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. This is a win-win situation and it offers good media coverage potential.
- 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.
- 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.

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.)
# PUBLICATION

The Alabama Nurse Publication Schedule

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

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# 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, OCN, CCRN, CEN, is expiring December 31, 2008. RN applications only are available from the ASNA office. Call Betty!! Call Davied Fagan at 256-974-0123 for LPN/AA position.

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# 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.

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# 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 ____________________________________
I am a student in the __________________________ RN to BSN program and that the GPA listed is correct.
Signed:______________________________________
1954 National Nurse Week was observed from October 11 to 17. The bicentennial 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.

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.”

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 its 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.”

1983 Again a resolution was presented by the House of Representatives for the President to proclaim “National Nurse Day.”

1984 The ANA Board of Directors formally acknowledged May 6, 1984 as “National Nurses Day.” The resolution was passed by Congress, which set May 6 as “National Nurses Day.”

1985 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6–12, 1985, as “National Nurses Week.”

1986 The ANA Board of Directors designated May 6–12 as permanent dates to observe National Nurses Week. (Sample proclamation)

1987 The ANA Board of Directors in June 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.”

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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.

1991 The ANA Board of Directors designated May 6–12 as permanent dates to observe National Nurses Week in 1991 and in all subsequent years.

1992 The ANA initiated “National RN Recognition Day” on May 6, 1992, 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, 1992 as “National RN Recognition Day.”

1993 The ANA Board of Directors at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

1994 The ANA Board of Directors at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.
Sometimes I get frustrated with my computer and wish for a slower, simpler time when we wrote letters on pretty stationery, waited days for the delight of plucking a reply from our mailboxes, visited one another in person receiving hugs for hello and hugs for good-bye, etc... you get the idea. And then, I get impatient when items ordered via the Internet don't arrive the moment I logoff! The conflicting love-hate relationship with my computer reminds me of my grandfather, Pa Griffis, who used to lament about my grandmother, "I can't live with her, and I can't live without her!" So, if I can't live without her, I must learn from her... live with her, and I can't live without her!}

First, as nurse author Roxanna Gonzalez (2008) says of developing leadership abilities, we must recognize our apathy. So, let's highlight, with our handy dandy device, the apathy in our profession and hit CTRL X! Oops, did you disappear? If you are a registered nurse in Alabama and not a member of ASNA, you probably are not reading this anyway—but just in case you are, and you disappeared with CTRL X, there is still hope. You see, the computer has another handy dandy device: the undo button. So, restore yourself, get on the ASNA web site, download the membership application form, complete it with payment, and mail it immediately! You will be taking the first step to overcoming apathy.

Gonzalez says the second step in developing leadership is awakening. Well, hopefully, you are now fully awake and are eager to find out what is going on! Start by reading this issue of the Alabama Nurse cover to cover. You will find information on anticipated legislation that directly affects nursing and issues of concern of their constituencies. Folks, the issues are numerous! The group agreed that access to care for the citizens of Alabama is the number one priority of concern to nurses in the state. Who, you may ask does not have access to care? We heard accounts of several counties with no obstetrical nurses in the state. Who, you may ask does not have access to care? Your ideas. All of you have representation in Montgomery by our profession and hit CTRL X! Oops, did you disappear? If you are not fortunate to share that joy in developing leadership skills (Gonzalez, 2008), have we got just the help you need for this! Joe Decker, our Executive Director, is a retired Air Force officer, Charlene Roberson, our Director of Leadership Services, practices psychiatric nursing also, Vanessa Barlow, our Vice President, manages an inpatient adolescent mental health unit—and that's just the tip of the iceberg! Use their excellent skills at overcoming fear, by hitting the CTRL C keys to capture their assertiveness then CTRL V to paste it all in all of you who are bashful about speaking up.

To merge Gonzales’s (2008) with my last computer metaphors, we must mentor others! As I mentioned above, I have one daughter who is a nurse, and she loves nursing almost as much as I do. Biologically, I have made a contribution! But if you are not fortunate to share that joy in your own life, adopt someone else! Use the CTRL P and print information, distribute it to others. Write e-mails and send them to others to promote nursing as a profession and improve access to care for the citizens of Alabama.

Thank you for your patience in reading this message. For those dedicated ones of you who have long been active in leadership in nursing, I CTRL C you, then CTRL V, CTRL V. As I mentioned above, I have one daughter who is a nurse, and she loves nursing almost as much as I do. Biologically, I have made a contribution! But if you are not fortunate to share that joy in your own life, adopt someone else! Use the CTRL P and print information, distribute it to others. Write e-mails and send them to others to promote nursing as a profession and improve access to care for the citizens of Alabama.

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Third, we must overcome our fears to develop our leadership skills (Gonzalez, 2008). Have we got just the help you need for this! Joe Decker, our Executive Director, is a retired Air Force officer, Charlene Roberson, our Director of Leadership Services, practices psychiatric nursing also, Vanessa Barlow, our Vice President, manages an inpatient adolescent mental health unit—and that's just the tip of the iceberg! Use their excellent skills at overcoming fear, by hitting the CTRL C keys to capture their assertiveness then CTRL V to paste it all in all of you who are bashful about speaking up.

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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. Committee meetings and other business.

Committees and other business.

Only the days that the lawmakers actually, officially convene 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.alabamanurses.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 efforts 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 more bleak in the forecast. In fact, at a recent meeting I attended Seth Hammert (Speaker of the House), John Knight (Chair of Govt. Appropriations) and Richard Lindsey (Chair of 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. (D) Robert Bentley (R) from Tuscaloosa has agreed to sponsor the scholarship bill again this year. Several other bills are on the 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 ABIN 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/Toxic 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 state 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 between a physician and the NP. We have sent the bill to the Alabama Board of Nursing. The impetus behind this bill is access to quality healthcare for all Alabamians, but especially those in underserved and 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 aluna@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.

Nursing will come calling.

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 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 regard.”

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. Environmentalist urge us to respect nature, ethicist encourage us to respect one’s belief’s 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.

The very concept of respect opens discussion for so many different opinions and belief’s, 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 of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct of these questions as you deliberate: What, if anything, does respect add to morality over and above the conduct

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 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.

RESPECT

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

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.
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 North Hull Street, 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.
- **Courtsey 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’s Official Call for Resolutions

All You Need To Know

### What Is a Resolution?

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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 prefilled (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:
   - 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-why you are communicating in the first paragraph. Use personal antedotes 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 legislators 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 legislation, etc.
   - Know history of the legislation-who supports it and who does not; is this ASNA's first attempt with this legislation?
   - 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.

Sample Letter

Jane Doe, RN  
123 Healthcare Lane  
Anytown, AL 30000  
(703) 777-8888  
janedoe@internetking.net

February 1, 2008

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

Re: SB xxx–Support

Dear Senator Doe:

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

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

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.

SB xxx would solve this problem in the following ways:

__________________________________________

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.

I would very much appreciate your response on this.

Sincerely,

Jane Doe, RN
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.

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.

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).
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.

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The FACE of Nursing 2009 Calendar

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.
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<th>ADVANCE PRACTICE</th>
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<td>NCLEX– Old and New Mass Casualty Nursing School: Smoking Top Ten Students Chemical Past, Present, and Future: Nursing Student– Quit Attempts for Community: The Evolution When, and Arthritis— Nursing Perspective— Among College Nurses 2008—</td>
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<td>Juanita Landers, MSN, CRNP, CSRNP, CDE</td>
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<td>11:15 A.M. –12:15 P.M.</td>
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<td>NCLEX®</td>
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<td>Protecting Alabama's Food</td>
<td>Ron Sparks, Commissioner of the Alabama Department of Agriculture &amp; Industries</td>
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<td>Mentors: the Nurse-Maker! Sweet Strategies for Giving New Nurses Long-Lasting Freshness— Jennifer B. Frank, APRN, BC &amp; Honey C. Holman, MSN, RN</td>
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<td>Care of Alzheimer’s Patient in the Long-Term Care Facility— Charlotte Wynn, MSN, CRNP (Sponsored by an unrestricted education grant by Forest Pharmaceuticals)</td>
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<td>In A Flash: Online Video Clips for Today’s Nursing Students— Amanda Bonds, MSN, RN, Kim Craven, MSN, RN, &amp; Kim Hollingsworth, MSN, RN, APRN-BC</td>
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<td>Ethical Issues in Qualitative Research— Susan J. Hayden, PhD, RN AND Research 101— Susan J. Hayden, PhD, RN</td>
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<td>Cardiac Diseases and Pregnancy— Janice Nelson, DSN, RN</td>
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<td>Overview of a Typical Presentation in Common Gerontological Syndromes Part I— Arlene Morris, EdD, RN</td>
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<td>The Effect of Self-Concept and Sedentary Behavior on Blood Pressure in Overweight Sixth Graders— Elizabeth D. Gulledge, MSN, RN</td>
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<td>Effective Tools for Management of Adolescents with ADHD/ODD Behaviors— Carrie Sanders, MSN, ARNP, BC</td>
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<td>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</td>
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<td>Financial Planning– Kevin Walmlesy, Financial Planner</td>
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<td>CNL Update: Current Thinking of the CNL Role in Practice— Linda Rosnou, DSN, RN, Carol Lammon, PhD, RN, Fay Anderson, DNS, RN, CNA, &amp; Margaret Cole, DSN, RN</td>
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<td>Designing an Effective Course to Teach Basic Case Management Principles to BSN Students— Lillian Wise, DSN, RN, Berrita Hamilton, PhD, RN, &amp; Kelli Cleveland, MSN, CRNP</td>
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<td>Innovative Teaching Techniques— Diabetes Education Strategies for Vulnerable Populations— Anita H. King, DNP, RN, FNP-BC, CDE</td>
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<td>The Development of an Adolescent Measure of Health Promoting Lifestyles— Constance Smith Hendricks, PhD, RN</td>
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<td>PTSD and the Returning Vet— Jil Stokley, RNC, CD, MSN, MA</td>
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<td>Caring for Others Begins with You— Habiba N. Shorw, EdD, M</td>
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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.

Workshop AANS 1
NCLEX—Passing the NCLEX® Exam, When, Why, and How—Wilda Binharth, 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 education 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—Shelley A. Vardaman, MSN, RN, BC & Imarti 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 1 A
Smoking Prevalence and Quit Attempts Among College Students: A Correlational Study—Amy Sparlock, 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, CCVR-CMC
At the conclusion of the presentation the participant should be able to:
2. Identify strategies to modify specific risk factors in the progression of coronary artery disease.

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—Suzanne Asbro 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 McNaney, DNP, RN, ARNP
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.

Workshop AANS 2
Mentors: The Nurse-Maker! Sweet Strategies for Giving 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. 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. Hoyden, PhD, RN
At the conclusion of the presentation the participant should be able to:
Elizabeth A. Morris cont. from page 14

1. Discuss various financial planning options for retirement.
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 missused in research studies.

Workshop Med Surg A 2
Cardiac Diseases and Pregnancy—Janice Nelson, DNS, 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. Gittings, 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 McClukey, DNP, BSCS, ARNP
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.

Workshop Advance Practice 3
CNI: Update: Current Thinking of the CNI Role in Practice—Linda Roussel, DNS, RN, Carol Lamon, PhD, RN; Fay Anderson, DNS, RN, CNA, & Margaret Cole, DNS, RN
At the conclusion of the presentation the participant should be able to:
1. Describe current thinking on the CNI Role in Practice.
2. Identify major projects undertaken by CNI. 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, DNS, 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—Tammie 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 McClukey, DNP, BSCS, ARNP
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.

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, CRNP-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 ‘Amercians’ 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
Workshop Pediatrics 4
Healthcare Education Strategies to Promote Understanding and Prevention of SIDS—Michelle A. Schultz, MSN, RN

At the conclusion of the presentation the participant should be able to:
1. List the risk factors associated with SIDS.
2. Discuss measures to prevent SIDS.
3. 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—Haliba N. Shaw, EdD, MS

At the conclusion of the presentation the participant should be able to:
1. Discuss stress and the impact of stress on an individual's health.
2. Describe the skills of Quantum Healing—a self-care technique for a happier, healthier, more balanced life.
3. 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, ARNP

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.
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

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

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.
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).


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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

District ________________

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

New/ReNew/Rejoin

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

__________________________________________________________________________

Name __________________________________________
Address: _________________________________________
City State Zip _________________________________

District ____________________________

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MEMBERSHIP NEWS

ASNA Use Only

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Payment Options

- New Application
- Renewal

Date:______________________________________

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 Voncie Stallworth at vovance@msn.com or 251-456-7536

Montgomery, Autauga, Elmore County Nurses Society
1st Thursday of each month
E.L. Lowder Branch, Public Library
2950 Bell Rd., Montgomery, AL
6:30 p.m.
Contact Helen Wilson at 334-567-0943 or hwilson38@asol.com

Alabama State Nurses Association ANPC
May 10, 2008
12 Noon, Location To Be Announced.
Stay tuned for details

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

ASNA District 1
Meet 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
Meet 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 4
Meet 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 5
Meet 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

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: 334-262-8324, Email: member.association@ms.com

NAME

ADDRESS

CITY

STATE

ZIP

AMOUNT ENCLOSED

DATE RCVD

EXP. DATE

AMOUNT ENCLOSED

CHECK #: ____________________________

Individual Affiliate

New Application

Renewal

ASNA Use Only

DATE: ____________________________

DISTRICT: ____________________________

COUNTY: ____________________________

DATE RCVD: ____________________________

EXP. DATE: ____________________________

AMOUNT ENCLOSED: ____________________________

CHECK #: ____________________________

TOTAL ENCLOSED: ____________________________

PAYMENTS MUST ACCOMPANY APPLICATION. Please note that all Installment plans include a $2.50 bi-annual service fee.

1. Affiliate privileges are initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate 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/affiliations status may be changed at expiration (renewal) date only.
6. Submission of an affiliation 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.
8. Do not add this $5.00 to your payment; it is already built in.
9. You 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.

Unauthorized Signature:

Alabama State Nurses Association
360 North Hull Street, Montgomery, AL 36104
Telephone: 334-262-8321, FAX: 334-262-8324, Email: member.association@ms.com

MEMBERSHIP NEWS

MARCH, APRIL, MAY 2008

THE ALABAMA NURSE • PAGE 21 •
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 available; a decal to be placed on a special tag, or a specially designed tag. The difference is of course

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 nurses 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.

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” 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.

This form indicates interest to ASNA only, it is not a “Commitment to Purchase”
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.umdnj.edu)

TABLE

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

*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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Most oral medications prescribed for type 2 diabetes are significantly favorable for AHA/ACC, and metformin is the most likely to cause weight loss 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, gliptid, 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 or because their pancreas does not produce enough insulin. Diabetes can cause serious 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 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, however, 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 (EPC) 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 troglitazone have a small but significant increase in high-density lipoprotein, often called “good cholesterol” because it promotes the breakdown and removal of cholesterol from the blood.

- Glimepiride, glipizide, glyburide, and repaglinide are associated with hypoglycemia (when blood glucose levels go too low) more than other diabetes medications.

Additional studies are needed to understand the impact of oral diabetes drugs on patients’ quality of life and personal agendas, is about identifying and selecting candidates who reduces important complications of diabetes such as heart disease and kidney disease. More research is needed to 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 and important Federal effort to compare alternative treatments for health conditions and finding which policy would be more likely to help patients, doctors, nurses, and others choose the most effective treatments. Information can be found at [http://www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov). Reprinted from July, 2007 Research Activities
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 his personal nurse, and for nearly 20 years was 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 be aware of the legal guidelines in recruiting nurses from overseas, which vary from country to country. The most common concern involves the work visa issue, and ensuring that nurses are not depleting 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 obtain a U.S. nursing license to fulfill multiple reasons. Many of the 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.

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

Ms. Fritz: When choosing a recruitment partner, there are two general models: a “matching and placement” model, where the recruiter does not do any screening and sends you toward the best life a career in nursing can offer. Or a “pre-screening” model, where the recruiter provides you with a list of candidates that have already passed 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.

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 a given quantity and specialty. The hospital employs the nurse immediately and assumes the risk of hiring them without previously working with them. (2) To Hire: 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 test is not enough to ensure success; recruiters should meet potential candidates face-to-face in their country of origin.

The Center: During 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, whether she has a well designed tool can help culminate how they may react when encountering real patient situations in this culture.

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 the language barrier. While all are required to pass an English exam, accent reduction is also sometimes needed. Recruiters and hospitals assist the foreign-educated nurse by assigning her a living coach to talk range from housing, shopping, taxes, banking and how they may react when encountering real patient situations in this culture.

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 from the culturally diverse nurse population. And healthcare organizations gain permanent staff members who remain as flexible, confident, and competent nurses.

The Center: What is the Center for American Nurses?*

Ms. Fritz: 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 to handle conflict, gaining continuing education credits, knowing your legal rights, or skillfully managing your money, The Center’s resources add an extra dimension, moving you toward the best life a career in nursing can offer. Reprinted permission from the Center for American Nurses®