Setting the Record Straight

Mavra Kear, PhD, ARNP, BC

I hope 2013 is off to a smooth start for all. At this time of year, FNA leadership and staff are heavily focused on legislative activity. As you are well aware, Florida’s legislators are overwhelmingly focused on healthcare reform and economic recovery. Emphasizing the usefulness of advanced practice nurses is one way that FNA can make nurses and nursing relevant to these discussions.

Years of evidence support that nurse practitioners are highly qualified health professionals who provide safe, cost-effective primary care that leads to better overall patient outcomes compared to physician care. Allowing advanced practice nurses to practice to the full extent of their education, training, and experience is essential to meeting the healthcare needs of Florida’s residents in the face of a growing physician shortage. Toward this end, FNA is focused on healthcare reform and economic awareness, Florida’s legislators are overwhelmingly focused on legislative activity. As you are well aware, Florida’s legislators are overwhelmingly focused on healthcare reform and economic recovery. In the past year, FNA spent more than $60,000 on legal actions to defend and protect nurses’ jobs, wages, pensions, and practice regulation. FNA was party to legal actions fighting 1) privatization of healthcare services currently provided by state employees, 2) a requirement that state employees contribute 3% of their salary to state retirement funds, and 3) organized medicine’s efforts to limit Board of Nursing authority to set rules about nurses’ scope of practice. I wish I could report more successes in those areas; it was not for lack of attention or effort.

The foundation of the FNA legislative platform is to protect patients and nurses. Our lobbyists in Tallahassee, Bob Levy and Associates and Snow Strategies, are ever watchful for legislative actions that either curtail nursing practice unnecessarily or unsafely expand the practice of unlicensed health personnel. We successfully prevented passage of legislation in 2012 that would have allowed surgical technologists a supervisory role in the operating room and are watchful for any renewed efforts in the 2013 session. Our lobbyists are meeting with legislators almost daily to advocate for the role of nurses in the primary health care setting as health insurance exchanges are set up. There is so much more that registered nurses can do to lead care and advance health.

State legislators and business executives recognize and respect that the Florida Nurses Association speaks for the well-being of public health and safety. There are FNA representatives serving in leadership roles on a number of state level boards. We are working to protect your rights as a registered nurse. I ask that you do your part to support your professional association.

Advanced Practice Nurse Groups in Florida*

• Florida Nurse Practitioner Network (FNPN) disseminates practice and policy research to nurse practitioners and serves as a resource for nurse practitioners and health care consumers.
• Florida Coalition of Advanced Practice Nurses (FCAPN) aims to build a cohesive foundation of all APN stakeholders to address health care needs for all.
• Florida Advanced Practice Nurses (formerly Florida Council of Advanced Practice Nurses PAC, CAP-PAC) uses the media to lobby the public on how advanced practice nurses can be a solution to problems in Florida’s health care system.
• Florida Nurses Association (FNA) serves and supports all registered nurses through professional development, advocacy, and the promotion of excellence at every level of professional nursing practice.
• Florida Association of Nurses Anesthetists (FANA) represents 3,500 Certified Registered Nurse Anesthetists (CRNA) in Florida.

*See page 4 for more information.
Notes from the Executive Director

The War on Nursing Continues: “Dr. Title Bill” Is an Insult to Nurses

This session the Florida Medical Association have submitted HB 612 and SB805 which according to the legislative website (http://www.myfloridahouse.gov/sections/bills/bills.aspx) requires that certain health care practitioners make specified disclosures when presenting themselves as “Doctor” or “Dr.;” providing criminal penalties for violations if there is an intent to mislead, etc. The title and the reference to health care practitioners in the bill is deceptive as the bill only refers to chapter 464 of the Florida Statutes which it means only targets nurses, and specifically is aimed at nurse practitioners. Another troubling aspect of the bill is that the penalty for using the title Dr. without clearly stating “I am not a medical doctor” is a third degree felony.

The goals and intent of this bill are a mystery in that there is already a law in place to deal with this kind of infraction, just as there is a law to protect the title of nurse. It is interesting to note that physician’s and other office staff sometimes refer to medical assistants in their offices as nurses even though this is clearly a violation of the law.

We have been told that the major objective in advancing this troublesome bill is to eliminate confusion. As a nurse of thirty years, I can tell you that patients have been confused about the roles of various healthcare workers for a very long time. When I was a staff nurse in the hospital, patients often believed that any male in a lab coat or scrubs that entered their rooms were doctors. I would enter a room after a male colleague had left and the patient would tell me what that “nice doctor” just did. At one point, the housekeeping staff in many facilities began wearing scrubs and executive on page 9
Mark Your Calendars

- **March 15, 2013;** Clinical Excellence and Frances Smith Award Nominations Due
- **April 13, 2013;** South Region Symposium; Davie, FL
- **April 18-20, 2013;** IPN/FNA Conference; One Ocean Resort, Atlantic Beach, FL
- **April 22-25, 2013;** FADONA Annual Conference; Daytona Beach Hilton
- **April 27, 2013;** North Central Region Conference; Dowling Park, FL
- **May 6-12, 2013;** National Nurses Week
- **June 1, 2013;** FL Nurses Foundation Scholarship Application Due
- **June 6, 2013;** FL Board of Nursing Centennial Celebration, Tampa, FL
- **June 13-14, 2013;** FONE Spring Conference; Caribe Royale, Orlando, FL
- **June 14-15, 2013;** Clinical Excellence & Nurses Retreat; The Shores Resort and Spa, Daytona Beach, FL
- **June 28-29, 2013;** ANA Membership Assembly, Washington D.C.
- **September 19-21, 2013;** 2013 Membership Assembly Florida Mall Hotel; Orlando, FL
- **November 10-16, 2013;** Nurse Practitioner Week
- **November 14-15, 2013;** Blue Cross/Blue Shield with Florida Action Coalition Statewide Nursing Summit; Tampa, FL

Attention FNA Members! Your Email Address Is Needed

FNA communicates via email throughout the year. In order to receive all email updates, please send your personal email address along with your name and member number to membership@floridanurse.org as soon as possible.

How Does FNA Create a Powerful Voice for Nurses?

Through its members!

There are approximately 250,000 nurses in the state of Florida. Just think what kind of a voice nursing would have if more nurses became involved in their state association. By joining FNA, you allow the association to become a strong voice in the political arena and increase FNA’s involvement in nursing’s future by using the power of advocacy. Nurses learn early in our careers to be patient advocates but learn little about how to be advocates for the nursing profession. Nurses from all over the state and all areas of practice join FNA to make sure that their issues, their points of view, and their best interests get the attention that they deserve. Help insure the strength of that voice by joining the Florida Nurses Association. This is a simple way to show your commitment to making a difference in your own life, in the life of nurses, and in the Florida community.

Attention FNA Members!

Your Email Address Is Needed

FNA communicates via email throughout the year. In order to receive all email updates, please send your personal email address along with your name and member number to membership@floridanurse.org as soon as possible.

How Does FNA Create a Powerful Voice for Nurses?

Through its members!

There are approximately 250,000 nurses in the state of Florida. Just think what kind of a voice nursing would have if more nurses became involved in their state association. By joining FNA, you allow the association to become a strong voice in the political arena and increase FNA’s involvement in nursing’s future by using the power of advocacy. Nurses learn early in our careers to be patient advocates but learn little about how to be advocates for the nursing profession. Nurses from all over the state and all areas of practice join FNA to make sure that their issues, their points of view, and their best interests get the attention that they deserve. Help insure the strength of that voice by joining the Florida Nurses Association. This is a simple way to show your commitment to making a difference in your own life, in the life of nurses, and in the Florida community.

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 | 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.

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

Be a Chamberlain Nurse.
Over the past several years, there have been streams of reports of a looming nursing shortage. According to Bloomberg.com, this gap will increase significantly after 2020, when most of the baby boomers retire. Newly graduated nurses are eager to be developed so that they can transition into leadership positions in the nursing profession.

New nurses who are entering the workforce are already planning their future and need support and mentoring about how to tailor their career trajectory. Many have obtained other degrees, worked in other careers, and have held multiple management positions but need help translating those skills to nursing leadership. As we address the issues presented by the aging population of nurses, new grads are ready to be groomed into leadership.

One strategy could be creating leadership programs in healthcare institutions that match new grads with nurse mentors who are already in those roles. Therefore, novice nurses should not be denied leadership roles and institutions must develop programs that train and promote new nurses into management positions.

We look forward to seeing more of these programs develop to meet the need for nursing leadership for future generations.

FNA WANTS TO SEE YOU BLOOM

Here are some ways that FNA is offering assistance to new grads:

If you were a FNSA member & graduated after 2009, your first year of FNA membership is FREE!

If you were a FNSA member, your second year of FNA membership is 50% off at $141.50!

The ADP option (taking monthly from your bank account) is also available for FNSA grads so you can spread the payment out over the whole year!

Membership Doesn’t Cost... It Pays!

Join or renew online today at floridanurse.org

Or scan the code below to download a membership application and learn more about FNA.

Questions?
membership@floridanurse.org | 407.896.3261

Creating a Path for Future Nursing Leaders

by Thuy T. Tran

State College of Florida, Manatee-Sarasota offers decades of nursing education experience online.

• Complete online RN to B.S.N. degree available
• Economical in-state tuition for nurses meeting Florida residency
• Efficient schedule allows working nurses to get their degree STAT
• Approved/accredited by Florida Board of Nursing, SACS & NLN

Ask: \nFamily and medical leave are available for every employee at any time.

Advise: \nIt is a close and personalized service, emergency services can't be quiet.

Assess: \nIn the future you will be able to make a quick decision of the course.

Assist: \nEasily and personalized service, emergency services can't be quiet.

Arrange: \nWe offer the following contact our patient by telephone preferably within the first week after graduation.
FOR OVER 100 YEARS, THE Florida Nurses Association has been the voice of nursing, representing caregivers in all aspects of nursing and in various arenas. We are a membership driven organization comprised of nurses from diverse practice settings and nursing specialties. We are dedicated to quality care for the citizens of Florida and a safe work environment for all nurses.

IN THE WORKPLACE

FNA's work force advocacy programs put the strength of our expert staff at our member's fingertips. Consult with a specialist about your workplace issues and receive timely, accurate information to help you in your decision making. Florida Nurses Association also advocates for nurses in the workplace through collective action and empowerment.

IN THE LEGISLATURE

FNA has a strong presence in Tallahassee and is the political watchdog for political issues that have an impact on nursing and on the care of the public. It is essential that the voice of nursing is clear and present when these critical issues arise. FNA enhances the political knowledge and power of its members by providing up-to-date legislative information via its network of Legislative District Coordinators and two lobbyists at the capital.

FOR YOU...

FNA develops publications with the purpose of helping and supporting nurses in their career progression. Continuing education credits and study preparation courses are available to nurses at a discounted rate. By fostering professional development and enhancing the concept of teamwork, FNA strives to create one powerful voice for nurses. As constituent members of the American Nurses Association (ANA), FNA members have access to standards of practice that can serve as a guideline for nursing in several specialty areas.

Special Interest Groups

What are you passionate about? Join a SIG and make a difference.

- **SIG**
  - Health Policy SIG
  - Nursing Research SIG
  - Environmental Issues SIG
  - Parish Nurses SIG
  - New Grad SIG
  - Ethics SIG
  - Simulation SIG
  - Health Risk SIG
  - Health Literacy SIG
  - Staff Nurse SIG
  - Nurse Entrepreneur

MAKE A DIFFERENCE IN YOUR LIFE, IN THE LIVES OF NURSES, AND IN THE FLORIDA COMMUNITY. JOIN THE Florida Nurses Association today. Complete and return the application below or visit our website FloridaNurse.org.

P.O. Box 536995, Orlando, FL 32853 | P: 407.896.3261
F: 407.896.5942 | membership@floridanurse.org
Nominating Committee

Note from the FNA Nominating Committee!

Kathy Mason, Chair Nominating Committee

2013 is an Election Year for FNA. Now is the time to start considering running for office. One way to start is to connect with the people who are currently on the board who can tell you about the experience. This is a great way to contribute to the profession and add to your leadership experience. To email a board member, go to the Members Only section of the website to access their email addresses.

Please submit the Biographical Data and Consent-to-Serve form to FNA Headquarters by April 29, 2013.

Biographical Data and Consent-to-Serve

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

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

Please return completed Consent-to-Serve form with signature no later than close of business April 29th to be considered by the Nominating Committee or return completed Consent-to-Serve form with signature no later than close of business April 29, 2013 for Self Nomination for publication in "The Florida Nurse" June issue.

Please print legibly:

1. Nomination for Office(s) of:

| Office                  | Name: | Credentials: | Region: | County | Address: | Personal Phone: | Business Phone: | Fax: | Email: |

2. Please select the office you are running for below:

- President
- Vice President
- Treasurer
- Secretary
- Northwest Region Director
- North Central Region Director
- Southeast Region Director
- Southwest Region Director
- East Central Region Director
- South Region Director
- Workforce Advocacy Commissioner (5)

3. Please describe in 50 words or less why you want this position (what you would like to do while holding this office):

4. Education (List all degrees you have completed).

5. Place of Employment and present position held

6. Professional organization activities (list offices and committees on national, state or local level for the last five years), to include collective bargaining activities, and local unit leadership.

   a. Region (District): __________________________
   b. State: __________________________
   c. National: __________________________
   d. International: __________________________

7. Are you currently or have you ever been a member of a collective bargaining unit?

   ___ Yes    ___ No

   If yes, when and where:

   __________________________

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

______________________________ ____________
Signature                                                    Date

Note from the FNA Nominating Committee!

Kathy Mason, Chair
Nominating Committee

2013 is an Election Year for FNA. Now is the time to start considering running for office. One way to start is to connect with the people who are currently on the board who can tell you about the experience. This is a great way to contribute to the profession and add to your leadership experience. To email a board member, go to the Members Only section of the website to access their email addresses.

Please submit the Biographical Data and Consent-to-Serve form to FNA Headquarters by April 29, 2013.
To apply for a FNF scholarship, you must:

- Be enrolled in a nationally accredited nursing program;
- Have completed at least one (1) semester of a nursing program in Florida (must be completed by June 1st application deadline);
- Must reside in Florida throughout the term of the scholarship; and
- Be a resident of Florida for at least one (1) year.

Selection criteria includes:

- 2.5 minimum GPA for undergraduate and 3.0 minimum GPA for graduate (Unless otherwise designated by an individual fund); and
- Demonstrated potential for contribution to the nursing profession and society.

Eligibility criteria to apply for a FNF research grant:

- The principal investigator must be a registered nurse and be licensed to practice nursing in Florida;
- The principal investigator must not have received more than a cumulative of $5,000 in research funding during the past three years;
- The principal investigator must not have received an FNF Research Grant award in the past 3 years; and
- Priority for research grants are based upon the scientific merits of the proposal.

Qualified scholarship and research grant reviewers (quantitative and qualitative) are needed for the 2013 cycle. If you have submitted your CV as a reviewer for the 2012 cycle, FNF will keep it on file for 2013. The blind review process occurs June 15-July 30 via email.

Reviewing scholarship and research grants is a rewarding experience and also gives you the opportunity to contribute to the future of nursing! If you are interested in being a reviewer; please email your CV along with preference for scholarship or grant review to foundation@floridanurse.org or fax to 407-896-0642. Thank you in advance for your assistance and time!
Please make sure the Nominating Group Representative contact is an FNA member.

To join our award-winning team, visit www.flaglerhospital.org E OE

Experience with the best staff.

Rewarded at Flagler Hospital where our goal is always providing the best patient lifestyle. Certification, experience and advanced education are promoted and Flagler Hospital of St. Augustine has nursing careers to meet your goals and

Whether you're looking for a full-time nursing career or a PRN opportunity,

CliniCal ExCEllEnCE

For Additional Information: michael.gindin@flaglerhospital.org

400 Health Park Blvd. | St. Augustine, FL 32086 | (904) 819-4624

Attendance at the conference. Please describe how the hospital supported participation in years past.

Presentation or not. Include the number of years you have participated and other discussion of nominations submitted in the past whether they were accepted for recognition programs of the hospital.

Feel free to attach photos, articles, or other documentation of activities to promote nursing clinical excellence at your facility.

Deadline: March 15th, 2013

Deadline: March 15th, 2013
patients thought they were bedside caregivers. Nurses and other professionals have come up with multiple strategies (such as white board in nursing units where caregivers identify themselves and write their names so that patients know who their nurses and other personnel are). This is an issue for education of the public rather than castigation of a small group of individuals who have chosen a life of science and service. The most important point in all of this is that, their confusion had no impact on the quality of care they received. They still received the same level of care no matter who they THOUGHT was delivering it. In addition, historically, staff works to inform and educate them about hospital personnel as the opportunity arise.

As a nurse and nurse advocate of 30 years, it is exhausting to have to deal with additional non-supportive behavior from the profession we as nurses support the most. Nurses and Nurse Practitioners have served as collaborative partners with physicians for many years whether they choose to recognize it or not, yet, when they feel threatened we are the first and in this case, the only group they choose to denigrate by the assumption that we want to misrepresent ourselves as physicians. As a member of the “most trusted profession” (Gallup poll -13 out of 14 years), it is confusing to me that this much focus would be placed on such a small sector of the population in a bill that would also strip away the rights of a certain few individuals to use a title they have earned.

Nurse practitioners see patients when physicians are not present every hour of every day. Nurses are at the patients’ bedside when their physicians are nowhere on the premises. This is not a slam at physicians; it is our job to be there. Nurses assess, intervene, and save lives every minute of every day based on their education, experience, and knowledge. And our work takes nothing away from the highly respected profession of medicine. Please also note that we do not spend our valuable time trying to put chinks in their armor. I contend that if The Florida Medical Association is genuinely concerned about patient confusion, they should partner with the Florida Nurses Association (and other groups) and come up with a collaborative public relations campaign to educate the citizens of Florida about the various professions that care for them.

The last thing I would say is that medicine and nursing are interrelated and collaborative professions, but they are not the same. Taking a physician’s recommendation regarding nursing is a bit like asking a pharmacist about the work of a physical therapist. Only nurses know what nurses do so it would be best if we were asked about our profession before actions are taken that will affect our patients and us.
When lawmakers convene the 2013 Legislature, they will face a number of policy issues that will touch the lives and jobs of nurses statewide.

Topics facing the Legislature include implementation of the Patient Protection and Affordable Care Act (PPACA), use of the title “doctor” by advanced degree nurse practitioners, and changes to the state employees’ retirement system.

“The issues facing the Legislature will have a profound effect on the nursing profession and health care delivery in our state,” said Bonnie Sklaren, ARNP, president of the Florida Nurses Association (FNA) Political Action Committee (FNPAC).

The 2013 session of the Florida Legislature begins Tuesday, March 5, and is scheduled to end Friday, May 3. Lawmakers began meeting in December to discuss implementation of PPACA, now that the U.S. Supreme Court upheld the health care reforms. Justices, however, determined that states have the right to decide whether to expand their Medicaid program to 138% of the federal poverty level.

The Florida Nurses Association (FNA) supports the expansion of Medicaid as a way to obtain insurance coverage for working families who do not currently qualify for Medicaid but cannot afford premiums offered by self-insured plans or through their employer. There is also considerable discussion about the development of a statewide health insurance exchange, which is an online marketplace where consumers can select from a number of health plans that best meet their needs.

Your lobbying team has met with members of House and Senate Select Committees on PPACA to discuss the FNA’s position on these issues. The FNA office also sent an email to membership urging nurses to contact key legislators on these issues.

The possible expansion of Medicaid eligibility to more Floridians, coupled with an aging baby boomer population, will drive up the demand for primary care services. We believe that registered nurses can and will play a large role as primary care providers and should be utilized to the fullest extent of their training and experience. This includes giving nurse practitioners the ability to prescribe controlled substances.

The FNA is pursuing legislation giving nurse practitioners this authority and has met with leaders in the House, Senate, and governor’s office on these issues.

As part of our legislative strategy, we have formed a strategic partnership with the Associated Industries of Florida (AIF), a powerful group that represents the interests of Florida employers, to promote legislation that would increase access to affordable health care. The FNA’s views on full practice authority were repeated throughout the AIF’s recent 2013 Florida Health Care Affordability Summit on January 10 and 11 in Orlando. At the event, many legislators noted the need to address full practice authority for nurse practitioners.

Also, Florida TaxWatch has embraced the concept of full practice authority as part of its Center for Health & Aging’s Advanced Registered Nurse Practitioner Scope of Practice Summit scheduled for February 11.

There are a few other issues that will affect nurses this legislative session:

• “Doctor” title: One of the most controversial issues facing the nursing profession is the concept of full practice authority as part of its Center for Health & Aging’s Advanced Registered Nurse Practitioner Scope of Practice Summit scheduled for February 11.

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.

For an up-to-date list of bills tracked by the FNA lobbying team, please visit www.floridanurse.org or click on “Legislative Activity” and CapWiz.

Ways to get involved with legislative activity:

• Check out our policy papers on these topics at www.floridanurse.org.

• Watch for emails from FNA Headquarters about opportunities to testify before legislative committees and to write lawmakers.

• Join the Health Policy Special Interest Group, which hosts conference calls on the first Monday of each month.

• Attend FNA Lobby Days, March 19-20, in Tallahassee. More information is available on our website.
North Central Region

Annmarie J. Farro, RN

Greetings as we enter a new and exciting year for the North Central Region.

As your regional director, I continue to be blessed with dedicated FNA members at my side. Our leadership team is active and continues to work together by electronic and conference call communication.

Kathy Rapacki was re-appointed as our regional FNA representative to the Alachua County Health Advisory Committee. Congratulations Kathy, and thank you for all your hard work on the behalf of nursing!

Our region will be represented well at Lobby Days. It will be my pleasure to help introduce the Rasmussen Nursing students (Ocala campus) to our legislative process and our grassroots effort.

Days. It will be my pleasure to help introduce the Rasmussen Nursing students (Ocala campus) to our legislative process and our grassroots effort on the Tally hill. Their nursing professors, Ellen Aulet and Kathy Whitsdon, are working tirelessly to make their experience memorable. Keep an eye open for our photos in the June issue.

The Suwannee Valley Chapter of the North Central Region closed the 2012 year with program meetings in October by Judy Creager, RN, and in November by John Nicely, PharmD. The January 2013 program offered to area nurses was the required Medical Errors presented by Wynyard McDonald, RN, The February 2013 program by Nasseer Masoudi, MD, and Ann Toole, RN, will focus on Informatics in Health Care, March 2013 will feature a program by Ally Fields, RN. In April 2013, the chapter will host the Regional Conference, and 2013 May plans include a social and dinner. No meetings are planned from June through August.

Please do not hesitate to contact me with your desires to become involved in our great region, Memabeaches@aol.com.

Northwest Region

Welcome new members, Susie Farthing and Captain Rumesitus Moss, DNSP. Susie is the founder of One Love for Nurses (onelovefor nurses.org). Capt. Moss is stationed at Hurlburt Field with 1st Special Ops Medical Group. The NWR of FNA will be meeting quarterly at Sandestin Resort. At the time of this writing, a conference call was held on February 18, at 6:00pm, sponsored by TrueNorth. Plans for May, August, and November are in the planning phase. If you are interested in being part of the planning committee or have a special project that you would like the Region to be part of, please contact Patricia (pgoodwin@uwf.edu). 2013 is going to be a great year!

Make plans to attend the UWF STTI at its annual conference on March 7. The topic is Ethical Issues in Nursing Practice and Research. 6.0 Contact hours will be awarded to participants. Registration is $57 for non-STTI members and $30 for STTI members.

Nurses Professional Day held in the NE FL Region

The Northeast Florida Region celebrated a successful event, Nurses Professional Day, on November 29, 2012 at Baptist Health in Jacksonville. Wills Fuller, Executive Director of FNA, presented on 100 Years of Advocacy. Several nursing organizations were represented at the event including Florida Association of Healthcare Quality (FAHQ), Florida Nurses Association (FNA), NEFONS, Northeast Florida Association of Healthcare Quality (NFAHQ), and Sigma Theta Tau Lambda Chapter at Large. The audience was comprised of nurse leaders, faculty, and nursing students from several schools. It was a very positive event along with some great networking opportunities.
East Central Region

Twelve members of the East Central Region met at the Dubsdread Golf Club Tap Room in Orlando, FL on December 16, 2012. The weather was perfect for a meet and greet out on the verandah. The food was delicious. This was a perfect way to network and meet new members. Attendees included: Shirley Hill (Region Director), Myra Keleher, Traci Vicari, Louise Zeuli, Stacy Brzezinski, Becky Kwitowski, Jennifer Englis, Marti Hanuschik, Betty Huber, Leslie Homsted, Vicki Sumagpang, and Willa Fuller (Executive Director).

Chipola College

Online RN to BSN Degree

(All Upper Level Classes Online)

Associate Degree Nursing (ADN)

LPN/Paramedic to RN Bridge Program

$115 per semester hour • In-state Tuition for FL, AL and GA Residents

www.chipola.edu

Marianna, Florida • 850-718-2316

Registered Nurses

Ocala Health — A growing and innovative system located in Ocala, Florida which includes Ocala Regional Medical Center and West Marion Community Hospital — has immediate opportunities for Registered Nurses in all specialties:

• Critical Care Unit
• Trauma Unit
• Emergency Department
• Operating Room

Excellent salaries and benefits, which include a generous Clinical Ladder and paid time off program. Enhanced living in our beautiful area of North Central Florida - centrally located between east and west coast beaches and less than 90 minutes from Orlando attractions. Please call Lee Bonds, Recruiter at 352-401-1309, or email leslie.bonds@hcahealthcare.com Visit us on the web at ocalahethsystem.com

We are an affiliate of Hospital Corporation of America, Equal Opportunity Employer - M/F/V/D

The CNL is a clinical leader in settings throughout the health care system.

Available… Accessible… Affordable!!

Maintain a normal family life and work schedule while you advance and enrich your career.

For more information call 904-244-5166 or visit http://admissions.nursing.ufl.edu
NOW is the Time to Take Control of Your Nursing Profession!

Jeanie M. Demeshar, Esq., Director of Professional Practice Advocacy

Becoming active in the political arena is not as difficult as many think, nor does it necessarily mean making a huge commitment of time, a precious commodity for all of us.

Most nurses feel passionate about issues regarding health care delivery but feel that either their contributions in the legislative arena will not make a difference or they feel intimidated and do not get involved. As nurses, the issue is not whether you are interested in politics, but whether you care about how you are about to practice, your workplace benefits, whether there is sufficient funding for schools and universities to educate future nurses, and the list goes on. What about access to care? How many times do you care for people who are sick and in the hospital because they could not afford the preventative medicine or care that would have helped them be healthy? Many of the decisions regarding these crucial issues are made by your legislators who may or may not be educated on us as a resource. If the legislator is a freshman, newly elected, you will want to introduce him or her to the FNA's Legislative Agenda and talking points and on one hand become an "expert" in this area. In this case, it is good to take a one page summary of the issues and possibly 1 to 3 bullet points. FNA has these materials available to you – just call us.

Now is the time to make a commitment to get involved. If you have not yet signed up to be a part of FNA's Legislative District Coordinator network, please do so today. Our goal is to have a nurse contact for every legislator in the state to help us get our message out and to demonstrate our political strength. Also, please consider attending FNA's Lobby Days on March 19 and 20 in Tallahassee. Contact FNA to reserve your seat as a nurse contact for every legislator in the state to help us get our message out and to demonstrate our political strength.

The Florida Nurse
March 2013

News from ANA

Take Your Nursing Care to the Next Level by Becoming a Nursing Coach

Nurses are all about caring. But are you addressing the overall wellness needs of your clients? ANA's newest publication, The Art and Science of Nurse Coaching: The Provider's Guide to Coaching Scope and Competencies, shows how becoming a Nurse Coach lets you establish co-creative partnerships with clients to facilitate a process of change that assists them in realizing undevolved potential. Self-care, intentionality, presence, mindfulness, and therapeutic use of self are vital components of effective Nurse Coaching.


Nina Brookins
(June 1, 1915 – February 21, 2013)

Nina was looking forward to celebrating her 98th birthday on June 1st, 2013 with her sister, Gladys, grandchildren, Lori, Brian, Clint and Jan and their children and son-in-law, Dave Rohbeck. However, on Thursday, February 21st, Nina passed away in Hazlehurst, Georgia. Nina’s husband, Ben, daughter, Barbara, sons, Billy and Kirby and grandchildren, Jennifer and Kirby preceded her in death. Throughout all her tragedies, Nina was the epitome of a true nurse—displaying love, generosity and a sense of humor.

Nina relocated from Ashville, North Carolina after graduating from nursing school and worked as a private duty nurse at Miami Children’s Hospital, Mount Sinai Medical Center, Miami Heart Institute, Cedars Sinai and South Miami Hospital. Nina (6 trips) and Undine (8 trips) traveled around the world, caring for Mrs. Bentley, an elderly fragile wealthy patient. Nina served as an unofficial private duty to Undine Sams “Sammy” on her multiple hospitalizations. Nina and Undine were best friends (“sisters”), playing cards daily, going fishing and attending Florida Nurses Association (FNA) District V meetings and FNA convention. Nina was proud of her 50 year FNA pin. Undine gushed that Nina made the “best fried chicken, biscuit and gravy” she ever ate. Although Nina was not a founding Trustee in 1979 she was appointed in 1983 and is the last of the original Trustees. Nina served as chair of the Nurses Charitable Trust from 1999-2002 replacing Undine who died May 24, 1999 and was Trustee Emeritus.

Undine had requested the creation of a named fund for each of her founding Trustees. The trustees donated $65,000 to the Florida Nurses Foundation in 2000 in the names of Eleanor Bindrim, Blanche Case, Edna Hicks, Charlotte Liddell, Undine Sams and of course the Nina Brookins RN Scholarship.

Submitted by Pat Messmer, Current Chair of the Charitable Trust

IN MEMORIAM

March 2013

The Florida Nurse

Page 13

I n MeMorI aM

LERC/PROFESSIONAL PRACTICE ADVOCACY

Elected, you will want to introduce him or her to the...
What You Need to Know: Board of Nursing

Ann-Lynn Denker, PhD, ARNP:
Chairperson, Florida Board of Nursing

What: National Nursing Regulation standards are elevated for entry into practice!! At the December 2012 meeting of the National Council of State Boards of Nursing (NCSBN), the Board of Directors voted to increase the NCLEX-RN® passing standard. The new standard will become effective April 1, 2013.

Why: This is a positive action reflecting the ever-increasing expertise necessary for the safe practice of nursing. After reviewing current data, it was determined that in order to assure safe and effective entry-level registered nurse (RN) practice requires an ever greater level of knowledge, skills, and abilities than has been previously required. This change reflects the progressive changes in healthcare delivery and nursing practice that have resulted in a higher level of patient acuity seen by entry-level RNs.

The Future: The NCSBN Board evaluates the passing standard for the NCLEX-RN exam every three years to protect the public by assuring minimal competence for entry-level RNs.

Want to learn more? Technical information about the NCLEX can be found at ncsbn.org or 1-866-293-9600. Please visit the NCSBN for additional resources regarding nursing regulation.

"A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties.

Florida Organization of Nurse Executives
Spring 2013 Conference…
Save the Date!!

The Florida Organization of Nurse Executives (FONE) is delighted to announce that Dr. Linda Aiken will serve as the Keynote Speaker at the June 2013 FONE Spring Conference:

"Moving the Nursing Agenda: Celebrating Success and Planning for the Future"

Linda H. Aiken, PhD, FAAN, FRCN, RN; Claire M. Fagin Leadership Professor in Nursing; Professor of Sociology and Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. An authority on causes, consequences, and solutions for nurse shortages in the United States and around the world, Dr. Aiken also leads the International Hospital Outcomes Consortium studying the impact of nursing on patient outcomes in 13 countries.

Dr. Aiken’s presentation: “Impact of Nursing on Patient Outcomes: Implications for Practice, Education, and Policy.”

In addition to her keynote presentation, Dr. Aiken will host a 45-minute Question and Answer session with conference attendees.

The conference will be held at the Caribe Royale, Orlando, Florida on June 13-14th, 2013.

Other Confirmed Speakers:
• Jo Ann Webb, RN, MHA, Senior Director, Federal Relations and Policy, American Organization of Nurse Executives/AHA, will present “Healthcare Challenges in the 113th Congress.”
• Patti McCue, RN, MSN, ScD, Senior Vice President, Chief Nursing Officer, Centre, Lynchburg, Virginia “Outcomes College - Third Generation”

FONE will seek research and evidence-based poster presentations in a Call for Poster Abstracts to be distributed in March 2013.

FONE appreciates the support of our Conference Co-Sponsors:
• University of Florida-Platinum Sponsor
• Miami Children’s Hospital-Silver Sponsor
• Florida Atlantic University, Florida State University-Partner Sponsors

FONE is seeking additional Co-Sponsors for this special edition. Please contact Yvonne Dovel, FONE Executive Assistant at fonexo@aol.com or at (407) 277-5515.
2013 Centennial Year for Florida Board of Nursing

Imagine a state where anyone without education, preparation, or experience could be a nurse. In the past 100 years, Florida advanced from this condition to a system that defines the title, role, and education of nurses while assuring safe practice as defined by the Florida Board of Nursing. Through the years, the Board has strengthened the system that defines the title, role, and education of nurses in order to protect, promote, and improve the health of all people in Florida.

The Beginning

In June of 1913, The Florida General Assembly, in the session of 65th Legislatives, approved the Florida State Board of Examiners for Nurses. The original bill was sponsored by the Florida State Association of Graduate Nurses and signed by Governor Park Trammell. Within sixty days, the governor appointed five nurses to a board of examiners with staggered terms to oversee the legal and other regulations for the approval of nursing programs. At the end of each term, the governor appointed a nurse for a four-year term. Each June, through 1950, the governor appointed the board's secretary-treasurer who received payment of no more than $100 per annum. The president and each board member received pay of five dollars for any day spent in service with legitimate expenses being allowed. The names of all nurses duly registered under this Act were kept by the board and were open to the public. The public's financial status of the board was self-sustaining without any monies taken from the Florida State Treasury. Any unappropriated funds in excess was retained for the business of the board.

According to the Chapter IX C, after June 1916, the board of examiners would hold a publically announced meeting at least once a year to examine all applicants for registration to “determine their fitness and ability to give efficient and proper service.” Initially, an applicant was required to provide evidence that he or she was twenty-two years of age; was of good moral character; had received the equivalent of a grammar school education; and had graduated from a training school giving a systematic course in medical, surgical, and obstetrical nursing, presided over by a Graduate Nurse. The required four-year training period was no less than two years. The applicant could also qualify by receiving two years of experience in a hospital in the state with a certificate from the superintendents or physicians in charge of the hospital. A combination of training school and hospital experience could be accepted with adequate evidence of the training. The Act made provisions for registration without examination for nurses graduating from a training school giving a complete course of studies in the three-year period ending June 1913. The first meeting of the board was on August 30, 1913 with Miss Anna Davids elected as president and Miss Irene R. Foote designated as secretary-treasurer. To be recognized as a “registered nurse,” initial registration with an annual renewal was required. Biennial renewal of license began in 1955 and continues to this time.

Licensing Exams

February 1-3, 1917, the first licensing examination was administered and state constructed examinations were continued through 1950, after which time, and through 1976, all examinations were given by the State Board Test Pool Examination. In 1982, Florida began using the National Council of State Boards of Nursing, Inc. (NCSBN), and the NCLEX Computer Adaptive Exam was begun in 1994. As nursing has changed, licensure exams have changed also and look much different today compared to those in 1917.

From a copy of the 1930 state examination, the following categories of questions were identified (sample question): Mental Nursing (What is meant by the term “senile psychosis?”); Ethics (What is the greatest rule ever laid down for human conduct?); Orthopedics (Give the essentials of caring for a child on a Bradford Frame?); Hygiene (Why have laws been made to prohibit and punish spitting in public places?); Sanitation (What is a good way to judge if the air of a sick room is fresh?); Physiology (Give the parent ingredients of the National Headquarters of the American Red Cross?); Surgery (What is the common reason for hysterectomy?); Contagious Diseases (What is meant by “positive culture?”); Dietetics (What would serve as proper diet for a patient with nephritis during pregnancy?); Gynecology (Name four uses of the vaginal douche.); Medical Nursing (Describe sepsis); Psychology (What is the treatment for a patient having renal disease.); Eye, Ear, Nose and Throat (Name the operative procedure for partial removal of the iris.); Mention important points in the care of post-operative cataract case.); Pediatrics (What are the two principal causes of rickets?); Physiology (Patient on a strychnine case.); Pathology (What are the signs and symptoms of pellagra?); Anatomy (By what means are muscles attached to bones?); Obstetrics (What disorders should you avoid nursing prior to an obstetric engagement?); Principles and Practice (What is the case study to the student nurse?); and Materia Medica (What is insulin? What disease is it used most commonly?).

Expansion of the Board of Nursing

In 1921, the Florida General Assembly permitted nurses only occurred in 1951 with the addition of two practical nurses. At this time, the board was empowered to issue subpoena and to hold hearings. In 1957, definitions of professional and practical nursing associated with scopes of practice were delineated. Eighteen years later, in 1975, Advance Practice Nursing was defined. This same year, consumer members were added to the board. At present, the Florida Board of Nursing is composed of thirteen members, appointed by the governor for four-year terms. Of these thirteen members, seven are registered nurses (one must be an advanced registered nurse practitioner, one must be a nurse executive, and one must be a nurse educator member of an approved program), three are licensed practical nurses, and three are consumer members. The latest expansion of the board occurred in 2001 when the Certified Nursing Assistant (CNA) Program was transferred to the board. With this addition, the Council of Registered Nursing Assistants was formed to oversee the safe practice and education of CNAs and to make recommendations to the Board of Nursing.

Location of Board Office

From the establishment of the Florida State Board of Examiners for Nursing in 1913 until 2002, the physical headquarters were located in Jacksonville. During 2002, these headquarters were transferred to Tallahassee, the state capital.

Centennial Plans

According to the Florida Nurses Association, the Florida Board of Nursing will launch the year’s celebration in March at FNA Lobby Days initiated by a Resolution from Governor Scott. A special celebration reception to include past members, executive directors, and interested stakeholders is scheduled for June 6 in Tampa. Other celebrations may be planned across the state and in colleges and schools of nursing. Further information can be obtained by contacting Mr. Joe Baker, Executive Director, Florida Board of Nursing at MQA Nursing@doh.state.fl.us or by visiting www.doh.state.fl.us/mqa/nursing.

25th Anniversary of Nurses Caring for Nurses Conference

Each year the Intervention Project for Nurses co-hosts the “Nurses Caring for Nurses” conference with the Florida Nurses Association. The conference will be held at the Sofitel Hotel in Miami. Over the years, this unique conference has focused on topics central to caring for nurses with substance abuse, mental health issues, and those who care and work with nurses involved in the Intervention Project for Nurses. The conference provides interesting and useful content for all nurses, especially nursing employers, schools of nursing, and treatment providers working with nurses. Substance abuse in the nursing profession continues to be a significant concern.

The American Nurses Association estimates that 5-10% of nurses have problems associated with substance use significant enough to impair the ability to practice. Alternative treatments around the country, like Florida’s IPN, not only protect the public from unsafe care, but also facilitate resources, continuing education, and retain healthy, skilled nurses. The conference will be held April 18-19, 2013 at One Ocean Resort and Spa in Atlantic Beach, Florida. For further information and how to register please go to: http://www.ipnfl.org/ipnevents.html

This year’s annual conference keynote speaker is William C. Movers, son of renowned journalist from PBS, Bill Moyers. William will share his experiences growing up in a family of journalists and addiction and offer conference attendees his thoughts on ways for maintaining a successful recovery.

The 25th Nurses Caring for Nurses conference will be held April 18-19, 2013 at One Ocean Resort Hotel and Spa in Atlantic Beach, Florida. For more information and how to register please go to: 25th Anniversary of Nurses Caring for Nurses Conference.
Florida Center for Nursing Offers New Tools!

Angela Ross
Florida Center for Nursing
February 4, 2013

The Florida Center for Nursing is the definitive source for information, research, and strategies addressing the dynamic nurse workforce needs in Florida. As a result of our collection, analysis, and reporting of data on Florida’s nurse workforce, the Center offers a broad range of data to help with your grant proposal or other reporting needs. In an effort to make our data more available to all Floridians, the Florida Center for Nursing has redesigned our website to provide snapshots of both statewide and regional data in a quick and easy-to-use fashion.

Who can use this data?

Our reports are intended to be used by a wide variety of audiences. Are you a nurse educator looking to apply for a grant? Are you a nurse manager looking to understand and compare nurse turnover rates in Florida? A nursing student seeking more information about the state’s nursing shortage? Our website offers extensive information on our nursing workforce that can be accessed in both written reports and easy-to-read graphics. These tools can be easily downloaded from our website (flcenterfornursing.org) and are free to use.

Much to look forward to in 2013!

In our last article, we talked about some key initiatives the Florida Center for Nursing is involved in, including the Florida Action Coalition and the Florida Healthcare Simulation Alliance. In addition to these initiatives, as well as generating and disseminating credible information on Florida’s nursing workforce, we have other exciting initiatives coming up in 2013, so be sure to stay tuned! Our website and newsletter are both great ways to stay updated on all of the exciting happenings at the Florida Center for Nursing.

Nursing Leadership in Vietnam

Patricia R. Messmer, PhD, RN-BC, FAAN

In November 2009, I traveled to Ho Chi Minh City to teach Physical Assessment for 17 master's degree nursing students at the University of Medicine and Pharmacy with Mary Behrens, ARNP, MSN, FNP-BC a member of the Wyoming Nurses Association and chair of the ANA-PAC Leadership Society. Afterwards, I agreed to serve as faculty advisor to two MSN students for their thesis, Nyuen Thi My Hanh, “The Relationship between Knowledge, Attitudes and Medication Compliance in Outpatients diagnosed with Hypertension”, and Nguyen Thi Ngoc Hue, “Preventing Healthcare Associated Pneumonia by Oral Care Practice in Patients with Serious head Trauma”. In January 2013, I returned to Vietnam to teach a two week course on Nursing Leadership. My co-teacher was Dennis Ondrejka, PhD, RN, CNS a member of the Colorado Nurses Association and nursing professor at Colorado Christian College. Dennis and I toured two hospitals. Nguyen Thi Ngoc Hue is now head nurse of the Neuro Intensive Care at Cho Ray Hospital and showed me Neuro patients having the oral care kits at their bedside. We also toured Trung Vuong Emergency Hospital where Nyuen Thi My Hanh was head nurse of the outpatient department where she has improved outcomes with hypertensive patients. Teaching the “Nursing Leadership” course was very challenging since there were 37 students with a wide range of leadership experience, range of English speaking capabilities, and working in a hierarchal system. In the universities, physicians teach nursing students for the most part and serve as the Chief Officer/President in the hospitals. All the costs are bundled resulting in low salaries for nurses. The students were very motivated and presented their plans to upgrade the nursing profession, presenting their version of the ANCC® Pathways to Excellence and the “Future of Nursing” in Vietnam. I am assigned to four of these MSc students for their thesis with their defense planned for September, 2013. They will promote the nursing profession in Vietnam. Both male and female nurses wear caps and travel to work on scooters. I rode with two of the nurses on their scooters since the students travel from all over Vietnam to attend these classes. In the 1st cohort there was only one male to graduate whereas this cohort one third of the class were males. The students took turns taking us to lunch, gave us a tour of Ho Chi Minh City and a week-end in the Mekong Delta. It was amazing to see the building of superhighways, especially from Ho Chi Minh City to the Mekong Delta. This opportunity was provided as part of the Friendship Bridge Nurses program started in 1989 with three nurses from the Colorado Nurses Association: Sara Jarrett, Faye Hummel, and Kathleen Whitney.
In 2012, the Florida State Legislature approved the creation of a task force to examine the extent of prescription drug abuse among expectant mothers and provide lawmakers with policy recommendations. The task force, led by Florida Attorney General Pam Bondi, includes members from the Florida Nurses Association and others with a vested interest. The Task Force drafted a Final Report defining the problem, describing the costs of drug-exposed infants and identifying strategies to reduce the problem of prescription drug addiction. A brief summary of the report is provided here.

The number of drug-exposed newborns in Florida has tripled since 2007, but is still believed to be under-reported. Infants who are exposed to prescription opioids during pregnancy develop a condition called “Neonatal Abstinence Syndrome” (NAS) within a couple of days after birth. NAS is characterized by symptoms of withdrawal such as central nervous system irritability, metabolic, vasomotor, respiratory distress, and gastrointestinal disturbances. Infants with NAS are typically difficult to console, are poor feeders, and do not sleep well. Most require treatment in the Neonatal Intensive Care Unit to manage the withdrawal symptoms, which can last a month or more.

Nurses have an opportunity to prevent and alleviate the volume of NAS in Florida by simply having a conversation about substance abuse to positively impact the perinatal outcome. However, many health care providers receive very little training in substance abuse. The Task Force recommends creating and implementing educational curricula for schools of medicine, nursing, dentistry, and pharmacy. Florida Nurses’ Association Executive Director, Willa Fuller, led a team tasked to assess evidence-based methods for caring for an infant with NAS and how nurses can assist the mother in caring for their child. This team, with help from others, is now charged to create a toolkit for nurses to help meet this goal.

Another recommendation by the Task Force is to include substance abuse screening as a standard of obstetrical practice. Women should be informed that screening questions are asked of all women in Florida, and the information is kept confidential. Opening this discussion will provide an informed that screening questions are asked of all women in Florida, and the information is kept confidential. Opening this discussion will provide an informed of its incidence and prevalence is available. Long term data will enable the state and its health care providers to provide treatment programs that meet the needs of Florida’s citizens.

Other important recommendations include finding ways to increase the voluntary use of Florida’s Prescription Drug Monitoring Program among medical professionals, working with federal agencies to fund research projects in Florida aimed at the issues surrounding NAS, and collaborating with community to implement strategies to reduce the prevalence of NAS.

ABSTRACT

Statewide Task Force on Prescription Drug Abuse & Newborns: Drafted Final Report

Denise Maguire, PhD, RN, CNL
University of South Florida College of Nursing

In 2012, the Florida State Legislature approved the creation of a task force to examine the extent of prescription drug abuse among expectant mothers and provide lawmakers with policy recommendations. The task force, led by Florida Attorney General Pam Bondi, includes members from the Florida Nurses Association and others with a vested interest. The Task Force drafted a Final Report defining the problem, describing the costs of drug-exposed infants and identifying strategies to reduce the problem of prescription drug addiction. A brief summary of the report is provided here.

The number of drug-exposed newborns in Florida has tripled since 2007, but is still believed to be under-reported. Infants who are exposed to prescription opioids during pregnancy develop a condition called “Neonatal Abstinence Syndrome” (NAS) within a couple of days after birth. NAS is characterized by symptoms of withdrawal such as central nervous system irritability, metabolic, vasomotor, respiratory distress, and gastrointestinal disturbances. Infants with NAS are typically difficult to console, are poor feeders, and do not sleep well. Most require treatment in the Neonatal Intensive Care Unit to manage the withdrawal symptoms, which can last a month or more.

Nurses have an opportunity to prevent and alleviate the volume of NAS in Florida by simply having a conversation about substance abuse to positively impact the perinatal outcome. However, many health care providers receive very little training in substance abuse. The Task Force recommends creating and implementing educational curricula for schools of medicine, nursing, dentistry, and pharmacy. Florida Nurses’ Association Executive Director, Willa Fuller, led a team tasked to assess evidence-based methods for caring for an infant with NAS and how nurses can assist the mother in caring for their child. This team, with help from others, is now charged to create a toolkit for nurses to help meet this goal.

Another recommendation by the Task Force is to include substance abuse screening as a standard of obstetrical practice. Women should be informed that screening questions are asked of all women in Florida, and the information is kept confidential. Opening this discussion will provide an informed of its incidence and prevalence is available. Long term data will enable the state and its health care providers to provide treatment programs that meet the needs of Florida’s citizens.

Other important recommendations include finding ways to increase the voluntary use of Florida’s Prescription Drug Monitoring Program among medical professionals, working with federal agencies to fund research projects in Florida aimed at the issues surrounding NAS, and collaborating with community to implement strategies to reduce the prevalence of NAS.
HEALTH LITERACY FOR SENIORS
A Vacuum of Care in the Healthcare System

by Mary Gynn, RN

Health literacy is about communication and understanding. For nurses, it means that we learn and use techniques to help people understand how to stay healthy, deal with their illness, make decisions about treatment, take medications correctly, and follow self-care directions. Health literacy is fast becoming integral to professional training and essential in the continuum of care for the young, middle age, and senior populations.

My focus is on seniors, a population living longer than ever before and one that nurses can intentionally work with to tackle the serious health problems seniors experience.

Simplifying the Complex

Our healthcare system is too complex for most people, even more so for seniors. Nurses are beginning to see this in their practice and realize the depth of the problem. We would be wise to initiate health literacy – craft ways to simplify the complex – to make healthcare more comprehensible to those we serve.

The question for nurses becomes: what can we do about poor health literacy among seniors, so that we minimize debilitating disease like diabetes, heart disease, hypertension and others?

As a nurse with Master's Degrees in Public Health and Health Education, I’ve worked with seniors in community settings such as nonprofit clinics and senior centers. I see the breadth of ableness: some seniors are alert and up and about; some are moderately so; some need canes, walkers or other mobility aids; some are slow-paced and slow to communicate and understand; and some are quite disabled physically and mentally. Most are in need of health literacy and self-management.

Seniors are totally reliant on their physician – an individual they see only occasionally – to explain their basic health condition. In appointments, seniors will nod “yes” but don’t necessarily understand what is being said. I consistently hear about their challenges:

• they don’t fully understand what the doctor is talking about;
• they don’t understand their role in receiving prescriptions;
• they don’t understand explanations of their condition, medications or treatment;
• physical limitations restrict understanding (eg, many seniors have hearing problems); and
• mental limitations restrict understanding (eg, complex information is communicated quickly yet seniors are expected to grasp this in a 15-minute visit).

These experiences are void of health literacy. This would make anyone, young or old, feel abandoned by the healthcare system.

Why Aren’t We Health Literate?

Individuals have difficulty understanding health information because of age, disability, language, culture, emotion, etc. Seniors typically have a combination of these factors, yet are assumed to understand complex health information anyhow – a nearly impossible task that can be infuriating since no individual or institution helps them become health literate.

A Bag Full of Meds. A senior shows me a bag full of prescriptions, some expired, with no idea what they are for. Without an alert family member, no individual or institution helps them become health literate.

Information anyhow – a nearly impossible task that can be infuriating of age, disability, language, culture, emotion, etc. Seniors typically have a combination of these factors, yet are assumed to understand complex health information anyhow – a nearly impossible task that can be infuriating since no individual or institution helps them become health literate.

As a nurse with Master’s Degrees in Public Health and Health Education, I’ve worked with seniors in community settings such as nonprofit clinics and senior centers. I see the breadth of ableness: some seniors are alert and up and about; some are moderately so; some need canes, walkers or other mobility aids; some are slow-paced and slow to communicate and understand; and some are quite disabled physically and mentally. Most are in need of health literacy and self-management.

Individuals have difficulty understanding health information because

Of age, disability, language, culture, emotion, etc. Seniors typically have a combination of these factors, yet are assumed to understand complex health information anyhow – a nearly impossible task that can be infuriating since no individual or institution helps them become health literate.

As a nurse with Master’s Degrees in Public Health and Health Education, I’ve worked with seniors in community settings such as nonprofit clinics and senior centers. I see the breadth of ableness: some seniors are alert and up and about; some are moderately so; some need canes, walkers or other mobility aids; some are slow-paced and slow to communicate and understand; and some are quite disabled physically and mentally. Most are in need of health literacy and self-management.

Seniors are totally reliant on their physician – an individual they see only occasionally – to explain their basic health condition. In appointments, seniors will nod “yes” but don’t necessarily understand what is being said. I consistently hear about their challenges:

• they don’t fully understand what the doctor is talking about;
• they don’t understand their role in receiving prescriptions;
• they don’t understand explanations of their condition, medications or treatment;
• physical limitations restrict understanding (eg, many seniors have hearing problems); and
• mental limitations restrict understanding (eg, complex information is communicated quickly yet seniors are expected to grasp this in a 15-minute visit).

These experiences are void of health literacy. This would make anyone, young or old, feel abandoned by the healthcare system.

Why Aren’t We Health Literate?

Individuals have difficulty understanding health information because of age, disability, language, culture, emotion, etc. Seniors typically have a combination of these factors, yet are assumed to understand complex health information anyhow – a nearly impossible task that can be infuriating since no individual or institution helps them become health literate.

A Bag Full of Meds. A senior shows me a bag full of prescriptions, some expired, with no idea what they are for. Without an alert family member, no one in healthcare seems responsible for this vacuum of senior care.

A Temporary Fix. Many seniors say they are intimidated by their physician: explanations are too complex and move too fast. I suggest they:

• write down what their meds are for;
• determine whether a prescription is effective;
• record how they feel;
• have their blood pressure checked between doctor visits;
• write questions before appointments and be prepared to write answers; and
• take an advocate to appointments to write things down and listen objectively.

Study after study shows that health literacy can minimize disease from becoming virulently complicated and minimize the overall financial, physical, and emotional cost. Though my anecdotes are stories, the empirical data is unequivocal: health literacy is critical in de-escalating disease.

What Can We As Nurses Do? Two Simple Remedies

1. Use Health Literacy at Every Opportunity. Nurses can learn to use plain language, teach back, pictographs and other proven health literacy techniques to:

• teach patients about self-management;
• help patients take responsibility for their health condition;
• encourage family members to engage in a loved one's health condition; and
• use every point of contact with patients as an opportunity for health literacy.

2. Implement a “Health Literacy Intervention.” At the doctor’s visit, nurses can teach seniors to self-monitor their condition so that between appointments, seniors can self-monitor on their own. Nurses can follow-up at subsequent appointments to ensure that seniors clearly understand what to do and why. A doctor's visit is an excellent health literacy opportunity that shouldn't be passed up!

As nurses, let’s use our training and knowledge to incorporate health literacy techniques into our practice at every turn. Let’s help reverse the “illiteracy” trend and keep all of our patients as healthy as possible. Isn't that what we're here for in the first place?

Mary Gynn, RN, is a Senior Preventive Health Advocate. She teaches Diabetes Education classes and is an expert community health educator and author of “History of Mastectomy.” She trains health professionals and literacy experts to incorporate health literacy into their work. Her workshops help people comprehend facts, navigate the healthcare system, ask the right questions, and fully participate in their personal health. Mary holds a Bachelor's Degree in Nursing, a MSN/MS in Health Education & Prevention and a Master's Degree in Public Health. Contact her at mgyynn@aol.com or at www.teachingforhealth.com.
Learn About the Ethics Site on the ANA Webpage

by Jill Winland-Brown

There is so much valuable information on the ANA website in the Ethics section that I wanted to explain where things are and how to use them. If you go to http://nursingworld.org, you will access ANA’s main webpage. In the middle of the top menu bar is the Ethics page. Click on Ethics to access all the options. The first option discusses the Code of Ethics for Nurses. The history of the code is discussed as well as discussion of the nine provisions of the Code. You may read the Code on-line but not print it. It may be ordered for $20.95 for a member. There are related articles on using the Code with practical applications. There is even a 2-hour continuing education program on the Code available for $15 for members.

The second listing on the ethics site is a page on Genetics & Genomics talking about the advances in those areas and how they are being translated into practice every day. There are many reports available completely on-line with the click of a button. There are educational genetics resources discussing ethical, legal, and social issues.

The third listing on the ethics site is information on Moral Courage and Distress. Moral distress occurs when one knows what one ‘ought’ to do in a situation, but is unable to do so because of internal or external constraints. Moral courage involves the willingness to speak out and do what is right regardless of the situation. Nurses need to support each other to create healthy ethical work environments. On this page are links to many articles on moral distress, moral courage, creating healthy work environments, etc.

The next listing has a wealth of information on End-of-Life issues from many articles discussing death in America, to Euthanasia, to Compassion in Dying, to Hospice. At the end of last year, there was a new Position Statement in draft form titled, “Active Euthanasia and Assisted Suicide” that asked readers for input before the position statement was finalized. This was a great opportunity for nurses around the country to be heard on this topic and get their comments recorded. Through a link on the page, one can order a book from the ANA Bookstore titled “Spirituality and End of Life Care.”

The next listing addresses different ethical issues, definitions, medical ethics and patient’s rights, and spiritual and religious issues, among other topics. There is also a link to the 2nd National Nursing Ethics Conference to be held in California March 21 and 22.

The next listing under the Ethics heading in the menu bar is for the ANA Position Statements on Ethics and Human Rights. Position statements cover a myriad of topics such as Non-punitive Alcohol and Drug Treatment for Pregnant and Breast-feeding Women; Reduction of Patient Restraint and Seclusion in Health Care Settings; Foregoing Nutrition and Hydration; Nurses’ Role in Capital Punishment; In Support of Patients’ Access to Therapeutic Marijuana; Stem Cell Research; and Assisted Suicide to mention a few.

The last listing is about the Center for Ethics and Human Rights and lists the guiding objectives. There is an overwhelming abundance of information on just the ethics section of the ANA overall website. There is information for staff nurses, advanced practice nurses, nurse managers, nurse researchers, nursing students, and educators. I challenge you to go to the site and spend a little time familiarizing yourself with it. There is much information that you can share at work and discuss and argue some of the issues you’ll find. By doing so, this is one way to raise your level of moral reasoning.

Very shortly you will be asked to participate in a survey as to whether or not you believe that the Code of Ethics should be revised. It was last revised in 2001. The survey will be asking your input as to which provisions you feel may need to be updated or if you feel anything should be added. We would appreciate your input. Please keep on the lookout for it. It will be in a SurveyMonkey format. Thanks.
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 or email c.babuscio@msrmc.com

If you’re an advanced practice or registered nurse looking to take your career further, our Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) programs can help prepare you for new opportunities in the evolving primary health care field. To start your new reality, call us today at 800-504-5278 or visit our website.

Our Tampa location offers the Doctor of Nursing Practice as a post-master’s program, and the MSN with specializations in Adult Health Nurse Practitioner, Family Nurse Practitioner, and Nurse Educator.

Our West Palm Beach location offers the MSN with a Family Nurse Practitioner specialization.