

The Alabama Nurse

The Official Publication of the Alabama State Nurses Association

Circulation to 72,000 Registered Nurses, Licensed Practical Nurses and Student Nurses in Alabama
Alabama State Nurses Association • 360 North Hull Street • Montgomery, AL 36104



Volume 35 • Issue 1

March, April, May 2008

Inside Alabama Nurse



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Legislative
Guide
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Medications
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Nurse Practitioners and Certified Nurse Midwives Seek Change in Practice Law

Nurse Practitioners (NP) and Certified Nurse Midwives (CNM) have the knowledge and skill to provide quality cost effective health care for Alabama citizens. They can also increase access to health care in a state that has a primary care provider shortage, especially in underserved areas. Unfortunately, Alabama has one of the most restrictive practice environments for these health care providers.

The Nurse Practitioner Alliance of Alabama (NPAA), an organization that is made up of and represents a number of regional NP and CNM groups at the state level, is advocating for change. A bill is currently being introduced in the state legislature that will allow for full practice privileges within the NP and CNM Scope of Practices. This bill, along with information about NP and CNM practice in Alabama, can be accessed on the NPAA website at: npalliancealabama.org.

NPAA would like to thank ASNA, the voice for all nurses in Alabama, for supporting this effort, along with many patients, physicians, and legislators. We urge you to call your senators and representatives and ask them to support this bill, and other legislative efforts of nurses in our state.



Suggestions on How to Celebrate National Nurses Week

- Hold special celebrations or receptions to recognize a nurse or several nurses in your community. These nurses could be honored for heroic acts, years of service to the community, exemplary courage, or their commitment to the nursing profession over the years.
- Promote a positive, realistic image of registered nurses by sponsoring health fairs, conducting preventive screenings in underserved areas, organizing a walk-a-thon, etc.
- Place an article in your state or local newspaper(s) about National Nurses Week and the value of nurses.
- Invite a politician—local, state or federal—to accompany a nurse or several nurses at their place of employment for a day or part of a day. Health care remains an issue of tremendous importance to voters. Politicians should be visible and accountable for their positions on health care. This is a win-win situation and it offers good media coverage potential.
- Sponsor a community-wide event, such as a coloring contest or poem-writing contest for school children. The children could acknowledge their favorite nurse, a famous nurse, or family member who is a nurse—past or present—in a colorful drawing. The drawings could be displayed in local schools, hospitals, nursing homes, etc.
- Work cooperatively with hospitals, schools, and libraries to set up a special display for National Nurses Week.
- Host a press conference. Discuss an important health care issue in your community; release the findings of a local survey; honor a nurse for a heroic act; or bestow an “honorary” nurse title to a deserving politician or civic leader.
- Organize a free cholesterol and/or blood pressure screening in your local community and promote via radio announcements, flyers, posters, etc.
- Host a hearing before city council or hold a town meeting on nursing’s concerns about the recent trends in health care (nurses being replaced by unlicensed assistive personnel, safety and quality of care issues, etc.)

Nurses Week cont. to page 3

ASNA LEGISLATIVE ISSUES 2008

Alabama Nursing Scholarships
Amended Enabling Legislation
Funding in Education Budget
Nurse Practitioner Bill to Improve Practice Privileges
Oppose Bill to Legalize Lay Midwives
Law Enforcement Authority for ABN
Investigators Bill
Alabama Clean Air Act/Tobacco Free Alabama Bill
School Nurses Structure & Funding Bill

See page 9 for ASNA Legislative Guide.

Elizabeth A. Morris Clinical Education Sessions—FACES '08

Registration Information in Pullout Section

Eastmont Baptist Church
Montgomery, AL
April 22, 2008

How are You Celebrating Nurse Week?

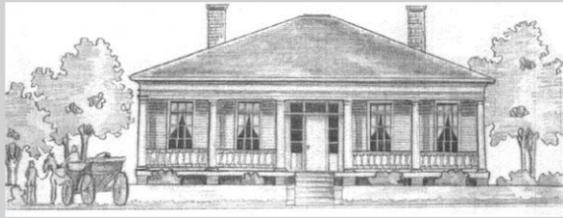
ASNA is seeking the most creative ways of celebrating Nurse Week. They will be featured in the *Alabama Nurse*. We have provided a potential list of activities; however, you or your institution may have a better way. Share with the nurses in Alabama! Send us pictures, press releases, or any evidence showing the celebration of Nurse Week.

ASNA will award a \$250 cash prize for the most creative celebration. Send your evidence to the ASNA Headquarters no later than 20 May 2008. (ASNA Structural Units will be excluded from the cash award.)

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Vision Statement

Our Vision

ASNA is the professional voice of all registered nurses in Alabama.

Our Values

- Modeling professional nursing practices to other nurses
- Adhering to the *Code of Ethics for Nurses*
- Becoming more recognizably influential as an association
- Unifying nurses
- Advocating for nurses
- Promoting cultural diversity
- Promoting health parity
- Advancing professional competence
- Promoting the ethical care and the human dignity of every person
- Maintaining integrity in all nursing careers

Our Mission

ASNA is committed to promoting excellence in nursing.

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PUBLICATION

The Alabama Nurse Publication Schedule	
<u>Issue</u>	<u>Material Due to ASNA Office</u>
June/July/Aug	May 5, 2008
Sept/Oct/Nov	August 11, 2008
Dec/Jan/Feb 09	November 3, 2008

Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in *The Alabama Nurse*.

1. Articles should be microsoft word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All reference should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to:

edasna@bellsouth.net
 or
 Editor, *The Alabama Nurse*
 Alabama State Nurses Association
 360 North Hull Street
 Montgomery, AL 36104

ALABAMA BOARD OF NURSING VACANCIES

There will be **1 RN** position open and **1 LPN** position open as of January 1, 2008. The term of James Raper, Nursing Practice and Davied Fagan LPN will expire December 31, 2008. RN applications only are available from the ASNA office. Call Betty!! Call Davied Fagan at 256-974-0123 for LPNAA position

Congratulations Children's Hospital!

CHILDREN'S HOSPITAL EARNS NATIONAL RECOGNITION FOR NURSING EXCELLENCE

BIRMINGHAM, Ala. (Feb. 6, 2008)—Children's Health System has become one of only two hospitals in the state to achieve Magnet designation for excellence in nursing services by the American Nurses Credential Center's (ANCC) Magnet Recognition Program®. Magnet is one of the highest levels of recognition a hospital or medical center can attain.

**Arthur L. Davis
2008 Scholarship Award**

ASNA is pleased to announce that the company that publishes the Alabama Nurse newspaper has given a gift to honor the founder of the company, Arthur L. Davis. This gift is a scholarship to be awarded to (1) RN and (1) LPN Student entering into senior year of an accredited nursing program. Applicants must have a minimum of a 3.0 GPA and the RN applicant must be a member of Alabama Association of Nursing Students.

The Alabama Nurses Foundation decided that this gift would be used to fund a minimum of two (2) \$1,000.00 scholarships.

The award will be given at the 95th Anniversary Convention on Friday, September 19, 2008 at the Awards Ceremony.

Please apply by September 1, 2008 by filling in this form and sending it to ASNA, 360 North Hull Street, Montgomery, AL 36104. Notification of the award will be made by telephone followed with a notice by mail. Winners will be invited to be present at the Awards Ceremony, Friday, September 19, 2008.

ARTHUR L. DAVIS Scholarship Application

Name: _____

AANS Member Number: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

School Attending: _____

GPA: _____

Signature and telephone number of the Dean or Program Director: _____

I attest that _____

is a student in the _____ RN to BSN program and that the GPA listed is correct.

Signed: _____

Nurses Week cont. from page 1

- Invite a local celebrity (one who has spoken about health care in the past; one who has personally been a patient of a nurse; or one whose family member has been a patient) and request his/her sponsorship of National Nurse Recognition Day and/or National Nurses Week. Hold an event and ask him/her to speak about a personal experience in which he/she was cared for by a nurse.
- Host a fund-raiser (i.e., walk-a-thon) and donate money to a local charity. Emphasize the importance of registered nurses in our nation's health care system; pay tribute to a local nurse; or recognize all registered nurses who are indispensable and provide care selflessly 24-hours a day, seven days a week, 365 days a year.
- Request a proclamation from your mayor/governor declaring May 6 as National Nurse Recognition Day and/or May 6-12 as National Nurses Week. (Sample proclamation).
- Host an editorial board meeting with leading state or local newspapers. Discuss the importance of registered nurses at the bedside and the nursing profession's concerns about current issues, specifically those related to safety and quality of care.
- Organize a candlelight vigil on National Nurse Recognition Day (May 6) in honor of the hard work and commitment of the nurses in America.
- Suggest that your state or local newspaper solicit stories from readers who would like to pay tribute to a nurse who provided exemplary care.
- [press release](#) is available.)
- Obtain support from other nursing and health care organizations in your area by asking them to sponsor National Nurse Recognition Day and/or National Nurses Week and to hold a joint event with your organization.

National Nurses Week History

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as **National Student Nurses Day**, to be celebrated annually. And as of 2003, **National School Nurse Day** is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11-16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendon Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events. He promoted the celebration on is own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The action affirmed a joint resolution of the United States Congress designating May 6 as "National Recognition Day for Nurses."

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6-12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6-12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the nation's indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as "National RN Recognition Day."

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

Sample NNW Gubernatorial/ Mayoral Proclamation

Whereas, Nurses in the United States comprise our nation's largest health care profession, and

Whereas, The depth and breadth of the nursing profession meets the different and emerging health care needs of the American population in a wide range of settings, and

Whereas, A renewed emphasis on primary and preventive health care will require the better utilization of all of our nation's nursing resources, and

Whereas, Professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of hospitalized patients, and

Whereas, The demand for nursing services will be greater than ever because of the aging of the American population, the continuing expansion of life-sustaining technology, and the explosive growth of home health care services, and

Whereas, That more qualified nurses will be needed in the future to meet the increasingly complex needs of health care consumers in this community, and

Whereas, The cost-effective, safe and quality health care services provided by nurses will be an ever more important component of the U.S. health care delivery system in the future, and

Whereas, Along with the American Nurses Association, the Alabama State Nurses Association has declared the week of May 6-12 as NATIONAL NURSES WEEK with the theme *Nurses: Making a Difference Every Day* in celebration of the ways in which nurses strive to provide safe and high quality patient care and map out the way to improve our health care system, therefore be it

Resolved, That I, (Governor's/Mayor's name and title), ask that all residents of this state/community join me in honoring the nurses who care for all of us, and be it further

Resolved, That the residents of (city, state) celebrate nursing's accomplishments and efforts to improve our health care system and show our appreciation for the nation's nurses not just during this week, but at every opportunity throughout the year.

The E.D.'s Notes

by Joseph F. Decker, II

Welcome back from the Christmas/New Year's break. I hope everyone had a great holiday with family and friends. I'm now on my annual "post-Christmas" diet, as usual; hard not to overindulge during the holiday season.

The most important order of business right now is the 2008 Alabama Legislative Session, which opened 5 February. To remind, our legislature meets 30 "legislative days" per year, and must fit that schedule in a 105 calendar day window. Their normal schedule is to convene on Tuesdays and Thursdays, with Wednesday set aside for Committee meetings and other business. Mondays and Fridays are the normal travel days to get to/from Montgomery. Only the days that the lawmakers actually, officially convene to do business (i.e. usually Tuesday and Thursday) count as "legislative days" in their calendar. Thus, the 30 legislative days are spread over a 3 month plus time period. Please look for our periodic Legislative Updates again this year on our website (www.alabamannurses.org) and in our First of the Week email postings.

We have a significant number of issues on our plate this year, with the most immediate being a second effort to amend the **Nursing Scholarship** legislation. To refresh memory, our attempt passed the House last year easily, but stalled in the Senate amongst all the squabbling. Our amended bill will basically update the original 1978 enabling legislation, which set limits at 15 scholarships of \$3800 each (\$57,000 total expenditure). We were able to insert language in the 2008 Education Trust Fund budget that allocated an additional \$500,000 for scholarships this year—a great success, and a significant first step to work the nursing shortage and faculty shortage problem. [By the way, even this success could be in great jeopardy in 2009 with the economic slowdown much touted in the press. In fact, at a recent meeting I attended Seth Hammett (Speaker of the House), John Knight (Chair of Govt. Appropriations) and Richard Lindsey (Chair of



Decker

Education Appropriations) all referred to current budget shortfalls and indicated serious concerns about funding for 2009.] We remain confident that, if we can get the bill to a vote on the floor of both houses, it will pass easily. **Rep. (Dr.) Robert Bentley (R)** from Tuscaloosa has agreed to sponsor the scholarship bill again this year. Several other bills are on our radar this session. We fully expect the bill **legalizing lay midwives** (called "certified professional midwives"—not to be confused with Certified Nurse Midwives) to be reintroduced; we will again oppose this effort. The Alabama Board of Nursing will ask for **law enforcement authority** for their investigators, and we intend to support that effort. Most other regulatory boards already have that authority, and ABN needs it as well. The issue is not arrest powers per se, but essentially gaining legal access to criminal database information from various law enforcement agencies for background checks in order to fully protect the public. We also anticipate an improved, updated version to the **Alabama Clean Air Act/Tobacco Free Alabama** sponsored by **Sen. Vivian Figures of Mobile**. This bill has passed the Senate several times over the past few years, but stalled in the House. We will again support this healthcare initiative. The **School Nurses** intend to bring a bill, with AEA and School Superintendent/School Board support, to improve health care in the states schools; we will also support that effort. In addition, there are several other bills being drafted that we intend to follow; we just haven't seen the final form, so we've made no decision as yet. More on that as it develops.

There is one more major piece of legislation pending this year we are most interested in following. The **Nurse Practitioners Alliance of Alabama (NPAA)** has drafted a bill to significantly alter the way Nurse Practitioners and Certified Nurse Midwives do business in Alabama. This bill intends to remove the requirement for a written collaborative agreement with a physician, change the makeup and authority of the (current) Joint Committee for oversight, and expand NP prescriptive authority. The end result of these proposed changes would place clear authority for oversight and regulation of Nurse Practitioners solely with the Alabama Board of Nursing. The impetus behind this bill is access to quality healthcare for all Alabamians, but especially those in underserved and/or rural communities. The research behind this bill is most impressive, and the logic very sound. In fact,

14 other states currently have very similar legislation already on the books. We intend to support their effort this session. One final thing: in order to continue to protect the profession of nursing, and to further advance quality healthcare in Alabama, we need each and every one of you to help us with our legislators. Contact them with your thoughts on these and other issues impacting nursing and healthcare in our state. After all, they work for you don't they? And they can't read your mind—you have to tell them what your interests are. If you need advice on how/what to do, please contact ASNA. We'll be glad to help.

In ANA news, I need to update you on the **latest developments with the UAN** (United American Nurses—the labor union arm of ANA). In December 2007 four states (NY, OH, WA, OR) formally disaffiliated from the UAN (but not from ANA). In early January 2008 ANA officially notified both the UAN and CAN (the Center for American Nurses, the non-union side of ANA) that ANA would not renew the current affiliation agreements with those respective organizations, set to expire on 30 June 2008. Shortly thereafter, NJ also voted to disaffiliate from the UAN. These five states have over 60,000 nurses—over 50% of the current UAN membership. The result of all this will most likely be a heated debate at the June ANA House of Delegates in Washington, DC. In order for the five states who disaffiliated from the UAN to remain as ANA members, ANA bylaws changes will be required. All five states have indicated that they want to do just that, and continue as ANA members. As an aside, there is a significant amount of dues dollars involved in all of this turmoil, so in addition to basic organizational principles there is a lot of money on the table. This entire situation promises to be both interesting and difficult. More as it develops.

Finally, let me report that our efforts to re-invigorate a **coalition of nursing organizations** from around the state have started well. We had our second meeting on 2 February at the School of Nursing at AUM. I'm pleased to report that we again had excellent attendance and a very good discussion of a number of public policy issues. Our hope for the future is that this conversation will continue to strengthen, and the cooperation among nursing groups will improve and enable us to have a much greater impact on legislative and governmental policy issues as we go forward.

Joseph Decker is the Executive Director of the Alabama State Nurses Association edasna@bellsouth.net.

LEGAL CORNER

by Don Eddins, BS, MS, JD

As attorney for the Alabama State Nurses Association, too often I deal with nurses who face disciplinary action from the State Board of Nursing because they simply are not careful in completing paperwork.

These are good, caring advanced practice, registered or licensed practical nurses with exemplary skills, who are not as diligent about the paperwork as they are in ensuring good patient care.

Advanced practice nurses seem to be particularly vulnerable to this complacency.

We all know that in Alabama a nurse practitioner must work in collaborative practice with a physician. What if the NP works for a group of physicians and has primary collaborative practice with a physician who retires or moves away after the nurse practitioner has renewed his/her license?

By all means get a new collaborative agreement in place with a different physician, including a back-up, *before* the collaborating physician leaves. Otherwise, the Board of Nursing will come calling.

What if a registered nurse has let her license lapse, but once the children are in school decides to come back to work. She gets a job with a local physician but explains that she will not be able to perform duties as a registered nurse until she has completed certain continuing education requirements. Meanwhile, the physician filling out paperwork for the Board of Nursing reports that this person works at the clinic as a registered nurse.



Eddins

Again, the Board of Nursing will come calling because a "nurse" is not a registered nurse if he/she lacks credentials.

What if an individual who previously worked as a nurse practitioner accepts a job not as an NP but as a registered nurse in a clinic, yet signs his name as, "John Doe, CRNP."

Another visit from the Board of Nursing. A person cannot hold him/herself out as a nurse practitioner unless he/she has met certain statutory requirements and performs duties in accordance with state standards and guidelines. The collaborative practice agreement is among those important requirements.

What if the nurse practitioner has obtained national credentialing and has paid the national agency to inform the Board of Nursing that she has renewed her credentialing but the agency neglects to do so?

The Board of Nursing cannot discipline the credentialing agency, so guess who gets the call from the board?

Often in situations like I've described, nurses ask me, "Why didn't the board call me?" I cannot answer that except to say that every professional, whether lawyer, doctor, architect or registered nurse, has the responsibility to take care of his own licensure matters. Even if you work with a large group which has a staff person assigned to perform such duties, you are ultimately responsible.

The bottom line is be careful. When it comes to your license, pay the equal attention to detail that you do in ensuring good patient care.

Don Eddins, BS, MS, JD is a practicing attorney in Auburn, Alabama and serves as legal counsel to the Alabama State Nurses Association. Every ASNA member is entitled to a one-hour free consultation on any legal matter. Call the ASNA office or email him at doneddins@charter.net.

LPN CORNER

Respect

Gregory Howard, LPN

What is it? Who deserves it? Do you have it? Do you give it?

Respect, you have an inherent right to receive it and an obligation to give it.

Let's take a look at several definitions:

"To consider worthy of high regards."

Webster Dictionary

"To have regards for the quality of a person."

Webster, International Dictionary

"Difference to a right, privilege, privileged position, or to someone or something considered as having certain rights or privileges."

The Random House College Dictionary

Respect has great importance in everyday life. As children we are taught (one would hope) to respect our parents, teachers and elders, school rules and traffic laws, family and cultural traditions, another persons feelings and rights, our countries flag and leaders, the truth and people's differing opinions. We seem to value these things as we mature. We may also come to believe that at some level, all people are worthy of respect no matter what our personal opinion/feelings are. We may learn that jobs and relationships become unbearable if we do not receive respect. In some social settings we may learn the price of disrespect. If we validate the street law: "Diss me, I'll diss you." Our public lives are increasingly demanding that we exude respect. Environmentalists urge us to respect nature, ethicists encourage us to respect one's beliefs on abortion, capital punishment, members of racial and ethnic minorities and those discriminated against because of their gender, sexual orientation, age, religious beliefs or economic status. Our lives, both professional and at work, are better when we respect others, regardless of the job or area where we work.

RESPECT

You have an inherent right to receive it and an obligation to give it.

The very concept of respect opens discussion for so many different opinions and beliefs, which raises many, many questions that everyone must answer in their own way according to their personal convictions. You may ask some of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct attitudes, and character expected of each of us? And what are the implications of respect for problematic moral and sociopolitical issues that arise in our daily lives? Such words as Terrorism, Affirmative Action, Cultural Diversity and Capital Punishment cause us to reevaluate our positions daily. All of these things are interrelated to Respect. Everyone should have it for themselves and should show it to others because we all deserve each others respect.

Everyday discourse and practices insist that respect and self-respect are personally, socially, politically and morally important. As individuals, living in a complex society where attitude and actions have tremendous effects, we can not take respect lightly. So at the end of the day, can you honestly say "I know what respect is, I respect others and most of all, I respect myself."

Respect... Pass it on!!

Gregory Howard, LPN, President of Alabama and the National Federation of Licensed Practical Nurses and member of Alabama Board of Nursing. gregory.howard@med.va.gov

CONVENTION 2008

2008 ASNA Awards

Any ASNA member, group or staff may submit nominations. The awards are as follows:

- Lillian B. Smith Award
- D. O. McClusky Award
- Outstanding Non-Member Award
- Outstanding New Member Award
- Lillian Holland Harvey Award
- Louise Barksdale Outstanding Nursing Practice Award
- Legislator Award
- Cindajo Overton Outstanding Nurse Educator-Academe & Service
- Outstanding Nursing Administrator Award-Academe & Service
- Outstanding Retired Nurse Award
- Outstanding Health Care Organization

You may use the form to the right or call Betty at the ASNA office for a brochure (which includes criteria) and nomination form. Awards are presented at the ASNA Annual Convention, but the Awards Committee needs all nominations by midnight July 21, 2008.

ASNA AWARDS NOMINATIONS FORM NOMINEE INFORMATION

Name of Nominee: _____

Credentials: _____

Award Nominated For: _____

Home Address: _____

Business Address: _____

Home Phone: _____

Business Phone: _____

SUPPORTING INFORMATION

- Attach Narrative Statement (Required)*
 - Attach Curriculum Vitae (Required)*
 - Attach Letters of Support (Optional) Maximum of 3 letters)
 - Attach Additional Pertinent Information (Optional) Maximum of 5 pages.
- *Must be included for the application to be considered.

SUBMITTED BY:

(Individual's Name or Group Name)

Address: _____

District: _____ Date: _____

NOMINATIONS ARE DUE IN ASNA OFFICE BY JULY 21, 2008.

Save These Dates

September 18, 19, 20, 2008



The Alabama State Nurses Association will hold its 95th Annual Convention co-sponsored by the Alabama Organization of Nurse Leaders and the Alabama Association of Nursing Students at the 4 Points Sheraton in Tuscaloosa, Alabama. We invite each of you to attend. Thursday, September 18, 2008 will be a Pre-Convention CE day, held in the afternoon. This is a great opportunity for all you RNs, who haven't quite met the ABN requirements during the RN renewal cycle, to finish getting your 24 hours. LPNs are also encouraged to attend. Friday and Saturday, September 19-20th, will be the Full Convention days. You'll have the opportunity to hear a quality Keynote Address. ASNA members who are delegates to the convention will have the opportunity to debate on issues of current concern to the association and the nursing community. Complete convention registration materials will be printed in the pull-out section of the June/July/August issue of *The Alabama Nurse*. Mark your calendars today and plan to attend an exciting convention.

CONVENTION 2008

ASNA's Official Call for Resolutions All You Need To Know

What Is a Resolution?

It is a formal written call to action on a subject of great importance to members of ASNA. In other words this is an action members would like ASNA to pursue. Resolutions are often the source of action in developing positions on issues affecting nurses, nursing, and the needs of the public. Once the resolution is voted on and passed by the House of Delegates ASNA will try to implement in order to meet the needs of the association. Resolutions may be sent to other organizations, governmental agencies, or other individuals. The resolution process is one of the most important functions of the House of Delegates.

Call for Resolutions

Any ASNA member may research, write, and/or submit a resolution for consideration by the ASNA House of Delegates. Resolutions should be submitted to the Governance Committee through the ASNA office at 360 N. Hull St., Montgomery, AL 36104 by **May 7, 2008**. Only an emergency resolution will be accepted after the designated date.

Types of Resolutions

Resolution are classified according to the following:

- **Substantive Resolution**, which deal with basic principles and policies of ASNA, or issues of statewide or national concerns of nurses as practitioners and citizens.
- **Courtesy Resolutions**, which give recognition to outstanding persons who have made especially valuable contributions to ASNA or the nursing profession.
- **Commemorative Resolutions**, which deal with commemoration of important events or developments in nursing, allied professions, or government.
- **Emergency Resolutions**, which have significance for the association and require immediate action.

How is a Resolution written?

A resolution has two parts—the “whereas” section and the “resolved” section. The “whereas” section is a series of single item, factual statements which present documentation of the need for the resolution. The “resolved” section is a series (or single) item action statement(s) of position by ASNA and is the actions by which the intended result will be obtained.

ASNA Leadership Opportunities: 2008

Consent to Serve Form for Alabama State Nurses Association Office

- President elect/Delegate
- Treasurer
- Commission on Professional Issues

The Commission on Professional Issues has openings for 4 positions this year.

- Nominating Committee

The Nominating Committee has openings for 3 positions this year.

All criteria for eligibility must be met before your name will appear on the ballot.

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent to Serve Form?

- Yes No

Nominations Procedure for 2008
Criteria for Eligibility
Deadline: May 6, 2008

The person nominated for each office on the state level should:

1. Be a current member of ASNA.
2. Have sufficient education and experience within the organization that will demonstrate his/her understanding of the requirements of the office as evidenced by being active at the local and/or state level.
3. Have commitment for time involved with the position compatible with employment.
4. Have ASNA District Board of Directors verify participation and attendance on the local level and his/her ability and willingness to give time and effort to accomplish tasks.
5. Be assertive, understand appropriate methods of confrontation, exhibit good decision-making abilities, and have leadership qualities.
6. Submit a statement, typed or printed in 200 words or less, regarding your views of issues facing the nursing profession, the Alabama State Nurses Association, and the office you are seeking.
7. Because of time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

Name and Credentials _____ Home Phone: _____

Address: _____ Work Phone: _____

E-Mail Address _____ Fax Number: _____

Are you able to get time off to attend meetings necessary to fulfill the duties of the office for which you are submitting this Consent To Serve form? Yes No

Because of the time involved in serving the professional organization, we assume that you have cleared time with your employer to attend meetings. Applicants should be willing to absorb own expenses.

My Views of the issues facing the nursing profession, the Alabama State Nurses Association, and the office I am seeking are: (200 words or less—typed or printed)

Alabama State Nurses Association
360 North Hull Street • Montgomery, Alabama 36104
(334) 262-8321 • Fax # (334) 262-8578 • Members (800) 270-2762
E-Mail: alabamasna@bellsouth.net



ASNA Legislative Guide

Getting Started—The best place to initiate your search is to go to the Alabama Legislative Home Page at www.legislature.state.al.us. This site will guide you to the following:

- House and Senate members including how to identify your own legislator
- Legislative process
- Alabama Code and Constitution
- Legislative process **prefiled** bills (bills already introduced into legislature)
- History of Alabama Legislature
- Plus additional educational tools

Communication Tips

1. Post Cards:

Legislators need to receive many, and preferably handwritten, to make a difference.

2. Petitions:

Only if you have thousands of names.

3. Telephone Calls:

Be brief and have your facts together. The message will probably be placed on an answering machine or be taken by a secretary. If you want the legislator to return your call, say so; otherwise they will not.

4. Letter Writing Basics

- Use proper format and address it properly—see *sample letter below*

- Be brief, specific and informative—state why you are communicating in the first paragraph. Use personal antidotes whenever possible.
- Identify bill by name/number—go to www.legislature.state.al.us for bill name and number
- Use your own words—often you are provided talking points but rewrite these concepts in your own words. Remember form letters are often discarded.
- Sign your name and address—give this information even if via e-mail. They cannot respond unless you provide this information.
- Letters may be typed or handwritten—if you write neatly a handwritten letter stands out and is more apt to be read critically.
- Close with a thank you—this is being courteous.
- Send letters or e-mail of appreciation—Legislators rarely receive letters of encouragement
- Provide feedback to the Alabama State Nurses Association (ASNA)—provide a brief overview of your communication with the legislator and the legislator’s viewpoint. This will assist the ASNA lobbyist in making contacts at the statehouse.

5. Personal Visit

- Call ahead for an appointment (when possible).
- Prepare in advance; know background of the legislator, such as usual voting history, groups they support, occupation, committee membership, when they will be due for re-election, etc. Also, know history of the legislation—who supports it and who does not; is this ASNA’s first attempt with this legislation, etc.

- Be on time.
- If going with a group, select one person to speak on behalf of the group. Limit group to no more than 5 individuals (otherwise the legislator will make a speech and not listen to you!).
- When you meet with the legislator, introduce yourself as a nurse, shake their hand firmly and, if from their district mention this and state why you are there. Be sure to know bill numbers.
- Ask the legislator their position on the bill. If they are in favor, ask them to co-sponsor (if they have not already agreed).
- Provide additional clarification about the bill if needed.
- Offer to be a resource to them about nursing health care, or other issues you feel deeply about.
- Be courteous no matter how they react.
- Be succinct—not too technical—and leave a fact sheet about the bill with the legislator.
- After the visit, follow up with a thank you note.
- NOTE: If the legislator is not expecting you and is not in their office, leave a brief note stating that you were there, sorry to have missed them, and a request to support your issue.

6. Testifying at legislative Hearings:

ASNA will brief you individually.

7. Fax or E-mail:

Locate this on their individual web page.

8. Legislative DON'Ts

- Don't threaten if they do not vote with you.
- Don't hold a grudge if they vote with the other side.
- Don't go unprepared.

Sample letter

Jane Doe, RN
123 Healthcare Lane
Anytown, AL 30000
(Day) 205-123-4567
(Evening) 205-234-5678
janedoe@internetking.net

Use Letterhead

February 1, 2008

The Honorable Senator John Doe
Alabama Senate
Alabama State House
Montgomery, AL 36130

Appropriate Heading

Re: SB xxx—Support

State Purpose

Dear Senator Doe:

I am writing in support of SB xxx introduced by Senator _____ which seeks to _____.

Restate your support and purpose.

I have been a nurse for _____ years. My experience has shown _____.

Why you are concerned.

Recent data from XYZ State Agency indicates an increase in _____ statewide of over _____%. In your district, more than _____ persons are faced with the problem of _____ each day.

Hard facts from across the state.

SB xxx would solve this problem in the following ways:

How the bill will address this problem.

The problem of _____ will not be solved without appropriate legislative action. IF I can provide additional information to you on this critical issue please feel free to contact me at your convenience.

Offer your assistance.

I would very much appreciate your response on this.

Always end a letter by asking the legislator for a response.

Sincerely,

Jane Doe, RN

Condolences to

Pat Burgess in the death of her husband

Vanessa Barlow in the death of her father.

The family of Anne Mangum Smith, a lifetime ASNA member.



I Stand for Nursing

Edna Moore, BSN, RN

Many years ago when I first joined the American Nurses Association as a brand new RN, I couldn't join ASNA. At that time, the state association did not offer membership to African-Americans. That now seems light years ago. Today, the Alabama State Nurses Association is far and away the best known advocate for all nurses in our state. ASNA has consistently worked for the improvement of the profession and has been a true champion for nursing causes. I am a proud member of both ANA and ASNA because I truly believe that nurses acting as one can really have an impact. I ask every nurse in the state to join me and join ASNA—help us help nursing and nurses.



The first graduating class of the Doctor of Nursing Practice of University of South Alabama: (left to right) Veronica Hudson, Cynthia L. Morgan, Joyce M. Varner, Faye McHaney, Charlene Myers, Sara C. Majors, Susanne A. Fogger, Anita H. King. Back row: Dr. Linda Roussel (faculty), Henrietta W. Brown, Robin M. Lawson, Bobbie Holt-Ragler, Dr. Cathy Dearman (faculty), (not pictured, Deborah K. Walker).



The FACE of Nursing 2009 Calendar

In an continuing effort to celebrate and recognize professional nurses, the Alabama State Nurses Association announcing the second year of *The FACE of Nursing* project. If you know a nurse who inspires other nurses and patients through his or her outstanding professional practice of nursing, and whom you would like to receive special recognition, then write ASNA and tell us in 300 words or less. Twelve nurses from across the state will be selected to appear on a 2009 *FACE of Nursing Calendar* sponsored by the Alabama State Nurses Association.

Submissions are due to the Alabama State Nurses Association no later than May 19, 2009, and must include the following information:

- Full name and nursing credentials of Nominee.
- Daytime phone number and email address of Nominee.
- Position and years in the position for Nominee.
- Recent Photograph.
- Employer's Name and address.
- Describe the Nominee in a 300 word (maximum) overview, including how the nominee's professional conduct:
 - inspires nurses in their practice
 - represents the best example of a professional nurse, and
 - promotes professional nursing to colleagues and the general public.

Each nomination must also include:

The Nominator's name, mailing address, email address and daytime phone as well as a brief statement explaining how you know the Nominee.

A signed **Employer Statement of Support** (see below) from the Nominee's Chief Nurse/Nurse Executive must accompany each nomination.

Nurses selected will be required to provide a release for appearing in the calendar. Photographs will be taken of the selected nurses in their places of work for inclusion in the calendar. Employers may be asked to participate in doing some photographs or allowing access to their facilities to do photographs.

Twelve nurses will be selected to appear in a 2009 *FACE of Nursing Calendar*. These nurses will also be featured in an upcoming issue of *The Alabama Nurse*, and will be recognized at the 2008 ASNA Convention to be held September 18-20, 2008 in Tuscaloosa.

Submissions may be done by mail, fax or electronically:
 Alabama State Nurses Association
 360 N. Hull St.
 Montgomery, AL 36104

Electronically to alabamasna@bellsouth.net
 FAX 334-262-8578

Deadline for all submissions is May 19, 2008.

If you have any questions please contact Joe Decker, Executive Director, Alabama State Nurses Association at edasna@bellsouth.net or 334-262-8321.

2009 Face of Nursing Calendar
 Alabama State Nurses Association

Employer Statement of Support

I support the nomination of _____

for the 2009 ASNA *Face of Nursing Calendar*. This individual is an employee in good standing at our facility.

I understand that photographs will need to be taken of this employee in his/her area of work and agree to have our in-house photographer or a photographer selected by the Alabama State Nurses Association to do this photography.

 Signature

 Printed name

 Title

 Facility

 Phone

 Email

Please be advised that your facility/organization may purchase advertisement in the calendar, which will be made available across the state. In addition, should your nominee be selected, there will be a formal presentation at the ASNA Annual Convention in September, 2008 in Tuscaloosa. A confirmation of date will be sent to you with a notice of selection.

You may also wish to purchase individual calendars for your nursing staff or units. Order forms will be available later in the year with delivery the end of September, just in time for the holidays. Bulk purchasing rates will be available.

This form must be returned with the nomination in order for the nomination to be valid.

If you have any questions please contact Joe Decker, Executive Director, Alabama State Nurses Association at edasna@bellsouth.net or 334-262-8321.

ELIZABETH A. MORRIS CLINICAL EDUCATION SESSIONS - FACES '08

TIME	AANS	ADVANCE PRACTICE	EDUCATION	RESEARCH/GERIATRIC	MED SURG A	MED SURG B	PEDIATRIC	PSYCH/MENTAL HEALTH	TECHNOLOGY
8:15–9:15 AM	OPENING PLENARY Marinol and Other Controversial Issues in Alabama Healthcare Helen Wilson, MSN, RN								
9:15–10:00 A.M.	BREAK–VISIT VENDORS & POSTER EXHIBITS								
10:00–11:00 A.M.	<i>NCLEX–Passing the NCLEX® How, When, and Why–</i> Wilda Rinehart, MSN, RN	<i>Old and New Medication Treatments for Arthritis–</i> Juanita Landers, MSN, CRNP, CDE	<i>Mass Casualty Education: Are Baccalaureate Nursing Students Adequately Prepared?–</i> Ginny Langham, MSN, RN	<i>Nursing School: the International Student's Perspective–</i> Shellye A. Vardaman, MSN, RN, BC & Imani C. Goodwin, MSN, CRNP AND <i>Court is Now In Session! A Creative Way to Promote EBP in Your Organization–</i> Jody White, MSN, RN	<i>Smoking Prevalence and Quit Attempts Among College Students: A Correlated Study –</i> Amy Spurlock, PhD, RN, Kelli Cleveland, MSN, CRNP, & Carrie Lee Gardner, MSN, CRNP	<i>Top Ten Cardiovascular Issues for Nurses 2008–</i> Mary H. Peterson, MSN, CCRN-CMC	<i>Students Learning in the Community: Backpacks for Kids–</i> Ann W. Lambert, MSN, CRNP	<i>Chemical Dependence in Nursing: Alabama's Monitoring Programs Help Nurses Successfully Return to Practice–</i> Susanne Astrab Fogger, DNP, ANP-BC	<i>Past, Present, and Future: The Evolution of Computer Technology in Nursing–</i> Faye McHaney, DNP, BSCS, ARNPC
11:00–11:15 A.M.	BREAK–VISIT VENDORS & POSTER EXHIBITS								
11:15 A.M. –12:15 P.M.	MID-MORNING PLENARY Protecting Alabama's Food Ron Sparks <i>Commissioner of the Alabama Department of Agriculture & Industries</i>								
12:15–1:15 P.M.	LUNCH VISIT VENDORS & POSTER EXHIBITS								
1:15–2:15 P.M.	<i>Mentors: the Nurse-Maker! Sweet Strategies for Giving New Nurses Long-Lasting Freshness–</i> Jennifer B. Frank, APRN, BC & Honey C. Holman, MSN, RN	<i>Care of Alzheimer's Patient in the Long-Term Care Facility–</i> Charlotte Wynn, MSN, CRNP <i>(Sponsored by an unrestricted education grant by Forest Pharmaceuticals)</i>	<i>In A Flash: Online Video Clips for Today's Nursing Student–</i> Amanda Bonds, MSN, RN, Kim Craven, MSN, RN, & Kim Hollingsworth, MSN, RN, APRN-BC	<i>Ethical Issues in Qualitative Research–</i> Susan J. Hayden, PhD, RN AND <i>Research 101–</i> Susan J. Hayden, PhD, RN	<i>Cardiac Diseases and Pregnancy–</i> Janice Nelson, DSN, RN	<i>Overview of a Typical Presentation in Common Gerontological Syndromes Part I–</i> Arlene Morris, EdD, RN	<i>The Effect of Self-Concept and Sedentary Behavior on Blood Pressure in Overweight Sixth Graders–</i> Elizabeth D. Gullledge, MSN, RN	<i>Effective Tools for Management of Adolescents with ADHD/ODD Behaviors–</i> Carrie Sanders, MSN, ARNP, BC	Hands on demonstrations will be available during the day. Topics will range from therapeutic communications using the OB and maternal child simulators to other topics of interest pertaining to using adult simulations in nursing school
2:15–2:30 P.M.	BREAK–VISIT VENDORS & POSTER EXHIBITS								
2:30–3:30 P.M.	<i>Financial Planning–</i> Kevin Walmsley, Financial Planner	<i>CNL Update: Current Thinking of the CNL Role in Practice–</i> Linda Roussel, DSN, RN, Carol Lammon, PhD, RN, Fay Anderson, DNS, RN, CNA, & Margaret Cole, DSN, RN	<i>Designing an Effective Course to Teach Basic Case Management Principles to BSN Students–</i> Lillian Wise, DSN, RN, Bernita Hamilton, PhD, RN, & Kelli Cleveland, MSN, CRNP	<i>Overview of a Typical Presentation in Common Gerontological Syndromes Part II–</i> Arlene Morris, EdD, RN	<i>Innovative Teaching Techniques–</i> Diabetes Education Strategies for Vulnerable Populations– Anita H. King, DNP, RN, FNP-BC, CDE	<i>Tuberculosis–</i> Tammy Langlois–Reagan, BSN, RN	<i>The Development of an Adolescent Measure of Health Promoting Lifestyles–</i> Constance Smith Hendricks, PhD, RN	<i>PTSD and the Returning Vet–</i> Jill Stokley, RNC, CD, MSN, MA	
3:40–4:40 P.M.		<i>Adult Cystic Fibrosis–</i> Mary Wade, MSN, CRNP	<i>Education Is Not Enough–</i> Brandy S. Young, RN	<i>Reminiscence Group Therapy: Meeting the Social Needs of Elders–</i> Joyce Varner, DNP, RN, GNP-PC, GCA	<i>Over the Counter... Under Informed–</i> Sherron B. DeWeese, MSN, CRNP	<i>Thyroid Disease–</i> Dana Davis, MSN, RN	<i>Healthcare Education Strategies to Promote Understanding and Prevention of SIDS–</i> Michelle A. Schutt, MSN, RN	<i>Caring for Others Begins with You–</i> Habiba N. Shaw, EdD, M	↓ Sponsored by USA College of Nursing

ELIZABETH A. MORRIS CLINICAL EDUCATION SESSIONS - FACES '08

April 22, 2008
Eastmont Baptist Church, Montgomery, AL

7:30–8:15 A.M.
Registration

Plenary 1

Opening Plenary—8:15–9:15 A.M.—Marinol and Other Controversial Issues in Alabama Healthcare—Helen Wilson, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Discuss the advantages and current use of Marinol in Alabama.
2. Explore what's really in your makeup and other commonly used products in our everyday life.

9:15–10:00 A.M.

Break

Visit Exhibitors, View Posters

CONCURRENT SESSIONS I
10:00–11:00 a.m

Workshop AANS 1

NCLEX—Passing the NCLEX® How, When, and Why—Wilda Rinehart, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Relate framework of the NCLEX® Exam.
2. Be able to take test knowing that he/she can be successful.
3. List testing strategies that really work.

Workshop Advance Practice 1

Old and New Medication Treatments for Arthritis—Juanita Landers, MSN, CRNP, CDE

At the conclusion of the presentation the participant should be able to:

1. Identify variety of causes of arthritis resulting in joint pain.
2. Identify new medications, actions, and potentially negative outcomes of use of all medications used in treating arthritis.
3. Provide nurse attendees with understanding regarding medications used directly impacting promotion of health, reduction of cost for medical care.

Workshop Education 1

Mass Casualty Education: Are Baccalaureate Nursing Students Adequately Prepared?—Ginny Langham, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Identify at least two of the mass casualty educational core competencies for all nurses.
2. Discuss the knowledge deficits of current BSN students regarding disaster education.
3. Describe the roles and responsibilities of the Alabama Department of Public Health during mass casualty events.

Workshop Research 1

Nursing School: The International Student's Perspective—Shellye A. Vardaman, MSN, RN, BC & Imani Goodwin, MSN, CRNP

At the conclusion of the presentation the participant should be able to:

1. Describe the overriding pattern and themes that were identified from the data.
2. Identify limitations to the research study and need for future research.

AND

Court is Now In Session! A Creative Way to Promote EBP in Your Organization—Jody White, MSN, RN; Shannon Graham, MSN, RN, AOCN, CNS

At the conclusion of the presentation the participant should be able to:

1. State how to engage staff nurses in EBP while making it fun and interesting utilizing a mock court format.
2. Discuss how to advance an organization's EBP agenda for nursing through a creative medium that promotes scholarly clinical inquiry at the staff nurse level and furthers the organization's culture of excellence.

Workshop Med Surg A 1

Smoking Prevalence and Quit Attempts Among College Students: A Correlational Study—Amy Spurlock, PhD, RN, Kelli Cleveland, MSN, CRNP, & Carrie Lee Gardner, MSN, CRNP

At the conclusion of the presentation the participant should be able to:

1. Identify the common factors that prevent or facilitate tobacco use among college students.
2. Relate the health and economic related impacts of tobacco use among college students.
3. Articulate preliminary policy recommendations for tobacco prevention at a college campus.

Workshop Med Surg B 1

Top Ten Cardiovascular Issues for Nurses 2008—Mary H. Peterson, MSN, CCRN-CMC

At the conclusion of the presentation the participant should be able to:

1. Describe ten high priority cardiovascular issues relevant to clinical nursing practice in 2008.
2. Identify strategies to modify specific risk factors in the progression of coronary artery disease.
3. Review current American College of Cardiology (ACC)/ American Heart Association (AHA) Guidelines for Acute Coronary Syndromes (ACS).

Workshop Pediatric 1

Students Learning in the Community: Backpacks for Kids—Ann W. Lambert, MSN, CRNP

At the conclusion of the presentation the participant should be able to:

1. Explain the "Backpacks for Kids: program.

2. Discuss strengths and weaknesses of the program.
3. Examine how Service-Learning can be beneficial to students.

Workshop Psych/Mental Health 1

Chemical Dependence in Nursing: Alabama's Monitoring Programs Help Nurses Successfully Return to Practice—Susanne Astrab Fogger, DNP, ANP-BC

At the conclusion of the presentation the participant should be able to:

1. Review briefly the basic neurotransmitter involvement with chemical dependency.
2. Discuss relationship of Alabama's nurse monitoring programs to nurse's continued sobriety.
3. Examine relapse risk factors for nurses returning to work following treatment.

Workshop Technology 1

Past, Present, and Future: The Evolution of Computer Technology in Nursing—Faye McHaney, DNP, BSCS, ARNPC

At the conclusion of the presentation the participant should be able to:

1. Discuss past and present computer technology in nursing.
2. Discuss computer technology and the working environment.
3. Discuss and identify future computer technology and how it may enhance nursing.

11:00–11:15 A.M.

BREAK

VISIT EXHIBITORS, VIEW POSTERS

Plenary 2

Mid-Morning Plenary—11:15 A.M.—12:15 P.M.—Protecting Alabama's Food—Ron Sparks, Commissioner of the Alabama Department of Agriculture & Industries

At the conclusion of the presentation the participant should be able to:

1. Discuss what Alabama is doing to protect the food sources/ supplies, regarding hormones, pesticides, and antibiotics.

12:15–1:15 p.m.

Lunch*

Visit Exhibitors, View Posters

1:15 A.M.—2:15 P.M.

CONCURRENT SESSIONS II

Workshop AANS 2

Mentors: The Nurse-Maker! Sweet Strategies for Giving New Nurses Long-Lasting Freshness—Jennifer B. Frank, APRN, BC & Honey C. Holman, MSN, RN

At the conclusion of the presentation the participant should be able to:

1. Define mentoring and what it means to you personally.
2. Name three reasons mentoring is vitally important to our society.
3. Discuss ideas that will improve communication and strengthen the mentoring relationship.

Workshop Advance Practice 2

Care of the Alzheimer's Patient in Long-Term Care—Charlotte Wynn, MSN, CRNP- Sponsored by an unrestricted education grant by Forest Pharmaceuticals.

At the conclusion of the presentation the participant should be able to:

1. Discuss the usual etiology of the Alzheimer's patient.
2. Describe the role of the long-term care facility in the care of the Alzheimer's patient.
3. Discuss what medications are appropriate for Alzheimer's patients.

Workshop Education 2

In a Flash: Online Video Clips for Today's Nursing Student—Amanda Bonds, MSN, RN, Kim Craven, MSN, RN, & Kim Hollingsworth, MSN, RN, APRN-BC

At the conclusion of the presentation the participant should be able to:

1. Discuss resources available online for public access.
2. Discuss avenues for teaching nursing skills to new nursing students through online technology.
3. Describe uses for video based learning modalities.

Workshop Research 2

Ethical Issues in Qualitative Research—Susan J. Hayden, PhD, RN

At the conclusion of the presentation the participant should be able to:

Elizabeth A. Morris cont. to page 15

ELIZABETH A. MORRIS CLINICAL EDUCATION SESSIONS - FACES '08

Elizabeth A. Morris cont. from page 14

1. Discuss ethical issues related to nursing research.
2. Relate various ethical breaches in research studies.

AND

Research 101—*Susan J. Hayden, PhD, RN*

At the conclusion of the presentation the participant should be able to:

1. List various psychometric methods.
2. State how various psychometric tools are appropriately reported in various research studies.
3. Discuss how various psychometric tools are misused in research studies.

Workshop Med Surg A 2

Cardiac Diseases and Pregnancy—*Janice Nelson, DSN, RN*

At the conclusion of the presentation the participant should be able to:

1. Describe the hemodynamic changes associated with pregnancy.
2. Discuss the clinical implications of the hemodynamic changes.
3. Discuss the cardiac diseases that make pregnancy particularly dangerous for women.

Workshop Med Surg B 2

Overview of Atypical Presentation in Common Gerontological Syndromes, Part 1—*Arlene Morris, EdD, RN*

At the conclusion of the presentation the participant should be able to:

1. Identify changes in the older population.
2. Apply selected nursing assessments and interventions for older adults experiencing changes in cognition.
3. Apply selected nursing assessments and interventions for older adults experiencing changes in urinary continence.

Workshop Pediatric 2

The Effect of Self-Concept and Sedentary Behavior on Blood Pressure in Overweight Sixth Graders—*Elizabeth D. Gullege, MSN, RN*

At the conclusion of the presentation the participant should be able to:

1. Discuss the variety of issues associated with being overweight in children, causes, and solutions to the growing epidemic.
2. Discuss how self-concept and sedentary behaviors in overweight adolescents affect the body physiologically.

Workshop Psych/Mental Health 2

Effective Tools for Management of Adolescents with ADHD/ODD Behavior—*Carrie Sanders, MSN, ARNP, BC*

At the conclusion of the presentation the participant should be able to:

1. Identify the nursing diagnosis, treatment modalities, and outcome evaluation of adolescents with ADHD/ODD.
2. Identify symptomatology and use the information in the assessment of clients with ADHD/ODD behaviors.
3. Relate existing ADHD/ODD treatment guidelines in order to apply to daily patient care.

Workshop Technology 2

Past, Present, and Future: The Evolution of Computer Technology in Nursing (Continued)—*Faye McHaney, DNP, BSCS, ARNPC*

Hands on demonstrations will be available during the day. Topics will range from therapeutic communications using the OB and maternal child simulators to other topics of interest pertaining to using adult simulations in nursing school

2:15–2:30 P.M.

Break

Visit Exhibitors, View Posters

2:30–3:30 P.M.

CONCURRENT SESSIONS III

Workshop AANS3

Financial Planning—*Kevin Walmsley, Financial Planner*

At the conclusion of the presentation the participant should be able to:

1. Discuss various financial planning options for retirement.
2. Identify issues specific to nurses dealing with retirement planning.

Workshop Advance Practice 3

CNL Update: Current Thinking of the CNL Role in Practice—*Linda Roussel, DSN, RN, Carol Lammon, PhD, RN, Fay Anderson, DNS, RN, CNAA, & Margaret Cole, DSN, RN*

At the conclusion of the presentation the participant should be able to:

1. Describe current thinking on the CNL Role in Practice.

2. Identify major projects undertaken by CNL Students and value-added outcomes to the organization.

Workshop Education 3

Designing an Effective Course to Teach Basic Case Management Principles to BSN Students—*Lillian Wise, DSN, RN, Bernita Hamilton, PhD, RN, & Kelli Cleveland, MSN, CRNP*

At the conclusion of the presentation the participant should be able to:

1. Identify the steps taken to develop a pilot case management curriculum funded by the Caring Foundation of Blue Cross/Blue Shield of Alabama
2. Describe the effectiveness of the case management curriculum with students in the BSN program.
3. Identify the criteria required for case management certification.

Workshop Geriatric 3

Overview of Atypical Presentation in Common Gerontological Syndromes, Part 2—*Arlene Morris, EdD, RN*

At the conclusion of the presentation the participant should be able to:

1. Apply selected nursing assessments and interventions for older adults experiencing changes in cardiovascular function.
2. Apply selected nursing assessments and interventions for older adults experiencing cancer.
3. Apply selected nursing assessments and interventions for older adults experiencing needs for critical care.

Workshop Med Surg A 3

Innovative Teaching Techniques—Diabetes Education Strategies for Vulnerable Populations—*Anita H. King, DNP, RN, FNP-BC, CDE*

At the conclusion of the presentation the participant should be able to:

1. Define at least 4 issues of diabetes and vulnerable populations.
2. Outline at least 6 teaching strategies for the nurse to use in diabetes education.
3. List at least 6 resources for the nurse who is providing diabetes education.

Workshop Med Surg B 3

Tuberculosis—*Tammy Langlois-Reagan, BSN, RN*

At the conclusion of the presentation the participant should be able to:

1. Review the disease process of Tuberculosis.
2. Discuss medication protocols for Tuberculosis.
3. Explore how the Alabama Department of Public Health is managing Tuberculosis in Alabama.

Workshop Pediatric 3

The Development of an Adolescent Measure of Health Promoting Lifestyles—*Constance Smith Hendricks, PhD, RN*

At the conclusion of the presentation the participant should be able to:

1. Discuss the primary components of the adolescent lifestyle profile.
2. Explore the usefulness of the tool to measure health promoting behaviors.

Workshop Psych/Mental Health 3

PTSD & the Returning Vet—*Jill Stokley, MSN, MA, RNC, CD*

At the conclusion of the presentation the participant should be able to:

1. Discuss the various treatment options for PTSD
2. Explore the causes of PTSD with emphasis on neurotransmitters.
3. Summarize the epidemiology of PTSD

Workshop Technology 3

Past, Present, and Future: The Evolution of Computer Technology in Nursing (Continued)—*Faye McHaney, DNP, BSCS, ARNPC*

Hands on demonstrations will be available during the day. Topics will range from therapeutic Communications using the OB and maternal child simulators to other topics of interest pertaining to using adult simulations in nursing school

3:30–3:40 p.m.

Break

Visit Exhibitors, View Posters

3:40–4:40 P.M.

CONCURRENT SESSIONS IV

Workshop Advance Practice 4

Adult Cystic Fibrosis—*Mary Wade, MSN, CRNP*

At the conclusion of the presentation the participant should be able to:

1. Describe the etiology and prevalence of CF in adults.
2. Discuss the multiple & varied effects of CF on individuals.
3. Discuss the varied medical & non-medical treatment modalities for CF.

Workshop Education 4

Education is Not Enough—*Brandy S. Young, RN*

At the conclusion of the presentation the participant should be able to:

1. Discuss the current thoughts, beliefs, and values of the lower socioeconomic adolescent pertaining to healthcare.
2. Explain an extensive 4-6 week education program for this population about the importance of healthcare.

Workshop Geriatric 4

Reminiscence Group Therapy: Meeting the Social Needs of Elders—*Joyce Varner, DNP, CNP-BC, GCNS*

At the conclusion of the presentation the participant should be able to:

1. Define reminiscence group therapy.
2. Discuss 3 benefits of reminiscence group therapy with elders.
3. Identify the correct way to properly conduct a reminiscence group therapy program.

Workshop Med Surg A 4

Over the Counter...Under Informed—*Sherron B. DeWeese, MSN, CRNP*

At the conclusion of the presentation the participant should be able to:

1. Discuss facts pertaining to over-the-counter drugs and ways to improve safety of these medicines.
2. Discuss the over-the-counter drug choices available to Americas' in their quest for health and well being.
3. Analyze the role of the nurse in improving awareness of the risks some over-the-counter drugs can pose.

Workshop Med Surg B 4

Thyroid Disease—*Dana Davis, MSN, RN*

At the conclusion of the presentation the participant should be able to:

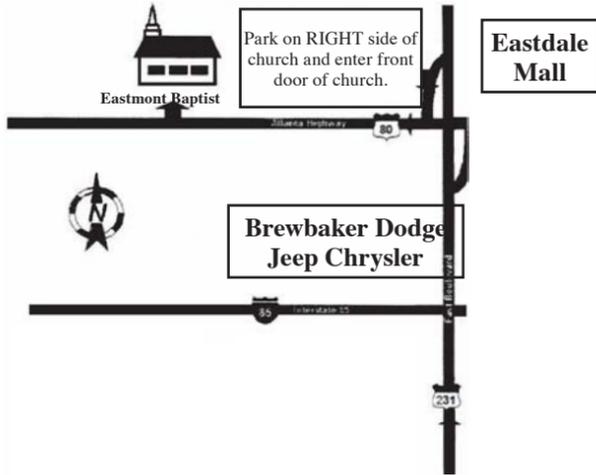
1. Differentiate between the pathophysiology of hypersecretion and hyposecretion of the thyroid gland
2. Correlate the clinical manifestations including physical examination and diagnostic test finding with hypersecretion and hyposecretion of the thyroid gland.
3. Explain treatment options for hypersecretion and hyposecretion disorders of the thyroid gland.

Elizabeth A. Morris cont. to page 16

ELIZABETH A. MORRIS CLINICAL EDUCATION SESSIONS - FACES '08

Elizabeth A. Morris cont. from page 15

ELIZABETH A. MORRIS CLINICAL EDUCATION SESSIONS—FACES '08
 April 22, 2008
 Eastmont Baptist Church, Montgomery, AL



Eastmont Baptist Church is located at 4505 Atlanta Highway, approximately one mile west of East Boulevard. Across the street from the Fox Hollow neighborhood.

From I-85, turn north on 231 N. (East Blvd.) Exit on service road across from Brewbaker Dodge. Turn left onto 80 West/Downtown. Follow Downtown sign which will lead you to the Atlanta Highway. Church is approximately 1 mile, just past Faulkner University on right.

POSTER SESSIONS

- Presidential Mentors Academy (PMA) Success Elements, Valuing Positive Reinforcements, Mentoring and Tracking**, *Ernestine Bady Davis, EdD, RN, & Ella M. Temple, PhD, MA*
- Simulation as Initial Clinical Experience to Promote Safe Patient Care Delivery**, *Teresa Gore, RN, MSN, CPAN, & Caralise Hunt, MSN, CMSRN*
- Implementing a Rapid Response Team Utilizing Available Resources**, *Shaun Tolbert, BSN, RN*
- Avastin in the Treatment of Recurrent Ovarian Cancer**, *Robin Harris, BSN, RN*
- Dietary Habits of College Students**, *Rachel Saucer and Lisa Blewer, Samford University School of Nursing Students*
- Hospital Protocol Regarding Sexual Assault Victims**, *Janelle Brown, Mary Michael Joiner, & Meredith Wells, Samford University School of Nursing Students*
- Shot or Not: Exploring the Attitudes of College Women Toward HPV Vaccine**, *Jessica Johnson, Mary Nunnally, & Katie Smitherman, Samford University School of Nursing Students*
- The Lived Experience of Fibromyalgia**, *Andrea Bunger, Heather Byford, Brittany Gray and Kristen McGriff, Samford University School of Nursing Students*
- Handwashing and Food Handling Practices in a University Cafeteria**, *Leslie Hawkins, Gabi Prudhomme, and Vicki Willis, Samford University School of Nursing Students*
- Characteristics of Impaired Health Professionals in Alabama and Techniques of Successful Recovery**, *Nicole Pinsonneault and Lindsay Yates, Samford University School of Nursing Students*
- Perception of Risk for Gynecological Cancers**, *Leigh Anne McNease, MSN, WHNP, RNC*
- Pregnancy Rates in 10–16 Year Old Females, Age of Conceptual Males, and Rape Convictions: Alabama, Jan. 1997–Dec. 2001**, *Teresa M. Watkins, BSN, RN, Gayle L. Bush, PhD*
- AN EDIS in Montgomery**, *LaDonna Castleberry, BSN, RN, CEN*
- The 'X' Factor: 'Y' and How to Address the 'Millennial' Issue of the 'Booming' Generation Gap**, *Jennifer B. Frank, APRN, B.C., and Honey C. Holman, MSN, RN*
- Barriers to Controlling Hypertension in African Americans**, *Tessica Harris, RN*
- Causes, Treatments, and Costly Consequences of Urinary Incontinence in Geriatric Population**, *Felicia C. Oji, BSN, RN*
- Disney Magic: The Road to Active Learning**, *Amy F. Brandon, BSN, CCRN, and Anita C. All, PhD, RN*
- Reflective Journaling: An Innovative Teaching Technique**, *Naomi Crouse, BSN, RN*
- Veterans Administration Nursing Outcome Database, VANOD: A Shared Vision of Successful Outcomes**, *Debra Litton, MSN, MBA, RN, CAN and Vera Childers, MHA, RN*

**Workshop Pediatrics 4
 Healthcare Education Strategies to Promote Understanding and Prevention of SIDS**—*Michelle A. Schutt, MSN, RN*

At the conclusion of the presentation the participant should be able to:

- List the risk factors associated with SIDS.
- Discuss measures to prevent SIDS.
- List the State of Alabama DHR Minimum Standards for home and public day care facilities concerning proper care of the infant.

**Workshop Psych/Mental Health 4
 Caring for Others Begins With You**—*Habiba N. Shaw, EdD, MS*

At the conclusion of the presentation the participant should be able to:

- Discuss stress and the impact of stress on an individual's life and work.
- Describe the skills of Quantum Healing—a self-care technique for a happier, healthier, more balanced life.
- Experience the powerfully calming effects of some of the most relaxing stress management techniques available.

**Workshop Technology 4
 Past, Present, and Future: The Evolution of Computer Technology in Nursing (Continued)**—*Faye McHaney, DNP, BSCS, ARNPC*

Hands on demonstrations will be available during the day. Topics will range from therapeutic Communications using the OB and maternal child simulators to other topics of interest pertaining to using adult simulations in nursing school.

Elizabeth A. Morris Clinical Education Sessions FACES '08—Registration Form

Name: _____
 Address: _____
 _____ City State ZIP
 Credentials/SON: _____ ABN License Number: _____
 Day Phone: _____ Alternate Phone: _____
 *Email: _____

***Confirmations by Email Only**

ASNA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

Alabama Board of Nursing (ABNP002) expires March 30, 2009.

Refund/Substitutions:

If cancellation is received in writing prior to April 11, 2008, a refund minus a \$20 processing fee will be given. After April 11, 2008, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event.

Make check payable to:
 Alabama State Nurses Association

Mail Registration form and fee to:
 360 N. Hull St., Montgomery, AL 36104

Fax Registration form to:
 334-262-8578

To pay online including Discover and American Express go to www.paypal.com and send appropriate payment to memberasna@bellsouth.net.

MC/VISA/DISCOVER#: _____

Exp. Date: _____

Signature: _____

Fees if received by April 11, 2008:

- () \$59 ASNA Member/Affiliate _____
- () \$79 Non Member _____
- () \$20 Student _____
- () \$7.50 LUNCH* _____

After April 11, 2008 add \$10 late fee _____

Amount Enclosed _____

***Optional Lunch \$7.50—not available for at-door registration**

Contact Hours:

ANCC = 1.0 CH/session—7.0 CH Possible

ABN = 1.2 CH/Session—8.4 CH Possible

Session Choices—Please Circle Only 1 (One) Class For Each Concurrent Session:

10:00 A.M.		
AANS	Advance Practice	Education
Research	Med Surg A	Med Surg B
Pediatric	Psych/Mental Health	Technology
1:15 P.M.		
AANS	Advance Practice	Education
Research	Med Surg A	Med Surg B
Pediatric	Psych/Mental Health	Technology
2:30 P.M.		
AANS	Advance Practice	Education
Geriatric 1	Med Surg A	Med Surg B
Pediatric	Psych/Mental Health	Technology
3:40 P.M.		
AANS	Advance Practice	Education
Geriatric 2	Med Surg A	Med Surg B
Pediatric	Psych/Mental Health	Technology

Elizabeth A. Morris Clinical Education Sessions—FACES '08

Preliminary Sponsors & Exhibitors

- Exhibitors**
- Alabama WIC Program/Alabama Department of Public Health
 - ALL Kids
 - DCH Health System
 - Emory University School of Nursing
 - Jackson Hospital
 - Jacksonville College of Nursing & Health Sciences
 - Reinhart & Associates
 - The College Network
 - Troy University
 - University of Alabama Capstone College of Nursing
- Sponsors**
- The College Network

- If They Build It, They Will Learn: A Revival Approach To Hospital Orientation**, *Peggy Bone, MSN, RN, CIC and Ellen Smith, MSN, RN*
- The Effects of Healthcare Provider Ongoing Support on Patients' Adherence to the Prescribed Management Regimen in Children With Diabetes**, *Jennifer J. Coleman, PhD, RN, CNE*
- Medical Issue of Individuals With Rett Syndrome and MECP2 Mutations Through the Life Stages**, *Jane Black Lane, BSN, RN*
- Tracking Ventilator Associated Pneumonia With Proactive Consistent Oral Care Nursing Practices and Protocols**, *Rachel Mack, BSN, RN, & Debra Litton, MSN, MBA, RN, CAN*
- Five Different Award Winning Posters for Best Practice in Gerontological Care**, *from Auburn Montgomery Junior Students*

CE CORNER

UNDERSTANDING HUMAN BEHAVIOR

Saturday May 17th, 2008 **8:00 am until 1:30 pm**
 6.0 contact hours ABN
 5.0 contact hours ANCC

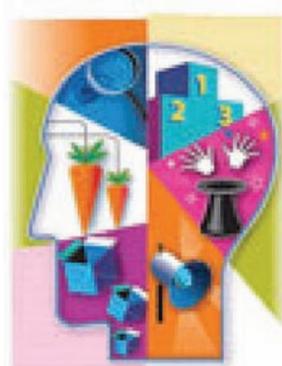
Location:
 Selma Municipal Library—1103 Selma Avenue, Selma AL 36703
 Park across street from Library to avoid towing.

Cost:
 \$39.00 for ASNA members and \$45.00 for non-members
—if postmarked by May 9, 2008, after May 9, 2008 add \$11.00

Speakers:
 Yvonne Hatcher, RN, C
 Jill Stokley, RNC, CD, MSN, MA
 Charlene Roberson, MEd, RN, BC

Subjects Include:
 PTSD and The Returning Veteran
 The Addicted Health Care Provider
 Disorders Usually Diagnosed in Childhood or Adolescence

- Oppositional Defiant
- Conduct Disorder
- Tourette’s Disorder
- Separation Anxiety Disorder



Continuing Education: ASNA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation

Alabama Board of Nursing (*valid through March 30, 2009*).

Refunds: If cancellation is received in writing prior to May 2, 2008, a refund (minus a \$20.00 processing fee) will be given. After May 2, 2008, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A \$30 fee will be applied for returned checks/payments.

Understanding Human Behavior
 May 17, 2008—Selma, AL

Send registration and payment to ASNA, 360 North Hull St. Montgomery, AL 36104 or Fax to 334-262-8578
Register online at www.alabamanurses.org

Name: _____ Nursing License No.: _____

Address: _____

Home Phone: _____ Office Phone: _____

Email: _____

Credentials: _____ Payment Method: ___ Check ___ VISA ___ MC Amount Enclosed: _____

Card # _____ Exp. Date: _____

To pay online including Discover and American Express cards go to www.paypal.com
and send appropriate payment to memberasna@bellsouth.net

CE CORNER

Nursing and the Environment Nursing Does Make a Difference



Sponsored by the ASNA Environmental Task Force

June 6 & 7, 2008—Foley Civic Center—407 East Laurel Ave—Foley, AL

Contact Hours:

June 6, 2008
 ANCC 3.5
 ABN 4.2

June 7, 2008
 ANCC 6.5
 ABN 7.8

Speaker:

Helen Wilson, MSN, RN, ASNA
Environmental Task Force

Content:

- Common toxins located at home and at work.
- Going green one nurse at a time (common household cleaners, gardening, alternatives, etc).
- Right to Know about the chemical hazards in your live (work and home).
- Hormones and other additives in the Alabama food chain.
- Ergonomics in the home and workplace (*Sponsored by the South Alabama Occupational Health Nurses*).
- Indoor Air Quality (*Sponsored by the Mobile Occupational Health Nurses Association*).

Cost Before May 23, 2008: (after May 23, 2008, add \$15)

Day 1 Only	Member—\$30	Non-member—\$40
Day 2 Only	Member—\$55	Non-member—\$75
Both Days	Member—\$75	Non-Member—\$105

Continuing Education: ASNA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

Alabama Board of Nursing (*valid through March 30, 2009*).

Refunds: If cancellation is received in writing prior to May 23, 2008, a refund (minus a \$20.00 processing fee) will be given. After May 23, 2008, no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A \$30 fee will be applied for returned checks/payments.

Nursing and The Environment—Nursing Does Make a Difference

June 6 & 7, 2008—Foley, AL

**Send registration and payment to ASNA, 360 North Hull St. Montgomery, AL 36104 or Fax to 334-262-8578
Register online at www.alabamanurses.org**

Name: _____ Nursing License No.: _____

Address: _____

Home Phone: _____ Office Phone: _____

Email: _____

Credentials: _____ Payment Method: ___ Check ___ VISA ___ MC Amount Enclosed: _____

Card # _____ Exp. Date: _____

**To pay online including Discover and American Express cards go to www.paypal.com
and send appropriate payment to memberasna@bellsouth.net**

MEMBERSHIP NEWS



Serve on an ASNA Committee for 2008-2009

If you are willing to serve, please indicate your choice(s) on this form and return it to the ASNA office.

STANDING COMMITTEES

- _____ Committee on Governance
- _____ Committee on Membership
- _____ Committee on Finance
- * _____ Committee on Continuing Education

SPECIAL COMMITTEES

- _____ Committee on Awards
- _____ Committee on Convention
- _____ Committee on Ethics & Human Rights
- _____ Committee on Legislative

- _____ Environmental Health & Safety Task Force
- _____ Informatics Nursing Workgroup

* Appointed by each District Board of Directors

Name _____

Credentials _____

Address _____

City, State & Zip _____

Home Phone _____

Work Phone _____

Fax: _____

e-mail: _____

District _____

Meetings may be held at the ASNA office, virtual (online) or by telephone conference.

NOW

**IS THE TIME FOR YOU TO PROVIDE LEADERSHIP
IN YOUR PROFESSIONAL ASSOCIATION**

Alabama State Nurses Association
360 North Hull Street, Montgomery, AL 36104
Telephone: 334-262-8321, FAX: 334-262-8578
Email: memberasna@bellsouth.net

___ New Application ___ Renewal _____ ANA ID#

Name: _____

Address: _____

City State Zip

County: _____ SSN (Last 4 Only): _____

Home Phone: _____ Home Fax: _____

Work Phone: _____ (Ext)

Work Fax: _____ Cell Phone: _____

Credentials: _____ ABN License # _____

E-mail Address _____

Employment Status ___ F/T ___ P/T

___ Unemployed ___ Retired

Employer: _____

Employer Address: _____

City State Zip

Recruited By: _____

UAN Member: ___ Yes ___ No Preferred Contact: ___ Home ___ Work

Monthly Bank Draft/Credit Card Authorization (Please initial choice):

Electronic dues payment plan (Bank Draft) is available for payment of your dues. Read and sign the authorization below. *Enclose a check for the first month's dues (see rates listed above).* This amount will be deducted from your checking account each month.

Authorization: In order to provide monthly payments to American Nurses Association (ANA):

_____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **checking** account each month on or after the 15th day of each month, which is designated and maintained as shown by the enclosed check for the first month's payment.

_____ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **credit card** account each month on or after the 1st day of each month, which is designated and maintained as shown by the enclosed payment for the first month's payment.

1. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
2. The undersigned may cancel this authorization *at renewal time* upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as designated above. ANA will charge a \$5.00 fee for any returned drafts.

Authorized Signature: _____

Date: _____

Payments to ASNA/ANA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

Policies:

1. Membership privileges are initiated upon verification of membership qualification and receipt of first membership payment.
2. The expiration date of the membership year shall be the last day of the month in which you joined.
3. Your membership may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse of membership and a change in your expiration date.
5. Payment method may be changed at expiration (renewal) date only.
6. Submission of a membership application constitutes intent to retain membership for a period of 12 months. Payments are not refundable.
7. **PAYMENTS MUST ACCOMPANY APPLICATION.** Please note that all Bank Draft and Installment plans include a \$6.00 annual service fee. *Do not add this \$6.00 to your payment; it is already built in.* Make all checks or money orders payable to: ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
8. For further membership information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.

**Membership Application—
ANA/ASNA or ASNA Only**

DUES OPTIONS

Visa/Master Card Payment Option (Also available for monthly payments)
Visa/Master Card #: _____
Exp. Date: _____
Signature of Cardholder: _____

Full Dues: (ANA/ASNA)
Employed ___ Full or ___ Part Time
___ \$289.00 Annual Payment
___ \$24.58 Monthly Bank Draft
___ PAYROLL DEDUCTION—UAN Members Only (\$12.28/Pay Pd.)

Reduced Dues: (ANA/ASNA)
___ Unemployed, ___ New Graduate,
___ RN (enrolled F/T in higher education program), ___ 65+ years of age & not
earning more than Social Security allows
___ \$148.50 Annual Payment ___ \$12.54 Monthly Bank Draft

Special Dues: (ANA/ASNA)
___ 65+/Retired/Not Employed ___ Totally disabled
___ \$78.25 Annual Payment ___ \$6.52 Monthly Bank Draft

ASNA Direct Member—Non-ANA Member:
___ \$175.00 Annual Payment ___ \$15.08 Monthly Payment

Dues Amount: _____
Tax Deductible Donation to ANF: _____
(please enclose separate check)
Total Enclosed: _____

Organizational and Corporate Affiliations are available. Please contact the ASNA Office at 334-262-8321 for more information.

ASNA Use Only

Dist: _____

City: _____

Rcvd: _____

Exp: _____

\$ Enc: _____

Ch #: _____

New/ReNew/Rejoin

District 1:

- Rebecca G. Davis, RN
- Deborah L. Hunt, RN
- Susan H Keeton, MSN, CRNP
- Doris E. Clark, 35802
- Shatone E. Foster, RN
- Rosemary W. Glass, RN
- Tracy L. Porter, RN
- Mary E. McCrite, RN
- Donna Beuk, BSN, RN
- Stephanie Smith Tittle, RN, BSN
- Karen Thompson, LPN
- Rebecca D. Viall
- Regina "Raye" Rodgers
- Tamela Wade, BSN, RN
- Joseph M. Donoghue, RN
- Chinye Akinsoto, RN

District 2:

- Lee Ann Hill, RN
- Virginia Jones, RN
- Elizabeth S. Laughlin, RN
- Classie Gordon, RN

District 3:

- Teresa M. Aldaheer, RN, BSN
- Andrea Manley, RN
- Shannon A. Morrison, APRN, BC
- Thomas C. Peterson, RN
- Debra Robinson, AND
- Bobbye H. Phillips, MSN, RN
- Terri Mundy, BS, RN, MSN
- Porsha A. Tuck, RN
- Yvonne MacEwen, RN
- Vickie Griffith, RN, MSN, CRNP

District 4:

- Deborah A. Miller, RN

District 5:

- Irene Khan, MSN, RN
- Diane Buntyn, RNC, MSN, OCN
- Diana Mayercik, RN, BSN, MBA
- Audrey Bennett, RN
- Genevieve Hall Barnett, RN, BSN, MSN
- Linda K. Utz, RN, C
- Rebecca Glenn, RN, MSN
- Melissa Holman, APRN
- Vivian F. Lee, RN, MSN, JD
- Patricia Gullette, RN
- Nancy Frazier, RN, C

MEMBERSHIP NEWS

DISTRICT MEETING NOTICES

Baldwin County Nurses Society

Hurricane Katrina destroyed the BCNS meeting place. Until a new location is obtained, meetings are on hold. Contact Joyce Varner at 251-434-3401 or jvarner@usouthal.edu for more information.

Colbert County Nurses Society

Contact Ann M. Bales at abales@nwsc.edu or 256-383-1671 for more information.

Lee County Nurses Society

Contact ASNA at 800-270-2762 for more information.

Macon County Nurses Society

1st Tuesday of each month
Basil O'Connor Hall, Tuskegee University
12:30 p.m.
Contact Maggie Antoine at 334-725-3257 for more information.

Mobile County Nurses Society

3rd Thursday of each month
University of South Alabama Medical Center
Contact Voncile Stallworth at vonceal@msn.com or 251-456-7536

Montgomery, Autauga, Elmore County Nurses Society

1st Thursday of each month
E.L. Lowder Branch, Public Library
2590 Bell Rd., Montgomery, AL
6:00 p.m.
Contact Helen Wilson at 334-567-0943 or lwilson838@aol.com

Alabama State Nurses Association ANPC

May 10, 2008
12 Noon, Location To Be Announced.
Stay tuned for details

September, 2008 during ASNA Convention
Contact Mary Wade at mwade@uab.mc.edu or 205-934-5402 for more information.

ASNA District 1

Meets the 2nd Saturday of every month at the University of Alabama Huntsville, College of Nursing, Holmes Ave next to Salmon's Library Dean's Conference Room 2nd Floor 10 am-12 noon.
Contact Ann Bales at 256-331-6237 or ambales@bellsouth.net

ASNA District 2

Northport DCH-Private Dining Room-Board meets at 9 am-General Meeting at 10 am, followed by a 2 hour CE offering.
Contact Betty Grammer at grammerdavid@bellsouth.net or 205-759-7573 for more information.

ASNA District 3

Contact Debbie Litton at 205-933-8101, ext. 6138 or debra.litton@med.va.gov

ASNA District 4

June 17th, August 19th, September 9th, and November 18th, 2008, Spanish Fort United Methodist Church, in the Reed Room-7 pm Bring a covered dish. Contact Dr. Joyce Varner at jvarner@usouthal.edu or 251-434-3401 for more information.

ASNA District 5

June 7, 2008
1:30 pm-ASNA Headquarters-Montgomery, Alabama.
Contact Ada Britt at adabratt@aol.com or 334-727-7001 for more information.

AANS Meetings

No Meeting information is available at this time.
Contact Larry Slater at president.aans@gmail.com for more information.

Alabama State Nurses Association
360 North Hull Street, Montgomery, AL 36104
Telephone: 334-262-8321, FAX: 334-262-8578, Email: member.asna@mindspring.com

Individual Affiliate
 New Application Renewal

Name: _____
Address: _____

City _____ State _____ Zip _____

County: _____

Credentials: _____

Alabama Lic. # _____

Home Phone: _____

Work Phone: _____ (Ext) _____

E-mail Address _____

Employment Status F/T P/T
 Unemployed Retired

Employer: _____

Employer Address: _____

City _____ State _____ Zip _____

Recruited By: _____

Authorization:

In order to provide Semi Annual payments to Alabama State Nurses Association (ASNA)

1. This is to authorize ASNA to withdraw 1/2 of my annual dues and any additional services fees from my checking/credit account biannually on or after the 15th day of the 7th month, which is designated and maintained as shown by the enclosed payment for the first six (6) month's payment.
2. ASNA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
3. The undersigned may cancel this authorization at renewal time upon receipt by ASNA of written notification of termination twenty (20) days prior to deduction date as designated above. ASNA will charge a \$25.00 fee for any returned drafts/checks.

Authorized Signature: _____

Date: _____

Payments to ASNA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

Policies:

1. Affiliate privileges are initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate year shall be the last day of the month in which you joined.
3. You may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse and a change in your expiration date.
5. Payment method/affiliate status may be changed at expiration (renewal) date only.
6. Submission of an affiliate application constitutes intent to retain affiliation for a period of 12 months. Payments are not refundable.
7. **PAYMENTS MUST ACCOMPANY APPLICATION.** Please note that all Installment plans include a \$2.50 bi-annual service fee.
Do not add this \$5.00 to your payment; it is already built in. Make all checks or money orders payable to: ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
8. For further affiliate information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.

DUES OPTIONS

Visa/Master Card Payment Option (Also available for monthly payments)

Visa/Master Card #: _____

Exp. Date: _____

Signature of Cardholder: _____

Individual Affiliate Dues: (LPN, PA, Etc.):

\$95.00 Annual Payment
 \$50.00 Semi Annual Payment

Dues Amount: _____

Tax Deductible Donation to ANF: _____

Total Enclosed: _____

**Organizational and Corporate Affiliations are available.
Please contact the ASNA Office at 334-262-8321 for more information.**

ASNA Use Only

DISTRICT: _____

COUNTY: _____

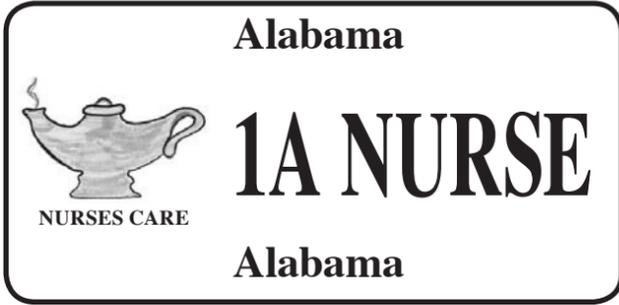
DATE RCVD: _____

EXP DATE: _____

AMOUNT ENCLOSED: _____

CHECK #: _____

ALABAMA NURSES FOUNDATION



Proposed Car Tags for Alabama Nurses:

The Alabama State Nurses Association has contacted the Alabama Department of Revenue, Motor Vehicle Division regarding a car tag for nurses. Two choices are available; a decal to be placed on a special tag, or a specially designed tag. The difference is of course numbers. If at least 250 people will sign a "Commitment to Purchase" at their local revenue office, we get the decal. It takes at least 1000 to get the whole tag. A design similar to the photo at left will be submitted. **Please do not sign a "Commitment to Purchase Agreement" until you are notified that the tag has been created.**

ASNA will need to know what kind of interest we have in this tag prior to submitting the application. Once the tag becomes available, if you have signed a "Commitment to Purchase" agreement **with your local revenue office**, you will be notified by that office. Please fill out the short form below and return it to ASNA at 360 N. Hull St., Montgomery, AL 36104 or email at membersna@bellsouth.net.

Name: _____

Phone: _____

Email: _____

Address: _____

This form indicates interest to ASNA only, it is not a "Commitment to Purchase"

ALABAMA NURSES FOUNDATION

The Alabama Nurses Foundation has been designated by the Internal Revenue Service as a 501(c) (3) organization existing exclusively for charitable, educational, scientific, and literary purposes. All gifts to the Foundation are tax deductible to the extent allowed by applicable law.

The Foundation invites and sincerely appreciates donations in any amount.

This year the primary goal of the foundation is to raise enough money to be able to offer several scholarships to encourage nurses to become nurse educators/faculty.

The public is already aware that this nation is suffering a severe nursing shortage. Alabama is not at this shortage level yet. Alabama's severe shortage is in available nurse faculty. What this means is that just about every school of nursing in the State must turn away qualified students because they do not have the nursing faculty to accommodate the increasing enrollment.

With the ever increasing costs of tuition the Foundation want to be able to offer scholarships to individuals interested in pursuing the advance degrees required to become a faculty member of a school of nursing. But help is needed. Please invest in the future of nursing and nurses in Alabama. The Foundation invites and sincerely appreciates donations in any amount. If every nurse in Alabama would donate just a few dollars we could solve this shortage in record time.

Yes! I want to help. Here's my contribution to the Alabama Nurses Foundation.

Success Depends on You

The Foundation invites and deeply appreciates your tax deductible contributions from all who believe in and wish to support its purposes and programs. Investment in the Foundation's work enables contributors to help increase public understanding of nursing and health, promote better use of nursing services and strengthen nursing research and practice.

Yes! I want to Increase Public Understanding of Nursing and Health... Enclosed is my contribution to the Alabama State Nurses Association Foundation.

Supporter \$10 Friend \$25 Sponsor \$50

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Other

In Memory or Honor of _____ \$ _____
(name)

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Please make check payable to the Alabama State Nurses Foundation and mail to: 360 North Hull Street, Montgomery, AL 36104

Alabama Nurses Foundation Scholarship

Amount:

Graduate school minimum award \$2500

Undergraduate school minimum award \$1000

Limitations:

1. Legal resident of Alabama for at least 1 year (provide evidence).
2. Priority will be given to students seeking graduate degree and interested in teaching in a school of nursing.
3. Remain employed in Alabama for at least two (2) years after graduation. May attend either an in state or out-of-state school.
4. Recipients who withdraw from the program before completing the semester/year for which the scholarship applies agree to repay the Alabama Nurses Foundation the sum advanced.

Dates:

1. Application deadline 1 July 2008.
2. Scholarship recipients announced at ASNA Annual Convention in September 2008.

Name: _____

Permanent Address: _____

Day phone number _____ Email Address: _____

Indicate the Nationally Accredited school where you will apply the scholarship:

Honors and achievements/extracurricular activities:

Career Goals (100 words or less)

Send the following with application:

1. Official Copy of current transcript
2. Names and contact information for two (2) references (at least one should be academic)

Send To:

Alabama Nurses Foundation
Attn: Scholarship Application
360 North Hull Street
Montgomery, Alabama 36104

ENVIRONMENTAL ISSUES

New Report on Decreasing Asthmagens in Hospitals

Barbara Sattler, DrPH, RN, FAAN

The last thing you would hope to find in a hospital would be chemicals known to cause or trigger asthma. Nonetheless, according to a new report “*Risks to Asthma Posed by Indoor Health Care Environments: A guide to identifying and reducing problematic exposures*,” common hospital products and processes are, in fact, associated with asthma.

The report, which was published by Health Care Without Harm, emphasizes the availability of safer alternatives for many of the chemical culprits. The report also reviews the peer-reviewed evidence on 11 substances: cleaners, disinfectants, sterilants, latex, pesticides, volatile organic compounds (including

formaldehyde), baking flour, acrylics, fragrances, phthalates, tobacco smoke, biologic allergens and pharmaceuticals.

Nurses are well aware of the steep increase that we have seen in emergency and hospital admissions for asthma. While many of us are aware that there has been an alarming rise in the number of children with asthma, we may not be as quick to recognize that the number of adults with asthma is also on the rise. Of the work-related asthma cases identified in one government study, 22% of the cases were cleaning staff and cleaning materials were the most commonly reported exposures. Increasingly, nurses are finding themselves being affected by hospital cleaning products, as well.

It is not likely that cleaning products (or many other category of products) will be adequately labeled for the presence of asthma-triggering chemicals. So it is otherwise up to consumers, employees and others to individually research the chemicals. This asthma report helps us to identify the most common asthmagens that are likely to be found in the hospital. Equally importantly, the report

provides guidance on how to create a process for decision-making within hospitals and a structure for implementing change that is inclusionary—recruiting people from environmental services, nursing staff, purchasing committees and others to join the effort.

The report presents a helpful list of common hospital chemicals, reviews what is known about them in relation to asthma, and offers alternatives. It also provides valuable resources including websites, expert organizations and written materials to help reduce hazardous substances. A distillation of the report’s findings is shown below and the full report can be accessed on the web at <http://noharm.org/details.cfm?type=document&id=1315> or a hard copy of the report can be ordered by calling the Health Care Without Harm office: (703) 243-0056. For those nurses who are helping to guide their health care institutions towards health and sustainability, this report can provide some essential tools and information.

Author: Barbara Sattler, DrPH, RN, FAAN, Associate Professor and Director of the Environmental Health Education Center at the University of Maryland School of Nursing, and director of the Masters Degree Program and Post-Masters Certificate in Environmental Health Nursing. (www.enviRN.umaryland.edu)

TABLE

Chemical	Use in hospitals	Asthmagen or asthma trigger?	How to reduce exposure	Safer Alternatives
Cleaners, disinfectants/sterilizers	Cleaning products, equipment sterilizers	Asthmagen and asthma trigger	Use microfiber mops, refine cleaning practices, isolate chemicals	Products free of: • Ethylene oxide • Formaldehyde • Glutaraldehyde, Green Seal approved products
Natural rubber latex	Gloves, catheters, and other hospital products	Asthmagen, possibly asthma trigger	Use non-latex or powder-free latex gloves	Non-latex or powder-free latex gloves
Pesticides	Indoor and outdoor areas	Asthmagen	Integrated Pest Management programs	IPM*—using non-toxic pest control methods & products
Volatile Organic Compounds (VOCs)	Formaldehyde: building materials, paper products, tissue fixatives	Asthmagen, possibly asthma trigger	Increase general ventilation to diffuse VOC off-gassing	Low- or no-VOC products Formaldehyde-free products
Baking flour	Kitchens and bakeries	Asthmagen and asthma trigger	Mechanical flour sprinklers, good ventilation systems, quick cleanup of spills with wet mop	Pre-combined dry ingredients, low-dust flour, ready-to-bake dough
Acrylics: methyl methacrylate and cyanocrylate	Acrylic resins used in medical and dental polymers and cement	Asthmagen and asthma trigger	Isolate, enclose, and automate processes that use acrylic compounds, improve ventilation systems	Products free of: • Methyl methacrylate • Cyanoacrylate • Acrylic compounds
Perfumes/fragrances	Scented cleaners, fragrance-emitting devices, people wearing perfume	Asthma trigger	Institute fragrance-free policies	Fragrance-free products
Phthalates (plasticizers)	Widespread: plastics, medical devices	Undetermined	Improve ventilation for moisture control to decrease emissions	Phthalate-free products, (both medical & office products)
Environmental Tobacco Smoke (ETS)	Individuals who smoke	Asthmagen and asthma trigger	Maintain a smoke-free facility and grounds	
Biologic allergens	Mold/fungus, indoor pollen, dust/dust mites, pet hair, cockroaches	Asthmagen and asthma trigger	Good housekeeping and building maintenance practices, moisture control	
Pharmaceuticals	Antibiotics, laxatives, antihypertensives, antituberculars, H2 blockers	Asthmagen	Hoppers, ventilation hoods, personal protective equipment, respirators	Clinical substitutions if possible

• IPM—Integrated Pest Management is a systematic approach to managing pests provides a comprehensive framework for assessing pest problems, assessing the sources of food, water and nesting that support growth and reproduction of pests, determining the non- and least-toxic techniques and products to be employed, and evaluating success and/or need for additional considerations. For more information on IPM, see: www.beyondpesticides.org

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RESEARCH CORNER

While Most Diabetes Drugs Provide Similar Glucose Control, Some Offer Important Advantages

Most oral medications prescribed for type 2 diabetes are similarly effective for reducing blood glucose, but the drug metformin is less likely to cause weight gain and may be more likely than other treatments to decrease so-called bad cholesterol, according to a report funded by the Agency for Healthcare Research and Quality (AHRQ). The analysis is based on scientific evidence found in 216 published studies. The report summarizes the effectiveness, risks, and estimated costs for 10 drugs: acarbose, glimepiride, glipizide, glyburide, metformin, miglitol, nateglinide, pioglitazone, repaglinide, and rosiglitazone.

Type 2 diabetes an increasingly common chronic disease that occurs in people who have difficulty converting glucose (a sugar) into energy. Blood glucose levels are high either because their cells are resistant to insulin (a hormone that helps convert glucose into energy) or because their pancreas does not produce enough insulin. Diabetes can cause severe problems with the heart, eyes, kidneys, and nerves. Obesity increases the risks of developing type 2 diabetes. From 1980 through 2005, the number of Americans diagnosed with diabetes soared from 5.6 million to 15.8 million.

As new classes of oral diabetes medications have become available, patients and clinicians have faced a growing list of treatment options. Earlier scientific reviews have highlighted some differences between medications, but AHRQ's new analysis is the first to summarize evidence on the effectiveness and adverse events for all approved oral medications commonly used in the United States for type 2 diabetes.

Diabetes patients typically are monitored with tests that check the percentage of hemoglobin A1c (HbA1c) in their

blood. Checking for HbA1c is a more reliable indicator of chronic high blood sugar than checking blood glucose itself. According to the AHRQ review, most diabetes drugs offer about a one point absolute reduction in HbA1c. In those cases, for example, a diabetes patient's HbA1c might drop from 8 to 7 (with 5 being normal in patients who don't have diabetes). Nateglinide, acarbose, and miglitol lower HbA1c by about half that much. Combining diabetes medications, evidence shows, often works better at reducing HbA1c.

AHRQ's analysis of published studies, completed by the Agency's John Hopkins University Evidence-based Practice Center in Baltimore, also concluded:

- Metformin and acarbose do not increase weight among diabetes patients. Other diabetes drugs (glimepiride, glipizide, glyburide, pioglitazone, repaglinide, and rosiglitazone) have been shown to increase weight by an average of 2 pounds to 11 pounds.
- Blood levels of low-density lipoprotein, which is known as "bad cholesterol" because it may amplify risks of heart attack and stroke, consistently decrease (by about 10 milligrams per deciliter) in patients taking metformin and increase (by similar amounts) in patients taking rosiglitazone and pioglitazone.
- Pioglitazone and rosiglitazone cause a small but significant increase in high-density lipoprotein, often called "good cholesterol" because it promotes the breakdown and removal of cholesterol from the body.
- Glimepiride, glipizide, glyburide, and repaglinide are associated with hypoglycemia (when blood

glucose levels go too low) more than other diabetes drugs.

- Metformin and acarbose are generally more likely than other diabetes medications to cause gastrointestinal problems such as diarrhea. Patients who used metformin alone were more likely to experience problems than those using the drug at a lower dose in combination with glimepiride, glipizide, glyburide, pioglitazone, or rosiglitazone.
- Patients who take pioglitazone and rosiglitazone have a greater risk of congestive heart failure compared with those who take metformin, glimepiride, glipizide, or glyburide. While one recent analysis raised the possibility that rosiglitazone may also increase heart attack risks, authors of the AHRQ analysis concluded that current evidence is not sufficient to make a meaningful assessment.

Additional studies are needed to understand the impact of oral diabetes drugs on patients' quality of life and whether long-term use causes adverse side effects or reduces important complications of diabetes such as heart disease and kidney disease. More research is needed to study interactions between the drugs and to compare therapeutic combinations of the drugs, according to the report.

The report, *Comparative Effectiveness and Safety of Oral Diabetes Medications for Adults with Type 2 Diabetes*, is the newest analysis from AHRQ's Effective Health Care program, authorized by the Medicare Prescription Drug, Improvement and Modernization Act. That program represents an important Federal effort to compare alternative treatments for health conditions and make the findings public. The program is intended to help patients, doctors, nurses, and others choose the most effective treatments. Information can be found at <http://www.effectivehealthcare.ahrq.gov>.

Reprinted from July, 2007 Research Activities

ANA NEWS

Open Letter To Alabama Nurses From ANA President Rebecca Patton

I understand that there may be concerns regarding the American Nurses Association's (ANA) recent endorsement of Senator Hillary Clinton (D-NY) for President. As you may know, ANA has endorsed a candidate in each presidential election since 1984. Today, we continue to follow the 1985 House of Delegates resolution directing ANA to engage presidential contenders of all political parties in endorsement considerations. As the Resolution requires, ANA's Presidential endorsements are made according to a very deliberate, non-partisan process, and only after careful consideration of a variety of factors including: candidate positions and past records on nursing and health care issues; candidate viability in the election; the relationship the candidate has with ANA members and staff; and the feedback of individual ANA/CMA members.

The endorsement process for the 2008 presidential election began in the summer of 2007. ANA sent candidate questionnaires to all of the viable presidential candidates on both sides of the aisle and invited each of them to participate in interviews with representatives of the ANA Political Action Committee (PAC) Board, which consists of individuals of both political parties, and ANA Government Affairs Staff. From that time forward, ANA staff maintained frequent, ongoing contact via telephone, electronic mail (email) and regular mail with the campaigns of all viable presidential contenders. In an effort to facilitate the endorsement process, staff offered traveling to Iowa and New Hampshire to conduct candidate interviews with the candidates. Toward the end of the process, staff also afforded the candidates the opportunity to conduct the interview via telephone. Unfortunately, many campaigns indicated that they were not interested or that they could not fit an interview into their schedule. However, the endorsement process continued and ANA staff continued to try to engage the campaigns and ensured that all candidates were treated fairly across the board.

The candidates' questionnaire responses, if submitted to ANA, as well as additional background information on their positions on issues relating to nursing and health care were made available on the ANA Government Affairs website, www.anapoliticalpower.org. Additionally, from January 3-17, 2008, ANA members weighed in by voting online for a first and second choice presidential candidate in ANA's Virtual Voting Booth. This call for member input on the endorsement met with an unprecedented level

of response, and the voting results were conclusive. Senator Clinton garnered the strongest support, receiving 42% of the vote. The votes for the other candidates broke down as follows: Senator Barack Obama, 21%; Sen. John Edwards, 9%; Gov. Mike Huckabee 8%; Sen. John McCain, 8%; Gov. Mitt Romney, 5%; Mayor Rudolph Guliani, 3%; Sen. Fred Thompson, 3%; Rep Dennis Kucinich, 1%; Rep. Ron Paul, 1%; Sen. Joe Biden, .5%; Gov. Bill Richardson, .12%; Jon Cox, .06%; Sen. Christopher Dodd 0%; Sen. Mike Gravel, 0%; Rep. Duncan Hunter, 0%.

Based on the body of information gathered throughout the endorsement process, the ANA-PAC Board voted to recommend that the ANA Board endorse Senator Clinton. On January 23, 2008, the ANA Board of Directors voted to approve that recommendation.

In making this endorsement, the ANA Board recognized Senator Clinton's longstanding commitment to nursing and health care. During her time in the Senate, Clinton has been an advocate for nursing issues. Clinton was in support of the Title VIII Nurse Reinvestment Act programs which provide much needed funding for nurse education. She recognizes the need for more nurse practitioners and supports increased authority for and utilization of nurse practitioners as a means of improving access to health care. She has a long history of advocacy for health care reform, and her current plan emphasizes the need to reduce costs, improve quality and ensure affordable health care for all Americans. She was a co-sponsor of the Mental Health Parity Act of 2007 which would improve mental health services.

From its inception in 1896 to the present day, ANA has recognized that individuals can shape health care policy consistent with the goals of registered nurses and in the best interest of their patients. The participation of registered nurses in grassroots activities, including political advocacy, is one of the most important components of our government affairs program and has been responsible for many of our successes. ANA has a long, rich history of influencing public policy to benefit both registered nurses and their patients.

ANA's legislative agenda prioritizes ways to address the nursing shortage, appropriate staffing, workplace rights, workplace health and safety, and patient safety/advocacy. In keeping with a strong tradition of hard work, the ANA will continue to advocate for the profession of

nursing. However, we cannot achieve these goals unless ANA as a national organization stays politically involved. Political advocacy, whether in Washington, D.C., or at the state level, is not about Democrats and Republicans or personal agendas, it is about identifying and supporting the policymakers of any party who share ANA's commitment to the nursing profession and to improving healthcare in our country. Through political advocacy, ANA builds and maintains relationships with Republican and Democrat candidates. These relationships are vital to our ability to engender understanding and gather bipartisan support for the issues of concern to nurses today.

I understand Alabama's concern regarding ANA's endorsement process, and I hope the process outlined above demonstrates that no political support is given by the ANA without careful consideration and analysis of the candidate's previous record and views on nursing. Only candidates dedicated to the causes of the ANA, no matter which political party, are selected for support. Throughout our history, ANA has worked to meet the ever-changing needs of nurses, patients, the health care community, and society. Through political involvement and advocacy, including our support of Senator Clinton in her bid for the presidency, ANA will continue its fight for the needs of today's nursing profession as well as the health system needs of our country.

Thank you again for your continued membership in and support of the ANA. It is obvious that you value nursing greatly, as do we. The ANA will continue to work to set and maintain professional standards of practice and work toward a goal we all share—strengthening the future of nursing and ensuring quality health care for all.

Sincerely,
Rebecca Patton, MSN, RN, CNOR
President

CENTER FOR AMERICAN NURSES

New Trends in Foreign Nurse Recruitment

Diane E. Scott, MSN, RN

Last year, the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, released the 2004 National Sample Survey of Registered Nurses, which collected data on the actively licensed Registered Nurse population as of March 2004. This most recent edition of the survey revealed that over 100,791 (3.5 percent) of the Registered Nurses (RNs) practicing in the United States received their basic nursing education outside of the U.S. While this percentage reflected only a slight increase since 2000, foreign-educated nurses are now licensed in all 50 States and the District of Columbia.

According to the American Hospital Association, 17% of hospitals recruit from abroad to fill nursing vacancies. While the percentage of hospitals looking toward employing foreign-educated nurses (FENs) as part of the solution for the nursing shortage is increasing, questions still arise over the best means to recruit and orient this unique nursing population.

To address some of these issues, the Center for American Nurses interviewed Wanano "Winnie" Fritz, RN, MS, the Chief Nursing Officer and Director of International Operations of HCCA International, a company which specializes in international nurse recruitment and hospital management.

Ms. Fritz's experiences, both domestic and international, have given her a wealth of cultural and clinical expertise in nursing and management roles in the United States, Thailand, Germany, Russia, and Vietnam. Notably, she was employed for nearly 17 years by King Hussein of Jordan as both the Dean of a School of Nursing and a Health Systems Planner before joining HCCA in 2005.

The Center: Are there ethical issues involved with recruiting foreign educated nurses?

Ms. Fritz: The answer is yes, there can be ethical concerns for both the nurse and the nursing profession. Professional nursing organizations appropriately caution us to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In South African nations, there are only 1 to 1000. But as a general position, the International Council for Nursing states: "Nurses have a right to migrate and denounces unethical recruitment." In addition many of the foreign-educated nurses genuinely want to work in the United States.

The Center: What are the reasons that foreign educated nurses want to come work in the United States?

Ms. Fritz: With the increased accessibility to the internet and other media from the United States, foreign-educated nurses are much more exposed to the potential personal and financial benefits and mechanisms to become

a nurse in the United States. Many of the foreign-educated nurses obtain a U.S. nursing license to fulfill multiple professional and personal goals. Numerous foreign-educated nurses desire the opportunity to work in clean, safe high-tech hospitals.

The economic advantage for nurses working in the United States usually goes beyond their personal financial gain; it carries through to their extended families back in their home country. It has been my experience that most foreign educated nurses will send up to 33% of their salary back to their home country to support their parents, siblings, and other family members. The governments of the foreign countries welcome the influx of financial assistance and are often very accommodating in assisting the nurses who are seeking to enhance their careers in the United States.

The Center: Where do most of the foreign-educated nurses come from?

Ms. Fritz: According to the U.S. Department of Health and Human Services, 50% come from the Philippines, 20% from Canada and 8% from the United Kingdom. 22% come from all other sources. In addition, over half of the foreign-educated nurses were estimated to have baccalaureate or higher degrees

The Center: What are the advantages of hiring a foreign-educated nurse?

Ms. Fritz: Many (FENs) are highly motivated to be a nurse in the U.S. and usually have dedicated from 2 to 4 years of their lives to reach this goal. In addition, the nurse usually has already demonstrated persistence and adaptability in navigating the immigration and licensure processes.

As U.S. hospitals care for an increasingly diverse patient population, the foreign-educated nurse is also an asset as we work to be culturally competent and provide culturally appropriate care. Finally, the foreign-educated nurse can be a more permanent solution than temporary staffing options since many want to integrate permanently into a hospital and community, resulting in retention rates as high as 85%.

The Center: How would a prospective employer approach the recruitment of foreign-educated nurses?

Ms. Fritz: When choosing a recruitment partner, choose carefully. In the past, there were only about 30 or 40 companies recruiting nurses from overseas, now there are over 200. The Joint Commission has implemented a certification process which is helping to address some of the quality issues in selecting a reliable recruiting partner, so I highly recommend making sure the recruitment company is certified.

It behooves a healthcare organization to know how long the agency has recruited internationally and learn how many nurses they have brought to work in the U.S. It is just as important to learn the satisfaction rate of their client hospitals as well as their ethics in their practices. I also

believe it is important for a recruiting organization to "give back" to the countries of origin.

Some large health care systems recruit directly; but most use third-party recruiters because of the complexity of the credentialing, education, licensure, and immigration processes.

The Center: What are the types of FEN recruiters?

Ms. Fritz: With either model, the commitment period for the nurse typically ranges from 2 to 3 years. When choosing a recruiter, there are two general models:

(1.) Direct Placement: 55-60% of recruiters pay up front for recruitment and immigration fees to fill a specific "order" in terms of quantity and specialty. The hospital employs the nurse immediately and assumes the risk of hiring them without previously working with them.

(2.) Lease to Hire: 40-45% of recruiters pay no upfront costs to the recruiting agency; instead, they pay an hourly rate for nurses' shifts worked for the contract period. The hospital then hires the nurse after having experienced the quality of their work in the hospital for several months.

The Center: What are keys to success in working with these nurses?

Ms. Fritz: One of the most important components of a successful long-term placement of a foreign-educated nurse is the extent to which the recruiting company chooses and prepares the candidates. A simple phone interview and skills check list is not enough to ensure success and recruiters should meet potential candidates face-to-face in their country of origin.

The interviewing and preparation phase of the placement should be done with extreme caution and by using various tools to determine the level of critical thinking and decision making. Each nurse that I place in the United States completes a survey tool to determine how she makes decisions. I want to find out how she will accommodate unconventional and unique patient situations, physician interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

While all foreign-educated nurses must also take the NCLEX exam for licensure, simply passing the test does not always determine critical thinking skills. My team uses patient vignettes in our verbal interviews with the nurses to get a much deeper assessment of their ability to critically think through situations. The face-to-face interviews are also very helpful in determining the extent of her English speaking skills as well.

The Center: How can a FEN be best oriented after she arrives to the United States?

Ms. Fritz: The greatest challenge for a foreign-educated nurse is clarity of speech. While all are required to pass an English exam, accent reduction is also sometimes needed. Recruiters and hospitals assist the foreign-educated nurse by coaching her to listen to talk radio and audio books. Preceptors and colleagues can also help by monitoring phone calls or having the foreign-educated nurse take formal accent reduction courses.

As for clinical competencies, it is important to choose a recruitment company that assesses and validates competency of the individual foreign-educated nurse prior to their arrival to the United States, including clinical skills, equipment familiarity, and U.S. cultural practice.

The Center: What about orientation to the community?

Ms. Fritz: The orientation to the community is important and should include, at minimum, securing and settling in a safe, appropriate, and furnished apartment; organizing transportation; teaching shopping, taxes, and banking; and processing payroll and benefits documents. An experienced recruitment company will provide this as well teaching U.S. culture, laws, and manners.

The recruitment and integration of the foreign-educated nurse can truly be a win-win situation for all concerned if the above elements are considered. Foreign-educated nurses benefit from their professional "dreams being fulfilled" and their families receiving funds to improve their lives in the home countries. Our diverse patient populations benefit by the culturally diverse nurse population. And healthcare organizations gain permanent staff members who remain as flexible, confident, and competent nurses.

*The Center for American Nurses is committed to helping nurses develop both professionally and personally. The Center offers solid evidence-based solutions-powerful tools-to navigate workplace challenges, optimize patient outcomes, and maximize career benefits. Whether it's learning how to handle conflict, gaining continuing education credits, knowing your legal rights, or skillfully managing your money, The Center's resources add traction, moving you toward the best life a career in nursing can offer.

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