



# The Pulse

THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION

VOL. 50 • NO. 1

SPRING 2013

Quarterly circulation approximately 16,000 to all RNs, LPNs, and Student Nurses in Montana.

## Executive Director Report

### A Nurse's Voice is Strong... Consider Contributing Yours!

**Lori Chovanak, MN, RN**  
Executive Director



**Lori Chovanak**

Our organization is forging ahead with a strong voice to lead and transform professional nursing in our state. As an Association, we not only represent our membership, but through our efforts ultimately represent all 18,000 licensed nurses in the state. This bold statement is not derived from an attitude that the work is

priority for a few individual interests, but rather, from the efforts of a few who are leading change in the future of our profession for all. With this said, I encourage all nurse professionals in Montana to consider using your voice, sharing in our efforts and applying your leadership energy to contribute to the future of nursing.

There are an abundance of opportunities that range from minimal to very engaged commitment. When contemplating the engagement in professional efforts outside your regular employment, it is worth considering the following benefits:

1. Experiencing an effective voice in contributing to the changes that shape and mold your profession.
2. Experiencing the professional growth of learning from other nurse professionals engaged in assisting professional efforts.
3. Professional and personal relationships gained while contributing to the work.
4. Greater understanding of your current professional environment, knowing the state and national efforts being conducted that affect nursing.
5. Greater understanding of other nursing specialties' issues and concerns through knowing global professional barriers.
6. Positively influencing employment goals /success by demonstrating commitment to your profession through participation in community efforts outside the work environment.
7. Experience the satisfaction of watching your efforts make a difference to the health and outcomes of your patients.

In the ANA Code of Ethics for nursing, provision seven speaks to involvement in and contributing to professional advocacy efforts. I encourage ALL nurses in our state

to become involved in some way. Different stages in life allow different levels of commitment and as a professional, you are able to determine how your time is spent. A little time is better than no time!

It will be the combined efforts of all that lead to our success: success being defined as contentment that we are practicing to our fullest extent, actively influencing the environments in which we work, positively influencing the outcomes of our patients, and ultimately experiencing satisfaction in the profession that we have chosen.

The following opportunities are for your consideration to become involved and contribute to the enhancement of professional nursing in Montana:

1. Membership in Montana Nurses Association
2. Membership in the state chapter of a specialty organization
3. Membership on a workgroup of the Center to Advance the Health of Montana through Nursing (CAHN)
4. Appointment to the Montana Board of Nursing or a committee or taskforce of the board.
5. Legislative advocacy

Please feel free to call me at the MNA office to explore ways to contribute to this professional work. I would appreciate an opportunity to assist you in engaging at any level and in any time frame of commitment. I look forward to working with you, using our voice!

### Save The Date For The Hottest Labor Event Of 2013

If you are a collective bargaining nurse and have never attended MNA's annual labor retreat at Chico Hot Springs, you have a wonderful opportunity ahead.

Year after year, nurses report attending the labor retreat at Chico Hot Springs is the most valuable continuing education offering they attend.

Please put in your time-off request ASAP.

Event begins Sunday evening April 21st at 5PM with a welcome reception which includes an informative speaker & continuing education contact hours.

Sessions conclude Tuesday April 23rd @ approximately 1PM.

Montana Nurses Association (OH-242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Montana Nurses Association  
APRN Conference  
Page 6



CE – Offering a Continuing  
Education Activity  
Pages 6-10



What's New for Members in 2013  
Page 12

### We Want to Hear Your Story

New Segment for the *PULSE* – Every month we would like to highlight a nurse's story about going to your first union meeting, attending your first nursing convention, or sharing how and why you became involved in your union or association.

Please send your stories to Kathy Schaefer  
[Kathy@mntnurses.org](mailto:Kathy@mntnurses.org)

Presort Standard  
US Postage  
**PAID**  
Permit #14  
Princeton, MN  
55371

current resident or



Montana Nurses Association

## Labor Reports and News

### Forms of Bargaining

**Robin Haux**  
Labor Relations Specialist



Robin Haux

Over the past few months I have been busy negotiating many of our open contracts on the western side of the state. I am proud to be working with strong units and strong nurses whose goals are to represent their members and to negotiate on their behalf. I have been impressed with the commitment of our local leaders and their members.

Currently at MNA, our local units use two types of bargaining when negotiating their contracts. They are either Traditional Bargaining or Interest Based Bargaining (IBB). A traditional bargaining approach involves presenting bargaining proposals covering terms of employment to the administrations negotiating team. Both parties develop proposal of new contract language ideas or proposal of contract modifications. IBB is a non-traditional collaborative model and involves joint identification of shared interests prior to developing provisions that address the parties' specific concerns. At MNA, our facilities that practice IBB currently

utilize a third-party neutral mediator or facilitator to aid in the negotiations process.

A current misconception is that traditional bargaining is always confrontational, while only collaborative models encourage cooperation, joint problem solving, trust building, and other desirable outcomes. Good negotiators and well-trained negotiations teams can create a collaborative goal with any form of collective bargaining. Some interest-based bargaining techniques are familiar to experienced negotiators. With traditional bargaining, after proposals are presented, union and management negotiators request the other party to justify its position. Good negotiators who carefully listen to this justification can respond to the stated interest of the other party in a manner which also achieves his/her own interest. Often, this is the method by which many issues are resolved.

In the end, each local unit and each facility has the same goal...to reach the best agreement they can that will benefit each party. No method is better; it truly is what works best for each unit and each facility. Working together will always provide the best result.

We will be discussing each bargaining type at the Labor Retreat in Chico from April 21 – April 23, 2013. Remember to save the date for this great opportunity to network with collective bargaining members across the state! For more information on anything in this article, please contact me at [robin@mtnurses.org](mailto:robin@mtnurses.org)!

#### CONTACT MNA

Montana Nurses Association  
20 Old Montana State Highway, Montana City, MT 59634  
Phone (406) 442-6710 Email: [info@mtnurses.org](mailto:info@mtnurses.org)  
Website: [www.mtnurses.org](http://www.mtnurses.org)  
Office Hours: 8:00 a.m.-5:00 p.m. Monday through Friday

#### VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Continuing Education (CCE)
- Council on Advanced Practice (CAP)

#### MISSION STATEMENT

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

#### CONTINUING EDUCATION

The Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Montana Nurses Association (OH242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

#### MNA

##### Board of Directors

##### Executive Committee:

President	Pauline Flotkoetter, RN, MSN
President-Elect	Melissa Cobb, RN, OCN
Secretary	Brenda Donaldson, RN
Treasurer	Linda Larsen, RN-BC

##### Directors at Large:

Karen Schledewitz, RN	Gwyn Palchak, RNC, BSN
Brent Certain, RN	Linda Ries, RN

##### Council Representatives:

Advanced Practice	Arlys Williams, APRN, FNP-BC
CCE	Sue Noem, RN, BSN
CPGA	Sharon Sweeney Fee, RN, PhD
E&GW	Daylyn Porter, RN-BC

##### Editorial Board:

Chair—Barbara Prescott-Schaff, APRN, DNP, FNP-BC  
Mary Pappas, RN, EdD  
Kate Eby, APRN, MN, FNP-C

##### MNA Staff:

Lori Chovanak, RN, MN, Executive Director  
Pam Dickerson, RN-BC, PhD, Continuing Education Director  
Kathy Schaefer, Continuing Education Specialist  
Amy Hauschild, RN, BSN, Labor Specialist  
Robin Haux, Labor Specialist  
Heather Diehl, Labor Specialist  
Juanita Kazmierowski, Membership Specialist  
Sherri Dowling, Program & Finance Specialist

Questions about your nursing license? Contact the Montana Board of Nursing at: [www.nurse.mt.gov](http://www.nurse.mt.gov)

#### PUBLISHER INFORMATION & AD RATES

Circulation 16,000. Provided to every registered nurse, licensed practical nurse, nursing student and nurse-related employer in Montana. The Pulse is published quarterly each February, May, August and November by the Arthur L. Davis Publishing Agency, Inc. for the Montana Nurses Association, 20 Old Montana State Highway, Montana City, MT 59634, a constituent member of the American Nurses Association.

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

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

#### WRITER'S GUIDELINES:

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

Save the Date:

4/21 – 4/23, 2013



Montana Nurses Association

## Labor Retreat Chico Hot Springs

Time: Beginning 4:30 pm on Sunday, April 21, 2013

- Network with nurses from across Montana
- Obtain education on collective bargaining
- Discuss issues facing nurses in the workforce
- Learn powerful methods of promoting your professional practice
- Acquire contact hours that apply to your practice needs
- Socials, meals and breaks provided

Montana Nurses Association (OH-242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



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



Published by:  
Arthur L. Davis  
Publishing Agency, Inc.

# Labor Reports and News

## 2013 Early Winter Facilities Leadership Committee Meeting Comes to You!!

4 Great Reasons to Join the FLC Webinar on February 25th:

- Attending a webinar is super easy
- Meet MNA's newest Labor Representative from Missoula, Heather Diehl
- No winter driving hassles
- Hang out with nurses from Libby to Sidney without getting off the couch



Amy Hauschild

In keeping with the Association's ongoing goal of utilizing technology to enhance communication and participation among members, we decided to bring the first meeting of 2013 directly to you.

The Facilities Leadership Committee FLC is comprised of all collective bargaining nurses from MNA local units who are interested in meeting, collaborating, and learning from each other and MNA labor staff. Nurses from all over the state will come together and learn strategies for developing a cohesive and strong local.

**How do I register?** Call Heather at 406-431-2943 or email [heather@mtnurses.org](mailto:heather@mtnurses.org)

**Questions and more information including starting time** – Call Heather at 406-431-2943 or email [heather@mtnurses.org](mailto:heather@mtnurses.org)

## New Labor Relations Specialist

Heather Diehl



Heather Diehl

I am thrilled to be a part of the Montana Nurses Association, a great organization with a long history of working on behalf of Montana's nurses!

MNA's bargaining unit members are already very well represented by Amy Hauschild and Robin Haux. Due to the number of locals and the many miles between them, MNA believes adding a third representative will better serve all of our members across the state. I am excited to be a part of this great labor team!

As the newest Labor Representative, I bring with me a background of organizing in one of the state's largest unions; and as a former local leader, I am acutely aware of the challenges faced by unit officers as you strive to serve your members while juggling full time jobs yourselves. I am here to provide assistance with internal organizing and member training, in addition to contract bargaining and processing grievances.

I live in Missoula with my husband, Jason, of 22 years, and our son, Jed. Jed is a senior in high school. Our daughter, Jamai lives in Sheridan, WY with her husband and our first grandchild, Danny. When not traveling to see our grandson and our son's lacrosse games, we enjoy time with family at Flathead Lake and kayaking Montana's beautiful rivers.

I have had the opportunity to meet many MNA members since starting work in late November. It's been a pleasure and I am eager to meet many more in the months to come. Give me a call 406-431-2943 or send me an email at [heather@mtnurses.org](mailto:heather@mtnurses.org). I look forward to working with you all!

**REEL IN A NEW CAREER**  
**COMMUNITY MEDICAL CENTER**  
 From Day One  
 EOE [www.communitymed.org](http://www.communitymed.org)  
 2827 Fort Missoula Rd. • Missoula, MT 59804 • (406) 728-4100

**Patient Safety**  
**NURSING Quality**



## NFN National Labor Academy

MNA will sponsor 10 collective bargaining members to attend the NFN National Labor Academy in May. Space and funding are limited, please go to [mtnurses.org](http://mtnurses.org), click on forms and submit your letter of interest and application to: Amy Hauschild [ahauschild@mtnurses.org](mailto:ahauschild@mtnurses.org) by March 15th, 2013.

This is a wonderful opportunity and a great way to learn more about your national union—NFN and participate in educational offerings which will build your collective bargaining skill-set. Please see save the date flier to the right.

**Submit a letter of interest with the following to [ahauschild@mtnurses.org](mailto:ahauschild@mtnurses.org)**

**Please go to [mtnurses.org](http://mtnurses.org), click on "forms" and complete the application!**

- Name, date of submission, name of your Local Unit
- Explanation of your involvement with MNA and your local unit
- Describe how you will use this event to better your local unit and nurses at your hospital
- Affirmation that you will request time off work and promise to attend if chosen to

**Preference will be given to attendees who have demonstrated commitment & involvement in their local unit or have a strong desire to do so, early applicants who are first time attendees to the academy, attendees who represent a differing locals from a broad geographical region throughout MT. You are strongly encouraged to share hotel accommodations in D.C.**



Save the Date May 20-22, 2013

Join us for National Federation of Nurses' Fourth Annual National Labor Academy!

### Building the Future: Stronger Together

The year 2012 brought continued assaults on workers' rights and the middle class. Anti-union sentiment in America reached an all time high and the people of this country fought back with their votes in November. Solidarity among the 99% continues to grow stronger, yet we face many challenges ahead.

NFN's Fourth Annual Labor Academy will focus on current issues that concern nurses as we move forward. Learn from national speakers about the Affordable Care Act and its impact on nursing and collective bargaining. Hear what NFN nurses are doing about the staffing crisis and need for strong staffing legislation. Get the tools you need to fight back against anti-labor strategies, and make positive change at the bargaining table and in the workplace.

Meet with national leaders who are influencing the future of nursing, health care and collective bargaining. Tour the White House, U.S. Capitol, meet with your legislators and visit a wealth of our nation's history in D.C. Join us for an evening of entertainment and balance a great time of solidarity while obtaining 12 contact hours.

The Ohio Nurses Association (ONA-001-91) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.





# Election Results

## Montana Nurses Association 2012 Official Election Results

**Board of Directors  
Treasurer**  
Two Year Term - 1/2013-12/2014



**Linda Larsen, RN-BC**

**Board of Directors  
Director-at-Large**  
Two Year Term - 1/2013-12/2014



**Linda Ries, RN, BSN**

**Council on Practice & Government  
Affairs Representative to the  
Board of Directors**  
Two Year Term - 1/2013-12/2014



**Sharon Sweeney Fee, RN, PhD**

**Council on Practice &  
Government Affairs**  
Two Year Term - 1/2013-12/2014



**Teresa Henry, MS, BSN**

**Council on Practice &  
Government Affairs**  
Two Year Term - 1/2013-12/2014



**Keven Comer, APRN-BC FNP**

**Council on Practice &  
Government Affairs**  
Two Year Term - 1/2013-12/2014



**Lucy Ednie, RN-BC**

**Election Committee**  
One Year Term - 1/2013-12/2013



**Sadie Russell, RN, BSN**

**Election Committee**  
One Year Term - 1/2013-12/2013



**Brenda Donaldson, RN**

**Election Committee**  
One Year Term - 1/2013-12/2013



**Gwen Palchak, RNC, BSN**

**Nominations Committee  
Chairperson**  
One Year Term - 1/2013-12/2013



**Jewel Crist, RN**

**Nominations  
Committee**  
One Year Term - 1/2013-12/2013



**Tiffany Manthie, RN**

**Nominations  
Committee**  
One Year Term - 1/2013-12/2013



**Teresa Henry, MS, BSN**

**Council on  
Continuing Education**  
Two Year Term - 1/2013-12/2014



**Susan Finn, MN, RN, CNL,  
CCRN, CNRN, CEN**

**Council on  
Continuing Education**  
Two Year Term - 1/2013-12/2014



**Debby Lee, BSN, RN-BC**

**Council on  
Continuing Education**  
Two Year Term - 1/2013-12/2014



**Pam Windmueller, RN, BSN**

**Council on  
Continuing Education**  
Two Year Term - 1/2013-12/2014



**Megan Hamilton,  
RN, BSN, CFRN EMTP**

**ANA Membership  
Assembly Representative**  
Two Year Term - 1/2013-12/2014



**Vicky Rae Byrd, RN, OCN**

**ANA Membership  
Assembly Representative**  
One Year Term - 1/2013-12/2013



**Daylyn Porter, RN-BC**

**Council on Advanced  
Practice (CAP) Chair Elect**  
One Year Term - then assumes  
Two Year President Term  
1/2013-12/2015



**Heather Sand, MSN, FNP**

**Council on Advanced Practice  
(CAP) Member at Large**  
Two Year Term - 1/2013-12/2014



**John Honsky, APRN**



**ROCKY MOUNTAIN HOSPICE**  
*"Answers for Living When Life is Limited"*

**We're looking for nurses of the CARING KIND.**

Serving:

Billings (406) 294-0785	Butte (406) 494-6114
Bozeman (406) 556-0640	Helena (406) 442-2214
Missoula (406) 549-2766	

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

**You have a CHOICE. Ask for us by name.**

**Navy Nursing.**  
Truly an Honor.

There are opportunities for nurses to gain extraordinary experience serving part-time in America's Navy Reserve. And all while maintaining a civilian career. You can work in any of 19 specialization areas or roles – from Critical Care to Nurse Anesthetist. Enjoy excellent benefits – including a potential sign-on bonus of up to \$30,000 (based on specialty). And earn a world of respect as you do a world of good.

**WANT TO LEARN MORE? CONTACT YOUR NAVY RESERVE MEDICAL RECRUITER TODAY.**  
(877) 475-NAVY | [JOBS\\_SEATTLE@navy.mil](mailto:JOBS_SEATTLE@navy.mil)  
[facebook.com/NavyRecruitingNorthwest](http://facebook.com/NavyRecruitingNorthwest)

©2011. Paid for by the U.S. Navy. All rights reserved.



A GLOBAL FORCE FOR GOOD.

**RN or LPN**

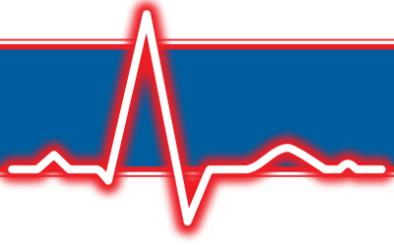
We currently have a position for a Registered or Licensed Practical Nurse Full-Time or Part-Time hours 6 pm-6 am

- Pay depends on Experience
- \$2,500 sign on bonus
- \$10,000 Tuition reimbursement
- Nursing scholarships
- Relocation expense

If interested contact the Director of Nursing at (406) 228-2461 or visit our website at: [www.valleyview1.net](http://www.valleyview1.net)

**Valley View Home**  
*A "Caring" Home*

1225 Perry Lane • Glasgow, MT 59230  
Tel: 406-228-2461 • Fax: 406-228-4831  
E-mail: [vvh@nemontel.net](mailto:vvh@nemontel.net) • [www.valleyview1.net](http://www.valleyview1.net)



# Election Results

## Montana Nurses Association 2012 Official Election Results

<p>Council on Advanced Practice (CAP) Member at Large One Year Term - 1/2013-12/2013</p>  <p>Deb Kern, APRN</p>	<p>Council on Economic &amp; General Welfare (E&amp;GW) Rep to the Board of Directors Two Year Term 1/2013-12/2014</p>  <p>Daylyn Porter, RN-BC</p>	<p>Council on Economic &amp; General Welfare (E&amp;GW) Two Year Term - 1/2013-12/2014</p>  <p>Deanna Evans, RN, BS</p>	<p>Council on Economic &amp; General Welfare (E&amp;GW) Two Year Term - 1/2013-12/2014</p>  <p>Jamie Waldorf, BSN, ASN</p>	<p>Delegate to the National Federation Assembly Two Year Term - 1/2013-12/2014</p>  <p>Melissa Cobb, RN, OCN</p>
<p>Delegate to the National Federation Assembly Two Year Term - 1/2013-12/2014</p>  <p>Jamie Waldorf, BSN, ASN</p>	<p>AFL-CIO Delegate to Annual Meetings Two Year Term - 1/2013-12/2014</p>  <p>Lorri Bennett, RN</p>	<p>AFL-CIO Delegate to Annual Meetings Two Year Term - 1/2013-12/2014</p>  <p>Marnie Collett, RN, BSN</p>	<p>AFL-CIO Delegate to Annual Meetings Two Year Term - 1/2013-12/2014</p>  <p>Peg Long, RN, BSN</p>	<p>AFL-CIO Delegate to Annual Meetings Two Year Term - 1/2013-12/2014</p>  <p>Delayne Gall, RN, OCN</p>



Commit to making  
a greater impact.

Fast-track your career with one of Chamberlain's CCNE accredited\* advanced nursing degrees. RNs, you can complete your BSN in as few as three semesters. Or go further by completing the Master of Science in Nursing Degree Program in just two years. These flexible, online programs are supported with faculty focused on student success. Make a greater impact with an advanced degree from Chamberlain.

Be a Chamberlain Nurse.



**CHAMBERLAIN**  
College of Nursing

chamberlain.edu

3-year Bachelor of Science in Nursing Degree Program\*\* | RN to BSN | RN-BSN to MSN | MSN | Graduate Certificates

Chamberlain College of Nursing | National Management Offices | 3005 Highland Parkway | Downers Grove, IL 60515 | 888.556.8CCN (8226)

Comprehensive program-specific consumer information: chamberlain.edu/studentconsumerinfo. \*The Bachelor of Science in Nursing degree program and the Master of Science in Nursing degree program are accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202.887.6791. \*\*The on-site Bachelor of Science in Nursing (BSN) degree program can be completed in three years of year-round study instead of the typical four years with summers off. ©2013 Chamberlain College of Nursing, LLC. All rights reserved.



# Continuing Education

## Offering a Continuing Education Activity

**Pamela S. Dickerson, PhD, RN-BC**  
Continuing Education Director



Pamela Dickerson

Would you like to provide a way for your nurses to earn contact hours? Are you curious about how to go about the process? Are you perhaps intimidated because of what you've heard about the process? This step-by-step guide will provide an easy resource for you to use to submit your application and get approval for those contact hours!

**Step 1:** Go to the Montana Nurses Association web site, [www.mtnurses.org](http://www.mtnurses.org). Click on the link for "continuing education", then on "individual activity". You will find all the forms, tools, and resources there, including a document called "Instructions and Process Tips". Read this document first – it will describe exactly what you need to do.

**Step 2:** Be sure that you have a person on board to serve as the nurse planner for the activity you want to develop. This person needs to have a minimum of a bachelor's degree in nursing, be familiar with adult learning and continuing education requirements, and have active licensure in the state where the learning activity is being developed. (It is critically important to have this person involved from the beginning of the activity rather than brought in after the activity has been planned).

**Step 3:** With the involvement of the nurse planner, decide on a topic you would like to present, based on the needs of your target audience. Why is this topic important for this group of nurses? What do they not know that they need to know about the topic, or what can they not do that they need to do in order to provide quality care? How do you know they have this need? What "gap" in knowledge or skill does your learning activity intend to fill?

**Step 4:** Complete the eligibility form on the web site and submit it to the Continuing Education Department ([kathy@mtnurses.org](mailto:kathy@mtnurses.org)). This form verifies that (1) you have a qualified nurse planner as noted above, (2) your organization is qualified to submit an application – it is not defined as a "commercial interest entity" – a company that produces, sells, resells, or distributes a product or service that is used on a patient.

**Step 5:** Once MNA staff have confirmed eligibility, use the application form and planning table on the web site to document the development and planning of your activity. Complete the associated documents (biographical data/conflict of interest forms for planners and faculty, sample disclosure form, sample certificate, sample marketing material, and sample sign-in sheet).

**Step 6:** If you are planning to receive commercial support or sponsorship for your activity, or if you plan to work with another organization to plan and implement the activity, complete the related commercial support, sponsorship, or co-provider forms found on the web site. You do not do anything with these documents unless they're relevant to the activity.

**Step 7:** Submit all of your documents to MNA, along with the fee for activity approval. The fee schedule is based on the number of contact hours to be awarded, and you will find this schedule in the same section of the MNA web site. It is **STRONGLY ENCOURAGED** that you submit your application at least 3 months prior to the date you

plan to offer the activity. You cannot advertise that contact hours will be awarded until approval has been achieved. If you have already submitted the materials to MNA, you can state that:

**This activity has been submitted to Montana Nurses Association for approval to award contact hours. Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.**

Note that this statement must be free-standing - not on a line with any other text. The statement must be written exactly as it appears above.

Once approval has been achieved, the following statement is to be used, using the same requirements as noted above:

**This continuing nursing education activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.**

**Step 8:** You will be notified by MNA if any additional information is required to complete your application.

**Step 9:** The application will be reviewed for quality, and additional material requested as needed.

**Step 10:** Once all material has been received, reviewed, and deemed to meet criteria, you will receive a letter of approval. This authorizes you to award contact hours for this learning activity for the date and time scheduled and to repeat the activity as desired for two years from the date of approval. You will be required to provide summary data to MNA each time the course is offered.

**Step 11:** Present your activity, give certificates to the learners, and congratulate yourself on meeting the standard of excellence for quality in planning and implementing a continuing nursing education activity!

The MNA CE Department is available to help you with any questions in the application development process. Please feel free to contact us so we can help make this process as smooth and effective as possible.

**WestMONT** | 2708 Bozeman Ave.  
Helena, MT 59601

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

Promoting quality of life for individuals with Disabilities through growth and independence. LPNs work with adults with disabilities in group homes and residential settings. Duties include assisting with daily living tasks, employment activities and specific nursing duties as assigned. Competitive wages and benefits in a fulfilling work environment.



Montana Is Calling You!!!



Currently recruiting for the following positions:

- ICU RN
- IMC RN
- Cath Lab/EP RN
- Cardiovascular OR RN
- ER RN
- Acute Care Resource RN
- Med Surg RN
- Critical Care Resource RN

Glacier National Park, mountains, lakes, ski resorts, golf, fresh air, friendly people, and excellent schools all accompany this rapidly progressing 303-bed hospital.

Laurie O'Leary, Human Resources  
310 Sunnyview Lane,  
Kalispell, MT 59901  
406-752-1760 • Fax 406-751-4123  
[loleary@krmc.org](mailto:loleary@krmc.org)  
[www.krmc.org](http://www.krmc.org)  
Drug Free • EOE



### Looking for an Energetic RN to join our Clinical Team!

Want to make a real difference in quality health care outcomes for seniors? Interested in dayshift with no weekends or overtime? New West Health Services, a community based not-for-profit health insurance company focused on Medicare excellence, is looking for self motivated energetic members to join our Clinical Team in Helena, MT.

As a **Nurse Case Manager** you will be responsible for:

- Phone Based Utilization Review working with hospitals and other providers of health care
- Case Management for seniors to help empower informed clinical decision making
- Medical claims review that may require clinical determinations
- Researching data, documenting decisions and communicating with providers and members in a way that helps make Medicare simple
- Working effectively in a team of nurses to help ensure our members get high quality health care in MT

The successful candidate must have a current Montana RN license plus 5 years nursing experience; a working knowledge of Medicare regulations preferred; efficient Microsoft application ability and excellent communication skills are essential. A passion for learning is critical, as is patience in delivering insurance services to the senior population.

**EXCELLENT BENEFITS**  
**COMPETITIVE WAGES, HOURS & WORK ENVIRONMENT**

For detailed position description information or to obtain an application, please visit: [www.newwesthealth.com](http://www.newwesthealth.com)  
Send your completed application, resume and cover letter to Human Resources at: [hrdept@nwht.com](mailto:hrdept@nwht.com), or fax to: (406) 457-2255; or mail to: New West Health Services, Human Resources  
130 Neill Avenue, Helena, MT 59601

New West Makes Medicare Simple



Montana Nurses Association

APRN Conference  
Great Northern Hotel  
Helena, Montana  
April 5-6, 2013

For more information call 406-422-1050 or email [kathy@mtnurses.org](mailto:kathy@mtnurses.org)

Montana Nurses Association (OH-242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



### Montana Nurses Association Approved Provider Update

May 16, 2013

Montana Nurses Association  
20 Old Montana Hwy, Montana City, MT  
For More Information Contact  
[kathy@mtnurses.org](mailto:kathy@mtnurses.org)

Watch for updated information on the web  
[www.mtnurses.org](http://www.mtnurses.org)



## Continuing Education

# Families: Important Partners in Patient Care

**Independent Study Module**  
**Pamela S. Dickerson, PhD, RN-BC**  
 January, 2013

### Instructions:

- (1) Read the study in the *Pulse*
- (2) Contact MNA to pay the \$5 (member) or \$15 (nonmember) registration fee and receive the post-test electronically
- (3) Complete the post-test, evaluation form, and registration information and return to MNA

Your certificate will be sent electronically when the criteria for successful completion have been met

### Disclosures:

**Requirements for successful completion:** read the entire study, contact the MNA office ([kathy@mtnurses.org](mailto:kathy@mtnurses.org)) to receive and complete the post-test with a score of 80% or higher, complete and submit the evaluation form, and complete registration information, including full name and credentials.

**Conflict of Interest:** No planner or author of this learning activity has declared conflict of interest related to financial interest in any company that produces or sells products or services used in patient care.

**Available through:** December 31, 2015

### Provider:

Montana Nurses Association (OH-242/12-1-14) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

### Contact hours:

Participants who complete the requirements for successful completion will earn 1 contact hour.

### Objectives:

- Identify roles that family members play in providing health care for their loved ones.
- Describe the role of the healthcare provider in assisting and supporting family caregivers.

### Introduction

Families come in all shapes and sizes. Family in healthcare is defined as whatever the patient or client determines it to be. For some, "family" may be a spouse and children, for others, "family" is the dog and the best-friend next door neighbor. Regardless of how the unit is defined, the family has a significant role to play in health care. Awareness of family structures, roles, and relationships helps the healthcare provider understand and maximize use of this resource as a tool to provide effective, high quality patient care.

A symposium entitled "State of the Science: Professional Partners Supporting Family Caregivers" was held in Washington, DC, in January of 2008. Social workers, nurses, family caregiver advocates, and other interested parties convened to discuss issues related to family caregiving and develop strategies for aiding in the work of family caregivers (Reinhard, et al, 2008). The full report of this symposium is available at [www.nursingcenter.com/ajfamilycaregiving](http://www.nursingcenter.com/ajfamilycaregiving). Additionally, the entire special supplement to the September, 2008, *American Journal of Nursing* is devoted to articles related to the topic of the symposium.

Notes: (1) In this independent study, the focus is on families and how they provide care for loved ones with health alternations. In this context, the term "caregiver" will be used to denote a family member who is providing care (physical, emotional, monitoring, resource-providing, etc.) for a loved one who is ill or unable to care for him/herself. When referring to a nurse, physician, therapist, or another member of the healthcare team who provides assistance and support to families, the term "healthcare provider" will be used. (2) There are myriad situations where families become involved to some extent in the caregiving role. This study is not intended to be a comprehensive analysis of all possible situations. Rather, the purpose is to provide an overview of family caregiving to give the healthcare provider a framework for providing assistance and support to families who are assuming a caregiving role for a loved one.

### Family Structures and Roles

All families are different. It is critical to realize that the concept of "family" means different things to different people. As nurses work with families, they must ask in each situation how that particular family defines its structure, its members, and the relationships among members. Only then will the nurse be able to work

effectively with these people.

Traditionally, people have considered the family to consist of father, mother, and children. "Non-traditional" families were defined as anything other than this. In today's world, however, there are just as many, if not more, non-traditional families as traditional. Non-traditional families have many different characteristics. There are single-parent families, typically consisting of one or more children with one parent. These types of families can be created through divorce, death, or increasingly, a personal choice to parent without a partner. This is seen in cases of adoption, foster parenting, and through in-vitro fertilization. Blended families, or "yours/mine/ours" families, are created when two adults, each with children of their own, marry or begin to live together. Some of the children in the group belong to one partner, some belong to the other, and then there may be additional children conceived by the new couple. Multigenerational families may include parents, children, and grandparents living in one household. Same-sex families may include partners and children. Numerous other configurations are possible.

These are but a few of the different types of family structures typically seen in the United States today. In some cases, particularly with the elderly, "family" may be defined as me and my dog. Even though people may not have biological family living with them or even in the same city or state, there are people or pets considered to be their closest contacts and confidants.

Think about how family is defined when considering such issues as confidentiality of healthcare information or visitation that is restricted to "immediate family." Healthcare providers run the risk of alienating patients and destroying relationships if they are not sensitive to how the patient defines his or her family structure. If a person identifies his next-door neighbor as his closest "family", who are we to say that person is not entitled to the rights and privileges of any other family member?

Just as there are multiple structures within which families exist, there are multiple roles carried out in families. Often, each family member plays a different role, and many times a family member plays more than one role, depending on the situation. For example, the mother in the family may generally be considered to be the "peacemaker", but when the father is away on military duty, the mother becomes the "disciplinarian" as well.

Think about your own family, however you define it. What roles are played in your family? Who carries out these roles? How much flexibility is there to share roles? How protective are people about their roles?

Common roles within families include disciplinarian, peacemaker, bread winner, housekeeper, child care provider, bill-payer and financial manager, and caregiver. That caregiver role has important implications for healthcare providers. Often the person who has traditionally assumed the caregiver role within the family is also the person who becomes the designated "point person" when a patient is hospitalized or is in need of healthcare services in the home or in another facility. Of particular concern is the scenario in which the typical family caregiver is the person who is ill – this change in dynamic often casts a family into disarray.

Most often, the designated caregiver within a family is female – a wife, daughter, or daughter-in-law. If one of these people happens to be a nurse, that person has a high probability of becoming the family's caregiver. For children, the caregiver is responsible for making well-child appointments, making decisions about whether a child should go to school or not when there is a possibility of illness, and handling any accidents or injuries that occur. As children grow, the caregiver role expands to teaching family members about health issues and helping them make decisions regarding such issues as choosing healthcare providers and selecting insurance plans. In caring for a family member with a chronic illness, the caregiver often becomes an advocate for the patient, managing personal care needs as well as family, financial, and community resources.

Sometimes a husband, son, or father is the primary family caregiver. Not only is the caregiver stressed by the needs of caring for the person who needs the assistance, but the male caregiver is often treading in unfamiliar territory in addressing issues of caregiving. This makes the burden particularly difficult.

The stress of caregiving can take a serious toll on the family caregiver. Especially in families where a loved one has a chronic illness, there can be higher than usual rates of divorce, illness, and even death of the caregiver.

### Healthcare Involvement of Families throughout the Life Span

#### Infants

When a baby is born, the family structure changes, and family roles change as well. As delighted as a family may be about the birth of a baby, there are still adjustments that must be made in order for the family to function effectively with its new member. It is important that family members have the opportunity to get acquainted with the new baby as soon as possible after birth and during the first few days of the baby's life. There was a time when family members, with the possible exception of the husband, were excluded from the hospital while the mother and baby received care after delivery. Over time, facilities have become aware that there is more benefit than risk to having family members able to visit in the hospital and get acquainted with their new family member. Siblings are now welcome in maternity areas, as long as they are healthy. Grandparents, too, are eager to meet the baby and begin to explore their new roles. The nurse has a wonderful opportunity to help family members during this period of transition.

Unfortunately, not all births are happy family experiences. At times, illness of the mother and/or the infant require that mother and baby be separated after birth. This adds additional stressors to the family and can delay the process of bonding between mother and child. Illness of the mother can also compromise the roles and functions of other family members. For example, a mother with three children at home who is on bedrest during the last month of a pregnancy is severely limited in her ability to carry out her usual responsibilities. In addition, she has anxiety about her own health and that of her unborn baby. This concern can further distress family members.

When a baby is in a neonatal intensive care unit, the hospitalization may last for a significant amount of time. The baby remains in the hospital after the mother is released, or in some cases, the baby is transferred to a hospital that specializes in pediatric care. Now the family must consider how to manage the needs of the new mother, any other siblings who may be in the family, the stress of an ill baby, and planning visits to the NICU. Simple logistics such as travel time can become seemingly insurmountable problems for families already dealing with significant stress. Families are encouraged to be involved in the care of their infants. There are multiple values to this practice – the family gets to know their new family member, the baby begins to recognize voices, faces, and touch of family members, and the family learns skills needed to provide care for the baby once he/she is able to be discharged. As beneficial as this experience can be, all families cannot adjust their lives to spend hours and hours every day with their neonate. If there are other children at home, the mother must determine on a daily and sometimes hourly basis

*Independent Study Module continued on page 8*

## JOIN US IN ANCHORAGE AT St. Elias Specialty Hospital

We are in search of Experienced Registered Nurses who can make a significant contribution to their patients, co-workers, and professions by consistently providing the highest level of patient care and customer service.

- 3-5 years experience preferred.
- Supervisory experience a plus!

If you are interested in joining our team call, fax, or email us at:

(907) 564-2225 Phone  
 (907) 564-3886 Fax  
[careers@st-eliashospital.com](mailto:careers@st-eliashospital.com)



4800 Cordova Street,  
 Anchorage AK 99503  
[www.st-eliashospital.com](http://www.st-eliashospital.com)

Independent Study Module continued from page 7

where her priorities need to be placed. Often either the mother or father (or both) may need to return to work in order to maintain the family's income and/or insurance benefits. Homecoming for the baby, even though a long-anticipated and welcome event, can add additional stressors as the family learns how to adjust to the needs of the infant.

Healthcare providers must be sensitive to these many needs and issues. From a provider-centric point of view, it becomes easy to chastise the parent(s) for not visiting often enough or not being as engaged with the infant as we believe they should be. Lack of awareness and sensitivity to other family dynamics can undermine our ability to provide quality care.

Children

Caregiving needs for children that exceed the "normal" parenting experience can be related to several factors. Sometimes, the infant who has been in the NICU, described in the section above, may continue to require special care and need additional resources at home. These may be short-term situations, such as the need for home oxygen for a month or two. In other cases, the needs develop into long term chronic conditions for which the child will need ongoing support.

Chronic illness can also affect a child at any point. Previously healthy children can develop cancer, diabetes, or another condition that requires on-going care and monitoring. There is grieving attached to this caregiving role, too. The parents or whoever is assuming the caregiver role grieves for the healthy child who "was", while making the adjustment to the chronically ill child who "is" and will continue to be. Grief must be addressed with caregivers and other family members.

Illness can also be acute in nature. Short-term acute illnesses are typically dealt with in the home by the mother or whoever is the primary typical family caregiver. However, intense acute illnesses may require hospitalization, surgery, and associated care and recovery. When children are hospitalized, parents are generally invited to be active participants in providing physical as well as supportive care. This accomplishes several purposes: it gives the parent or caregiver the opportunity to clearly know what is being done for the child, it offers the caregiver the opportunity to remain closely connected with the child, it offers the child a sense of familiarity and security, and it gives the caregiver knowledge and skills that can be used to continue the care at home, if necessary. As valuable as it can be for families to actively participate in the care of their child, this process should never be carried out for the convenience of the nursing staff!

Some children have long-term developmentally-related conditions that will require a life-time of care and support. This can be a daunting challenge for families. Except for perhaps an exacerbation of a condition that requires short-term hospitalization, families are faced with the need to make decisions about how and where

care for the child is best provided. Many families opt to care for the child at home. Balancing the needs of the special-needs child with needs of siblings is extremely difficult but is essential to assuring the healthy development of the children. Sometimes parents feel guilty because they feel that so much of their time and energy is devoted to one child that other(s) do not receive the time and attention they deserve. Others find that they are reluctant to discipline other children because "they just need attention". On the other hand, sometimes discipline can become child abuse if a parent is so overwhelmed with responsibilities that he/she loses control and lashes out at a child. Additionally, parents find that demands change as the special-needs child grows – the ability to carry, lift, bathe, and feed a 2 year old is substantially different than the ability to carry, lift, bathe, and feed a 15 year old.

Sometimes, families find that they do not have the ability to provide care for the child in the home by themselves and look either for outside placement for the child or assistance to be provided in the home to allow either full or part-time support for the family caregiver(s). It is important to realize that when families seek external support in the caregiving role, they are NOT abdicating that role! How families carry out the caregiving role when a loved one is receiving external support is extremely variable. Some family caregivers continue to provide some physical care and derive a great deal of satisfaction from doing so. Some find that they are best able to provide care for their loved one by allowing others to do the physical caregiving so they can concentrate on emotional support, and taking time to be with their loved one: reading, holding, and in other ways just being "present." Families must be supported in their decisions – they know better than the healthcare team what day-to-day challenges they face. Families should be assisted and supported in finding resources for external support without being made to feel guilty that they have "failed" in providing care themselves.

Adults

Similarly to children, issues requiring caregiving of adults may be acute or chronic in nature. When adults are hospitalized, it is important to talk with families about how they wish to be involved in the care of their loved one. Remember that "care" is not just physical tasks, but involves emotional support, assisting with integration of new learning, discussing discharge plans and any post-hospital care that may be necessary, and many other functions.

While hospitals used to have very restrictive policies regarding visitation, those restrictions have become looser in most areas of the hospital. Visitors have generally been found to be helpful and valuable to patients. Family members, too, feel more included in the care their loved one is receiving when they are able to be present. When visitation is significantly limited, families sometimes wonder what "secrets" staff are trying to keep and what is being "done to" their loved one without their knowledge or awareness.

It is important to respect confidentiality of patients, but it is equally important to recognize the need for families to have information. Healthcare providers should talk with patients about who they want to be able to receive information about their care. Once the patient has made this decision, the information should be documented so all other healthcare team members know this. It is frustrating for families to be given information about their loved one by the day staff in the afternoon, only to be told by the evening staff that they are not authorized to receive information.

More recently, some hospitals have begun to allow family members to be present during cardiopulmonary resuscitation and other significant procedures. While some staff have had mixed feelings about this procedure, family members who have had the experience have stated that it was a helpful opportunity for them. They were able to see that "everything possible" was being done for their loved one. Responses have been positive, regardless of whether the patient has survived the resuscitation attempt. In cases where a family member is present during CPR, there is generally a member of the resuscitation team who is assigned the specific role of "family support person." This staff person's job is to explain to the family member what care is being provided, who the healthcare providers are, and why certain actions are being taken. This staff person is also able to assist the family member out of the room if indicated.

Some adults develop chronic conditions requiring long-term, and often permanent, caregiving. Examples include progressive conditions such as amyotrophic lateral sclerosis, multiple sclerosis, and chronic obstructive pulmonary disease. These are conditions in which the patient is initially capable of providing self-care but needs increasing amounts of physical and emotional support as the disease condition progresses. While the patient is capable, it is important to have discussions about what he/she wants when caregiving assistance is required. At times, patients specifically indicate that there is a particular family member that they would like to provide their physical care. At other times, the patient may specifically indicate that he/she does not want one or more family members to be involved in providing physical care. As much as possible, these requests should be respected and alternative resources put in place, while time is available to do so.

Elderly

Similarly, there are both chronic and acute conditions in which the elderly may require family caregiving. Additionally, as aging progresses, the older adult may require increasing levels of assistance in personal care, activities of daily living, or other functions such as grocery shopping or balancing a checkbook.

An interesting phenomenon that often occurs here is that the elderly person may not be in the same geographic location as the family members, resulting

Independent Study Module continued on page 9



**Veterans Health Administration**



I'm not just a nurse.  
I'm inventing a new model of health care.

Ariette, VA RN

Apply Today: [VAcareers.va.gov/nursing](http://VAcareers.va.gov/nursing)

An Equal Opportunity Employer

Follow VA Careers

# THE SUBARU TrueLove EVENT

## Follow your Heart.




Introducing the  
2013 SUBARU  
**XV CROSSTREK**  
2.0i PREMIUM



Starting at  
**\$21,995\***



Subject to availability. Quoted prices do not include sales tax, license or dealer doc. fee. See dealer for details. MPG EPA estimated highway. Your mileage will vary.

## And your Mind.

- ✓ Symmetrical all-wheel drive!
- ✓ Bluetooth hands-free connection
- ✓ 6 speaker audio system
- ✓ Vehicle dynamic control
- ✓ Caregiver Xpress purchase program!

**651-5200** | [rimrocksubaru.com](http://rimrocksubaru.com)  
**BILLINGS, MT**  
**1-888-696-3165**

24th & Monad • Across from Starbucks • Next to Rimrock Mall

*Independent Study Module continued from page 8*

in the need for long-distance caregiving. Obviously, in this case the family caregivers are not providing direct physical care. However, there are often extensive responsibilities assumed by families in finding local resources to assist their loved ones; having long-distance phone conversations with healthcare providers; talking with the loved one's neighbors, pastor, or someone who is able to eyeball a situation and report back to the family; and carrying out other responsibilities from a distance. As needs of the elderly person increase, the family living at a distance may find it necessary to make more trips to the home of the elderly loved one to assess the situation and make plans/changes as necessary.

Dementia is a particularly difficult challenge for family caregivers. As dementia progresses, the patient becomes more and more different than the person the family has known. There is grieving for the loved one that is now "gone," and the knowledge that this person will never return, and yet the need for physical caregiving continues, often for years. This creates an extremely stressful situation for families. Patience can run thin, both with the patient and with other family members. Unfortunately, abuse may occur as a frustrated family caregiver strikes out at a loved one who is being "difficult." Another common scenario is that a spouse or other family member who is in the caregiving role for a loved one with dementia may find that his/her own health deteriorates as time goes by and the caregiving burden increases. In some cases, the person with dementia outlives the caregiver.

Living arrangements are another issue that many families need to address. Are elderly parents capable of living alone? Do they need assistance? How much? What kind? What resources are available? What are the eligibility requirements for various services? What do they cost? How can they be accessed? Should the home be remodeled to accommodate changing needs, such as wheelchair access through doorways and at countertops? If elderly people are not able to live alone, even with support services, or if home services are not an option, relocation might be considered. Should elderly parents move in with adult children? Should they move to independent or assisted living facilities, or do they need nursing home care? Should they be in facilities in the city where they live, or should the adult children search for facilities closer to where they live?

The scenarios above present a variety of situations that can occur throughout the lifespan that affect family caregivers. In any situation where family caregiving occurs, there are stressors and challenges that must be addressed. The healthcare provider can play a significant role in smoothing the pathway to effective caregiving.

### How Can Healthcare Providers Help Family Caregivers?

Information about family caregiving in healthcare literature tends to be specific to three main areas – infants, special needs children, and the elderly. However, most of the concepts related to effective family caregiving strategies can be applied in other situations, as well.

Roberts (1991) focuses on families caring for loved ones with dementia. She lists frequently identified caregiver needs, which can apply in practically all caregiver situations. Needs are identified as:

1. *Early medical diagnosis* – when there is a health problem that has previously not been identified,

typically the family is the first to become aware that their loved one has a health problem. While denial of an illness, particularly a chronic, degenerative one, is common, the earlier a diagnosis can be made, the sooner the family can begin to develop plans to deal with the changes that will be coming.

2. *Information* – Families need to have clear, concise explanations about the medical condition, the plan of care, the prognosis, and resources that are or might be available as needs increase. It is important to remember that people who are stressed are often not able to remember everything they have heard, so frequent repetition of information might be needed. Additionally, healthcare providers often use language that they are comfortable with, but the words may not be meaningful to patients and families. It is important to seek feedback and validation that the family has understood the information and to provide clarification when necessary.
3. *Locating resources* – Families need to know about the resources available in their communities. While all resources may not be needed at one time, awareness of existence of a support network, facilities to provide assistance, and a place to obtain equipment/supplies will empower the family to feel more competent in the caregiving role. Often families feel that they have "failed" when they need to ask for assistance. The healthcare provider needs to provide reassurance that requests for assistance are instead a sign of thorough self-assessment and realization that the best way to support a loved one may be to seek the best services available. Rather than failure, this approach refocuses the selection of resources to a positive approach to enhance caregiving.
4. *Opportunities for grieving* – As stated earlier, recognition of the fact that a loved one has a healthcare condition that requires family caregiving support often includes the need to grieve for the loss that the family has sustained with the change in the loved one's condition. Particularly when the condition is a chronic, progressive disease, the family needs time to grieve the loss. This is an important step in becoming able to effectively provide the care that the loved one needs.
5. *Enjoying good times* – Caregiving, whether physical or emotional in nature, is tedious work. Families often become mentally and physically fatigued. It is critical for them to have opportunities to just "be" with a loved one, rather than always be "doing" for the loved one. Families need permission from the healthcare provider to enjoy pleasant times and experiences such as car rides to enjoy changing fall foliage or look at holiday decorations, family visits, and reminiscing through an old photo album.
6. *Counseling* – Sometimes family caregivers need someone to talk with to provide them with the support they need to continue in their roles. It is often difficult to do that with another member of the family, so referral to a counseling service or psychologist can be of immense value.
7. *Physical assistance* – Depending on the needs of the ill family member, caregivers might need assistance in completing some of the physical

care tasks that are required. For example, a 110 pound woman might not be able to lift her 250 pound husband. At times, the family caregiver is so involved in providing the loved one's physical care that assistance in other household tasks, such as cleaning or laundry, is very much appreciated. Helping families find community resources and other support services is an extremely beneficial role of the healthcare provider.

8. *Genetic counseling* – Depending on the type of health condition the patient has, it might be helpful for other family members to have genetic testing and counseling to determine their own risks for developing the condition. This is a very sensitive matter with most families – some want the information, others do not. Healthcare providers need to discuss this option with families, including both the benefits and potential down sides, so family members can make their own decisions. It is also important to realize that different family members might make different choices. Each must be supported and validated for his or her own decision.
9. *Planning for the future* – Family caregivers need to have some anticipatory guidance. They need to know what to expect in the future and how to plan and prepare for what the future holds. It is not beneficial to families to keep them in the dark, though this is sometimes done with the mistaken idea that it avoids additional stress for the family. In contrast, most families state that they prefer to know the path ahead of them.
10. *Moving onward* – Family caregivers need permission to care for themselves. When more than one family caregiver is involved in a particular situation, the members need to support each other, allowing time for respite. Though it is an unfortunate fact that caregiving takes a heavy toll on family caregivers, encouraging these people to look after their own physical, mental, and social health is critical to helping them maintain balance in their own lives.

Reinhard, et al, (2008, p. 4), state that "family caregivers are indispensable, yet they often feel underappreciated and inadequately supported by nurses and social workers." It is important for healthcare providers to ask family members "How are *you* doing" when families bring their loved ones to a hospital, office, or clinic. Family caregivers need help in two ways: enhancing and strengthening their roles as caregivers, and taking care of themselves so they don't become patients, too. Even though, in the typical healthcare system, the focus is on the identified patient, healthcare providers must recognize that providing care just for the patient is not enough – the likelihood that the patient will receive safe, effective, and appropriate care outside the hospital setting is greatly enhanced if family caregivers are supported. In turn, this investment in time and energy working with the family caregivers can decrease the rate of rehospitalization and the incidence of problems resulting from complications and errors, thus saving the healthcare institution money in the long run.

The "State of the Science: Professional Partners Supporting Family Caregivers" symposium held in 2008 identified knowledge and competencies that nurses and

*Independent Study Module continued on page 10*

Join the Best New Leadership Team in Montana . . .

Featured Employment Opportunities: **RN**

- P.M. Shifts
- FT, PT or PRN
- **SIGN-ON BONUS**
- **VERY COMPETITIVE PAY!**
- Progressive Mgmt
- Teamwork Approach
- Great Community to live and play in!



*Your Health...  
Our Mission*

#### HOSPITAL

- 24/7 Emergency Room
- Surgery Services
- Endoscopy
- Colonoscopy
- Laboratory/Testing
- Ultra Sound
- Digital Mammograms
- Dexascan
- GE Bright Speed Elite
- CT Scan
- Occupational Therapy
- Respiratory Therapy
- Ambulance Services
- Sleep Lab
- Imaging (X-Ray)
- Helipad for Transport Services
- Registered Dietitian
- Physical Therapy

#### NURSING HOME

- 59-Bed Facility
- 37-Private Rooms
- 24-hour Nursing
- Exercise Program
- Pet Therapy
- Volunteer Services
- Memory Loss Unit
- Planned Activities and Parties

#### HOME HEALTH/DME

- Nurses, PT and OT Therapists
- Durable Medical Equipment
- Home Chore Program
- Oxygen
- CPAP Therapy

#### HEALTH CLINIC & WELLNESS CENTER

- Walk-in Clinic
- Family Medicine
- Obstetrics
- Women's Health
- Pediatrics
- Annual Physicals
- Wound Care
- DOT/DMV Physicals
- Biopsies
- Mole Removal
- Immunizations
- Laboratory/Testing
- Cardiac Rehabilitation
- Wellness Center
- Sports Injury Rehabilitation
- Well Child Exams
- Geriatrics
- Forever Fit

**Pondera Medical Center, 805 Sunset Blvd, Conrad, MT 59425**

**406-271-3211 • www.ponderamedical.com**

**Visit our website for more information**



BOISE STATE UNIVERSITY

## DISCOVER BOISE STATE UNIVERSITY

Boise State is a progressive learning-oriented, student focused university dedicated to academic excellence. At Boise State you will find an academic community that values diversity and prepares students to become leaders in nursing.

For over 55 years, the School of Nursing has been recognized as the largest Nursing program in Idaho promoting excellence in teaching, research, and service.

### A variety of courses and program options are available to fit your needs:

- A student-friendly RN-BS program taught entirely online for nurses who want to complete their BS degree in nursing.
- Unique Masters program taught entirely online. Focused on nursing care of populations. Nurses manage and coordinate; yet few programs prepared us to look at aggregates of populations to make data based decisions.



**We invite you to contact us to determine if Boise State's School of Nursing is the right fit for you.**

Becky White, Student Recruiter

208-426-4632

Beckywhite1@boisestate.edu

Independent Study Module continued from page 9

social workers need in order to provide effective support for family caregivers.

**Knowledge components** were identified as:

1. Understanding relationships among patients, family caregivers, and other family members
2. Recognizing the challenges inherent in caregiving
3. Acknowledging the caregiver as a central part of the healthcare system
4. Recognizing the context in which family caregivers function, including community resources and financial issues
5. Knowing resources available to family caregivers
6. Recognizing indicators of "caregiver burden", or symptoms of stress experienced by caregivers
7. Increasing knowledge about the financial impact of caregiving and resources available to provide assistance
8. Valuing the cultural diversity, ethnicity, race, religion, sex, and sexual orientation that play roles in family caregiving

**Competencies** were identified in the areas of communication, assessment and practice, collaboration, and leadership. Strategies for developing those competencies among nurses and social workers were also developed.

Messeccar, Powers, and Nagel (2008) have studied the Family Preferences Index as a tool to assist healthcare providers in assessing family preferences for participation in the care of older adult family members who are hospitalized. This tool, suggested to be used individually with each family member, explores the family member's interest in and willingness to perform various tasks and be involved at different levels in providing care and support for the loved one. The authors recommend use of the tool as a guide to providing the best possible level of support and assistance to each family member during the loved one's hospitalization.

The Modified Caregiver Strain Index (Onega, 2008) is a tool that can be used by the healthcare provider to assess financial, physical, psychological, and social/personal aspects of family caregiving. The tool is published in the Onega article referenced at the end of this study. Additionally, a video demonstrating the use of the tool can be seen at <http://links.lww.com/A291>.

Twibell, et. al. (2012) identified that nurses often struggle with what words to use and how to quickly and effectively establish rapport with families. These authors have found that introductions and explanations to family members are just as important as those to the patient, and taking a few moments to include them in conversation goes a long way toward establishing trust and helping the family to feel engaged. Specific suggestions include introducing yourself to family members and getting to know their names, asking what questions they have about the care being provided for their loved one, and engaging them in information-sharing. When physical care is being provided to a loved one, clear explanations of what is being done, and why, will increase family caregiver comfort and understanding.

Bedside rounding for shift-to-shift report has become a familiar practice in many hospitals. While some have struggled with privacy and confidentiality concerns,

these are no different than in any other circumstances. The nurse can respectfully ask visitors to leave, while those who have been designated as part of the patient's care team and authorized to receive this information have every right to be present. In fact, many patients and family members have commented on how reassuring it was to hear the nurses review the plan of care and provide consistency during a shift transition.

Two new 2012 resources available from the Institute for Patient and Family Centered Care ([www.ipfcc.org](http://www.ipfcc.org)) include a resource document entitled "Developing Patient and Family-Centered Vision, Mission, and Philosophy of Care Statements" and a guide for senior leaders entitled "Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-term Care Communities." This organization also provides webinars, conferences, and other resources to assist healthcare providers in being more proactive in inclusion of families in patient plans of care.

These are but a few of the strategies that healthcare providers can use to provide assistance and support to family caregivers. As the field continues to grow, additional resources will undoubtedly become available. Professional healthcare providers can do much to create effective partnerships with lay caregivers.

**Patient and Family Input**

Beginning in 2005, a national standard was established to collect and report core data regarding patient's perceptions of their experiences in the hospital setting. Known as HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), this consumer-driven survey and reporting system is now required in all hospitals receiving federal dollars. There are three goals underlying HCAPS reporting: providing a way to document meaningful comparisons of hospitals that help consumers make effective choices, creating incentives for hospitals to improve quality of care, and increasing accountability of healthcare organizations that receive public funding. Patients and families are integral to this process in two ways – providing input about their experiences in the hospital setting, and using the publicly displayed data to help them make decisions about selection of care providers. In these ways, involvement of patients and families in care has become even more critical to providers in their efforts to improve quality of care and public image.

**How Can Family Caregivers Help Healthcare Providers?**

Just as there are responsibilities of healthcare providers in supporting family caregivers, family caregivers also have responsibilities in working as team partners with healthcare providers to ensure that the most appropriate care is provided for their loved one. Some expectations of family caregivers include:

1. Providing information – it is important to keep healthcare providers updated on the current condition of the patient and the extent to which the current plan of care is being implemented. If there are limitations that impact the ability of the patient and/or family to implement the plan of care, these should be shared so alternative plans can be developed. This is particularly important

now that hospitals are not being reimbursed for avoidable readmissions. Involving the family in care, asking for their input on a regular basis, and supporting them in providing the healthcare team with information about their loved one's changing condition can enable providers to intervene in an appropriate and timely manner to manage care effectively.

2. Being honest – It is not necessary, or appropriate, to "pretend" to be ok. Often family members assume that the focus of the healthcare provider is on the patient and will make the socially expected response "I'm ok" when asked "How are you doing?" Unfortunately, this response often masks early symptoms of caregiver fatigue and distress. If the healthcare provider is not aware of areas of concern, he/she will not be able to assist in developing plans to deal with the concerns.
3. Share resources – If family members find a good resource (book, web site, community agency, etc.), it is helpful to share this information with the healthcare provider. Professional staff may not always be aware of all of the resources available, and the ability to add a new resource to lists for other families is always welcomed.
4. Share feedback – Just as it is helpful to identify new resources, healthcare providers appreciate knowing about resources that have not been found to be effective, perhaps because a desired service was not available, because eligibility requirements prevented the family's participation, or because the quality of the service was poor. Again, the healthcare provider's ability to recommend resources hinges on having clear and updated information from those who have used or attempted to use the resources.
5. Seeking assistance – Caregivers can alert healthcare providers to situations that are developing so that timely assistance can be provided. Typically, family members spend more time with the patient than the professional staff, so they are the first ones to notice a change in a loved one's condition or the need for a change in a plan of care.
6. Being assertive – The family knows the loved one and is in the best position to be an advocate for this person. Family members need to speak up on behalf of their loved one and seek out information, services, and resources that will be of most assistance.

These are but a few strategies that families can use to enhance their ability to work effectively with healthcare providers in order to maximize the care provided to their loved one. Each family will develop its own tools and processes as the caregiving role continues.

**Summary**

Healthcare providers and families are indeed partners in providing care. Knowing and valuing how families function and what roles different members play in families provides the foundation for the healthcare professional to work effectively with family caregivers. Specific suggestions guide roles of family members and professionals as they work together.

**REFERENCES**

Centers for Medicare and Medicaid Services. (2012). HCAHPS Fact Sheet. Retrieved from: <http://www.hcahpsonline.org/files/HCAHPS%20Fact%20Sheet%20May%202012.pdf>

Messeccar, D. & Powers, B. (2008). The family preferences index. *American Journal of Nursing* 108(9), September, 52-60.

Kelly, K., Reinhard, S., and Brooks-Danso, A. (2008). Executive summary: professional partners supporting family caregivers. *American Journal of Nursing* 108(9) Supplement, September, 6-12.

Onega, L. (2008). Helping those who help others. *American Journal of Nursing* 108(8), August, 62-70.

Reinhard, S., et al. (2008). How are you doing? *American Journal of Nursing* 108(9) Supplement, September, 4-5.

Roberts, J. (1991). *Taking Care of Caregivers*. Palo Alto, CA., Bull Publishing.

Twibell, R., Neal, A., Cox, C., Harris, D., Osborne, K., Paul, N., and Duncan, J. (2012). Puzzling over family presence: word search at the bedside. *American Nurse Today* 7(7), 8-10.

**RESOURCES**

- Family Caregiver Alliance – [www.caregiver.org](http://www.caregiver.org)
- Institute for Patient and Family-Centered Care – [www.ipfcc.org](http://www.ipfcc.org)
- National Family Caregiver Association – [www.nfcacares.org](http://www.nfcacares.org)

Numerous additional resources exist specific to various age groups or diseases/conditions. Use a web search to find the resources most appropriate to your patient's and family's needs.



**Prairie Travelers**  
The Premier Healthcare Staffing Solution

**ATTENTION**  
**MONTANA & NORTH DAKOTA**  
**RNs, LPNs, Certified Medication Aides**  
**and Certified Nurse Aides!**

Are you interested in an exciting career as a traveling nurse professional?

Prairie Travelers is an agency specializing in the temporary placement of nurses, medication aides and certified nursing assistants. We offer competitive wages and flexible work assignments in hospital, nursing home, correctional and mental health facilities throughout Montana and North Dakota!

**Excellent wages and multiple bonus opportunities!**

For an application or more information, Please call 406-228-9541 or visit us online at [www.prairietravelers.com](http://www.prairietravelers.com)




**SIDNEY HEALTH CENTER**  
Exceptional Care for Life

Sidney Health Center is accepting applications for the following positions:

<b>Registered Nurse</b>	<b>RN/LPN</b>
Acute Care	ENT Clinic
OB	Extended Care Facility
	OB Clinic

**Mid Level Provider (NP/PA) – Urgent Care/ER**

For additional information or to apply online, please visit our website at: [www.sidneyhealth.org](http://www.sidneyhealth.org)

-or contact-  
**Marilyn Olson**  
216 14th Ave SW • Sidney, MT 59270  
Phone: (406) 488-2571  
[mjolson@sidneyhealth.org](mailto:mjolson@sidneyhealth.org)



## MNA Montana Approved Providers

St. Vincent Healthcare  
Billings, MT

Kalispell Regional Healthcare System  
Kalispell, MT

Benefis Healthcare Systems  
Great Falls, MT

St. Peter's Hospital  
Helena, MT

Community Medical Center  
Missoula, MT

Bozeman Deaconess Hospital  
Bozeman, MT

St. Patrick Hospital  
Missoula, MT

Billings Clinic  
Billings, MT

MT Geriatric Education Center  
Missoula, MT

St. James Healthcare  
Butte, MT

Montana Hospital Association  
Helena, MT

Montana Health Network  
Miles City, MT

Livingston Healthcare  
Livingston, MT

Montana Healthcare Association  
Helena, MT

Montana Public Health Training Institute  
Helena, MT

Mountain Pacific Quality Health  
Helena, MT

Livingston HealthCare is accepting applications for:

### Full-Time and Part-Time Registered Nurses

Livingston HealthCare, located in Livingston, Montana, is a unique group of healthcare professionals providing services to the residents of Park County and surrounding communities. Included in those services are a 25-bed hospital (CAH), a multi-specialty physician practice, home care, hospice care, rehab, a sleep center and much more. Pre-employment drug testing required.

If you enjoy fly fishing, skiing and hiking, or if you just love the outdoors and are looking for a balance of lifestyle and career, complete application at [www.livingstonhealthcare.org](http://www.livingstonhealthcare.org). For additional information, call 406-823-6471.

Livingston HealthCare is an Equal Opportunity Employer.



### New! Recovery Center Missoula OPENING SPRING 2013



Opening in the Spring of 2013, the Recovery Center Missoula (RCM) provides inpatient and partial hospitalization services and is designed to meet the needs of adults suffering from chemical dependency and related co-occurring psychiatric disorders.

### Now Hiring! RNs and LPNs Positions are open until filled

To apply, please visit  
[www.wmmhc.org](http://www.wmmhc.org)

We look forward to hearing from you!

# SURVEY

“Montana State University, College of Nursing is conducting an interest assessment for a proposed program for highly skilled registered nurses (RNs) with an associate degree in nursing (ASN/ADN/AD) to earn a master’s in nursing degree (MN). The associate to master’s degree program will focus on clinical leadership to promote an environment of quality and safety in direct care to improve patient outcomes by implementing evidence-based solutions across the health care system. The program of study will reflect nurses’ past education, experience, and clinical expertise and utilize distance learning methods to promote flexibility and access.

The survey should only take 10 minutes of your time.  
Please click on the link to access the survey.”

<http://www.surveygizmo.com/s3/1098346/Survey-for-Associate-Degree-RNs>

Please complete survey by March 15, 2013

## From WHEREVER You Are...

Earn your PhD in nursing at the prestigious  
**UNIVERSITY OF COLORADO!**

- > Distance accessible, online learning
- > Choice of two focal areas: biobehavioral science or health care systems research
- > Over 30 years of experience in offering PhD nursing education
- > Distinguished, nationally-renowned faculty with funded programs of research
- > The resources of a research-intensive health sciences campus
- > Very affordable in-state tuition for residents of western states (WICHE)
- > Access to broad array of online courses through the Nursing Education Exchange (NEXus) collaborative of universities



[www.nursing.ucdenver.edu/PhD](http://www.nursing.ucdenver.edu/PhD)  
Or contact the PhD Program Director,  
Linda Flynn, PhD, RN, FAAN, at  
[Linda.Flynn@ucdenver.edu](mailto:Linda.Flynn@ucdenver.edu) or  
303-724-7381

St. John's Medical Center  
Live in the Fabulous Winter & Summer  
Playground of Jackson Hole, Wyoming!  
St. John's Medical Center  
offers career opportunities with  
competitive salary and benefits.

For more information please visit  
[www.tetonhospital.org](http://www.tetonhospital.org)  
Click on the "careers" tab  
Drug Free Employer/EOE

BE IN DEMAND



BE IN DEMAND!

Enroll in Montana Tech's  
BSN-Completion or  
ASN degree program today.

Montana Tech THE UNIVERSITY OF MONTANA 1-800-445-TECH  
[WWW.MTECH.EDU](http://WWW.MTECH.EDU)

Lisa Warcham Photography

# Membership

## What's New for Members in 2013

**Juanita Kazmierowski**  
Membership Specialist



**Juanita Kazmierowski**

During 2012 there was a lot of work done on behalf of the members of the Montana Nurses Association. We are setting our sights high again in 2013. As the implementation of the Dues Simplification began in January and we start a new year, we are hoping to increase our membership (which is currently over 2200 strong) dramatically by the end of 2013. Membership increased well over 500 new and renewing members in 2012! We are hoping to double that in 2013. We will campaign not only to increase our collective bargaining members but will dedicate a good portion of our efforts to increasing our number of non-collective bargaining members.

The nursing profession is changing every day and the challenges of being a nurse have never been greater. Membership with the Montana Nurses

Association works for you through information-sharing, advocacy, and representation. The nurses of Montana have an advocate on their side, ensuring their best interests will be represented with authority and clarity.

MNA would like to know what *motivates* you to be a member and what you find to be *most beneficial* to you as a member. Please contact us with any thoughts, ideas or stories you would like to share regarding membership within your organization.

We encourage you to become an **active member** not only for the MNA but for your profession as well. There are a number of Councils that members can join. You can find out more information regarding those councils and the benefits of MNA membership a number of ways: (1) On our website, [www.mtnurses.org](http://www.mtnurses.org), (2) email Juanita at [juanita@mt nurses.org](mailto:juanita@mt nurses.org), (3) call the office 406-442-6710, or (4) contact membership directly at 406-422-1052. New this year is our Facebook page! Like us on Facebook and receive up-to-date information as well as participate in chats with your co-workers. Additionally, as a member, you automatically receive the *Pulse* quarterly.



**MEMBERSHIP MATTERS!**

The Montana Nurses Association would like to invite you to join us today

**BENEFITS INCLUDE:**

- EMPOWERING RNs TO USE THEIR VOICES IN THE WORKPLACE
- IMPROVING PATIENT CARE
- HAVING INPUT REGARDING WAGES AND BENEFITS
- CONTINUING EDUCATION OPPORTUNITIES
- LEGISLATIVE REPRESENTATION

Call or email today  
[juanita@mt nurses.org](mailto:juanita@mt nurses.org)  
 (406) 422-1052  
 Applications also available on our website [mt nurses.org](http://mt nurses.org)

**The Montana Nurses Association would like to welcome the following new and/or returning members who joined or renewed during the last quarter of 2012.**

Derek Baumgartner	Angela Gottwig	Kimberly Collins	Lindsay Faber
Geri Stinger	Jeanette Ricks	Ken Christiaens	Brandi Nadeau
Serena Martinell	Pamela Clestio	Deanna Montgomery	Mary Beth Hunter
Cheryl Wood	Katie Finneman	Jennifer Vaughn	Deanne Burkett
Abby Stensland	Tosha Ebbett	Jessica Stevenson	Katy Lovelace
Jenneca Barber	Mercy Clevenger	Kayleigh Burres	Sarah Phipps
Sherri Reagan	Rebecca Peterson	Jill Pence	Regina Brooks-Larson
Kelley Ryan	Jill Kerns	Laura Davis	Amber Mading-Lawson
Melissa Laverdure	Michele Warling	Megan Hamilton	Stephanie Hazen
Hilary Green	Shawna Barrett	Kristie Nielson	Lindsay Holmstrom
Kristin Scarborough	Sarah Wright	Anjanette Davis	Autumn Filler
Sherrie Opitz	Cindy Yarbrough	Stacey Hollingsworth	Chad Irion
Maria Hidalgo	Kristine Danforth	Corrie Meza	Betty Ann McGillis
Brandon West	Joseph Poole	Jamie Kirkhart	Sarah Secor
Kelsey Elkin	Vonnie Pattison		



Big Horn Hospital Association  
 Memorial Hospital and Nursing Home  
 Heritage Acres  
 Health Care For All Life's Cycles

**RN's and LPN's**  
 Earn extra income or stay busy?

Big Horn Hospital and Heritage Acres located in Hardin are seeking per diem nurses. Big Horn Hospital is a 25 bed CAH with 10 acute care beds and 15 swing beds. Heritage Acres is a 36 bed SNF with 10 assisted living units. We offer an enjoyable work environment, flexibility, caring and dedicated staff and competitive wages. Work day and night shifts with the potential of regular employment.

If interested please e-mail resumes to [hr@bighornhospital.org](mailto:hr@bighornhospital.org) or call Lou at 406-665-9225 (CAH) or Joe at 406-665-8903 (SNF)  
 EEO employer

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

# Nurses

**Wages – DOE, Benefits, Sign On Bonus, partial payment for single premium for health/vision insurance, accrued PTO/8 paid Holidays, eligible for 401(k) after 1 year of employment.**

**RNs, LPNs & CNAs**

Currently seeking professional and progressive nurses to work in our small rural facility where we offer a family-oriented, supportive, TEAM-building work environment.

**406-654-1100**

PHILLIPS COUNTY  
 HOSPITAL  
 & FAMILY HEALTH CLINIC



**Has your contact information changed?**

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

If so, please email or call the Montana Nurses Association to update your contact information: [juanita@mt nurses.org](mailto:juanita@mt nurses.org) or 406-442-6710



UNIVERSITY of WISCONSIN-GREEN BAY

UNIVERSITY OF WISCONSIN - GREEN BAY  
**BSN-LINC**

UNIVERSITY OF WISCONSIN - GREEN BAY  
**MSN-LINC**

RN to BSN Online Program

MSN Online Program

- No Campus Visits
- Liberal Credit Transfers
- Competitive Tuition

BSN-LINC: 1-877-656-1483 or [bsn-linc.wisconsin.edu](http://bsn-linc.wisconsin.edu)  
 MSN-LINC: 1-888-674-8942 or [uwgb.edu/nursing](http://uwgb.edu/nursing)



## Around the State

# The Montana Center to Advance Health through Nursing

Christina Sieloff

Are you interested in working to improve the health care of Montana citizens and the work environments for nurses? If so, the Montana Center to Advance Health through Nursing is the place for you ([www.mtcahn.org](http://www.mtcahn.org)).

The Center's purposes are threefold: 1) Advance the health of Montanans through leading change in nursing, 2) Serve as a collaborative effort to bring together nursing education, practice, research and regulation, 3) Implement the recommendations from the Institute of Medicine's *Future of Nursing: Leading Change, Advancing Health* report.

Right now, you can begin to receive information about any of the Councils (Education, Leadership, Transition to Practice, Workforce Data) within CAHN at no charge by contacting either Casey Blumenthal ([casey@mtcahn.org](mailto:casey@mtcahn.org)) or Cynthia Gustafson ([cgustafson@mt.gov](mailto:cgustafson@mt.gov)).

**Why not take a moment now to help make a difference in your work environment and the health of your patients?**

The Leadership Council met September 19th and 24th, October 17th and 22nd, and November 21st and 26th (two meetings are held so that all interested nurses can attend) and is actively working on the following goals:

- **planning the April 2013 leadership conference to be held in collaboration with the Zeta Upsilon Chapter at Large of Sigma Theta Tau International** Title: Igniting the spirit of nursing; New skills for a new era. The conference will be held April 19 & 20, 2013 in Bozeman, Montana. Stay tuned for more details.
- **assuring that, by 2020, 80% of the RNs in Montana have at least a BSN, recommendation from the Institute of**

**Medicine's Future of Nursing** report.

CAHN received a \$300,000 two year grant from the Robert Wood Johnson Foundation in August 2012. The Leadership Council is developing documents related to the business case for hospital administration as to why this change is cost effective for all health care organizations in Montana. L. Olgivie and colleagues have identified four articles that clearly demonstrate that BSNs make a difference in the quality of patient. Dawn Lynch is developing a document related to the financial costs of providing additional compensation for BSNs.

- **working to assure that the Council represents all nurses within Montana**, by examining the nursing groups represented by the Council members and seeking new members to assure that all nursing groups are represented. At each meeting, members present identify the nursing groups they represent. Michele Sare is developing a template that will enable the Council to clearly document this representation.
- **identifying Montana nurses who serve on boards of directors within Montana and beyond to develop a baseline of this information.** We have been finding that nurses may be on Boards of Directors but do not self-identify as a nurse so their work is invisible. If you have information about any nurse who serves on any board of directors, please send this information to [csieloff@montana.edu](mailto:csieloff@montana.edu). Emails have been sent to various groups to identify additional nurses on boards both within the state and beyond. Building on the work by Kim Powell, a finalized listing (to the best of our knowledge) will be posted on the Leadership

Council's page on the CAHN website by the end of January. A request will be included for additional information to be sent to C. Sieloff at [csieloff@montana.edu](mailto:csieloff@montana.edu). The listing will be updated as additional information is received.

- **identifying a mechanism whereby any nurse can assess his/her level of leadership (knowledge, skills, competencies).** Council members searched for a reliable and valid instrument, based within nursing, that all nurses can use to self-assess their knowledge, skills and competencies related to leadership behaviors. This was done so that feedback from nurses can be used to develop and implement educational activities to assist nurses to further improve their leadership abilities. No instrument was identified. However, a graduate nursing student from MSU will be working on revising and testing the reliability and validity of a checklist, developed by Dr. S. Grossman, so that it can be used by all nurses. In addition, C. Sieloff will be working with Dr. Grossman's checklist to develop brief electronic surveys so that all nurses in Montana could let the Leadership Council know what content nurses need to become more active leaders. Dawn Lynch and Christina Sieloff have reviewed the items and determined that all items relate to leadership. An initial survey will be developed, reviewed for clarity, and distributed via email and the CAHN website after the first of the year.

Would you like to be involved in any of the above? If so, contact Christina Sieloff at [csieloff@montana.edu](mailto:csieloff@montana.edu). We want to work with YOU to improve the work environments for nurses and the health of Montana citizens. We hope to hear from you soon.

## The Clinical Nurse Leader: Meeting the Objective of Improved Patient Outcomes

Dixie McLaughlin

The Clinical Nurse Leader (CNL) is a masters-prepared generalist accountable for patient outcomes through application of evidenced-based practice at the microsystem unit level. Nursing at the point of care has become increasingly complex. In hospitals patients have higher acuties and stay for shorter periods of time (Klich-Heartt, 2010). Economic constraints have stretched point of care services, often resulting in leaner staffing practices that have been tied to poorer patient outcomes (Seago, 2001). Harris, Tornabeni, and Walters (2006), implemented a pilot study of CNLs at the Veterans Association in the Tennessee Valley Health System and found that having CNLs as part of the system improved patient outcomes. As a result of the study, CNLs are now integrated into the VA healthcare delivery system.

Klich-Heartt (2010) evaluated the entry-level master's CNL graduates to determine if the end-of-program competencies are actualized in their current practice and have the potential to improve practice. The results "emphasize the ability to apply the CNL end of program competencies" (p. 21) even while they were gaining experience as a new nurse and working in positions other than a CNL. These findings indicate that end-of-program CNL competencies can be incorporated by point of care nurses on units where the CNL role is not available. In states like Montana where CNL job descriptions are just starting to be implemented, it is good know that the CNL competencies can be applied by CNL graduates regardless of their position description or title. End-of-program

competencies (AACN, 2007) include critical thinking underlying independent and interdependent decision making; communication using a complex, ongoing, interactive process to build interpersonal relationships; assessment knowledge and skills to perform risk assessment of the individual, including lifestyle, family and genetic history as well as perform a holistic assessment of the individual across the lifespan; acquisition and use of client care technology and nursing procedures; a theoretical foundation in health promotion, illness prevention and maintenance of the client's function in health and illness; illness and disease management; information and health care technologies; ethics; global health care; health care systems and policy; and others. The CNL, through graduate education, attains a level of competence to provide high quality, client-focused, accountable practice as a health care professional and clinical leader.

For more information about the Clinical Nurse Leader and the Doctorate of Nursing Practice degree programs at Montana State University College of Nursing, visit [www.montana.edu/nursing/academic/mn.php](http://www.montana.edu/nursing/academic/mn.php) or contact Dixie McLaughlin, Graduate Student Recruiter, at [dixie.mclaughlin@montana.edu](mailto:dixie.mclaughlin@montana.edu), 406-243-2102 or Lynn Taylor, Graduate Program Administrative Assistant at [lynnt@montana.edu](mailto:lynnt@montana.edu), 406-994-3500. Applications for admission to the College of Nursing graduate programs are due each year by February 15.

### References

American Association of Colleges of Nursing (AACN) (2007). *White paper on the education and role of the clinical nurse leader*. Retrieved

from <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>

Harris, J.L., Tornabeni, J., & Walters, S. (2009). Clinical nurse leader impact on clinical microsystems outcomes. *Journal of Nursing Administration* 36(10), 446-449.

Klich-Heartt, E.I. (2010). Entry-level Clinical Nurse Leader: Evaluation of practice. Doctor of Nursing Practice (DNP) Projects. Retrieved from <http://repository.usfca.edu/dnp/5>.

Seago, J.A. (2001). Nurse staffing, models of care and interventions. In: Shojani, K.G., McDonalds, K.M. & Wachter, R.M., eds. *Making Healthcare Safer: A Critical Analysis of Patient Safety Practices*. Washington, D.C.: Agency for Healthcare Research and Quality.



**Glendive Medical Center (GMC)** is a full-service, 25-bed acute care hospital with 24-hour emergency care, full medical and surgical services and an attached 71-bed skilled Extended Care (EC) facility. GMC also operates Eastern Montana Veterans' Home (EMVH): an 80-bed long-term care facility in Glendive, which includes a 16-bed secure Alzheimer's Unit. We are dedicated to being a leader in providing and promoting health and wellness to the residents of east central Montana and western North Dakota.

**Open Nursing Positions:**  
RN/LPN EMVH  
RN/LPN EC

Check us out on the web at [www.gmc.org](http://www.gmc.org) and fill out an online application today! For additional information e-mail [sknuths@gmc.org](mailto:sknuths@gmc.org). EOE/AA

Friends & Neighbors Caring For You 

# Around the State

## AHRQ Launches Regional Partnership Development Initiative to Promote Comparative Effectiveness Research

*Kate Stabrawa*

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote comparative effectiveness research (CER), a type of patient-centered outcomes research, in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers, and policymakers. You're invited to learn more about CER and to partner with AHRQ by using and encouraging others to use free CER reports and materials, which support efforts to improve the quality of health care in communities.

### What is comparative effectiveness research?

Comparative effectiveness research provides information that helps clinicians and patients work together to treat an illness or condition. CER compares drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to support their treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:

- Patient treatment comparison summaries (English and Spanish)
- Clinician research summaries
- Executive Summaries
- Faculty Slide Sets
- Continuing education (CME/CE) Modules
- Podcasts



**Delivering Quality & Innovation in patient care**



**Migrant Health Program is seeking NPs and RNs for our farmworker health clinics in Montana. Temporary/Full-Time positions.**

*Experience a caring relationship with patients, not just paper.*

Call 406-248-3149 or Email:  
**Christine Gerhard** • [cgerhard@mtmigrantcouncil.org](mailto:cgerhard@mtmigrantcouncil.org)  
**Claudia Stephens** • [cstephens@mtmigrantcouncil.org](mailto:cstephens@mtmigrantcouncil.org)  
**Montana Migrant & Seasonal Farmworker Council Inc.**  
 3318 3rd Ave. North, Suite 100 • Billings, MT 59101



**Angel Travelers**

Qualified Caring Staff  
**RNs LPNs CNAs**

We are currently taking applications for traveling careers for licensed / certified nursing staff, for long term care, hospital, correctional, mental health, clinics and treatment facilities, throughout Montana.

Excellent wages, flexible work assignments, and other opportunities

For an application or more information contact us:  
 406-360-5199  
 406-360-5149  
 Fax 406-363-5726  
 Email at [angeltravelers@yahoo.com](mailto:angeltravelers@yahoo.com)  
[www.angeltravelers.com](http://www.angeltravelers.com)

Equal opportunity employer



**NORTON SOUND HEALTH CORPORATION**

NSRH is a Joint Commission accredited facility with 18 acute care beds, 15 LTC beds serving the people of the Seward Peninsula and Bering Straits Region of Northwest Alaska. New hospital now open!

**Contact**  
**Rhonda Schneider, Human Resources**  
[rmschneider@nshcorp.org](mailto:rmschneider@nshcorp.org)  
 877-538-3142

**RNs**  
 • ER • OB

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

## Regional Telemedicine Conference Set

*Bob Wolverton, Program Director  
 Northwest Regional Telehealth Resource Center (NRTRC)*

NRTRC will be holding their Regional Telemedicine Conference, March 18 – 20, 2013, in Billings, Montana. The conference will explore the options and advantages of engaging the three key groups, the patient, the provider and the payers. We will delve into the reasons these three groups are so vitally important to the growth of telemedicine as well as the how to's of reaching these groups. Two tracks will be offered at the conference this year, Clinical/Administrative and Technical. Our tracks will look at how each person involved in telehealth can be part of getting the word out and growing telehealth in their organization and the region as well as other topics of interest. The conference is structured to provide information and education to direct care providers, hospital administrators, patients and technical staff members.

For further information, log on to the conference website, [www.nrtrcconference.com](http://www.nrtrcconference.com) or e-mail [Martha@nrtrc.org](mailto:Martha@nrtrc.org).

**Simplify your nursing research....**



**Nursing Newsletters Online**

Read Your State Newsletter Online!

**nursingALD.com**

Access to over 10 years of nursing publications at your fingertips.  
 Contact us to advertise in this publication or online!




**MONTANA STATE UNIVERSITY** | College of **NURSING**

[www.montana.edu/nursing](http://www.montana.edu/nursing)  
 406-994-3783

**BUILD A CAREER - MAKE A DIFFERENCE**

**Undergraduate Degree Options**

- Bachelor of Science in Nursing (BSN) degree
- Accelerated BSN degree for post-baccalaureate students

**Graduate Degree Options**

- Master of Nursing (MN) Clinical Nurse Leader
- Doctor of Nursing Practice (DNP) Family Nurse Practitioner (FNP) specialty  
 Family Psychiatric Mental Health Nurse Practitioner (FPMHNP) specialty

**Now Hiring: \*Campus Director/Missoula \* Tenure Track Faculty \* Non-Tenure Track Faculty**

See our current vacancy announcements at [www.montana.edu/nursing](http://www.montana.edu/nursing)



**Weight Management for Nurses**  
 Look and Feel Your Absolute Best... Every Day!  
 Taught by Martha Madrid, RN, MEd, Bariatric Hypnotherapist & Weight Loss Coach at Montana Diet Center  
 Bozeman Microtel Inn • Saturday, May 11th  
 9 am - 3:30 pm • Lunch will be provided  
 (406) 628-4622



**Only \$85**

SPACE IS LIMITED • PREPAYMENT REQUIRED

www.montanadietcenter.com

**What you'll enjoy:**

- ✓ Hypnosis Session
- ✓ 90 Page Recipe Book
- ✓ Stress Management Tools
- ✓ Online Video and Booklet
- ...and more!



**Check out MNA's website today**

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



**Full Time Position**  
**DIRECTOR OF NURSING SERVICES**

COME LIVE IN SCENIC ROUNDUP, MONTANA, located on the north edge of the pine-covered Bull Mountains. Roundup sits in the middle of beautiful cattle and horse country, is perfect for the outdoor sportsman, and is only 45 minutes north of Billings, where one can enjoy all the amenities of a big city.

ROUNDUP MEMORIAL HEALTHCARE is a 25-bed critical access hospital (dually licensed as swing beds) with an integrated provider clinic. We are seeking a dedicated and compassionate individual with a flair for management, problem-solving, and organization, with excellent communication skills. **Got a cape? If you are secretly a superhero, we'd like your skill set!** Responsible for managing the operation of the nursing department. Minimum requirements: Graduate of accredited school of nursing with current MT RN license, BSN or BS preferred, and 5 years experience as an RN with some management experience. RMH offers a competitive salary and benefits package.

Contact Michelle Clement in HR: [mclement@rmhmt.org](mailto:mclement@rmhmt.org)  
 406-323-2301, ext. 113 • Fax 406-323-3681  
 P.O. Box 40 • 1202 3rd St. W.  
 Roundup, MT 59072 • [www.rmhmt.org](http://www.rmhmt.org) • E.O.E.



**Billings Clinic**  
**Big Sky, Big Opportunities!**

- Hospital Nurse Manager, Inpatient Surgical
- Nurse Director, Medical/Surgical
- Pediatric Clinic Manager




For more information and to apply, visit [www.billingsclinic.com/careers](http://www.billingsclinic.com/careers) or call (406)238-2638

*Proud* to be part of the team that makes great things happen for patients every day.



Jackie, RN MedSurg

Working at Holy Rosary is not only a tremendous and rewarding experience because of the excellent healthcare provided, but the benefits of working in a smaller employee based atmosphere allow for a sense of family amongst employees and staff.

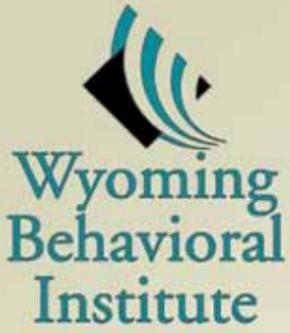
We offer a tremendous salary, benefit package, and enjoyable environment in which to work.

To learn more about positions currently available at Holy Rosary, please visit us online or call us directly.



Miles City, Montana | 406.233.4070  
 Apply online at [www.holyrosaryhealthcare.org](http://www.holyrosaryhealthcare.org)

Equal Opportunity Employer



**Now Recruiting!**



Welcome to Wyoming Behavioral Institute, a 90-bed acute care psychiatric hospital in Casper, Wyoming, specializing in the treatment of children, adolescents and adults.

Our philosophy is intensity of service with a true patient focus.

We believe in providing the highest quality treatment services available for long-term healing and improved quality of life.

If you have a commitment to service excellence, join our team today!

- RNs • LPNs
- New Grads Welcome!**

We offer excellent compensation and full benefits package. The state of Wyoming has no state income tax! Interested applicants please visit our website and apply online today!

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

Wyoming Behavioral Institute has been accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and is licensed by the State of Wyoming's Department of Health.

Wyoming Behavioral Institute is owned, managed and operated by a subsidiary of Universal Health Services, Inc., one of the largest providers of high-quality healthcare in the nation.




**Committed to Providing Excellence in Rural Community Healthcare.**

DMHC offers a variety of rewarding career opportunities for Nurses. DMHC is a 24 Bed Critical Access Hospital with a Rural Health Care Clinic, 30 Bed Nursing Home, and 24 hour ER Care located in Scobey, Montana.

**Competitive Benefits & Sign On Bonus Available!**

For more information, please contact our Human Resources Manager at 406-487-2296 extension 257 or e-mail your questions to [careers@danielsmemorialhealthcare.org](mailto:careers@danielsmemorialhealthcare.org).



**Daniels Memorial Healthcare Center**

**50 or older?**



**Starting at age 50, all Montanans should be tested for colorectal cancer.**

**Confused about what screening recommendations to make to patients?**

Both men and women age 50-75 should be screened for colorectal cancer by one of the following three regimens:

- Annual high sensitivity fecal occult blood testing
- Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years
- Colonoscopy every 10 years

**Screening can prevent colorectal cancer.**

[www.cancer.mt.gov](http://www.cancer.mt.gov)  
 1-888-803-9343 for free or low-cost screenings






**PATIENT CARE IS YOUR PRIORITY.  
PROTECTING YOUR  
FUTURE IS OURS.**

You're a nurse because you care. You want to make a difference. Malpractice claims could possibly ruin your career and your financial future. You always think of others. Now it's time to think about yourself. Set up your own malpractice safety net.

- You need malpractice insurance because . . .
  - you have recently started, or may soon start a new job.
  - you are giving care outside of your primary work setting.
  - it provides access to attorney representation with your best interests in mind.
  - claims will not be settled without your permission.
- ANA recommends personal malpractice coverage for every practicing nurse.
- As an ANA member, you may qualify for one of four ways to save 10% on your premium.

This is your calling. Every day you help others because you care. You're making a difference. Personal malpractice insurance helps protect your financial future so you can go on making a difference.

**800.503.9230**  
for more information  
[www.proliability.com/61226](http://www.proliability.com/61226)



Administered by Marsh U.S. Consumer, a service of Seabury & Smith, Inc. Underwritten by Liberty Insurance Underwriters Inc., a member company of Liberty Mutual Insurance, 55 Water Street, New York, New York 10041. May not be available in all states. Pending underwriter approval.

CA Ins. Lic. # 0633005 • AR Ins. Lic. # 245544  
d/b/a in CA Seabury & Smith Insurance Program Management

61226, 61227, 60481, 60487, 60493, 60496, 60513,  
60519, 60531, 60540, 60543, 61229, 61230, 61231,  
61232, 61233 (1/13) ©Seabury & Smith, Inc. 2013



**Fulfill your  
passion.**



**Registered Nurses**

At Benefis, you can fulfill your passion for nursing and your passion for life. As a Benefis RN, you'll be part of the state's premier healthcare system where we provide the highest quality of nursing care using the most sophisticated technology available. When you join the Benefis family you'll help heal the whole person – body, mind and spirit. If you have a passion for healing, a desire to succeed, where opportunities for growth and advancement are endless, then Benefis is looking for you. We offer competitive salaries, excellent benefits, relocation assistance and flexible scheduling. Call 406.455.5179 or 1.800.648.6620 to learn more. Or apply online at [benefis.org](http://benefis.org).

Find us on Facebook  
[facebook.com/BenefisHealthSystem](https://www.facebook.com/BenefisHealthSystem)

Benefis is an Equal Opportunity Employer



Live well. [benefis.org](http://benefis.org)



**Join us at the newest medical center, in Alaska's fastest growing economy. We are highly ranked in patient satisfaction and core measure scores.**

**Competitive wages with exceptional benefits package including Medical/Dental/Vision/Life, 401k with Employer Match, Paid Time Off, Relocation and Sign On Bonus.**

**Apply online at  
[www.matsuregional.com](http://www.matsuregional.com)  
or email  
[c.babuscio@msrmmc.com](mailto:c.babuscio@msrmmc.com)**

