate.

Email info@floridanurse.org for any of the forms or manuals.

Here are some important dates for you to remember as you prepare for the 2011 Membership Assembly:

- April 20: First election nominations deadline
- April 22: Proposed Bylaws deadline
- May 1: Speaker proposal deadline
- May 20: Final election nominations deadline
- May 31: Awards nomination deadline (including individuals, regional newsletter, lamplighter/diamond)
- June 1: Scholarship and research grant application deadline
- August 1
  - Reference Proposal deadline
  - Annual Reports deadline
  - Poster Proposal deadline
increase participation and professionalism. I feel that there is no better place to attain achievement of this goal than Lobby Days. Professional growth is an important area that many students don’t take into account while in the “student role.” Our professional responsibilities begin as soon as we make the decision to enter into the field of nursing, not when we sit for licensure. It’s essential to get as many students involved as possible in the professional growth of nursing, especially in the political arena in Tallahassee where there are never enough nursing voices and no such thing as too many voices. Lobby Days is such a wonderful opportunity for students to gain insight into the many facets of healthcare and become inspired to make a difference. FNSA looks forward to standing up with FNA to make the nursing voice heard this year in Tallahassee.

On an organizational note, we would like to announce the election of our newest consultant, Dr. Jill Winland-Brown from Florida Atlantic University. Dr. Brown has been a consultant for many years and is currently a professor in FAU’s graduate program. Her love for FNSA and FNA has followed her throughout her career and we are grateful to have her as our newest consultant. We do have another vacant consultant position and letters of interest can be emailed to Toni Linck at fnsatoni@hotmail.com, Willa Fuller at wfuller@floridanurse.org, or myself at fnsapresident@yahoo.com.

Welcome New Grads

FNA extends a warm welcome to those new graduates who have chosen to take the step to join their professional association. We wish you a great start to your career and look forward to working with you in the future! Your voice is important to us. Please feel free to contact us at any time with questions. Please find the number for the Members Only Toll Free line in your new member packet or email info@floridanurse.org.

- Dawn Hillebrandt, Titusville
- Norman Arnita, Tampa

Florida New Graduates! We want to know how you’re doing!

Please go to http://www.zoomerang.com/Survey/WEB22BV/PICAAM to complete a short survey about your experience as a new grad! Your participation will help us create services and activities for new grads.

If you are an FNA member, please contact Leah Nash to become a part of the New Graduate Special Interest Group. This is the first Special Interest Group to become active under the new FNA Structure. We need your voice! You can reach Leah at lnash@floridanurse.org.

Shelby Jones
FNSA President

Hello FNA Members!
FNSA is in full swing as the New Year begins. We’re very excited about the great events that we have in the next few months such as FNA Lobby Days and the National Convention in Salt Lake City, Utah. As student leaders, we are very conscious of our professional duty and obligation to the profession which we have chosen to dedicate our lives, nursing. We know that our professional responsibilities will begin at FNA Lobby Days in Tallahassee, March 15-16. One of my goals as President of FNSA for this year is to make as many students involved as possible in the professional growth of nursing, especially in the political arena in Tallahassee where there are never enough nursing voices and no such thing as too many voices. Lobby Days is such a wonderful opportunity for students to gain insight into the many facets of healthcare and become inspired to make a difference. FNSA looks forward to standing up with FNA to make the nursing voice heard this year in Tallahassee.

On an organizational note, we would like to announce the election of our newest consultant, Dr. Jill Winland-Brown from Florida Atlantic University. Dr. Brown has been a consultant for many years and is currently a professor in FAU’s graduate program. Her love for FNSA and FNA has followed her throughout her career and we are grateful to have her as our newest consultant. We do have another vacant consultant position and letters of interest can be emailed to Toni Linck at fnsatoni@hotmail.com, Willa Fuller at wfuller@floridanurse.org, or myself at fnsapresident@yahoo.com.

We look forward to seeing each and every one of you at Lobby Days!
FNF Offers 2011 Research Grants and Scholarships

Florida Nurses Foundation Awards Research Grants and Scholarships Annually.

The Florida Nurses Foundation (FNF) is pleased to announce that the 2011 research grant and scholarship applications are now available online. Please visit floridanurse.org/foundationGrants for the applications and upload instructions. Only applications uploaded through the FNA website will be considered. The deadline to upload completed applications is June 1, 2011.

FNF exists to promote nursing and delivery of healthcare through the advancement of research, education and practice. Each year, funds are provided to registered nurses and students for research grants and scholarships. Since 1986, FNF has awarded over $250,000 in scholarship dollars and almost $65,000 in research grant dollars. Inquiries about FNF research grants and scholarships should be directed to foundation@floridanurse.org.

2011 Will Be Challenging, Opportunities Present

By Anna Small, CNM, JD

This session will likely prove to be one of challenges, but also one of significant opportunity. The challenges stem from a budget shortfall of over $3.6 billion. There is no easy way to plug this budget hole since the state budget has been trimmed down to a bare minimum over the last few years. Health and human services have been cut, as has education, and state employees have not had a raise since late 2006. Additional challenges we will likely see are further cuts to health and human services, cuts to education programs—which may affect nursing education programs, significant changes to state employee benefits, and possible mergers of state agencies.

With the recent ruling by one judge that the Patient Protection and Affordable Care Act (ACA) is unconstitutional, Florida is not rushing to make many of the changes in the law which would be needed to bring the state into compliance with the federal law. Governor Rick Scott has stated that there will be time to come into compliance later, if it is necessary, once the United States Supreme Court decides whether ACA is constitutional. The bottom line is that we are unlikely to see much movement from the Florida legislature in this regard.

Governor Scott’s transition team and several different legislators have proposed the merger of various state agencies. The exact details of this plan have not yet emerged. We will be monitoring the proposals closely. We know that this could affect many nurses who work for the state and even more of Florida’s citizens who receive healthcare services from these nurses and other health care providers.

We will likely see significant reform of the Medicaid system. At this point, the legislature has indicated that it plans to expand Medicaid Health Maintenance Organizations (HMOs) into all sixty-seven counties in the state. This is one of the ways in which we have a real opportunity to advance our legislative agenda. We are working to educate legislators on how RNs and Advanced Registered Nurse Practitioners (ARNPs) can be part of the solution to Florida’s health care crisis and increase access to care. ARNPs could provide cost effective, high-quality care to Medicaid recipients if they were permitted to practice to their full education, training, and experience in compliance with protocol with a collaborating physician. RNs can deliver important patient education, preventative care, and public health services within the Medicaid system. We continue to stress the key roles nurses play within our Medicaid system.

Your entire lobbying team, including Robert M. Levy and Associates, and all the staff of FNA are working hard to plan an excellent Lobby Days for 2011. We hope to see you there so your voice can be heard.

Senate President Senator Mike Haridopolos, FNA 1st Vice President Bonnie Sklaren, and Senator Mike Bennett.
The entire family sat in the exam room, looking shell shocked and subdued. Eight days since M’s pre-operative visit and so much had changed. No longer did she appear to be the confident, independent, optimistic 57 year old wife, mother, grandmother, and teacher. Her husband, two daughters, and both sons-in-law hovered around her as if she was a fragile porcelain statue, ready to topple and break at any moment. M looked detached, sad, without any spark in her eye. When asked how she was doing since her craniotomy for brain tumor resection, she indicated she was fine in the flattest, least convincing manner. I proceeded to explain the steroid taper, the need to continue anticonvulsants during the course of radiation therapy, and the first round of chemotherapy, explained that I would take the staples out at this visit and that it would not be painful. Then I asked if she had any questions. In a flat, emotionless, monotone voice, she asked how long she had to live. I realized that she was so consumed with what she felt was her impending death that she had shut down and was not really listening or internalizing anything about her subsequent treatment.

Deciding that the only way to get through to her was to use a little “shock therapy.” I carefully examined both arms, the back of her hairline, the backs of her hands, and behind both ears. M remained immobile and detached; the family looked totally confused. I then sat down across from her, looked into her eyes, and announced “M, I cannot find an expiration date anywhere.” Her family looked like they wanted to kill me at that point and M still looked totally uninvolved. Just at the point where I thought I had definitely chosen the wrong intervention, M started to giggle and then convulsed into real laughter. Her family now looked even more startled and probably thought we both needed to be committed. After wiping her eyes and controlling her laughter, she announced that this was the first time anyone had treated her like a real adult person or tried to be anything other than sickeningly sweet and solicitous since she found out about the tumor. “Everything I’ve read on the internet about this tumor tells me I am going to die. No one wants to talk about what was really bothering her. She told her family that she knew discussions about her death made them uncomfortable so they were free to leave the room if they needed to. To their credit, they all stayed. She explained that the internet indicated she had 6-12 months to live. I explained that those figures represent the median survival for untreated tumors and also explained that the people who went to work in the Twin Towers on September 11th certainly had every intention of returning home that night for dinner.

Over the next hour or so, we all discussed what to expect with radiation and chemotherapy and I stressed the fact that these were not cures for the tumor and, at some point, it will recur. At that point, we still had many options, including more surgery and additional medications. She acknowledged that surgery had been a breeze with only a one day hospital stay and no post op complications and that she would not be adverse to doing it again in the future. She was quick to point out that nowhere in her reading or internet searches had there been any mention of further treatments and she was led to believe once radiation and initial chemotherapy was completed, she just waited to die. Nothing could be farther from the truth, I assured her, and suggested she needed to look at this as a chronic disease which she will always have with her and will need to be closely monitored. She thought about this for a minute and replied, “Sounds like diabetes without the shots.”

When everyone had a chance to ask their questions, we all hugged and the family went off to their initial consultation with the radiation oncologist (late, but in a much better frame of mind). Over the years, we have had many opportunities to have conversations about her life, her family, her tumor, and her outlook on life. On one occasion M indicated that she looked at the tumor as a gift, because it made her and her husband look at their lives and stop putting things off until later, knowing later may never come. Last Christmas I got a card from them, from one of their European ports of call on their holiday cruise. Under the usual Christmas and New Year’s wishes was the hand written note, “I am living, not dying, and you are definitely not normal.”
The Northeast Region is comprised of Nassau, Baker, Duval, Clay, St. Johns, and Putnam Counties. We would like to invite all nurses residing or working, regardless of your nursing specialty or your work setting, in the Northeast Region to join us in building a strong voice for our area's unique qualities and challenges.

District #2 Update: A "Premier" District for our area has transitioned into the new regional boundaries with many of the same challenges that the entire state districts experienced. They were able to do this because of the excellent structure of the District, the strong commitment of its dedicated membership, and the excellent leadership that they had to lead them.

Elly Dunlap retired as the last president for District #2 when it transitioned into the Regional boundaries. She enjoys a long and honorable history with FNA and is one of our most valuable respected leaders. Elly worked diligently on every phase of the transition and the results of her efforts are now seen in the new chapter that has evolved in the Region.

The Jax-OP (Jacksonville-Orange Park) Chapter is our first, and was accepted with FNA approval on December 2, 2010. Chairs for the Jax-OP Chapter in the Northeast Region are Doreen Perez (dperez@unf.edu) and Gloria Milan (gmilan@comcast.com). Charter members are Mary Kathleen Ebener, William Ahrens, Sue Leger-Krall, Kay Fullwood, Gloria Chaffey, Teri Chenot, Gemma Rio, Debi Wagner, Karla Hawke, and Patty Wallace. For more information on how to become involved with the Jax-OP Chapter, contact the Co-Chairs.

It has been a privilege to have worked alongside of Elly during the task force/transition team days and through the sometimes bumpy journey to Regions. As the liaison for her District, I was welcomed by the great leaders of District #2 with open and embracing arms. It was truly my pleasure to become part of their great legacy. Elly had some beautiful and heartfelt words for her team as she retired, and she has allowed me to share them with all of you.

President Elly Dunlap's Final Words

As FNA is in the final stage of reorganization and the transition from district to region is complete, it is time for me to say my farewells and fade into the sunset. My journey as District 2 President has afforded me the opportunity to meet and work with some of the most dynamic and influential nurses in Florida, including such renowned names as Gretta Styles and Imogene King.

Yet it is the unsung heroes of District 2 for whom I am most grateful. It has been said that District 2 was one of the most active/successful districts in FNA. That can only be attributed to the involvement and energy expended by the members, particularly the officers and board members of District 2.

It has been my pleasure to be associated with such a fine group of nurses. Thanks for the memories!

Elly Dunlap

As true with every long standing member who is a dedicated, committed nurse leader of FNA, Elly follows suit and is just a whisper away. Her retirement from presidency was only in reality a position change within our association.

In closing, as your liaison for the Region, I am eager to hear from you and invite your comments and suggestions. Please do not hesitate to contact me; I am available and willing to assist in any way that I am able.

I firmly believe in FNA's Mission statement, "To serve and support all registered nurses through professional development, advocacy and the promotion of excellence at every level of professional nursing practice." Together we can build on the past history of this area and help mold a Region that continues as a strong nursing advocate for all nurses, and the trusted nursing voice for a healthier Florida.

Congratulations to Our First Chapter, the Jax-OP Chapter, and to these prestigious nurses who have made FNA history.

With sincere gratitude, Annmarie

Annmarie J. Farro
FNA Director @ Large
Northeast Regional Liaison
Memabeaches@aol.com
352-416-4117 • 352-245-0662

Northeast Region News

The Florida Nurse
South Region Update

by Naomi Benton-Brown, RN, and Hector P. Cintron, ARNP

The FNA South Region members made a generous donation of Christmas toys to the First Congregational Church, located in the Everglades of Immokalee. These toys were especially targeted for the children of migrant camp workers families.

FNA South Region participants were proud to sponsor this selected group of children, knowing that these gifts would bring anticipation, happiness, and joy on Christmas day to them. We could only imagine and envision the smiles on their faces.

Showing compassion and possessing heartfelt feelings towards making a difference in the lives of others less fortunate is not only rewarding, but collectively, unselfish acts of kindness toward displaying sincere humanitarian efforts.

We received a letter of thanks dated 12/2/10 from Brian Percival, Church Administrator of the First Congregational Church, for our toy drive contributions. He stated, “This year, we have promised presents for 500 children, with the donation from the South Region of the Florida Nurses Association, we will be that much closer to meeting our goal. These Christmas presents provide a small glimmer of hope to these children.”
Celebrate Nurses Week: May 6–12

The work of America’s 3.1 million registered nurses to save lives and maintain the health of millions of individuals is the focus of this year’s National Nurses Week, to be celebrated May 6–12 throughout the U.S. Using the theme, “Nurses Trusted To Care,” the American Nurses Association (ANA) and its constituent associations—including FNA—will highlight the diverse ways in which registered nurses, the largest healthcare profession, are working to improve health care. From acute bedside nursing to long term care, the depth and breadth of the nursing profession is meeting the expanding healthcare needs of American society. National Nurses Week begins on May 6, marked as RN Recognition Day, and FNA will be kicking off the week with its annual Clinical Excellence Conference (see page 10). The week ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession. ANA and the FNA, through the members, advance the nursing profession by fostering high standards of nursing practice, promoting economic and general welfare, promoting a positive and realistic view of nursing, and lobbying Congress and regulatory agencies on healthcare.

Here are some simple ways to celebrate Nurses Week at your location:

• Designate a Nurse Week Planning Committee.
• Obtain a proclamation from the mayor of your town proclaiming May 6-12 Nurses Week for your community.
• Plan a special event to honor nurses in your community.
• Write an article for your organization’s newsletter about Nurses Week.
• Plan a trip to the Marlins game for National Nurses Night on May 7th; you even get a special rate! The Marlins will be playing the Washington Nationals.

These are just a few easy ways to celebrate and honor nurses during this special week. For more ideas, please visit www.floridanurse.org/NewsEvents.

By Jeannie Demshar, Esq.
Director of Professional Practice Advocacy and Labor Relations, FNA

ATTENTION ALL NURSES IN THE STATE OF FLORIDA . . .

This is a critical time for our state employees and our state unit. If there is ever a time that our members need us the most, it is now. We also need our members and other supportive nurses to join us in this fight. Unity is not just a word, it is a necessity if we are to make our voices heard. Governor Scott’s budget proposes major changes to state employee benefits, including eliminating thousands of current state employee positions and millions of dollars from the budget department’s budget; the three remaining state mental health hospitals, requiring state employees to contribute 5% of their salaries to the FRS, and closing the equivalent of two prisons. Some of the changes that are being discussed by the legislature include the phasing out of defined benefit retirement programs for new employees and providing incentives for existing workers to shift into defined contribution programs, reducing or restricting the amount of special risk retirement credit, changing how pension benefits are calculated, requiring all state employees to contribute to their health care insurance benefits, increasing the health insurance premiums that the state pays, increasing co-payments and deductibles, and reducing the scope of covered services.

We continue to stress to the legislature the value of its human resources and argue that the Legislature has the right to do the right thing. FNA has the opportunity to educate the legislators and other stakeholders through our lobbyists; however, FNA cannot do this alone. We need YOUR help. The legislative session began on March 8, 2011. Thus, we have limited time to continue to make our voices heard. Legislators must be educated on the needs of state employees. This is where you come in. Please make every effort to visit and communicate with your legislators to educate them on the importance of the state’s valuable state employees.

In order to assist you in this effort, FNA and its legislative counsel, Anna Small, have created talking points regarding these and other important issues affecting state employees. These talking points and information on your legislative district are posted on www.floridanurse.org/legislative, click on “Capital Wiz” and then on “Issues and Legislation.” From there, click on “Legislative Alerts and Updates,” which will bring you to FNA legislative reports, bills we are supporting and opposing, alerts/uploads on bills, talking points, and legislative updates via FNA TV (Internet video coverage of events at the end of each week during legislative session). You can also request legislative jackets (from FNA Headquarters by contacting Jeannie Demshar or Bibi Lowton at 407-896-3261).

As you can see, our state employees have a tough road ahead. Nursing is a family, and if one of us is hurt, it affects all of us. Let’s work together to make sure our state employees are not in this fight alone. Thank you.

Notes from the Executive Director continued from page 2

those who read The Florida Nurse all the time, I know I am repeating myself, but I also know that according to marketing specialists, it takes seven times to get a message across. We at FNA believe we can elevate the profession of nursing, but we believe we can be even more effective with the voices of the individual nurses of Florida. Together, we can generate the resources to move mountains. There are several levels of participation in this, your professional organization. You can join as a member and your membership dues provides the resources for FNA’s advocacy efforts on your behalf. You can participate in committees and/or special interest groups, you can serve as a leader on the regional level, you can run for state office, you can serve on the board of the Political Action Committee (PAC), you could serve as a Foundation Trustee. There are also opportunities from time to time to represent the voices of FNA on committees requested by outside entities. This is a win-win for the member as you gain experience and work to improve your profession. I would also like to share another way we work to advocate for nurses through collaborative work with other organizations. Many years ago we convened a group called QUIN Council (QUIN-Quality and Unity in Nursing) which is composed of the nursing leadership of key nursing organizations in the state. Recently, QUIN has come together to work on several issues including its own structure. This past year, the group voted to expand by inviting state level nursing associations to join. Currently, the group is working on the recommendations to the Future of Nursing report and determining how we can address those recommendations as it will best benefit the nurses in Florida. The website is currently under development at www.quincouncil.org. To say that nursing is facing many challenges is an understatement. We need nurses to step up to assist us with the work ahead. With the potential for over 200,000 strong voices, we can distribute the work so that no one is overburdened and with the resources provided through membership dues, we can also provide much needed services and support for those in all areas of practice. This turmoil creates a great opportunity for our profession. Join us today, make Florida a healthier place for both nurses and our patients!
Everyday Negotiation: Styles Affect Outcomes

by Jeanie Demshar, Esq.

When you hear the term “negotiation” or hear anyone speak about negotiation, most of you automatically think in terms of negotiating a collective bargaining agreement or other legally binding contract. Certainly, that is the most common area where the knowledge, skills, and experience in negotiation is valuable. However, if you take a look at your daily activities, I would expect that you can identify several times during the day when you are “negotiating”—whether it is at work with a patient, colleague, or other member of the healthcare team, at home with your spouse or children, or when making a major purchase such as a home, car, or furniture. The goals are the same: to achieve the best possible outcome that meets everyone’s needs.

As nurses, you interact with many different people throughout the course of your work day. It doesn’t really matter what type of work setting—you interact with patients, families, doctors, other members of the health care team, other hospital departments such as housekeeping and transport, and other nurses who you may call on for assistance or who may request your assistance.

Negotiation is a basic means of getting what you want from others. It is back-and-forth communication that is designed to reach an agreement when you and the other side have interests that are shared and others that are opposed. Nurses want to participate in decisions that affect them and their patients. Although negotiation takes place every day, it is not easy to do well. Standard strategies often leave you dissatisfied, worn out, or alienated.

What I would like to do in this article is to review the different negotiation “styles” and to then offer some alternative strategies that you can use in your workplace as well as in other areas of your lives.

When you think about negotiation you usually think of two ways to do—so-soft or hard. In soft negotiation, the individual wants to avoid personal conflict and makes concessions easily to reach an agreement but in the end is left feeling less than satisfied with the end result. In hard negotiation, the individual sees every issue as a contest of wills and wants to win at any cost and can end up harming and damaging the relationship with the other party. There is third way to look at the negotiation process—it is called principled negotiation. In this process, you decide issues on the merits. You look for mutual gains where interests conflict, you insist on the single answer, to search for mutual gains, and dissatisfied with unresolved issues. Begin applying these negotiation skills in your every day life and soon you will possess the skills necessary to resolve the conflicts you are likely to encounter in life.

“Nurses eat their young.” It is a statement made often matter-of-factly, with a knowing nod of the head. For some inconceivable reason, this has been an accepted part of the U.S. nursing culture for decades.

Today we assign more formal terminology: workplace bullying, horizontal violence, incivility. Preventing physical and emotional violence in the workplace is now a health and safety priority on the national agenda. Public and private regulatory agencies, accrediting bodies, and professional organizations across all disciplines have new or updated standards and guidelines for creating a culture of civility.

Uncivil behavior is simply not acceptable. Incivility, defined as speech or action that is disrespectful or rude, impairs communication, and the adverse impact of poor communication on patient quality and safety is substantially documented by the Institute of Medicine and the Joint Commission (2008). Incivility also contributes to the nursing shortage by diminishing personal self-esteem and leading to attrition of nurses (Felblinger, 2009) and nursing faculty (Caldwell, 2005) across the workforce. The financial costs to an organization are high. Nurses who feel tormented by co-workers have high rates of burnout and poor job satisfaction. Bullying costs to an organization are high. Nurses who feel tormented by co-workers have high rates of burnout and poor job satisfaction.

Not uncommonly, bullied nurses suffer psychological and physiological symptoms of post-traumatic stress. A respectful work environment is essential to recruiting and retaining a healthy nurse workplace (Florida Center for Nursing, 2006).

Heinrich (2006) calls the debasing interactions that leave one feeling disrespected, devalued, or dismissed “joy stealing games.” Descriptive labels for some of these uncivil interactions include: setting up, distorting, betraying, shaming, blaming, silencing. Instead of making an effort to help a co-worker complete a task or solve a problem, the tormentor sets you up for failure by giving brief, useless information. The nonverbal message is “figure it out for yourself.” Sometimes the tormentor seems helpful, but then betrays you by distorting the truth, reneging support or blaming you for bad outcomes. From your perspective, the tormentor’s actions and statements are focused on making themselves look good and you look foolish. The more public your shame, the better. If you persist in asserting your opinions or volunteering to participate as a team member, the tormentor attempts to silence you by manufacturing reasons to exclude you. The message seems clear, “You’re not wanted or valued here.”

Reported acts of physical and emotional violence have increased in recent years in general society and in the health care environment. Incivility is exaggerated when nurses feel stressed and overextended by demanding workloads and high-stakes environments (Clark, 2009). An increase in societal stressors and workload in these harsh economic times is unquestionable, and it doesn’t get more high-stakes than being responsible for another person’s life and safety. The stakes in nursing care will always be high. Stressors will always be a factor in human interactions and the health care environment. As is often the case, the key to addressing this problem is prevention.

The Joint Commission recommends a code of conduct and action strategies that include incivility education and enforced consequences. Clark’s strategies for promoting a culture of civility in nursing education are readily applied to practice settings. First, set the stage for civil conduct. Common organizational values include excellence, respect, accountability, and professionalism. Each member of the health care team is responsible for role modeling respectful language, civil discourse, active listening, and inclusive attitudes. This is achieved by viewing inter-professional relationships as collaborative, not authoritarian or adversarial. There is no room in the health care environment for sarcastic or condescending remarks toward any member of the team. Individuals need to feel empowered to speak out when they witness uncivil behavior (AONE, 2007).

Establishing a safe work environment requires more than protection from physical harm. It includes freedom from emotional abuse as well. Silence or inaction sends a message of condoning uncivil behavior. In accordance with the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001), every individual nurse is ethically obligated to act “with compassion and respect for the inherent dignity, worth, and uniqueness of every individual” (Provision 1). The standard of conduct extends to all professional relationships and precludes “any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others” (Provision 1.5). Acts of omission by failing to speak out against uncivil behavior are as detrimental to individuals and the profession as acts of commission.

Nurses can work individually and collectively to bring about social change. Self-awareness is important; don’t be the tormentor. Some may not realize their behavior is uncivil. Speak out for civility when you witness disrespectful behavior. Collectively, FNA passed a resolution in 2007 to work toward eradication of horizontal violence and bullying. Eradication is a lofty aspiration and one that I hope we can achieve. It will require a cultural shift where incivility is no longer an accepted or ignored behavior. Caring for patients, families, marginalized population groups, nursing students, ourselves, and the nursing profession is a big enough job without the distraction of uncivil treatment by colleagues. Civil, respectful interactions can be practiced safely, patient-centered, collaborative, high-quality nursing care. Are you modeling civil behavior?

Strategies to Create a Culture of Civility

- Articulate behavioral standards, such as code of conduct or promise of civility.
- Enforce conduct standards consistently, immediately, and directly.
- Foster a culture of truth telling where speaking out is encouraged and supported.
- Hold public forums about incivility and its consequences, face-to-face or online.
- Reward individuals who make an effort to model civility.
- Create a “Civility Team.”

References:


March 2011

The Florida Nurse Page 17

by George Byron Smith, ARNP

The Unlicensed Assistive Personnel (UAP) Task Force has been convened to address the proposal, Medication Administration by Unlicensed Assistant Personnel, adopted by the FNA House of Delegates. The Task Force has been charged to work in collaboration with the Florida Board of Nursing to investigate the need for consistent regulation of unlicensed assistive personnel as relates to medication administration including assistance with “self administration” (FNA Proposal reference). The task force members include: George Byron Smith, ARNP; Barbara Ringgold, RN; Debi Hunt, ARNP; Marc Dial, RN; and Sue Leger-Krall, ARNP. FNA President Andrea Gregg, DSN, RN, sits on the task force in an ex-officio position.

Assisted living facilities (ALFs) and congregate living have rapidly expanded here in Florida. As outlined in the proposal, an ALF offers a more home-like environment than traditional forms of long-term care such as nursing homes. As the population continues to age, ALFs will provide thousands of Floridians the opportunity to remain living in their community. Aging in place will have rapidly expanded here in Florida. As the population continues to age, ALFs will provide thousands of Floridians the opportunity to remain living in their community. Aging in place will continue to be an important principle guiding health care reform. ALFs provide supervision or assistance with activities of daily living (ADLs) and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person.

Florida Statue 429.256 Assistance with Self Administration of Medications includes both legend and over-the-counter oral dosage forms, topical dosage forms and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers.

According to the State of Florida regulations, UAP are required to take a 4-hour course prior to assisting with self administering medications to residents of ALFs. However, this training varies between facilities and is often not competency based. Competency based training requires the learner to demonstrate documented competency in the skills trained. Current training relies on a nurse to “certify” the learner is competent; however, since training certification is not standardized across Florida different nurses can “certify” varying competencies.

There is a lack of consistency in the delivery and monitoring of medication administration in the ALF and congregate care settings. Neither the resident nor the UAP have the professional background and training to manage and monitor drug interactions, medication administration guidelines, and identification of adverse drug events. In addition, there currently is no guideline for literacy screening of UAP who assist with medication delivery, so Florida consumers are not protected from medication administration by unlicensed personnel who cannot safely distinguish one medication from another. Many ALFs do not have 24 hour on-site coverage by licensed nurses (FNA Proposal).

ALFs and community based long term care is here to stay. It has proven to be a cost effective way for elders, persons with developmental disabilities, and mentally incapacitated individuals to maintain some level of independence. What does “assist with self administration of medication” actually mean? Are there measures and standards of self administration? How can we protect these vulnerable population groups from harm? How do we balance the needs of ADL supervision with those requiring nursing care supervision? Can a resident with cognitive impairment or dementia be expected to self administer? What are the legal issues for the RN who supervises UAPs? These and other questions have been raised.

The task force met in early September 2010 to discuss our mission and purpose. Our first task is to review the literature in the following areas:

- Resident competency to self-administer medications
- Legal issues related to delegation or medication assistance to UAPs
- Curriculum on training UAPs for medication assistance
- Safety concerns and issues on UAPs medication assistance practices

After a careful review and discussion of the literature it became clear that the group needed to clearly define “Self Administration of Medication.” We are currently looking at other State practices and definitions. Goals identified by the group are to:

- Create a clear definition of “assisting” as the current guidelines are vague and open to interpretation.
- Make recommendations for standard “tests” to determine when a resident is competent to self-administer medications.
- Educate nurses, residents, families, and the public on the issues and concerns of self-administration.
- Establish who is in charge of the UAP’s in the various settings and make recommendations regarding proper supervision.
- Determine exactly how UAP’s are currently being trained by reviewing the current AHCA Approved Training Model and making recommendations on clarification.

You can find the link on our website at www.floridanurse.org

We appreciate your participation!
Leaders Discuss the Future of Nursing in Southwest Florida

by Denise McNulty, DNP, MSN, ARNP

Key health and community leaders gathered to begin advancing recommendations aimed at transforming the nursing profession—and much of the health care system—to improve the quality of care throughout the Southwest Florida region. Their work is part of a national initiative being launched in the wake of a landmark report from the Institute of Medicine.

Led locally by the FNA Collier County Chapter and the Southwest Organization of Nurse Executives in partnership with the Greater Naples Chamber of Commerce, the Southwest Florida Regional Awareness Meeting coincided with a major summit in Washington, DC, and the start of the Future of Nursing: Campaign for Action. At each event, the goal was to solve the educational, training, and practice issues that prevent nurses from serving as full partners in the delivery of quality health care. Denise McNulty, DNP, MSN, ARNP, co-hosted the event with a colleague, bringing together nurse leaders and representatives from eighteen organizations in Collier and Lee Counties.

The IOM report, The Future of Nursing: Leading Change, Advancing Health, assessed the critical role played by more than 3 million nurses in the nation’s health care system. The challenges facing the health care system must be addressed, it concluded, or the system will never be able to provide quality care that is seamless, affordable and accessible to all populations, one responded that it was threaded throughout, while another stated that awareness is raised in the classroom.

The FNA Health Literacy Committee has been initiated into Clinical Nurse Leader (CNL) programs. The participants of the survey stated that clinical evaluations include critical competencies related to health literacy. The response to the question of what are the health literacy goals, objectives and plan specific for your CNL curriculum was to evaluate disparities that affect how people access healthcare, review the process of communication throughout the healthcare continuum, identify concepts of emotional, social and spiritual health and well-being, integrate understanding of spiritual beliefs into patient care and differentiate/compensate for cultural, generational disparities.

In conclusion, the survey response rate is appreciated and brings forth the understanding that health literacy is an important responsibility of nurses to effectively provide and promote understanding of health information to patients and their families, as well as address barriers of adequate health literacy to advocate the delivery of quality health care. Health literacy is required to strengthen health promotion and disease and injury prevention programs and nurses have the foresight and clinical judgment to facilitate health literacy at the global, national, state and local levels. Every nurse and nursing student should be aware of the importance of screening and assessing for low health literacy levels at EVERY health care encounter. Identifying patients with potential health literacy problems is important. The FNA Health Literacy Committee will continue on the mission to educate nurses about the importance of screening, assessing and implement a positive approach to enhance low health literacy while advocating for health care consumers to maintain an active role in managing their health or illness. The call for the FNA Health Literacy Committee and all nurses is to initiate awareness and provide transparency of health literacy to both nurses in academia and health care consumers.

The newly formed FNA Health Literacy Committee surveyed higher education nursing institutions regarding awareness and application of health literacy in their respective curriculum. Eleven out of 22 nursing schools participated with a response rate of 50%. Each survey question was reviewed and found to have a common theme, that health literacy is integrated throughout the curriculum, although not transparent. Some reported that health literacy awareness is through class discussion and stressed with patient education, one institution stated it starts in theory and is applied in clinical practice. One institution separated the BSN and MSN students. For the BSN students, health literacy is integrated through health assessment and health promotion for vulnerable groups. The MSN students regard health literacy within a population focused care curriculum.

The participants of the survey offered that obtaining a translator, learning a client’s culture, using simple instruction, assessing educational and comprehension is when patient teaching can be titrated to the needs of the individual.

When asked how faculty is aware of the literacy levels and language needs of the community they serve, the participants of this survey stated that this awareness is discussed in faculty meetings. Some reported that diversity training from diverse clinical faculty who are skilled at communicating with specific populations, one responded that it was threaded throughout, while another stated that awareness is raised in the classroom.

The FNA Health Literacy Committee specifically asked how health literacy is integrated into Clinical Nurse Leader (CNL) programs. The participants of the survey stated that clinical evaluations include critical competencies related to health literacy. The response to the question of what are the health literacy goals, objectives and plan specific for your CNL curriculum was to evaluate disparities that affect how people access healthcare, review the process of communication throughout the healthcare continuum, identify concepts of emotional, social and spiritual health and well-being, integrate understanding of spiritual beliefs into patient care and differentiate/compensate for cultural, generational disparities.

In conclusion, the survey response rate is appreciated and brings forth the understanding that health literacy is an important responsibility of nurses to effectively provide and promote understanding of health information to patients and their families, as well as address barriers of adequate health literacy to advocate the delivery of quality health care. Health literacy is required to strengthen health promotion and disease and injury prevention programs and nurses have the foresight and clinical judgment to facilitate health literacy at the global, national, state and local levels. Every nurse and nursing student should be aware of the importance of screening and assessing for low health literacy levels at EVERY health care encounter. Identifying patients with potential health literacy problems is important. The FNA Health Literacy Committee will continue on the mission to educate nurses about the importance of screening, assessing and implement a positive approach to enhance low health literacy while advocating for health care consumers to maintain an active role in managing their health or illness. The call for the FNA Health Literacy Committee and all nurses is to initiate awareness and provide transparency of health literacy to both nurses in academia and health care consumers.

Member Spotlight

Valencia Professor Writes a How-To Book for Young People Interested in Entering the Health Care Field.

Have you always wanted to be a nurse? Or maybe you envision yourself as a radiologist or an EMT. If so, you could start preparing for your dream career as early as middle school with the help of a new book, “Heads Up: Successful Strategies for Planning a Career in Health Care,” by Valencia Community College professor and Dr. Diane Reed and her colleague. The 77-page pocket-sized book serves as a resource for middle school and high school students (and their parents) who are interested in pursuing careers in the health care field.
Imagine traveling to a foreign country where no one speaks English. With a dictionary, you can piece together what the natives are trying to tell you, and with gestures or pantomimes, you can get your basic needs met. Now imagine that while you’re on this adventure, you become ill or get injured. You would likely feel frustrated, confused, helpless, and afraid because you wouldn’t understand what was said or done in the course of your treatment.

No matter what your practice setting, most patients you encounter likely do not have medical or nursing backgrounds. While the treatments you perform on or the medications you give to them are perfectly appropriate, your patients probably won’t understand the rationale or the implications unless you translate them into layperson’s terms.

In the past few years, I have helped various family members seeking health care. Doctors and nurses (most of whom had no idea of my nursing background) have come and gone, efficiently explaining diagnoses, medications and procedures—using medical terminology. Aside from giving emotional support, I’ve found myself serving as a translator between my loved ones and their caregivers.

What does this story have to do with the legal aspects of nursing? Studies show that poor communication increases the likelihood that patients with adverse outcomes will sue, regardless of whether an error has occurred. From my recent experiences, I offer the following suggestions to help improve communication between nurses and patients:

1. Don’t assume that your patient knows medical terminology, especially if his/her background suggests otherwise. One of my family members works at a large medical center and the other is a retired public health nurse, but both were equally confused.

2. Things that we take for granted or assume are common sense really aren’t “common” sense at all. For example, having seen three family members irate upon extubation, I’ve concluded that lay people don’t understand that being on a ventilator involves a tube in the throat and taped to the face, hands tied down, and an inability to talk.

3. Be as precise as you can when estimating times. The patient’s perception of time is probably quite different than yours: 30 minutes is not “a little while” for the person in the bed.

4. Prepare family members, as appropriate. For example, when letting family in to see a patient in ICU for the first time, explain what they will see.

5. Explain delays as soon as possible. For the patient, every scheduled event leads closer to discharge, and every delay means discharge slips further away. Explaining a delay helps to reassure the patient that he/she has not been simply forgotten in the shuffle.

Even with all the technology which should make their working lives easier, nurses are as busy as, if not more than, ever before. Speaking in medical terminology makes the process of care delivery go smoothly when you are communicating with other health care professionals, but if your patient does not understand what you are saying, he or she is not truly a part of the team.

Liz Lanier is a nurse attorney and a Member of Helms & Greene, LLC, in Tampa. She may be contacted at elanier@helmsgreene.com. She is admitted to practice law in Florida and in Georgia. She is currently the President of the Tampa Bay Chapter of The American Association of Nurse Attorneys and is a member of the Board of Directors of the Hillsborough Association for Women Lawyers.

Since 2007, the Florida Center for Nursing (Center) has identified trends and pinpointed potential problems in nursing education using survey data from the state's nursing education programs. In September 2010, an email link to the Center's 2010 Survey of Nursing Programs was sent to 209 nursing schools in the state of Florida to inquire about the status of their nursing programs during AY 2009-2010. 186 schools responded to the survey (89% response rate). Fifteen programs were new and reported not having any students enrolled as of September 30, 2010. In order to have an accurate count of nursing school graduates, we used graduate information as reported by the Office of Program Policy Analysis and Government Accountability (OPPAGA).

As in years past, the number of qualified applicants to nursing schools is far greater than the number of admitted students. The percentage of qualified applicants declined by nursing programs ranged from 52% in LPN programs to 59% in ADN programs. However, in post-licensure programs, the percentage of qualified applicants declined admission was much lower: 37.1% of qualified MSN-Nurse Practitioner applicants were declined, as were 22.6% of PhD applicants and 10.2% of DNP applicants. The number of graduates from nursing programs was 3,605 in LPN programs, 5,701 in ADN programs, and 2,389 in BSN programs. Florida's nursing students are becoming more racially and ethnically diverse—almost 50 percent of LPN students are Black or Hispanic, as are almost 40 percent of BSN students and 30 percent of MSN students.

The reason most often cited for restricting student admission to nursing programs was limited clinical capacity—75% of BSN programs reported this problem as did 66% of MSN programs. Lack of funds to hire faculty was also cited as a problem by 75% of BSN programs and 48% of MSN programs. Too few qualified student applicants was reported as a problem by 50% of doctoral programs.

The large increase in the number of registered nurses from AY 2007-2008 (new graduate RNs increased by 27 percent and LPNs increased by 16.5 percent) was followed by a small increase in RN graduates (2.9 percent) and a decrease in LPN graduates (6%) from AY 2008-2009 to 2009-2010. Over the past year, 7 new LPN programs, 18 new ADN programs, two new pre-licensure BSN programs, and one new MSN program have responded to our survey. These programs have not yet graduated students, but some are anticipated to have graduates during AY 2010-2011. The expansion of new nursing programs in Florida last year will further limit the state's clinical education capacity.

Faculty vacancy rates increased since last year's survey and are currently 8.4% for LPN programs, 7.6% for ADN programs, and 12.4% for BSN and higher programs. Nursing faculty vacancy rates may continue to increase as the faculty ages nearer to retirement age: 16 percent of ADN and LPN faculty and almost 22 percent of BSN full-time faculty members are over the age of 60. Vacancy rates could also be increasing because new faculty positions are created in conjunction with an increasing student enrollment, and as the gradual economic improvement creates new employment opportunities. As a consequence of these increasing vacancy rates, the number of enrolled students per full-time faculty member has edged up by more than one student to 14.6 in LPN programs, 18.3 for ADN programs, and 102 for BSN programs.

The Center suggests the following research and policy recommendations to better understand and address the capacity limitations within our education system:

1) Solutions to the specific problem of clinical capacity must be evaluated;
2) Faculty positions must be made more attractive to nurses considering pursuit of an advanced degree in nursing;
3) Nursing education capacity must remain a priority for colleges, universities, and legislators;
4) Nursing education capacity must be increased strategically; and
5) Improve collaboration with other state entities that collect information from schools of nursing.

To read more about our AY 2009-2010 education report, please visit our website at www.FLCenterforNursing.org and click on the Statewide Data tab.

If you find this information valuable and want the Center to continue its research, please contact your elected officials in the Florida Legislature and tell them to continue funding the Florida Center for Nursing. Your support needs to be heard! Please donate to the Florida Center for Nursing to support our retention projects, research, and programs. You can donate on our website at the Make a Donation tab!
Greetings from the Florida Association of Nurse Anesthetists

by Jeanne M. Antolchick, CRNA, MS, ARNP

CRNAs (Certified Registered Nurse Anesthetists) celebrated their profession during National Nurse Anesthetist Week (January 23-29). Introduced in 2000, this celebration promotes the profession of nurse anesthetists to the public. After all, we do our best work when our patients are sleeping! Nurse anesthetists have been administering anesthesia to patients in the United States for nearly 150 years. According to the American Association of Nurse Anesthetists (AANA) 2008 Practice Profile Survey, CRNAs safely administer over 32 million anesthetics to patients each year. Nurses first provided anesthesia to wounded soldiers during the Civil War. CRNAs have been the main providers of anesthesia care to the United States military men and women on the front lines since WWI, including current conflicts in the Middle East. Additionally, CRNAs are the primary anesthesia providers in rural areas, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and pain management services so that some rural areas have no anesthesia care at all. CRNAs are the sole providers in nearly 100 percent of the rural hospitals.

To conclude the week-long celebration, over 380 FANA members gathered for the FANA 2011 Winter meeting at the Hilton Orlando/Altamonte Springs conference center on January 29. A day of presentations included “Medical Direction and Safety in the Operating Room” by Crystal S. Stitzinger, ARNP, CRNA; “Leadership and Violence in the hospital Environment” by Dr. Linda Lawson and Kelly Miles and “Critical Appraisal of the Literature” by Deborah A. Geisler, CRNA, MHSA: “Healthcare and the ‘Social Media Revolution’ by Rosann M. Spiegel, CRNA, JD; and, “Making Little People Big: Anesthetic Implications” by Gwendolynn D. Randall, PhD, CRNA, ARNP.

As our nation’s legislators continue to reconcile differences in national health care policy, one fact remains constant: Florida’s nurses play critical roles in ensuring patient access to high quality healthcare services. We consistently promote comprehensive healthcare reform that expands patients’ access to affordable healthcare coverage. America’s Advanced Registered Nurse Practitioners (ARNPs), which include CRNAs and mid-wives, are part of the solution to many of the challenges facing the U.S. healthcare system. We appreciate the effort of both the House and Senate, who seek to expand healthcare coverage to millions of Americans who currently lack it, and to develop coverage based on preexisting conditions, and include provisions that support our professions and our service to our patients. Now, more than ever, your associations need your support and participation. We look forward to standing with our fellow nurses to promote the interests of our patients and our membership.

FONE Continues to Strive for Excellence

2010 was a year of many achievements for FONE. Through the dedication of a strong Board of Directors, under the leadership of an outstanding Executive Assistant, FONE has made considerable progress on its journey as the Voice of Nursing Leadership in Florida. We have continued our mission to explore how our member groups can increase involvement in legislative actions.

• FONE was honored as the winner of the 2010 American Organization of Nurse Executives (AONE) National Legislative Impact Award. The impact of FONE’s legislative efforts on the Florida’s nursing practice was highlighted by Deborah A. Geisler, CRNA, MHSA: “Healthcare and the ‘Social Media Revolution’ by Rosann M. Spiegel, CRNA, JD; and, “Making Little People Big: Anesthetic Implications” by Gwendolynn D. Randall, PhD, CRNA, ARNP.

• FONE participated with the Florida Society for Healthcare Security, Safety, and Emergency Management Professionals (FSHSSEMP) on two projects:
  - Statewide awareness and prevention program for infant/pediatric abduction
  - Statewide awareness, prevention, and response/recovery program for workplace violence in the hospital environment

• FONE and Florida International University College of Business Administration co-sponsored “Disney’s Approach to Quality Service for Healthcare Professionals.”

• FONE conducted its annual day in the legislature in Tallahassee in conjunction with the Florida Nurses Association (FNA) Legislative Days. FONE continues to gain lobbying experience and recognition from Florida legislators.

• FONE Research Committee members attended the Friends of the National Institute of Nursing Research’s 2010 NightGala fundraising event.

The Scholarship Committee awarded four scholarships in 2010 to: Nadia Mikhael-Helu, Dawn Lipka, Heather Miller and Lisa Quintero. Congratulations!

The Leadership Committee, chaired by Vicki Marsee, awarded the Florida Nurse Leader of the Year Award to Innette Sarduy, Chief Nurse for Acute Care, at the James A. Haley Veterans Hospital in Tampa.

• FONE Membership now includes a new category: Emeritus Emeritus Members shall be any Full Member who is retired from the profession, 65 years of age, and has maintained FONE membership for a period of five consecutive years prior to their application. An Emeritus Member shall be entitled to all rights and privileges of a Full Member with the exception of holding office at the State level. We are proud to announce our first Emeritus Member is Clare Good. FONE appreciates Clare’s years of dedication and service.

• FONE participated in the Florida Center for Nursing Research on use of simulation technology in Florida.

• FONE is co-sponsoring the Florida Magnet Nursing Research Conference through a sponsorship grant in past years, and through a sponsorship letter that was sent to all of the hospital CNIs in the state.

• The Research Committee, chaired by Diane Brady-Schwartz, continues its mission to foster original research and research literacy among FONE members.

• Educational Conferences—Mark your Calendars!
  • June 9-10, 2011 @ the Sawgrass Marriott in Ponte Vedra (Jacksonville area) will include educational sessions, research poster presentations, tradeshow, Scholarship Awards, Installation of Officers, Membership Meeting & more!

• November 3-4, 2011 in Sarasota will include educational sessions, research poster presentations, tradeshow, Scholarship Awards, Installation of Officers, Membership Meeting & more!

In 2011 the FONE Board of Directors, under the leadership of Jan Mauck, will continue their journey by serving its membership.

From left to right: Pat Hyler, Claudia Distrito, Lisa Schlagel, Jan Mauck, Ann Mclean, Innette Sarduy, Teri Chenot, Rose Sherman, Denise Harris, Patricia Dittman, Lisa Quintero, Linda Lawson and Kelly Miles

FNA Lobby Days: March 15th and 16th. Other nurse advocacy events include:

On March 21 and 22, FANA members will meet in Tallahassee or CRNA Lobby Days. The two-day event will open with a luncheon held in Florida’s Capitol building. Continuing education events in the afternoon will explain the legislative process and identified legislative issues affecting Florida’s CRNAs in 2011. The evening will conclude with a Legislative Reception at the Governor’s Club. The following morning, after a breakfast and pre-briefing, CRNAs and SRNAs will visit their legislators to discuss issues relevant to our patients and to our profession.

Join Florida School Nurses Association (FASN) March on Tallahassee Legislative Advocacy Days

When? March 22, 2011

Florida ranks 45th out of 50 states for the ratio of school nurses to students. Join FASN members and help advocate for the health of Florida’s children. For more information, contact Rita Becchetti at ritarbec123@gmail.com or 727-319-9316.

FONE and its affiliated chapters contributed nearly $7,000 this year in support of the Florida Center for Nursing (FCN) in response to its near loss of state funding. FONE will support the Center for Nursing (FCN) in response to its near loss of state funding. FONE will support the Florida Hospital Association’s Legislative Days. FONE continues to gain lobbying experience and recognition from Florida legislators.

The following morning, after a breakfast and legislative pre-briefing, CRNAs and SRNAs will visit their legislators to discuss issues relevant to our patients and to our profession.

Join Florida School Nurses Association (FASN) March on Tallahassee Legislative Advocacy Days

When? March 22, 2011

Florida ranks 45th out of 50 states for the ratio of school nurses to students. Join FASN members and help advocate for the health of Florida’s children. For more information, contact Rita Becchetti at ritarbec123@gmail.com or 727-319-9316.

FONE and its affiliated chapters contributed nearly $7,000 this year in support of the Florida Center for Nursing (FCN) in response to its near loss of state funding. FONE will support the Florida Hospital Association’s Legislative Days. FONE continues to gain lobbying experience and recognition from Florida legislators.

The following morning, after a breakfast and legislative pre-briefing, CRNAs and SRNAs will visit their legislators to discuss issues relevant to our patients and to our profession.

Join Florida School Nurses Association (FASN) March on Tallahassee Legislative Advocacy Days

When? March 22, 2011

Florida ranks 45th out of 50 states for the ratio of school nurses to students. Join FASN members and help advocate for the health of Florida’s children. For more information, contact Rita Becchetti at ritarbec123@gmail.com or 727-319-9316.
Recovery: A Journey of Hope

April 14-15, 2011
Crowne Plaza Orlando Downtown
304 West Colonial Drive
Orlando, FL 32801

Please choose one Conference package below:

$200.00

[ ] Two-Day Conference Registration includes
- Day 1: Thursday April 14, 2011 8am-5pm
  Includes continental breakfast and lunch
  Qualifies for CEU's
- Day 2: Friday, April 15, 2011 8am-noon
  Includes breakfast and cookies to-go
  Qualifies for CEU's

$140.00

[ ] One-Day Conference Registration
- Day 1: Thursday April 14, 2011 8am-5pm
  Includes continental breakfast and lunch
  Qualifies for CEU's
- Day 2: Friday, April 15, 2011 8am-noon
  Includes breakfast and cookies to-go
  Qualifies for CEU's

Please specify day:
[ ] Day 1 (4/14) or [ ] Day 2 (4/15)

Full Name of Attendee:
____________________________________________________________
(Please fill out one registration form for each attendee)

Contact information:

[ ] Participant [ ] NSGF or Co-NSGF [ ] Provider [ ] Facility [ ] Other
Address:____________________________________________________________
City:__________________________________________State:____Zip:___________
Email Address:_________________________________________________________
Phone:________________________________________________________________

Please mail this registration form along with a check or money order payable to IPN:
Attn: Conference PO Box 49130, Jacksonville Beach, FL 32240-9130

Hotel arrangements can be made by contacting our host hotel, the Crowne Plaza Orlando Downtown,
at 1-888-295-7563. Indicate that you are attending the IPN/FNA Conference to receive the discounted
room rate of $89.00 per night + tax. Note that a limited number of rooms have been blocked at this rate
for reservations secured by March 13, 2011.

Deadline for registration is March 15, 2011

If you have any questions contact the IPN office at 1-800-840-2720
Erica Canida ext 138 ecanida@ipnfl.org or Allison Park ext 116 apark@ipnfl.org
The UF College of Nursing and Health Sciences Interim Dean, Sharon Pontious, appointed to United HomeCare’s Board of Directors

Dr. Sharon “Sherry” Pontious, Interim Dean of Florida International University’s (FIU) College of Nursing and Health Sciences, has been appointed to the Board of Directors for United HomeCare (UHC), the largest home health agency in South Florida. As interim dean of FIU’s College of Nursing & Health Sciences, Pontious has made it a point to connect students with community care initiatives. She has been instrumental in fostering a partnership with UHC to help instruct FIU nursing students who are participating in the Green Family Neighborhood HELP™ program on how to make at-home visits to patients.

At the Oct. 28-30 Florida Nursing Student Association Convention, Seminole State College of Florida’s NSA won the “Most Creative Display” merit badge event for Girl Scouts in November 2009. Scouts from various Citrus Council troops gathered at the Alomante Springs Campus to learn what nurses do and to work with the simulators that Seminole State’s students use in their training.

UCF Professor Earns Ph.D., UCF CON Receives Full Accreditation

Congratulations to Dr. Jon Decker, PhD, ARNP, FNP-BC, and for earning his Ph.D. in nursing degree from the University of Central Florida (UCF) College of Nursing. Dr. Decker has taught courses in UCF’s nursing program for several years, first as a graduate teaching assistant, then as an adjunct instructor, and now as an assistant professor. He also works as a research scientist at Florida Hospital’s Center for Nursing Research and Innovation.

UCF College of Nursing received full accreditation of its Doctor of Nursing Practice degree program from the Commission on Collegiate Nursing Education. UCF is among the first to obtain accreditation of a D.N.P. program in the state of Florida. The college graduated its first class of post-master’s D.N.P. students in Summer 2010, each receiving their D.N.P. degree from an accredited program. The first class of post-baccalaureate D.N.P. students commenced in Fall 2010.

USF to Train Nursing Faculty State-wide in High-tech Healthcare

The College of Nursing at the University of South Florida received a five-year, $1.3-million federal grant to train nursing faculty throughout the state in the use of simulation learning, informatics and telehealth. USF was one of only two institutions in the nation recently awarded such a grant by the Department of Health and Human Services Health Resources and Services Administration (HRSA). The grant will enable USF to prepare nursing faculty state-wide to use cutting-edge technologies needed to educate today’s nurses. As a result of the grant, principal investigator, Laura Johnson, PhD, ARNP, CNE, hopes to develop a first-of-its-kind consortium in Florida where nursing faculty and technology experts can share ideas.

The USF College of Nursing is leading the way in performing life-changing work and conducting research that directly impacts patients and families. One such research program, the Mindfulness-based Stress Reduction Program, has changed the lives of more than 130 Tampa Bay area women for the better. The research was recently featured on www.unstoppable.usf.edu. Cecile Lengacher, PhD, MSN, BSN, RN, is a principle investigator for the USF Nursing Professor and Mindfulness-based Stress Reduction study.

Colleges & Universities

FIU College of Nursing and Health Sciences Interim Dean, Sharon Pontious, Appointed to United HomeCare’s Board of Directors

Seminole State College of Florida

Seminole State Nursing Students Win Award at State Convention

USF College of Nursing

USF to Train Nursing Faculty State-wide in High-tech Healthcare

The College of Nursing at the University of South Florida received a five-year, $1.3-million federal grant to train nursing faculty throughout the state in the use of simulation learning, informatics and telehealth. USF was one of only two institutions in the nation recently awarded such a grant by the Department of Health and Human Services Health Resources and Services Administration (HRSA). The grant will enable USF to prepare nursing faculty state-wide to use cutting-edge technologies needed to educate today’s nurses. As a result of the grant, principal investigator, Laura Johnson, PhD, ARNP, CNE, hopes to develop a first-of-its-kind consortium in Florida where nursing faculty and technology experts can share ideas.

UCF Professor Earns Ph.D., UCF CON Receives Full Accreditation

Congratulations to Dr. Jon Decker, PhD, ARNP, FNP-BC, and for earning his Ph.D. in nursing degree from the University of Central Florida (UCF) College of Nursing. Dr. Decker has taught courses in UCF’s nursing program for several years, first as a graduate teaching assistant, then as an adjunct instructor, and now as an assistant professor. He also works as a research scientist at Florida Hospital’s Center for Nursing Research and Innovation.

UCF College of Nursing received full accreditation of its Doctor of Nursing Practice degree program from the Commission on Collegiate Nursing Education. UCF is among the first to obtain accreditation of a D.N.P. program in the state of Florida. The college graduated its first class of post-master’s D.N.P. students in Summer 2010, each receiving their D.N.P. degree from an accredited program. The first class of post-baccalaureate D.N.P. students commenced in Fall 2010.

USF Nursing’s RESTORE LIVES Center to Study Best Ways to Help Soldiers Overcome Psychological Trauma and Other Health Problems

Helping service members and veterans of Iraq and Afghanistan heal from symptoms of combat exposure, including post traumatic stress and mild traumatic brain injury, is the focus of a $2.1-million federal grant to the University of South Florida College of Nursing. The project is part of the Research to Improve Emotional Health and Quality of Life among Service Members with Disabilities (RESTORE LIVES) Center, which was established to develop and evaluate treatments to complement services to the military provided by the VA Healthcare System, TRICARE, and the conventional health care system.

Maureen Groer, RN, PhD, FAAN, is part of key personnel. Dr. Groer’s pilot research sub study entitled, “Nursing Health Initiative for Empowering Women Veterans” will establish the infrastructure to follow a group of female veterans displaying varying levels of stress-induced health problems.

Women Veterans Study Minimizes Stress from Trauma

Maureen Groer, RN, PhD, FAAN, is part of key personnel. Dr. Groer’s pilot research sub study entitled, “Nursing Health Initiative for Empowering Women Veterans” will establish the infrastructure to follow a group of female veterans displaying varying levels of stress-induced health problems.

Colleges & Universities

FIU College of Nursing and Health Sciences Interim Dean, Sharon Pontious, Appointed to United HomeCare’s Board of Directors

Seminole State College of Florida

Seminole State Nursing Students Win Award at State Convention

USF College of Nursing

USF to Train Nursing Faculty State-wide in High-tech Healthcare

The College of Nursing at the University of South Florida received a five-year, $1.3-million federal grant to train nursing faculty throughout the state in the use of simulation learning, informatics and telehealth. USF was one of only two institutions in the nation recently awarded such a grant by the Department of Health and Human Services Health Resources and Services Administration (HRSA). The grant will enable USF to prepare nursing faculty state-wide to use cutting-edge technologies needed to educate today’s nurses. As a result of the grant, principal investigator, Laura Johnson, PhD, ARNP, CNE, hopes to develop a first-of-its-kind consortium in Florida where nursing faculty and technology experts can share ideas.

UCF Professor Earns Ph.D., UCF CON Receives Full Accreditation

Congratulations to Dr. Jon Decker, PhD, ARNP, FNP-BC, and for earning his Ph.D. in nursing degree from the University of Central Florida (UCF) College of Nursing. Dr. Decker has taught courses in UCF’s nursing program for several years, first as a graduate teaching assistant, then as an adjunct instructor, and now as an assistant professor. He also works as a research scientist at Florida Hospital’s Center for Nursing Research and Innovation.

UCF College of Nursing received full accreditation of its Doctor of Nursing Practice degree program from the Commission on Collegiate Nursing Education. UCF is among the first to obtain accreditation of a D.N.P. program in the state of Florida. The college graduated its first class of post-master’s D.N.P. students in Summer 2010, each receiving their D.N.P. degree from an accredited program. The first class of post-baccalaureate D.N.P. students commenced in Fall 2010.

USF Nursing’s RESTORE LIVES Center to Study Best Ways to Help Soldiers Overcome Psychological Trauma and Other Health Problems

Helping service members and veterans of Iraq and Afghanistan heal from symptoms of combat exposure, including post traumatic stress and mild traumatic brain injury, is the focus of a $2.1-million federal grant to the University of South Florida College of Nursing. The project is part of the Research to Improve Emotional Health and Quality of Life among Service Members with Disabilities (RESTORE LIVES) Center, which was established to develop and evaluate treatments to complement services to the military provided by the VA Healthcare System, TRICARE, and the conventional health care system.

Maureen Groer, RN, PhD, FAAN, is part of key personnel. Dr. Groer’s pilot research sub study entitled, “Nursing Health Initiative for Empowering Women Veterans” will establish the infrastructure to follow a group of female veterans displaying varying levels of stress-induced health problems.