Greetings, as the new president of the North Dakota Nurse Association (NDNA) I am privileged to write this article. I have been a member of NDNA for many years and take seriously the leadership accountability the Board of NDNA and I have. ANA is going through many changes to intentionally enhance State Nurse Associations (SNA) like NDNA, to be successful in two major areas: advocacy and relevance for membership.

The need for change has been stirring for some time. If you have been following the reports of decreasing ANA membership and state nursing organizations with collective bargaining interests disaffiliating from ANA, these actions signal a need for fundamental change. The transformation in motion are to focus ANA on what matter most which is to enhance expert professional nursing practice and advocacy for access to excellent health care. This focus is summarized in the ANA mission statement is “Nurses advancing our profession to improve health for all.”

The 2012-2014 Strategic Themes will have a positive impact that I feel will be important and add relevancy for NDNA. My hope is that if you are a current member of NDNA, the actions over the next year will add value to your practice. If you are not a member I hope that the intentional focus will entice you to join your professional nursing organization.

ANA is stronger today because of the enhanced focus of making state nursing organizations stronger. Many of our sister states are forming grass roots professional nursing organizations that are not involved in collective bargaining but instead organized to focus on professional nursing practice. These new organizations are aligning with ANA. One example is in Michigan. Michigan Nurses Association is no longer affiliated with ANA. A new professional nursing association Registered Nurses Association in Michigan (RN-AIM) formed in 2005. In September of 2011 it became affiliated with ANA and since that time has added over 1000 members because of intentional focus on excellence in nursing practice and advocacy support.

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ANA is making foundational change as outlined in the strategic themes:

1. Simplify the national governance structure.
   The ANA Board of Directors will decrease from 15 to 9 members. The new Membership Assembly will consist of 2 members from each State Nursing Association. Voting will be weighed based on each states membership. This smaller gathering will allow for a more nimble body that can create more action. There will be more opportunities for members to serve on short term task forces based on the programmatic pillars. NDNA will use email newsletters, Facebook and other means of communication to alert you to these opportunities.

2. Strengthen SNA with support for state based activities.
   ANA has proposed and is actively working with regional groupings of states to form Multi State Divisions (MSD). The main purpose of these groupings is to consolidate business and technology resources so that state organizations can be more successful with the intention of advocacy and relevancy to its members. I think of the von Goethe quote (paraphrased) ‘that we should not let the things that matter the most be at the mercy of the things that matter the least.’ At times NDNA, out of necessity, spent much time on resources that left us with little energy and time in support of excellence in nursing practice and advocacy of improved and safe health care in our state.

NDNA will be part of a 2 year pilot of using the MSD structure to manage several functions such as communication, access to better website technology, Continuing Education functions, accounting and finance. It will be structured so that NDNA does not lose individual authority or independence and will position us to more wisely use resources to support our work for nurses in ND. ANA is providing meeting facilitation, HR advice, and monetary support for the pilot. NDNA will be in the Upper Midwest MSD with SD, NE KS, MO, IA and WI. I have met with the leaders of these states organizations and will be part of writing the business plan for the pilot. It is important to realize that this is a pilot and a business relationship agreement, but what I found is passionate nursing leaders who have many similar interests as nurses in our state.

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Save The Date!

2nd Annual Conference
Past, Present, and Future of American Indian Nurses In North Dakota
June 11 & June 12, 2013

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Nursing Honor Society Awards Scholarship

Jessica Biller, a nursing student at Concordia College has been selected by the Xi-Kappa-Alpha Chapter of Sigma Theta Tau International Nursing Honor Society as the recipient of the annual Martha Vorvick Berge Memorial Scholarship. The mission of the honor society is to support the learning, knowledge and professional development of nurses committed to making a difference in healthcare worldwide. Ms. Biller is a resident of Moorhead, Minnesota and views nursing as more than just a profession, but it is a calling in her life. She wants to help people when they need it the most. In addition to her studies, Ms. Biller has been involved in many organizations that benefit Concordia College as well as the surrounding community to include Churches United for the Homeless, Habitat for Humanity, and Relay for Life.

For further information please contact Karen Robinson at 701-239-9558.

Deadlines for material in future Prairie Rose editions for 2013-2014

March 25, 2013
(May June July issue)

June 24, 2013
(August September October issue)

September 23, 2013
(November December January issue)

December 23, 2013
(February March April issue)

http://www.ndna.org

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.
with tools, evidence for practice improvements, and support of advancing your nursing practice.

4. Develop a menu of programs based on the pillars of Leadership, Scope of Practice, Care Innovation Quality, Work Environments, Safe Staffing and Healthy Nurses. I encourage you to go to the ANA web site www.nursingworld.org and view the vast amount of relevant information.

5. Develop an integrated business and technology platform. Like all of our organizations and places of work, we are looking to how to do business smarter and more efficiently. ANA is being called to do that also, again so the membership is served in a new way.

Leadership in Nursing

Roberta Young, President NDNA

The changes in ANA and NDNA are being done in support of leadership in a fresh and creative way. I do believe that for leadership to have positive outcomes there has to be intention. It is not happenstance. Each nurse in our state has the opportunity to be a leader at the point of service and care you provide. One of the great things about our profession is the variety of settings and type of care we render. I have been an adult critical care nurse, a pediatric critical care nurse, a staff nurse educator, a leadership facilitator, coordinator of patient education, nurse manager and director and now work in administration accountable to see that excellent care is provided in a variety of settings. Many of you have a similar story.

At each juncture there is opportunity to be a leader. It might be advocating for a patient so they can make an informed decision. It might be exhibited when you are tenacious to find safe placement for a patient with a safe handoff for coordinated care. It might be when you are being super creative to help a family member learn a skill to care for a loved one in their home. It might be when families allow you to share in their grief journey. It might be when you set the healing environment so a woman can admit that she is not safe in her home and you clear the path to safe haven.

Several of you heard ANA President Karen Daley talk to the key areas of the IOM report The Future of Nursing: Leading Change Advancing Health. Strengthen Nursing practice. I encourage you to read at least the summary of this report and get familiar with it. It will help you articulate and focus why nursing leaders are needed at every point of service, how you can enhance your own nursing practice and what focused improvements can be made in your area of care, for our state and nation.

I believe we can show leadership outcomes if we are in agreement of focus. The IOM report can be our guide. I ask that you sharpen your leadership skills and ability to articulate your contributions to health and wellbeing. I have asked that as we build our strategic focus for NDNA that we use this report as a foundation. It is congruent with the ANA pillars and as I visit with nurses across the state, it is congruent with our desires to elevate nursing practice to the good of our population. To be successful we will need to be willing to dig into hard topics to not be afraid of the struggle when making fundamental changes. We can do this.

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Achieve your goal of helping others when you start your career with Altru Health System in Grand Forks, ND. Altru, a progressive, non-profit, integrated health system offers a comprehensive benefits package to all of its full and part-time employees. Altru is now hiring for:

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- Aesthetic Registered Nurse
- Nurse Line Registered Nurse
- Clinic Office Nurse - Grand Forks, Drayton, Crookston and Cavalier Clinics
- LPN - Rehab
- LPN - Parkwood
- RN - Home Care/Hospice
- RN - Emergency Department
- RN - Med/Surg
- RN - Med/Surg/Ortho
- RN - Cardiology Cath Lab
- RN - Rehab
- RN - Float Pool
- RN - Surgery
- RN - SM - Telemetry
- RN - ICU
- RN - SCCU
- RN - Oncology 6th Floor
- RN - Psychiatry
- RN - Pediatrics
- RN - Elective Procedures
- RN - 401K and Pension Plan
- RN - Med/Surg
- RN - Med/Surg/Ortho
- RN - Cardiology Cath Lab
- RN - Rehab
- RN - Float Pool
- RN - Surgery
- RN - SM - Telemetry
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- RN - Oncology 6th Floor
- RN - Psychiatry
- RN - Pediatrics
- RN - Elective Procedures
- RN - 401K and Pension Plan

For a complete listing and to apply online, visit altru.org/careers

EOE

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NDNA Mission: to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

**Professional Nursing Practice**

NDNA supports legislation or administrative action that:

- Establishes the North Dakota Board of Nursing as the sole regulatory authority for professional nursing practice;
- Implements NDNA’s position on education for nursing practice;
- Protects nurses from discrimination in the workplace due to age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation;
- Protects the economic and employment rights of nurses, including their right to advocate for patients;
- Provides direct third-party reimbursement for services provided by nurses, including advanced practice nurses;
- Provides for rehabilitation of impaired health care workers;
- Places professional nurses on boards, commissions and other entities which have responsibility for health care planning and policy making;
- Provides funding for nursing education and research at basic and advanced levels;
- Facilitates recruitment and retention of an adequate and culturally diverse registered nurse workforce.

**Access to Quality and Affordable Health Care**

NDNA supports legislation or administrative action that:

- Provides access to quality, cost-effective health care for all North Dakotans, especially vulnerable populations, such as children, pregnant women, older adults, impoverished persons, minorities, homeless persons, the chronically mentally ill, residents of correctional facilities, and those who lack health insurance;
- Provides access to alternative models of quality, cost-effective health care, such as community nursing centers, hospice, home care, and adult day care;
- Assures access to nursing care services and recognizes advanced practice nurses as qualified providers of primary health care services;
- Improves the coordination of healthcare delivery systems to enhance continuity of care;
- Promotes public accountability for positive health outcomes through use of appropriate quality indicators;
- Provides incentives for cost containment in health care without compromising quality or access.

**Public Health**

NDNA supports legislation or administrative action that:

- Assures public health and safety;
- Strengthens the public health infrastructure;
- Sustains and promotes access to effective public health services (e.g., school health centers, sexually transmitted infection clinics, and community mental health providers);
- Assures availability of essential health services for all North Dakota citizens;
- Provides for resources to promote a healthy society;
- Provides adequate funding for programs aimed at health promotion and prevention of disease/disability for people in all stages of life;
- Assures adequate prevention, preparedness and response to natural, biological and chemical disasters and to acts of terrorism;
- Initiates measures to reduce or eliminate violent crimes.

**Occupational and Environmental Health**

NDNA supports legislation or administrative action that:

- Assures workplace safety;
- Protects employees, including those in health professions, from health hazards encountered in employment settings, including the establishment of ergonomic standards

**Human Rights**

NDNA supports legislation or administrative action that:

- Supports the basic rights of all people for equity under the law regardless of race, creed, color, gender, age, disability, lifestyle, religion, health status, nationality, or sexual orientation;
- Protects the privacy rights of patients in all health settings;
- Assures provision of health care information to consumers to facilitate informed choice in health care.

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**Legislative Report**

Karen Macdonald, Vice-President of Government Relations

Winter 2013

In the bull before the North Dakota Legislature convenes January 8, 2013, I will review a) important dates for the session; b) possible bills affecting nursing; and c) state and federal action on the affordable care act.

a. Important dates for the Legislative Session are:
   - January 8, 2013—Legislature convenes
   - January 14, 2013—Representatives and Senators may introduce no more than 5 bills after this date.
   - January 21, 2013—deadline for introduction of bills by Representatives
   - January 28, 2013—deadline for introduction of bills by Senators.
   - Cross Over March 1, 2013
   - Recess March 4–5, 2013
   - April 10, 2013—deadline for bills to be reported out of second house.

b. Possible bills to be introduced include a pre-filed bill by the North Dakota Board of Nursing to amend the Nurse Practices Act. The exact language of this bill can be found on the Board of Nursing website. There are changes in the definitions of RN, LPN, and Advanced Practice Registered Nurse. The definitions clarify that the RN practices independently and interdependently and the LPN practices dependently under supervision of an RN or other licensed practitioner. Another area clarifies that the board will develop standards for continuing competence as well as standards for nursing practice (it has been a long held belief of professional nursing that the profession develops the standards for nursing practices and the regulatory arm uses these standards which were developed by professional nursing to protect the public). The remaining proposed amendments are mostly housekeeping in nature.

The Board of Pharmacy is moving forward with language development for a required registration for licensed prescriber with the proposed few marked to fund the activities of the Prescription Monitoring Program. This program has been developed with federal funding and has proved to be very helpful in monitoring doctor shopping and use of multiple prescribers to fraudulently obtain controlled substances. Prescription drug abuse is seen as a much bigger problem then use of illegal drugs and this program is developed to provide those who write or dispense controlled substances with a vehicle to make sure that the recipient of the prescription is not seeking multiple prescribers or pharmacies to obtain the controlled substances. At the last meeting of PDMP advisory group (consisting of representatives of medicine and nursing regulatory boards and NDNA and NDMAI) there was concern voiced that not all members of the advisory group could report their respective organization was supportive of this proposal. NDNA has considered the proposed legislation and determined it fits within our legislative platform, and the North Dakota Nurse Practitioner Association has also indicated their support.

No other information about pre-filed bills is available at this time, although there is some talk about a bill to make it easier for spouses of servicemen to become licensed. Members are encouraged to let me know if there is anything being talked about so we can include it in the monitoring activities.

c. State and Federal legislation regarding the Affordable Care Act will include potential action by the State on the decision regarding the Health Care Exchange. Each state has the right to set up their own exchange which would assist persons in finding affordable insurance. North Dakota has opted out of the last two deadlines to do this. The deadline seems to be a moving target and the state now has until March 2013 to make this decision. Look for bills to be introduced regarding this in the first few days of the Session.

The International Council of Nurses of which ANA is a member has come out with recommended language to refer to recipients of our care as persons rather than patients. This has been discussed by NDNA and it is a mindset that we all need to internalize. In so far as possible, within the interface of professional nurses and the Legislators, talk about your care of “people” and “persons”. Remember that the NDNA legislative platform is based up ANA’s Health System Reform agenda with emphasis on Access (affordability, availability, and acceptability); Cost; Workforce (supply, education, distribution, and utilization); and Quality (safe, effective, patient-centered, timely, efficient, and equitable).

All nurses are encouraged to monitor proposed legislation, legislative activity, and participate in the legislative process. North Dakota requires that all bills that are introduced receive a public hearing, and all bills must be acted upon. The legislative process is part of the open records law and all sessions are open to the public. The Legislative web site (http://www.legis.nd.gov/) has been revised and is very easy to monitor. The NDNA Facebook will feature legislative news on a regular basis.

We are still looking for NDNA members who are interested in joining the Government Relations Committee. Please contact Karen Macdonald, chair kmac@bektel.com if you are interested. We will start weekly teleconference calls after the session begins. Registered lobbyists for NDNA are Roberta Young, NDNA President and Karen Macdonald, Vice President for Government Relations.

12/17/2012
Nurses Earn Highest Ranking Ever, Remain Most Ethical of Professions in Poll

ANA Urges Policymakers to Listen to Nurses on Health Care Policy, Funding

SILVER SPRING, MD — The public continues to rate registered nurses (RNs) as the most trusted profession according to this year’s Gallup survey that ranks professions based on their honesty and ethical standards. “This poll consistently shows that people connect with nurses and trust them to do the right thing,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “Policymakers should do the same as they debate crucial budget decisions that will affect health care quality and access for millions of Americans.”

Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness, and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of leadership posts on bodies developing policy recommendations related to a wide-range of health care policy issues.

Along with physician and hospital associations, ANA released a report in September that found up to 766,000 health care and related jobs could be lost by 2021 as a result of the 2 percent sequester of Medicare spending being debated as part of Congress’ broader “fiscal cliff” negotiations. ANA has warned against making hasty, large-scale Medicare spending cuts that could decrease the quality of care for patients as a deficit-reduction measure. ANA is working with coalitions representing health care professionals, consumers, and other groups to prevent potential declines in quality and is urging nurses across the country to tell Congress to avoid harmful Medicare actions.

Additionally, as states develop health insurance exchanges, ANA and its state nurses associations are advocating for nurses to serve as members of governing boards for state exchanges and for the recognition of qualified nurses to fully participate in qualified Health Plans.

For the 13th out of 14 years, nurses were voted the most ethical and honest profession in America in Gallup’s annual survey. Eighty-five percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” the highest rating for RNs since nurses were first included in the poll in 1999. Since the profession’s first appearance, nurses have received the highest ranking each year except in 2001, when firefighters ranked first after the 9/11 terrorist attacks.

Nurses consistently capture patient and public trust by performing in accordance with a Code of Ethics for Nurses that supports the best interests of patients, families, and communities. They often are the strongest advocates for patients who are vulnerable and in need of support.

Report from NDNA Annual Membership Business Meeting

NDNA annual meeting was held November 15, 2012 via BTWN; sites included Minot, Grand Forks, Bismarck, and Fargo. The meeting was called to order by new NDNA President, Roberta Young.

It was announced that Becky Graner has resigned as consultant for NDNA in anticipation of NDNA becoming part of a multi-state division that will include ND, SD, Nebraska, Kansas, Iowa, and Missouri. NDNA will continue to contract with Becky to oversee the LPN IV Course until the presently enrolled students have completed the course. The LPN IV course was closed to new admissions as of October 2012. Those seeking to enroll in an approved LPN IV course should contact the ND Board of Nursing or check their website at www.ndhonor.org. Becky will also continue to serve as the editor of the Prairie Rose for the 2013 Feb, March, April edition.

Reports were presented to the President's Committee which included a financial report that indicated NDNA ended the year solidly in the black. Membership dues remain the largest part of NDNA income.

Communications VP reminded all that NDNA has a website www.ndna.org, a Facebook® page, a Constant Contact account through which members receive emails (this service provides updates and announcements or legislative alerts to members), and NDNA continues to work with Arthur Davis Publishing to produce a quarterly newspaper that is mailed to ALL nurses in North Dakota. The phone service has been stopped, however members can contact NDNA at info@ndna.org.

Membership services VP reported there are currently 275 members (282 members as of December). Discussion regarding relevance of professional organizations and who are our potential members provided food for thought for future strategies to grow and retain membership.

A call to members to volunteer as a quarterly newspaper that is mailed to ALL nurses in North Dakota.

Government relations VP reviewed the essential components of NDNA's legislative agenda. The agenda is posted at the NDNA Facebook® page (and reprinted in this edition of the Prairie Rose).

Karen Macdonald will monitor the 2013 legislative activities and provide a Friday afternoon update via teleconference as was done for the 2011 session. The teleconference is open to NDNA members only. Upcoming relevant legislation includes: (1) Nurse Practices Act revisions, (2) How service people spouses are seeking to be licensed, (3) Controlled substance legislation [Bd. of Pharmacy], (4) Affordable Care Act-Medicaid and federal funding (ND portion of payment is set by state legislature). A PowerPoint that reviews how a bill becomes a law at the NDNA Prairie Rose Petal website and how to contact your legislative person(s) can be found at http://www.legis.nd.gov/.

President Roberta Young shared her impressions and visions for NDNA through the lens of the IOM Report, she discussed what actions make a difference, necessary relationships, that NDNA/ANA leadership are role models for other professionals, the need for robust communication, and the need to be relevant. She reviewed the recent MSB teleconference she attended and noted that the structure of the ANA House of Delegates will be changing.

New Business included review of recommended NDNA bylaws revisions proposed by ANA. NDNA bylaws allow for the MSD changes that are currently taking place, changes in NDNA bylaw language will need to be done to reflect the changes within the ANA governance structure. Once the new multi-state division structure is in place Roberta will invite other members to join her and Donelle in the bylaws revision work.

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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 eastern central Montana and western North Dakota.

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Hands & Hearts Caring For You
11th Annual Northwest Region North Dakota Collaborative Educational Conference

“Healthy Living”

April 12, 2013
8:00am–3:30pm
GRAND International
Minot, ND

Provided by:
District 1, North Dakota Nurses Association;
Omicron Tau Chapter, STTI Honor Society of Nursing;
and Roughrider Chapter, American Association of Critical Care Nurses

Presenters
Bob Edwards EdD, Dr. Bob has degrees in Masters of Divinity and Doctorate of Psychology in Counseling. Founder of Upward Living, he has been involved in counseling for over 30 years. He is a state licensed-therapist and nationally certified marriage and family therapist. He has presented at many conferences around the United States. Dr. Bob is a motivational speaker and an expert on topics such as suicide prevention, depression, stress management, conflict resolution, families, relationships, and caring for the caregiver. He is adjunct faculty for the University of Kenya where he teaches leadership development.

Melissa Fettig RN, BSN, Immunization Coordinator for First District Health Unit, Minot, ND

Janet Maxson FNP, PhD, FAHA, FNLA, Family Practice, Trinity Health, Minot, ND

Agenda
7:45am–8:15am Registration
8:15am–8:30am Welcome/Opening Remarks
8:30am–9:30am Have a Healthy Heart
Janet Maxon, FNP, PhD, FAHA, FNLA
9:30am–10:00am Break/Exhibits
10:00am–11:00am Protecting Yourself, Your Family, and Your Patients from Vaccine Preventable Diseases
Melissa Fettig RN, BSN
11:00am–12:00pm Lunch (will be provided)
12:00pm–1:00pm Depression and Suicide Prevention
Bob Edwards EdD
1:00pm–2:00pm Compassion Fatigue
Bob Edwards EdD
2:00pm–2:15pm Break
2:15pm–3:15pm Living Up in a Down World
Bob Edwards EdD
3:15pm–3:30pm Questions/Evaluation

Conference Objectives
Upon completion of this program, the participants will be able to:
1. Identify women’s risk factors for heart disease.
2. Discuss new prevention and treatment options for heart disease.
3. Describe three barriers for persons receiving Advisory Committee on Immunization Practice (ACIP) recommended immunizations.
4. Explain two nursing interventions to reduce the risk of transmitting communicable diseases.
5. Assess and determine suicidal ideation and diagnosis criteria.
6. Utilize Question, Persuade, and Refer (QPR) Suicide Prevention.
7. Discuss critical points of nursing care relative to suicide.
8. Describe the key factors of compassion fatigue.
9. Examine effective strategies for caregiver care used for the prevention of compassion fatigue.
10. Explain the seven keys to living positively in today’s environment.
11. Identify concepts as applied to stress management.

We have “gone green”. There will be no handouts at the conference. Handouts will be available for you to download on your personal laptop, e-reader, or mobile device at https://sites.google.com/site/ndcollaborativeconf/

We are creating a social media experience.

The purpose of this conference is to provide information on healthy behaviors and strategies to promote health and wellness.

Conference Planning Committee
Judy Beck RN, MSN
Rhoda Owens RN, MSN
Susann DeForest RN, BSN, MS
Mary Smith RN, MS
Ashley DeMakis RN, BSN
Amy Thomas RN, BSN
Call for Members to Serve on Advisory Committees

NDNA is seeking members who would like to serve on the advisory committees described below. Each advisory committee is facilitated by a NDNA Board of Director member who will chair the meetings. Meetings will be conducted either in person or via teleconference. If you would like to serve on a committee please contact the respective NDNA Vice-president. (See table for name and contact information).

Deadline for submitting your name is March 15, 2013.

The purpose of NDNA shall be to: stimulate and promote the professional and educational advancement of nurses; promote the personal and professional development of nurses and support them in the workplace; foster high standards of nursing; foster cooperation among nurses in North Dakota; collaborate with ANA to work for the improvement of health standards and the availablility of health care services.

The functions of NDNA shall be to:

1. promote the standards of nursing practice, nursing education, and nursing services as defined by the American Nurses Association (ANA),
2. adhere to the Code for Nurses established by ANA,
3. influence legislation on health care policies and health issues and the nurse’s role in the health care delivery system,
4. support the nurse in personal and professional growth and development in the practice setting through workplace advocacy,
5. promote and provide for the continuing professional development of nurses,
6. represent and speak for the nursing profession in North Dakota,
7. provide leadership for nurses throughout North Dakota,
8. provide for representation in the ANA House of Delegates,
9. promote collaborative relationships with the other groups in North Dakota that affect health care,
10. support a system of credentialing in North Dakota,
11. provide a state archive for collection and preservation of documents which have contributed to the historical development of nursing in North Dakota
12. stimulate and promote systematic study, evaluation, and research in nursing, and encourage the use of new knowledge as a basis for nursing,
13. serve as the central agency for the collection and dissemination of information relevant to nursing,
14. maintain communication with NDNA members through official publication and correspondence, to include e-mail and posting on the NDNA website,
15. provide services to NDNA Membership.

Membership Services Advisory Committee
A. The Membership Services Advisory Committee shall be made up of appointed members from districts.
B. The Vice President of Membership Services shall be the Chair

C. The Membership Services Advisory Committee shall:
1. set membership goals for the organization,
2. recommend, to the Board of Directors, promotions aimed at increasing membership,
3. promote and encourage membership within each district,
4. promote NDNA as the professional organization for nurses in the state of North Dakota,
5. Operationalize NDNA purpose #4 and function # 15

Finance Advisory Committee
A. The Finance advisory Committee shall be made up of appointed members from districts.
B. The Vice President of Finance shall be the Chair
C. The Finance Advisory Committee shall:
1. Advise the Vice President of Finance on fiscal affairs of NDNA.
2. Assist in the preparation of the annual budget.
3. Operationalize designated purpose and functions.

Communication Advisory Committee
A. The Communication Advisory Committee shall be made up of appointed members from districts.
B. The Vice President of Communication shall be the Chair.
C. The Communication Advisory Committee shall:
1. Advise the Vice President of Communication on the appearance and content of the NDNA website.
2. Provide and solicit material for the official publication.
3. Operationalize NDNA Purpose #4 and function #11, 13, 14, 15.

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Call for Members continued on page 8
Must have current RN licensure to practice in South Dakota.

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Applications can be picked up at 9/7 Central Ave N, Valley City, ND 58072 or by going online at www.sheyennecarecenter.com

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February, March, April 2013

3. study proposed federal, state and local legislation for its implications for nurses, nursing and health care,
4. develop and recommend a legislative platform to NDNA Board prior to each regularly scheduled session of state legislature,
5. have the opportunity to review and make recommendations on any proposed legislation put forth by NDNA prior to it being brought before the legislature for consistency with the NDNA legislative platform,
6. develop and maintain a state legislative response network,
7. report to the membership at the annual meeting,
8. Operationalize NDNA function # 3, 9.

D. Qualifications of committee members are:
1. current NDNA Member
2. demonstrated interest in political process and health care policy by past activities, education, special training and/or commitment to policy issues.

Term of office for all committees: shall be appointed for two year terms or serve until successors are appointed. Meetings for all committees: shall meet a minimum of twice a year, one of which will be at the NDNA Annual Meeting. Quorum for committees: there is no requirement for a quorum.

For more information see the NDNA Bylaws at www.ndna.org under the Prairie Rose Petal tab, click on NDNA documents.

**Please note with the ANA governance changes that have taken place some of the language in this edition of the bylaws is due to be updated at the next membership meeting. If you have questions please contact the VP of the committee on which you wish to serve or contact Roberta Young.

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In the spring the new nursing graduates will be post graduation ceremony and most having successfully navigated the interview and hiring process will be beginning their first job in a healthcare institution near you. Sadly, numbers reveal voluntary turnover among first-year nurses is estimated to be as high as 27.1% (Krsek, 2011). The Nursing Turnover Cost Calculation Methodology shows that every nurse that leaves her or his position costs the hospital approximately $88,000 (Jones, 2005). Given the cost of turnover and the stress on the new staff and on the staff that provide orientation and mentoring to new hires, it behooves us to get serious about finding and solving the root problems that cause such high staff turnover. What we do know is that high stress and low social support have a significant influence on turnover and intention to leave rates (Chiu, Chung, Wu, & Ho, 2009).

McCraty and Atkinson (2012) describe a resilience training program that reduces physiological and psychological stress in police officers. The program uses the well known dimensions of body, mind (emotional/mental), and spirit to build a holistic program that helps one cope with stress and to build social support. It is noted the concept of flexibility is a common theme throughout the program.

The authors are well known for their work with the Heartmath® Institute and they use the heart rhythm coherence (based on the science of autonomic nervous system interplay of the heart rhythm coherence (based on the science of autonomic nervous system interplay of the heart rate variability)) as foundation upon which a set of skills (including focused breathing, freeze frame, inner ease, prep, shift, shift reset, and getting in sync) are learned during the course of the original program. Listed under the police officer section in the table are outcomes one could expect to achieve. Those outcomes are applicable to nurses in their work environment as well. Listed under the nursing section of the table are suggestions I have added that may help combat stress. I would suggest in addition to trying the stress management strategies listed in the table, you consider learning the techniques taught at the Heartmath® Institute as they have been proven to be highly successful in achieving the outcomes reached by police officers who completed the course. There are courses specifically designed for nurses as well.

There is little doubt nursing is very stressful, however, there are many different interventions nurses can use for self-care and for the care of their co-workers. New nurses become new staff members, it is time the old adage of “nurses eat their young” be put to rest. The newly revised International Council of Nurses Code of Ethics for Nurses clearly states “The nurse demonstrates professional values such as respect, responsibility, compassion, trustworthiness and integrity” and “The nurse, acting through the professional organization, participates in creating a positive practice environment and maintaining safe, equitable social and economic working conditions in nursing” (ICN, 2012). Each day as you practice nursing, enlarge the circle of those you care for to include your co-workers and yourself. Remember to apply the concept of flexibility and live the professional values to create and maintain a positive work environment so a 27% turnover rate become a thing of the past.

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Formal Preceptor Programs and Student Nurse Experiences

Appraised by: Mollie Henke SN and Michelle Leinritz SN (Sanford College of Nursing, Bismarck, ND)

Clinical Question:
Does educating preceptors with a formal preceptor program influence nursing student experiences in the clinical setting?

Articles:


Synthesis of Conclusions:
All three of the following studies addressed certain key points of the clinical question, “Does educating preceptors with a formal preceptor program influence nursing student experiences in the clinical setting?” The study by Haitana and Bland (2011) is a qualitative descriptive design appropriate to examine a known phenomenon in a new population, a level VI hierarchy of evidence. Haitana and Bland reported in their study that getting a mentor’s orientation is an inherent part of the preceptor-preceptee relationship. At some stage in the relationship, preceptors needed to develop a trusting relationship with the nursing student from a distance and to allow them greater autonomy. Frustration can arise for both preceptor and student when they work together for only a short period of time. In order for the above findings to be met, Haitana and Bland (2011) recommend the need for student nurses to work with a mentor for a longer period of time.

The study by Warren and Denham (2010) is a level V, systematic review of qualitative and quantitative evidence. Warren and Denham (2010) reported that preceptor programs provide students with opportunities to build trusting relationships and gain valuable insight into the real world of the clinical setting. As a result, students need to assume responsibility and assure that preceptors are adequately oriented and supervised. They concluded that a well-prepared, competent preceptor is essential, but clear expectations, guidelines, and tools are needed to assure the education is high quality. They recommend that preceptors play a vital role in preparing students for nursing practice; therefore, the need for adequate preparation to assume supervising, educating, and evaluating tasks of nursing students is needed (Warren & Denham, 2010). The overall quality of the studies is good; each study meets all of the research design-specific criteria well. The results are consistent indicating a relationship between nurse/preceptor characteristics and student perceived outcomes. Two of the articles were systematic reviews; with a range of 20-30 articles reviewed. There is insufficient evidence to make firm recommendations, but the studies did provide an adequate sample size, considering the criteria needed to be met to be a part of the study (their practice experience ranged from less than one year to over twenty years), and they had to be working full or part time rostered rotating shifts. All had preceptored undergraduate student nurses and had used some form of a formal preceptorship course. The studies have the following similar recommendations: a well-prepared, competent preceptor is essential, ongoing education and formalizing the role of the preceptor, and preparing student nurses to work with their preceptor on the same scheduled shifts.

Bottom Line:
The evidence suggests that student nurses who are in a more positive clinical experience if nurses/preceptors take a formal preceptor class.

Implications for Nursing Practice:
To see a higher rate of satisfaction among student nurses and preceptors, the evidence states that; the workload needs to be decreased and real positive outcomes seen. A trusting relationship needs to be built, and there needs to be guidelines for a consistent preceptor program. Nurses need to work with an adequate sample size, considering the criteria needed to be met to be a part of the study (their practice experience ranged from less than one year to over twenty years), and they had to be working full or part time rostered rotating shifts. All had preceptored undergraduate student nurses and had used some form of a formal preceptorship course. The studies have the following similar recommendations: a well-prepared, competent preceptor is essential, ongoing education and formalizing the role of the preceptor, and preparing student nurses to work with their preceptor on the same scheduled shifts.

Editor's note: For a comprehensive guide in developing preceptors see Mastering Precepting: A Nurses Handbook for Success by Beth Ulrich.

Motivational Interviewing and Stroke Patients

Appraised by: Nick Horner SN & Michelle Leinritz SN (Sanford College of Nursing, Bismarck, ND)

Clinical Question:
Does motivational interviewing influence behavioral change and reduce mortality in patients who have experienced a stroke?

Articles:


The quality of each study varied slightly with all showing consistent results that motivational interviewing increases the patients behavior change and decreases mortality. The quality of each study varied slightly with all showing consistent results that motivational interviewing increases the patients behavior change and decreases mortality.

The evidence suggests motivational interviewing helps improve patients behavioral changes and also decreases mortality.

Implications for Nursing Practice:
Nurses can use the evidence from these studies when teaching patients to prevent another stroke. Increased knowledge and lifestyle changes are of the utmost importance when it comes to reducing the mortality of patients and decreasing the number of recurrent strokes.

Editor's note: For a brief overview on motivational interviewing go to www.motivationalinterview.org or browse through the website. http://www.motivationalinterview.org/Documents/1%20Approach%204%2020012911.pdf

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The Growth and Development of Nurse Leaders by Angela Barron McBride PhD, RN, FAAN, FNAP

Dr. McBride writes an engaging and practical look at how nurses evolve over time in their leadership skills and knowledge. She takes a developmental approach that considers many different theories of adult growth and development, even helping the reader integrate the work of Benner, which many if not all nurses have a basic understanding. She repeats through out the book how nursing itself is developmental, how life long learning is core behavior for a successful life as a nurse. She shares stories that help identify myths that have tripped us up in our journey. One big myth is we are “finished and ready” when we graduate from our basic nursing program.

She defines stages of a career as: preparation, independent contributions, development of home setting, development of field/health care, and the gadfly period. Each stage describes tasks and behaviors that are commonly experienced during that stage of development. Dr. McBride reminds us as we “move” during our careers it takes about 1-2 years to shed the old self and fully take on a newly developed self. The stages of development illustrate how nurses move from novice to expert (Benner’s work) and subsequently move through McBride’s first 3 stages of leadership development only then do they move into McBride’s last two stages of leadership development. The first stage typically occurs within the context of the organization/practice area. It is in these last 2 stages that the work of shaping health care and the field of nursing typically takes place. The nurse now expands the field of influence outside the workplace/specialty. (Consider how this theory impacts how professional organizations are grown and sustained). The book is rich in details and suggestions for preparing ones self to fulfill the central tasks and learning for each stage of growth/development. She reminds all nurses during a leadership course that she (the student) did not plan to be a leader, so did not really need to know the material to the depth being taught. After Dr. McBride calmed down, she reminded the class that either you (as a nurse) are a leader or you are a really bad leader…inherent in the role of nurse is the expectation that you will be a leader. The bottom line – the leadership role comes with the title of nurse.

This body of work is thought provoking, especially given that many nurses in North Dakota are participating in the development of leadership programs at the ND Center for Nursing through the Action Coalition formed to implement the tenets of the Future of Nursing. The development framework presented in this book should help inform the framework to develop a comprehensive program that considers the life span of nursing. It will also help mentors to recognize the influence the stage of development will have on ones ability to first learn and then take on the responsibilities of leadership and that stage appropriate coaching will help grow the practice of nursing.

To hear and watch the author in person see http://nursing.yale.edu/master-class-growth-and-development-nursing-leaders

The online version of the ND Prairie Rose is available at the link below. If you access the electronic version of the newspaper the links are embedded in the page. Then you can simply click and navigate to the websites without having to type the website address in your browser. I have compiled a list of websites you will want to add to your favorites.

Prairie Rose Newspaper Online
Scroll down to North Dakota.

http://www.nursingald.com/NewsLetter.aspx

NDNA www.nddna.org
At the NDNA website click on the Prairie Rose Petal link in the left hand column to access many NDNA documents, etc.

NDNA documents
https://sites.google.com/site/ndnaprairieresepetal/home/nddna-documents

Documents include the Nightingale Tributes in PowerPoint form, NDNA bylaws, ANA bylaws, and NDNA’s How a Bill becomes a Law (if you download the original PowerPoint, the link is “clickable” and will take you to the referenced websites).

Other pages at the Prairie Rose Petal website include links to the Future of Nursing, Genetics/ Genomics, the NDNA History Library, and how to join and rejoin NDNA. On the home page there are many links to websites of interest for nurses. Of particular interest is the Agency for Healthcare Research and Quality http://www.ahrq.gov/research/resact.htm. You will find online summaries of recent research activities.

ANA (American Nurses Association) http://www.nursingworld.org/

North Dakota Nurses Association Facebook page http://www.facebook.com/pages/North-Dakota-NursesAssociation/197408957634348

The NDNA Facebook page has hundreds of news items, “clickable” stories, and an extensive list of “likes” that will take you to other websites and facebook pages that have a connection to nursing.

Partners in Geriatric Nursing http://gerinurse@baker.edu/. This site lists resources for faculty, geriatric nurses, and student nurses under tabs at the top of the site. If you care for older patients...in ANY setting this site has a wealth of information!

The North Dakota Board of Nursing www.ndbion.org

The North Dakota Center for Nursing http://www.ndcenterfornursing.org/

Check out the new Advocacy Page added February 2013.

Nursing Staff Development: Behind the Firewall by Teresa Heithaus http://nurses背后的firewall.org/ Those is a great place to learn how to manage the vast amount of cool tech gadgets, products, etc.

Robert Wood Johnson Foundation www.rwjf.org This site is HUGE, take your time and browse through the many different pages, topics, and resources available. For those with a special interest in the Future of Nursing click on this link http://www.rwjf.org/en/abouth-rcjw/ww3/newsnr-content/2012/11/the-future-of-nursing-is-arriving.html

North Dakota Blue Book...have you ever wondered about the history of the state we live in? Since 1899, there have been 30 North Dakota Blue Books published by the North Dakota Secretary of State. Beginning in 1995, these books have been published every biennium. These volumes are a compendium of information about the state's political, economic, social, cultural and environmental history, and current status. http://history.nd.gov/bluebook/index.html

Nursing Student Association of North Dakota (NSAND) http://nsandstudentnurse.blogspot.com/

North Dakota Legislative Branch http://www.legis.nd.gov/ This site is very large and worth your time to explore. The specific page for the 2013 legislative session is at http://www.legis.nd.gov/assembly/61-2013/.

The North Dakota Center for Nursing through the Action Coalition formed to implement the tenets of the Future of Nursing.

PASSION FOR THE PROFESSION OF NURSING

• Associate in Applied Science in Practical Nursing through the Action Coalition formed to implement the tenets of the Future of Nursing.

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The North Dakota Center for Nursing through the Action Coalition formed to implement the tenets of the Future of Nursing.
Join us at the newest medical center, in Alaska’s fastest growing economy. We are highly ranked in patient satisfaction and core measure scores.

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Jamestown College introduces a new online program

RN to BSN

Registered Nurse to Bachelor of Science in Nursing

Jamestown College has developed an online program that accommodates your busy lifestyle. Online classes give you the flexibility to complete your coursework when it works best for your schedule. We work with you to arrange clinical experiences in your home community. You will have the opportunity to validate some or all of the clinical requirements for one or both clinical courses based on your nursing experience.

Let us help you reach your professional goals in the rewarding field of nursing!

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  - 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.
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