We’ll See YOU There!

It’s that time again, and the ASNA Board of Directors/AlaONLAANS invites YOU to attend the 95th Annual ASNA Convention. This year’s theme is “Tech and Touch: A winning pair for Nursing.” We continue to offer the best continuing networking and opportunities for a convenient format needs.

SAVE THESE DATES
ASNA/AONL/AANS CONVENTION 2008
Hotel Capstone
And
Bryant Conference Center
Tuscaloosa, AL
SEPTEMBER 18-20, 2008
CONVENTION REGISTRATION IN PULL OUT SECTION

ATTENTION RNs
2008 IS RN RENEWAL YEAR
ABN DEADLINE IS SEPTEMBER 30th
The ABN will have on-line capability, including payment by credit card. You may also pay by personal check.
Attend the ASNA Convention to meet your CE needs!

Gov. Bob Riley signs the Nurse Week 2008 Proclamation at the Alabama Capitol in Montgomery at a gathering on April 17. Attending were: ASNA President Dr. Ruby Morrison; Juanita Landers, ASNA member and AUM faculty; Tracie Hughey, RN and AUM EARN student; Gregory Howard, President, Alabama Federation of LPNs; Vanessa Barlow, ASNA Vice President; Charlene Roberson, ASNA Director of Leadership Services; Genell Lee, ABN Executive Officer; and Joe Decker, ASNA Executive Director.

We’ll See You There cont. on page 5

Trends in Healthcare Technology

Jennifer Fortson, MSN, RN

Change in the world of healthcare is inevitable; however, with the current increase in the rate of technology advancement, change in healthcare informatics is not only inevitable, but also promised and prominent. It is thereby imperative that nurses stay abreast of current trends in order to discover innovative methods of improving patient care, as well as improving the methods of delivering such care.

Numerous avenues exist for the nurse to travel in his or her journey to stay abreast of current trends. Some of the most popular and

Trends in Healthcare cont. on page 6
**ASNA Board of Directors**

President ............................. Ruby Morrison, DSN, RN, CMAC
President Elect ..........................Debbie Faulk, PhD, RN
Vice President ..........................Vanessa Barlow, BSN, RN, MBA
Secretary ...............................Faye McHoney, DNP, BSCS, RN, ARNP-C
Treasurer ...............................Dottie Foote, PhD, APRN, BC
District 1 ..............................Ann Bales, MSN, CCRN, CNRN
District 2 ..............................Betty Grammer, RN, MSN, MBA, CNA
District 3 ..............................Debra Litton, RN, MSN, BSN, CNA
District 4 ..............................Joyce Vargus, DNP, CNP-BC, GCNS
District 5 ..............................Ada Britt, RNC
Commission on Professional Issues ..............................Linda Roussel, DSN, RN, Chair
VA Unit 3 ..............................Jeanell Force, RN
Special Interest Group:
Advance Practice Council Mary Wade, RN, MSN, CRNP

**ASNA Staff**

Executive Director ..........................Joseph F. Decker, II
Director Leadership Services .................Charlene Roberson, MEd, RN, BC
ASNA Attorney ............................Don Eddins, JD
Administrative Coordinator ..............Betty Chambliss
Programs Coordinator ..................April Bishop

**Vision Statement**

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

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

**Our Mission**
ASNA is committed to promoting excellence in nursing.

**Acceptance of Advertising**

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

**Congratulations New Grads!**

Congratulations to the new nurses who have completed their training programs! As you move on to starting your nursing career, don’t forget about the value of your state nurses’ association. The Alabama State Nurses Association’s events, dinners, and committees are an ideal way to network with seasoned nurses, find a job you may not have considered and save money on liability insurance, accreditation and conference registration fees. And to start out your savings as a new nurse graduate, membership in the ASNA/ANA is only $48.50 for the first year! Again, congratulations and we hope to see you at some of our upcoming events.
by Joseph F. Decker, II, Executive Director

The 2008 Alabama Legislative Session adjourned sine die at midnight on 19 May. The biggest news, of course, is that the Senate did not pass the Education Trust Fund (HB319) prior to an education budget passed. (As I understand it, a special session will cost taxpayers of Alabama $300,000 or more, depending on how much time is needed.) The lengthy debate on the ETF Budget essentially stopped most other bills in the queue from being considered on the final day as time ran out. Just as a measure of activity, there were 653 bills filed in the Senate this year, and 953 in the House. Of these, 68 bills eventually passed in the Senate, and 158 in the House. These totals are all down from previous years.

In other general legislative news, the highly publicized effort to remove the state sales tax of 4% on groceries and increase the state income tax threshold to $20,000, offsetting the loss of revenue by eliminating the state tax deduction for federal income taxes paid (HB274) failed without a vote in the Senate. In addition, a very long list of much touted ethics reform bills (HB 96, 497, 627, HB83, 65, 71, 268, 423, 452) essentially went nowhere. The only bill in that list that seemed to have traction was Rep. Betty Carol Graham’s (R Tuscaloosa) (HB324) prohibiting PAC to PAC transfers. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to completely eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate.

We’ve had mixed results this year, though that is not at all unusual. Our amended Nursing Scholarship Bill (HB373/ SB490) (Decker/Gregory) has been signed by the Governor. The Education Trust Fund Budget (HB3137/SB380) has been passed, and we thus far retained a total of $257,000 for nursing scholarships. That is a big reduction from the $557,000 we garnered last year, thus far, and only a fraction of what the funding levels have been in the past. This will result in an immediate reduction in the number of nursing scholarships funded, and it will cost the taxpayers of Alabama $300,000 or more, all in an attempt to pare down the state income tax deductions for federal income taxes paid (HB274) failed without a vote in the Senate. In addition, a very long list of much touted ethics reform bills (HB 96, 497, 627, HB83, 65, 71, 268, 423, 452) essentially went nowhere. The only bill in that list that seemed to have traction was Rep. Betty Carol Graham’s (R Tuscaloosa) (HB324) prohibiting PAC to PAC transfers. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to completely eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate.

We’ve had mixed results this year, though that is not at all unusual. Our amended Nursing Scholarship Bill (HB373/ SB490) (Decker/Gregory) has been signed by the Governor. The Education Trust Fund Budget (HB3137/SB380) has been passed, and we thus far retained a total of $257,000 for nursing scholarships. That is a big reduction from the $557,000 we garnered last year, thus far, and only a fraction of what the funding levels have been in the past. This will result in an immediate reduction in the number of nursing scholarships funded, and it will cost the taxpayers of Alabama $300,000 or more, all in an attempt to pare down the state income tax deductions for federal income taxes paid (HB274) failed without a vote in the Senate. In addition, a very long list of much touted ethics reform bills (HB 96, 497, 627, HB83, 65, 71, 268, 423, 452) essentially went nowhere. The only bill in that list that seemed to have traction was Rep. Betty Carol Graham’s (R Tuscaloosa) (HB324) prohibiting PAC to PAC transfers. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to completely eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate.

We’ve had mixed results this year, though that is not at all unusual. Our amended Nursing Scholarship Bill (HB373/ SB490) (Decker/Gregory) has been signed by the Governor. The Education Trust Fund Budget (HB3137/SB380) has been passed, and we thus far retained a total of $257,000 for nursing scholarships. That is a big reduction from the $557,000 we garnered last year, thus far, and only a fraction of what the funding levels have been in the past. This will result in an immediate reduction in the number of nursing scholarships funded, and it will cost the taxpayers of Alabama $300,000 or more, all in an attempt to pare down the state income tax deductions for federal income taxes paid (HB274) failed without a vote in the Senate. In addition, a very long list of much touted ethics reform bills (HB 96, 497, 627, HB83, 65, 71, 268, 423, 452) essentially went nowhere. The only bill in that list that seemed to have traction was Rep. Betty Carol Graham’s (R Tuscaloosa) (HB324) prohibiting PAC to PAC transfers. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate. It was watered down badly by Sen. Mitchell and others in the Senate, went to conference committee, and was never heard from again. On the other hand, several attempts to completely eliminate the state practice of a state wide unified health care system were thwarted, and a Senate effort to get state legislators included in the state employees health insurance company (HB268) failed without a vote in the Senate.
Gregory Howard, LPN

Well, let me share the best-kept secret in nursing. Recently I received a request for an interview on the topic of "Men in Nursing." I surmised the interviewer could migrate in a variety of ways, so I decided to research the basic topic and much to my surprise, this is what I found.

Contrary to my belief that women were the first nurses, I discovered men were the first nurses as recorded in the Bible and in history before Florence Nightingale. In the New Testament, the Good Samaritan paid the innkeeper to provide care for an injured man. No one thought it odd that a man should be paid to provide nursing care. The story is found in Luke 10: 35-36.

The first nursing school in the world was started in India in about 250 B.C. Only men were considered "pure" enough to become nurses. The Charaka, (Vol. I, Section XV), states that these men should be Of good behavior, distinguished for purity, possessed of cleverness and skill, imbued with kindness, skilled in every service a patient may require, competent to cook food, skilled in bathing and washing the patient, rubbing and massaging the limbs, lifting and assisting him to walk about, well skilled in making and cleansing of beds, readying the patient and skillful in waiting upon one that is ailing and never unwilling to do anything that may be ordered.

In every plague that swept through Europe, men risked their lives to provide nursing care. A group of men, the Parabolani, in 300 A.D. started a hospital and provided nursing care during the Black Plague epidemic.

Two hundred years later St. Benedict founded the Benedictine Nursing Order. St. Alexis was a fifth century nurse. The Alexian Brothers were organized in the 1300's to provide nursing care for the victims of the Black Death. Today, both groups are still active.

Military, religious, and lay orders, of men continued to provide nursing care throughout the Middle Ages. Some of the most famous of these were the Knights Hospitalers, the Teutonic Knights, the Tertiaries, the Knights of St. Lazarus, the Order of the Holy Spirit, and the Hospital Brothers of St. Anthony.

Two patron saints of nurses stem from this period and they are St. John of God and St. Camillus de Lellis. Both started out as soldiers and later turned to nursing. St. Camillus started the sign of the Red Cross, which is still used today, and developed the first ambulance service.

St. Camillus de Lellis (1550–1614) cared for the dying, people stricken with the plague and alcoholics. He opened a hospital in Germany for alcoholics.

John Ciudad (1495–1550) opened a hospital in Grenada in 1558 and asked some of his friends to assist him in providing care to the mentally ill, homeless, crippled, derelicts and abandoned children. They also visited the sick in their homes.

Seventy years before the Pilgrims landed on Plymouth Rock, Fray (Friar) Juan de Mena was shipwrecked off the south Texas coast. He is the first identified nurse in what was to become the United States.

James Derham was an African American man who worked as a nurse in New Orleans in 1783. He bought his freedom with the money he earned and later became a respected physician in Philadelphia and the first African American Physician in the United States.

Walt Whitman (1819–1892), poet and writer, served as a volunteer hospital nurse in Washington D.C. area during the Civil War. He recorded his experiences in a collection of poems called "Drumtaps" and in his diary "Specimen Days and Collect."

In 1880, Lazaro Orranti and Martin Ortega were two men employed as nurses in a San Antonio hospital where they only hired men.

In 1888, there were nursing schools for men. The Mills School for Nursing and St. Vincent’s Hospital School for Men in New York. In 1890, the first nursing school in Texas started. It was proclaimed in the Galveston Daily News as "a new field in which educated women may find a means of support."

Such was the early history of men in nursing. The first mention of women in nursing is in 1890. After this time frame, it was in the 1950’s before men resurfaced in the nursing profession.

Gregory Howard, LPN is the President of Alabama and the National Federation of Licensed Practical Nurses and a member of the Alabama Board of Nursing. gregory.howard@med.va.gov
by Don Eddins, BS, MS, JD, Attorney At Law

Often I am asked as attorney for the Alabama State Nurses Association whether a registered nurse could face liability for rendering emergency aid.

Fortunately, Alabama has a “Good Samaritan Act” which shields nurses, doctors and responders from liability from lawsuits—within reason. The pertinent part of the act, found at §6-5-332, Code of Alabama 1975, reads as follows:

“...if a nurse drives by an accident scene and sees a person bleeding to death, he/she is not obligated to stop and render aid to save the person’s life. So the Good Samaritan law was approved years ago to encourage acts—neither for rendering aid or failing to render aid properly. It just makes sense to have such a statute because under the general law a person is under no obligation to help a stranger in peril.

Thus nurses who in good faith stop and render first aid at an accident scene cannot be held liable for simple negligent acts—neither for rendering aid or failing to render aid properly. It just makes sense to have such a statute because under the general law a person is under no obligation to help a stranger in peril.

In other words, if a nurse drives by an accident scene and sees a person bleeding to death, he/she is not obligated legally to stop and render aid to save the person’s life. So the Good Samaritan law was approved years ago to encourage medical professionals and others to help fellow citizens in peril.

But the key words are “gratuitously and in good faith,” meaning that if you were paid by the victim, you would not enjoy civil immunity and that you must act in good faith.

Part of acting in good faith would mean rendering only the aid which is necessary for the emergency. If a person is bleeding, stop the bleeding but don’t amputate a severely injured limb. Diagnosis by necessity is limited, because the medical practitioner or first responder has little or no medical equipment available.

In the past, I have been asked about nurses rendering service in a non-profit volunteer medical clinic or after a hurricane or natural disaster.

It would seem that the Good Samaritan Act would not apply for service in a volunteer medical clinic, although another section of the code gives limited protection for volunteers. But a nurse should always be careful to perform only those acts that are within her scope of practice. That is true in a nurse’s regular job, but it is especially true in volunteer situations.

The Good Samaritan Act would apply in cases involving a natural disaster—but only in an emergency situation. If a nurse rendered aid to a hurricane victim still on the ground after the disaster, the act should apply. But treatment for an injury several weeks after the disaster would be outside the scope of the act, because the emergency would have ended and the person could seek medical attention at a hospital or clinic.

Alabama’s registered nurses are fortunate to have a Good Samaritan law to protect them, but the protection is limited to applications that are the result of an accident, casualty or disaster. Use the law within its limitations.

And remember, if you are a member of the Alabama State Nurses Association, you have the right to a free legal consultation to discuss the situation if you are considering service in a non-profit clinic or plan to do volunteer work.

We’ll See You There cont. from page 1
easily accessible methods of accomplishing this are via electronic sources available through the Internet. Among these electronic sources are search engines, such as the ever-popular Google, and the invisible Web. Search engines are comprised of three parts: a spider, an indexer, and software that allows for data searching. Once the desired information is entered into the search engine, the spider visits a Web page, scans it, and follows hyperlinks to other pages found within the initial site. This process continues over and over until the spider has exhausted all possible linking options. The indexer is the value used to identify and locate the desired data and may vary among search engines. The sites that are accessible via search engines such as Google are sometimes referred to as the invisible Web; however, it is estimated that the invisible Web is some two to three times larger than its visible counterpart. Some engines are not accessible via search engines, oftentimes resulting of search engine policies. For example, many search engines only support html page format, thereby excluding all PDF documents from its returns. Many search engines are programmed to ignore all pages that contain a question mark in the URL. Fortunately for those who are interested in exploring the contents of the internet that are not available through the search engines, there are numerous other avenues of obtaining information that may be viewed at http://www.ezinearchive.com/); whereas, online newsletters that are delivered directly to each user’s inbox are referred to as Ezines. An excellent source for discovering online journals is via online databases (Thede, 2003). Forums and newsgroups that contain a question mark in the URL .. The Leafaprg and the Institute for Safe Medication Practices are constantly pushing for safer patient care via utilizing their purchasing power to promote changes conducive of such (Hedba, Czar, & Mascara, 2005). According to the Leafaprg, nine categories exist to account for a CPOE effectiveness and functionality. 

1. Basic Field Edits include default values that guide the physician toward accurate order entry in order to prevent erroneous data from being entered into the order fields. 
2. Structured Orders provide templates to direct physicians through complete orders ensuring that proper dosages and routes of administration are defined. 
3. Groups of Predefined Orders allows the physician to view a list of which considered drug interactions, pathway, suggested by the specific healthcare facility that he or she is working in. 
4. Order Confirmation that the ordered medications are appropriate for the patient’s laboratory values, age, weight, and also verifies that the medication may be taken in conjunction with other medications that patient may be currently taking. 
5. Complex Order with Specialized Tool, provides the physician with tools such as dosage calculators, sliding dose options, and customized TPN and chemotherapy orders, and options for tapered and alternate day dosage forms. 
6. Order Relevant Patient Data Display ensures that the data most relevant to the physician’s treatment is readily available to both the physician or her decision-making. 
7. Order Relevant Patient Data Capture prompts the physician to enter data that has not been entered prior that have changed since the last data entry point such as found medication allergies or significant weight loss. 
8. Rules-Based Prompting and Alerts with Order Entry provides the physician with specific rules that should be followed when dosing medications. 
9. Rules-Based Surveillance with Alerts Outside of Order Entry provides the physician with new information about the patient such as the latest lab values and vital signs, prompting the physician to reconsider potential appropriate therapies (Ball, Weaver, & Kiel, 2004). 

The CPOE is a complex system that simultaneously integrates various systems such as the pharmacy information system in order to provide the necessary to guide physician decision-making and provide higher quality patient care. Because of these attributes, CPOE quite possibly may become the future of healthcare; therefore, making it a necessary component of the nurse’s knowledge base.

Wireless and pervasive computing is also hitting the world of healthcare at an awesome rate. This is occurring because of two primary reasons: (1) physicians need the ability to access patient’s medical records in a multitude of locations, such as hospital, home, and office, and (2) outpatient treatment is gaining in popularity making a wireless means of monitoring patient’s vital statistics necessary. Ball cites several trends in the technology of the present generation, and medical advances in wireless technology. This time of technology evolves so rapidly that equipment purchased today may be obsolete in less than six months (2005). Because of this, Bergeron suggests becoming familiar with the following concepts in order to make wiser decisions regarding wireless and pervasive devices and Blautophones devices; whereas, pervasive devices such as “Smart Shirt” and “Smart Bandage” is up and coming. The “Smart Bandage” contains a very small sensor that has the ability to detect when a wound has become contaminated. The Rochester Center for Future Health is working towards the development of a device that works in conjunction with the “Smart Bandage” and other devices that contain patient vital signs, respiratory patterns, and sleep patterns. The data obtained by these “shirts” is then stored into a wireless PDA for easy transferring and accessibility for the patient’s healthcare provider (Ball, Weaver, & Kiel, 2004). 

Biometrics seems to be another promising area of healthcare technology. This involves the use of individual physiological or behavioral characteristics to verify identity and is especially impressive due to the HIPAA enactment of 1996, which focuses on maintaining patient privacy. Biometrics prove to be a more secure method of identification as PINs and passwords may be stolen, while fingerprints and retina cannot. In compliance with HIPAA, biometrics allows for more accurate management and accountability of data accessing, as the biometric characteristics are unique to the person accessing the information. Furthermore, biometrics隽are used as a primary security level for access to the healthcare world from preventing medication errors to remote monitoring of patient vital signs to ensuring security through fingerprint scanning. It is the nurse’s responsibility to keep abreast of these evolving technology. Ball and Weaver are forecasting more effective methods of healthcare delivery. Fortunately, today’s ehealth tech such as search engines, online databases, and bulletin boards could not make the process of keeping up with the times any easier.

References
Elizabeth A. Morris Clinical Education Sessions  
FACES ‘08

Our annual Elizabeth A. Morris Clinical Education Sessions – FACES 2008 was held on Tuesday, 22 April at the Eastmont Baptist Church in Montgomery. We had another tremendously successful event, with over 600 attendees, an outstanding lineup of excellent speakers and presenters, and a long list of terrific exhibitors. This was our third year at Eastmont, and the church staff was, as always, very supportive and welcoming. Those of you that enjoyed lunch at the church can also testify that the prepared meal was delicious; never mind the great desserts! This year we had an extensive series of tracks from which to chose: AANS, Advance Practice, Education, Research, Geriatric, Med-Surg, Pediatric, Psych/Mental Health, and Technology. In addition, the poster presentations were excellent, with 1st place winners Rachel Mack, BSN, RN/Debra Litton, MSN, MBA, RN, CAN (Tackling Ventilator Associated Pneumonia...) and students April Fredericks/Bishop Pearson/Julie Speegle/Renee Taylor (Music Therapy for Management of Dementia). We were also honored to hear a keynote address on protecting Alabama’s food supply by Ron Sparks, Commissioner of the Alabama Department of Agriculture & Industries.

A special thank you to our exhibitors and sponsors at Elizabeth A. Morris Clinical Education Sessions (FACES).

Alabama Organ Center  
ALL Kids  
Alabama WIC Program  
DCH Health System  
Emory University  
Jackson Hospital  
JSU College of Nursing & Health Science  
Rinehart & Associates  
Southeast Alabama Medical Center  
The College Network  
The Compounding Shoppe  
Troy University  
United States Army  
University of Alabama, Capstone College of Nursing  
University of Alabama at Huntsville  
University of Alabama at Birmingham

A very happy Wendi Jones visits exhibitors

Alabama’s Agriculture Commissioner Ron Sparks

Betsy Gulledge

Dr. Habiba Shaw

Dr. Joyce Varner

Jennifer Frank

Kevin Walmsley on Personal Finance

Dr. Linda Roussel

Dr. Arlene Morris

Kelli Cleveland

L to R Rickie Varner, Todd Harlan and Jeff Thompson

Mary Wade on Adult Cystic Fibrosis

Students receive training with USA’s interactive patient SIMs

Rachel Mack & Debbie Litton (not shown) Poster Winners

Presented by LPNAA

Michelle Schutt discusses SIDs

Lawson State Community College Students

Students receive training in USA’s Technology Tract

Tammy Langlois-Regan

USA’s Dr. Mike Jacobs

USA’s Jeff Thompson

Wilda Rinehart presents NCLEX Review
Our annual Legislative Day, held on Tuesday, February 19th at the State Capitol in Montgomery was one of the best in recent memory. Attendance topped 230, a new record. An excellent lineup of speakers was headed by outstanding presentations by Sen. Parker Griffith, (D) Huntsville and Rep. Greg Wren, (R) Montgomery. In addition, our own Dr. Debbie Faulk gave an excellent briefing on ethics and politics, and ADPH attorney John Wible provided a very entertaining and thought-provoking message on ethical operation in nursing practice. Genell Lee, ABN Executive Officer, gave a very informative update on current issues in nursing in Alabama, and Helen Wilson covered a number of important issues from the national/ANA perspective. ASNA Executive Director Joe Decker then provided a brief overview of ASNA’s 2008 legislative agenda. Following that, all those interested in touring the Alabama State House and visiting their own Representative/Senator were escorted across the street for that purpose.
MEMBERSHIP NEWS

New/Re-New/Rejoin

District 1:
- John Barnette, RN
- Karen Thompson, LPN
- Karen Whisenant, RN, BSN, MSN, CRNP
- Mary Brethour, CRNP
- Russell Bien, MSN, CRNP
- Kristy L. Bates, RN
- Sybil Rourke, RN, MSN, MBA
- Terena Stidham, CRNP
- Paula Pabst, MSN, RNC
- Debra Kenchel, RN

District 2:
- M. Gail Hill, PhD, CRNP
- Julie Jones, RN, MSN
- Jo Anne Miller, BSN
- Rosalynde Peterson, MSN
- Mary Ellen Cole, MSN, CRNP
- Vickie Griffith, RN, MSN, CRNP
- Marissa Rovakard, RN
- Shonda Courtland, RN

District 3:
- Staci Machado, RN, BSN, CNC
- Paula King, RN, BSN, CEN
- Deborah Cockrum, BSN
- Henry Brown, RN
- Melissa Nation, BSN
- Valerie Taylor, RN, MSN
- Sharon Renfroe, RN, MSN, CRNP
- Karen Sayre
- Linda Lowe, RN, BSN, MSN, CRNP
- Richard Brown, MSN, CRNP, JD
- Angela Kurosaka, RN, BSN, CNN
- Velma Shelton Freeman, AND
- Tracie Hughry, RN
- Lynn McPherson, RN
- Margaret Avery-Siggers, RN
- Emily Brown, RN
- Chandra Robinson, RN-ADN
- Pierson Cannington, RN
- Belinda Isley, RN, MSN, WHNP-BC
- Robin Merkel, RN
- Fred McKinney, RN
- Dorothy Childress, Howard, RN

District 4:
- Rollie Barch, BSN, CCM, CPUR
- Carl B. Patronas, RN, BSN, CMSRN
- Susanne Fogger, DNP/NRN, ARNP-BC
- Gerrie McMillian, RN
- Melissa Fleming, RN
- Kathy Coar, RN
- Juania G. Nelson, RN, SN, MSN
- Angela Kurosaka, BSN, CNN
- Velma Shelton Freeman, AND
- Tracie Hughry, RN
- Lynn McPherson, RN
- Margaret Avery-Siggers, RN
- Emily Brown, RN
- Chandra Robinson, RN-ADN
- Pierson Cannington, RN
- Belinda Isley, RN, MSN, WHNP-BC
- Robin Merkel, RN
- Fred McKinney, RN
- Dorothy Childress, Howard, RN

District 5:
- Nancy Murner, MSN, CRNP, CCRN
- Janice Martin, FNP, C
- Wendy Simpson, RN
- Dorothy Thomas, RN
- Terrence Johnson, RN
- Allison Johnson, RN
- Karen May, RN
- John Evans, RN
- Debbie C. Duncan, RN
- Amie Mynard, RN
- Ramona Lazenby, EdD, CRNP, RN
- Valerie Cochran, MSN, RN, NE-BCH
- Theresa Oliver-Jones, RN, BS, MS
- Wanda Vines, RN, CQRMS-LTC, RAC-C
- Patty Dart, RN
- John Hanks, RN, BSN, MBA
- Brenda Henderson, RN
- Shawnee O’Neill Collins, RN

DUES OPTIONS
Visa/Master Card Payment Option
(Also available for monthly payments)
Visa/Master Card #: ____________________________
Exp. Date: __________/________
Signature of Cardholder: _______________________
Individual Affiliate Dues: (LPN, PA, etc.):
___ $95.00 Annual Payment
___ $50.00 Semi-Annual Payment
Dues Amount: _______________________
Tax Deductible Donation to ANF: __________
Total Enclosed: _______________________

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

ASNA Use Only

Authorization:
In order to provide Semi-Annual payments to Alabama State Nurses Association (ASNA):
1. This is to authorize ASNA to withdraw 1/2 of my annual dues and any additional services fees from my checking/credit account biannually on or after the 15th day of the 7th month, which is designated and maintained as shown by the enclosed payment for the first six (6) month’s payment.
2. ASNA is authorized to charge the amount by giving the undersigned thirty (30) days written notice.
3. The undersigned may cancel this authorization at renewal time upon receipt of 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.
4. ASNA Use Only

Policies:
1. Authorization is initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate year shall be the last day of the month in which you joined.
3. You may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse and a change in your expiration date.
5. Payment method/affiliate status may be changed at expiration (renewal) date only.
6. Submission of an affiliate application constitutes intent to retain affiliation for a period of 12 months. Payments are not refundable.
7. PAYMENTS MUST ACCOMPANY APPLICATION. Please note that all Installment plans include a $2.50 bi-annual service fee.
8. For further affiliate information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.
MEMBERSHIP NEWS

DUES OPTIONS

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

Full Dues (ANA/ASNA)
____ Full or ______ Part Time
____ $299.00 Annual Payment
____ $24.95 Monthly Bank Draft
____ PAYROLL DEDUCTION—UAN Members Only ($12.26/Pay Pkd)

Reduced Dues (ANA/ASNA)
____ Unemployed, ___ New Graduate, ___ RI (required/fit in higher education program) ___ 65+ years of age & not earning more than Social Security allowed
____ $148.50 Annual Payment
____ $12.45 Monthly Bank Draft

Special Dues (ANA/ASNA)
____ 65+Retired/Not Employed ___ Totally Disabled
____ $175.00 Annual Payment
____ $15.00 Monthly Payment

Dues Amount:
____ Tax Deductible Donation to ANP:
____ (please enclose separate check)
____ Total Enclosed:

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

Membership Application—
ANA/ASNA or ASNA Only

| UAN Member: ___ Yes    ___ No    Preferred Contact: ___ Home    ___ Work |
| UAN Use Only |
| __________ |

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

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

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

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

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

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

Authorized Signature: ____________________________

Date: ______________________

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

Policies:
1. Membership privileges are initiated upon verification of membership qualification and receipt of first membership payment.
2. The expiration date of the membership year shall be the last day of the month in which you joined.
3. Your membership may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse of membership and a change in your expiration date.
5. Payment method may be changed at expiration (renewal) date only.
6. Submission of a membership application constitutes intent to retain membership for a period of 12 months. Payments are not refundable.
7. PAYMENTS MUST ACCOMPANY APPLICATION. Please note that all Bank Draft and Installment plans include a $6.00 annual service fee.
8. Do not add this $6.00 to your payment; it is already built in.

MEMBERSHIP NEWS

For further membership information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.

BE AN ACTIVE MEMBER

Serve on an ASNA Committee for 2008-2009

____ Committee on Governance
____ Committee on Membership
____ Committee on Finance
____ Committee on Continuing Education

SPECIAL COMMITTEES
____ Committee on Awards
____ Committee on Convention
____ Committee on Ethics & Human Rights
____ Committee on Legislative
____ Environmental Health & Safety Task Force
____ Informatics Nursing Workgroup

* Appointed by each District Board of Directors

Name: ____________________________

Credits: ____________________________

Address: ____________________________

City, State & Zip: ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

Fax: ____________________________

e-mail: ____________________________

District: ____________________________

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

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

Standing Committees

MEMBERSHIP NEWS

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

New Application Renewal ________ ANA ID________

Name: ____________________________

Address: ____________________________

City State Zip: ____________________________

County: SSN (Last 4 Only): ____________________________

Home Phone: ____________________________ Home Fax: ____________________________

Work Phone: ____________________________ (Ext) ____________________________

Work Fax: ____________________________ Cell Phone: ____________________________

CREDENTIALS: ABN License # ____________________________

E-mail Address: ____________________________

Employment Status: F/T P/T

____ Unemployed _______ Retired

Employer: ____________________________

Employer Address: ____________________________

City State Zip: ____________________________

Recruited By: ____________________________

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

* Appointed by each District Board of Directors

Visa/Master Card # ____________________________

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

Visa/Master Card # ____________________________

Exp. Date: ____________________________

Signature of Cardholder: ____________________________

Full Dues (ANA/ASNA)

Full or Part Time: ____________________________

$299.00 Annual Payment: ____________________________

$24.95 Monthly Bank Draft: ____________________________

PAYROLL DEDUCTION—UAN Members Only ($12.26/Pay Pkd): ____________________________

Reduced Dues (ANA/ASNA)

Unemployed, New Graduate, RI (required/fit in higher education program), 65+ years of age & not earning more than Social Security allowed: ____________________________

$148.50 Annual Payment: ____________________________

$12.45 Monthly Bank Draft: ____________________________

Special Dues (ANA/ASNA)

65+Retired/Not Employed: ____________________________

Totally Disabled: ____________________________

$175.00 Annual Payment: ____________________________

$15.00 Monthly Payment: ____________________________

Dues Amount: ____________________________

Tax Deductible Donation to ANP: ____________________________

(please enclose separate check)

Total Enclosed: ____________________________

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

ASA Direct Member—Non-ANA Member: ____________________________

$175.00 Annual Payment: ____________________________

$15.00 Monthly Payment: ____________________________

Dues Amount: ____________________________

Tax Deductible Donation to ANP: ____________________________

(please enclose separate check)

Total Enclosed: ____________________________

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

All memberships are annual. This is a twelve-month membership. Meetings may be held at the ASNA office, virtual (online) or by telephone conference.

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

Authorized Signature: ____________________________

Date: ______________________

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

Policies:
1. Membership privileges are initiated upon verification of membership qualification and receipt of first membership payment.
2. The expiration date of the membership year shall be the last day of the month in which you joined.
3. Your membership may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse of membership and a change in your expiration date.
5. Payment method may be changed at expiration (renewal) date only.
6. Submission of a membership application constitutes intent to retain membership for a period of 12 months. Payments are not refundable.
7. PAYMENTS MUST ACCOMPANY APPLICATION. Please note that all Bank Draft and Installment plans include a $6.00 annual service fee.
8. Do not add this $6.00 to your payment; it is already built in.

MEMBERSHIP NEWS

For further membership information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.
I Stand for Nursing

Tracie Collins Hughey, BSN, RN
Sylacauga

Twelve years ago I began this adventure in nursing. Throughout much of my career I have had the joy of working at Coosa Valley Medical Center in Sylacauga. Over the last twelve years, I was unaware of the importance of being a member of the Alabama State Nurses Association. This past year I began another journey at Auburn University Montgomery by completing the Educational Advancement for Registered Nurses (EARN) program to attain my BSN. Under the guidance of Dr. Debbie Faulk, I experienced immense perspective transformation in the need for nurses to stand together through the ANA and ASNA. It was always my naive belief that if I were to encounter a problem that the Board of Nursing would support me. They will support me as a consumer, but not as a nurse. The Alabama Board of Nursing's purpose is to protect the public. The Alabama State Nurses Association is the voice for nurses.

To me the biggest hurdle in joining the association was looking at the annual fee. But the monthly bank draft makes it easier to manage than digging up a lump sum. I get my money's worth by knowing I have a voice, resource for questions, and a means to be politically active. It is imperative for nurses to be vocal on political issues and the ASNA provides the information to make the process even easier. Though I may not agree with the ANA's support of Hillary Clinton, I stand firm in my membership to support my profession.

Colleagues have told me over the years that ASNA is a union. The reality of this is not true. The ASNA does not interfere with the employee–employer relationship. It is bewildering to me that physicians can be members of the AMA, pharmacist can be members of the American Pharmacist Association, dentist members of the ADA, attorney can be members of the Alabama Bar Association, and psychiatrist members of the APA; yet they are not called unions. As long as nurses are not members of their professional association, we will not have a voice. Thanks to the ASNA, assaulting a nurse in the work environment isn't a misdemeanor anymore. It is now a Class C felony with a minimum of 10 years. Without the ASNA there would not be 29–$10,000 scholarships for individuals to pursue Masters of Nursing in Education. The association is my voice! I stand for Nursing and ASNA.

CE CORNER

District Meeting Notices

Colbert County Nurses Society
Contact Anita M. Bales at abales@mcwsc.edu or 256-385-1671 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 voncieal@msn.com or 251-456-7536

Montgomery, Autauga, Elmore County Nurses Society
1st Thursday of each month—No Meeting in July because of the holiday.
E.L. Lowder Branch, Public Library
2590 Bell Rd., Montgomery, AL
6:00 p.m.
Contact Helen Wilson at 334-567-0943 or lwilson838@aol.com

Alabama State Nurses Association ANPC
September, 2008 during ASNA Convention
Contact Mary Wade @ mwade@uab.mc.edu or 205-934-5402.

ASNA District 1
Meets the 2nd Saturday of every month at the University of Alabama Huntsville, College of Nursing, Holmes Ave next to Salmon's Library Dean's Conference Room 2nd Floor 10 am–12 noon.
Contact Ann Bates at 256-331-6237 or ambales@bellsouth.net

ASNA District 2
August 2, 2008.—Northport DCH—Private Dining Room—Board meets at 9 am—General Meeting at 10 am.
Contact Betty Grammer at bettygrrammer@bellsouth.net or 205-759-7573 for more information.

ASNA District 3
Contact Debbie Litton at 205-933-8101, ext. 6138 or debra_litton@med.va.gov

ASNA District 4
August 19th, September 9th, and November 18th, 2008, Spanish Fort United Methodist Church, in the Reed Room—7 pm Bring a covered dish. Contact Dr. Joyce Varner at jvarner@usouthal.edu or 251-434-3401 for more information.

ASNA District 5
September 6, December, 1:30 pm—ASNA Headquarters—Montgomery, Alabama.
Contact Ada Britt at abbritt@aol.com or 334-727-7001 for more information.

AANS Meetings
Contact Larry Slater at president.aans@gmail.com for more information.

Centralizing District Funds

Currently, all ASNA individual member dues go to ANA with central billing, a service provided by ANA to state associations. Each month ANA sends a check to ASNA (direct to our bank in Montgomery) for total dues receipts. In turn, ASNA HQ rebates a % of those dues to each District based on their current membership. Each District maintains a bank account for those funds, and spends as they see fit, usually on scholarships and local District events. At the end of each calendar year each District does an internal audit and sends the report to ASNA HQ for review; we in turn pass that to our accountant for review and annual tax return.

Recently in Georgia the GNA HQ began retaining those additional rebates in a central account to 1) simplify accounting and audit procedures; and 2) invest the accumulated funds in an interest bearing account. Districts then request funds via a simple one page grant form for any purpose/event they wish to undertake. Georgia tells us that, after some initial concerns by the Districts, the system is working very well. In the 1½ years the system has been in place, no District has had difficulty obtaining funding from the HQ. The state office has realized additional revenues by positing the monthly rebates, and Districts are relieved of any requirement for audits. In addition, with changes to the IRS regulations this year, any non-profit—even those with annual receipts of less than $25,000/year—must fill out an annual IRS tax form. While this new form is fairly simple and easy to do electronically, each District with a Tax ID number must send the form in or risk losing non-profit status. As an aside, we would anticipate that if this process is implemented at ASNA, any funds currently residing with the Districts would remain with the District. Only future rebate amounts would be held at ASNA HQ. In addition, each District would be able to track their current funds available at HQ; these funds would be “fenced” in our ASNA accounting database.
Greetings from the Alabama Association of Nursing Students (AANS)

Larry Slater, President
The Executive Board of the AANS has had an exciting and productive year. We had over 100 students attend the annual ASNA/AANS Legislative Day in February. We also had a great turnout at the ASNA FACES Clinical Sessions, where we held the first meeting of our Council of School Leaders (COSL). We would like to thank all those schools that participated, as we discussed the AANS, the NSNA, and building up your local chapters.

Our next event is our State Project Work Day, coming up on Saturday, June 28. Help us lend a helping hand to local offices of the National Children's Advocacy center throughout the Alabama. And don’t forget our “Pennies from Heaven” fundraiser, also to benefit the NCAC, which is going on until August 29. For more information please visit our website, www.alabamanursingstudent.com, or e-mail our State Project Chair at president.aans@gmail.com.

And please mark on your calendar September 19-20. We hope to have over 250 students attend our annual convention, Tech & Touch: A Winning Pair for Nursing, which will take place at the Hotel Capstone in Tuscaloosa. We expect to have an exciting line-up of speakers and educational sessions, plus all participants may attend all ASNA plenary and focus sessions as well! There will be an exciting Awards Banquet on Friday night, followed by the AANS Tailgate Party. On Saturday we will hold our elections for the Executive Board for 2008-2009! WE NEED YOU to keep AANS heading in the right direction next year! Also, don’t forget about our annual scholarship essay competition where you can win a $250 award. Convention, election, award, scholarship, and registration information are all available on our website.

We hope you all have a great summer and we cannot wait to see you all in SEPTEMBER! If you need anything at all before then, please feel free to e-mail me at president.aans@gmail.com.

AANS Convention Schedule 19–20 September 2008

Friday, 19 September 2008
7:30 AM Registration
8:00 AM-3:00 PM Exhibits
8:00 AM Silent Auction opens
8:00 AM-10:00AM NCLEX Mini-Review, Hurst
8:30 AM-9:30AM NCLEX Pharmacology Review, Sylvia Rayfield
9:00 AM Break in Exhibit area
9:00–10:00AM Free Time for Exhibits
9:45–10:45 AM You Can Make a Difference, Laura Chapman, NSNA Vice President will give a quick insight into the structure behind NSNA and how the local, state, and national chapters work together as one.
10:45–11:45 AM Technology and the NCLEX, Wilda Rhinehart
10:45–11:45 AM Pharmacology Review, (Repeat) Sylvia Rayfield
12 NOON Box lunch in Exhibit Area
1:00 PM ASNA & AANS Welcome, Ruby Morrison & Larry Slater
1:15 PM Key Note Becky Patton, ANA President
2:15 PM Break
2:30–3:30PM Resume Writing for Success: How to Capture the Job You Want
3:30 PM AANS House of Delegates Welcome, Officer Reports, Bylaw Changes, & Introduction of Resolutions
5:30 PM Plenary Session IV Sen. Parker Griffith
6:00 PM AANS/ ASNA Awards Celebration
8:00 PM Tailgate Party

Saturday, 20 September 2008
7:15 AM Registration
7:30 AM Breakfast
8:00 AM AANS House of Delegates & Candidate Speeches
8:00 AM NCLEX Mini Review, Hurst
9:00–12 NOON AANS House of Delegates, Voting, New Officers & Resolutions
11:45 AM Luncheon
12 Noon The Alabama Board of Nursing and Sunset Review and Other “Hot” Legislative Issues for 2009. N. Genell Lee
1:45 PM Transition Meeting For New Officers

How to Register for Convention
Fill out the registration form. Make check payable to Alabama State Nurses Association and mail to: Alabama State Nurses Association, 360 North Hull Street, Montgomery, AL 36104-3644 or if paying by Visa, MC, or Discover, fax to 334-262-8578 (do not mail if faxing). Any type credit card may be used by visiting www.paypal.com and sending the appropriate payment to membersa@bellsouth.net. Note: remit for payment in the comment section.

For hotel reservations, contact the Hotel Capstone in Tuscaloosa, AL at 205-752-3205. Room rates are $94.00 for a Single Double. Please inform the hotel if you are part of ASNA when making reservations by August 19, 2008 TO BE INCLUDED IN THE ROOM BLOCK. Reservations made after that date will be taken on a space and rate availability.

A Message from the Alabama Organization of Nurse Leaders

Susan Sheffield, President
The American Organization of Nurse Executives for Nurse Leaders 41st national meeting was held in Seattle, Washington in April. Our theme was “Visionary Visitors” and indeed, vision and creativity is required to focus on our future challenges!

The Alabama Organization of Nurse Leaders (AaONL) has been actively involved in Alabama’s efforts to submit a proposal as Team Alabama for the national Nursing Education Capacity Summit which will take place June 26th-27th in Washington D.C. We have supported this effort and are pleased our state team has been selected to participate. We stand ready to assist Team Alabama, in any way required.

AaONL continues its focus on the working environment by continued participation in the Robert Wood Johnson “Transform Care at the Bedside” (TCAB) initiative. University of South Alabama Medical Center in Mobile and Druid City Health System in Tuscaloosa were awarded these grants. Their staffs have worked together focusing on four major areas of TCAB: safety and reliability, core team vitality, patient-centeredness and increased value. We look forward to their recommendations from this work.

The American Organization of Nurse Executives has developed two certification exams, to be implemented this year. These exams incorporate core nurse manager/leader/executive competencies. The nurse manager exam has been implemented and the nurse executive certification exam will be implemented this fall. Information can be obtained from the website www.aone.org.

AaONL is working as a member of the Nursing Coalition of Nursing Organizations to develop a legislative day in February, ’09. Active participation and visibility is required to gain legislative support for attention to nursing issues that affect the health and welfare of our citizens. In addition, at the national level, we are interested in the development of the “Nurse Billing and Reimbursement” legislative initiative. Results of an AONE funded study to evaluate a nursing intensity and adjustment DRG payment, will assist in the policy development to unbundle nursing care from room and board. John M. Welton, PhD, RN, Associate Professor and Faculty Chair, Medical University of South Carolina, College of Nursing, Charleston, S.C. had led the AONE initiative in this area.

An educational conference is planned for July 11th, at Baptist Princeton Medical Center. The topic: “Update of Alabama Healthcare Workforce: Demographics and Legislation.” This will prove to be an informative educational meeting, with CME’s awarded.

Please plan to join us again, this September 18th-20th, at the Hotel Capstone and Bryant Conference Center in Tuscaloosa, for the joint collaborative conference hosted by ASNA, AaONL and AANS. We will host the luncheon, September 18th with a dynamic nurse speaker Melissa Fitzpatrick. She is the corporate nurse leader for Hill-Rom. The lunch and speaker are sponsored by Hill-Rom. In keeping with the conference theme of “TECH and TOUCH a Winning Pair”, Melissa Fitzpatrick will be addressing these issues. Her presentation will be followed by the AaONL annual meeting. In addition, there will be a Leadership Track that promises to be exceptional. You will not want to miss our conference. Additional information will be available in the ASNA Convention Program Schedule.

We look forward to an exciting year and ask for your continued support to continue AaONL as a dynamic nursing organization for nursing leaders.

2008 Convention Preliminary Sponsors & Exhibitors

Sponsors:
GOLD
Arthur L. Davis Publishing Agency, Inc.
SILVER
Hill-Rom
BRONZE
The College Network

2008 CONVENTION EXHIBITORS
Alabama Organ Center
Auburn University/ AU Montgomery
Bay Medical Center
DCH Health System
Emory University School of Nursing
Hill Rom
Jackson Hospital
Rinehart & Associates
Shepherd Center
Southeast Alabama Medical Center
The College Network
UAB Hospital
University of Alabama-Capstone College of Nursing
University of Alabama in Huntsville

CONVENTION 2008

THE ALABAMA NURSE • PAGE 13 •
1. NOMINATIONS
A. Nominations Committee
   a. Nominations from the Nominations Committee shall be accomplished according to ASNA Bylaws.

2. ELECTION OF OFFICERS
A. Elections will be by secret ballot.
B. Only credentialed delegates will be allowed to vote.
C. Voting times and polling location will be announced at the House of Delegates.
D. Election monitors(s) will verify eligibility of delegates (current membership card, delegate ribbon, and photo ID) at the entrance to the polling area.
E. No campaigning will be permitted in the polling area.
F. Each delegate will place his or her completed ballot into the designated container.
G. Once the delegate has finished voting he or she must exit the polling area.
H. Polling area will be open and closed promptly at specified time.
I. Ballots will be controlled and counted by a minimum of three (3) tellers.
J. One Teller will give each delegate one (1) ballot as the delegate enters the polling area.
K. One Teller will monitor the ballot box to assure that each delegate places a single ballot into the container.
L. One Teller will monitor the polling area to be sure delegates exit after voting.
M. Once the polling area is closed the Tellers will count the ballots.
N. The Head Teller will complete the Teller’s Report.
O. The Head Teller will present the official election results to the President in accordance with Robert’s Rules of Order, 10th Edition.
P. The President will report the result to the HOD in accordance with Robert’s Rules of Order, 10th Edition.

Preliminary Ballot for ASNA Convention
Candidates for 2008-2010

President-Elect (ANA Delegate):
Joyce Varner, DNP, GNP-BC, GCNS

Write-in candidate:

Treasurer:
Arlene Morris, EdD, RN, CNE

Write-in candidate:

Commission on Professional Issues (Vote for 4)
Janet Donoghue, BS, RN, SANE-A
Barbara Knowles, BSN, RN, OCN
Debra Litton, RN, MSN, MBS, CNA
Michelle Schutt, MSN, RN
Roy Ann Sherrod, DNS, RN

Write-in candidate:

Nominating Committee (Vote for 3)
Janet Donoghue, BS, RN, SANE-A
Cam Hamilton, MSN, RN
Juanita Landers, MSN, CRNP

Write-in candidate:

Important information for ASNA Delegate Registration
Delegates are encouraged to register for convention in advance to expedite the on-site credentialing process. See the registration form in the pull out section of this issue for registration fees. Full registration includes Friday Evening Awards/Celebration Dinner, Friday and Saturday breakfast and lunch. Additional tickets can be purchased for these events. Utilize the special poll-out section of The Alabama Nurse to register for convention. Please note the cut off date for the hotel discount is August 19, 2008. ASNA has blocked a certain amount of rooms for this convention. Please consider that off-site hotel registration of delegates causes a financial hardship to the organization if the room block is not met.

SO YOU ARE AN ASNA DELEGATE

Being a Delegate to a state convention can be an exciting experience but one that also has some inherent responsibility. As you may know, the House of Delegates (HOD) is the governing and official voting body of the Alabama State Nurses Association (ASNA). The House meets annually. Members of the HOD have a crucial role in providing direction and support of the work of the Alabama State Nurses Association. Delegates are elected to the HOD to work for the betterment of ASNA and the nursing profession. Each delegate is expected to study the issues thoroughly, attend each session of the HOD (including the Open Forums), and engage in active listening and debate. Also, delegates are encouraged to use the extensive resources and collective knowledge available at each meeting to provide direction and support for the work of the organization. Such a commitment benefits the individual delegate, the association, and the nursing profession.

If a delegate in unable to attend the 2008 ASNA House of Delegates, his/her district nurses association (DNA) should be notified at once. When alternate delegates are substituted for delegates, it is the responsibility of the District President to notify ASNA of the change immediately.

You are now an ASNA Delegate.

Your responsibility as a Delegate begins with your selection by the ASNA Board of Directors and continues through your term of office and beyond. Your role is not only to represent the interests of the nurses in your district but to contribute to the overall goals and mission of ASNA.

The Nurse Leaders, Alabama Association of Nursing Students
Convention Schedule—August 19, 2008

Mabel Lamb Continuing Education Day
Thursday, 18 September
9:45 AM Registration
10:15 AM Pandemic Influenza, Cindy Lessinger
11:30 AM Lunch and Alabama Organization of Nurse Leaders Annual Meeting
“Tech and Touch a Winning Pair”
Melissa Fitzpatrick
1:30–6:00 PM Workshops I–IV

Workshop I
Creating and Sustaining Healthy Work Environments (Sponsored by the ASNA Commission on Professional Issues)

Workshop II
Advance Practice

- Aortic Valve Disease: An Open and Shut Case, Darryl Campbell, MSN, CRNP
- Listening, Advising, Socializing with Homebound Diabetics, Sharon George, PhD, RN, CNL, and Carolyn Scroggins, MSN, RN
- The Management of Weight Loss in Long Term Care Facilities, Charlotte Wyom, MSN, CRNP
- HIV Update, Speaker TBA (sponsored by an unrestricted educational grant from Bristol Meyers Pharmaceutical)

Workshop III
Using Technology for Nursing Care

- Induced Hypothermia, Dwight Lammon, BSN, RN
- Simulation in Disasters, Dr. Susan Gaskins & Melondie Carter
- Institutional Technology in Higher Education, Dr. Staffo
- Classroom Technology, Dr. Debbie Faulk
- E-MAR, Speaker TBA
- Smart Pump, Speaker TBA

Workshop IV
Diabetes Intensive

- Trinette Bell, MSN, CRNP, CDE
- Pathophysiology
- Patient Education
- Self-Management

6 PM Reception (Sponsored by the Montgomery, Autauga, and Elmore County Nurses Society)

6:30 PM Supper followed by a night at the movies or Board of Directors Meeting

7:30 PM ASNA Board of Directors Meeting
Friday, 19 September 2008
7:15 AM Continental Breakfast
7:30 AM Polling station
8:00 AM – 3:00 PM Exhibits
8:00 AM Silent Auction opens

Convention Schedule cont. on page 15
**CONVENTION 2008**

### ASNA & AlaONL Registration

Name & Credentials  
Address  
City  
State  
Zip  
Day phone (__________)  
Fax (__________)  
E-mail  
Credit Card #:  
Exp. Date:  

**Registration:** Fees include educational sessions and food events for the days registered including single day registration. Individuals registering the day of the Convention will be issued food tickets ONLY if available. Additional guest tickets may be purchased for food functions only. Registration for the Full Convention does not include the Mable Lamb Educational Day on Thursday, September 18, 2008. All Pre Convention and all Convention attendees are invited to the Dinner September 18, 2008 at 6:00 PM.

**Payment:** Amount of registration is determined by postmark if mailed or date received in case of phone, fax, or PayPal. Payment or Purchase Orders must accompany registration in order to be processed. Registrations postmarked, faxed, or received by PayPal on or before August 1, 2008 will be considered early registration. Registrations postmarked, faxed, or received by PayPal after August 1, 2008 will be considered regular registration.

**Cancellations:** A written request must be received prior to August 31, 2008. A refund minus a $20 processing fee will be given. No refund will be given after August 31, 2008. We reserve the right to cancel the activity if necessary. In that case a full refund will be given.

**Returns:** A written request must be received prior to August 31, 2008. A refund minus a $20 processing fee will be given. No refund will be given after August 31, 2008. We reserve the right to cancel the activity if necessary. In that case a full refund will be given.

**Refunds:** A written request must be received prior to August 31, 2008. A refund minus a $20 processing fee will be given. No refund will be given after August 31, 2008. We reserve the right to cancel the activity if necessary. In that case a full refund will be given.

### Convention Schedule cont. from page 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Bedside Technology in Home Health, Susan Freeman, BSN, RN, sponsored by AlaCare</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Break in Exhibit Area</td>
</tr>
<tr>
<td>9:45 AM</td>
<td>Compassion Fatigue, Barbara Harris, MSN, RN</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>HIV: Old Behaviors, New Challenges for the Health Care Professional, Richard Meriwether, BS</td>
</tr>
<tr>
<td>12 NOON</td>
<td>Box Lunch in Exhibit Area</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Welcome, Ruby Morrison, DSN, RN, ASNA President and Larry Slater, NS, AANS President</td>
</tr>
<tr>
<td>1:15 PM</td>
<td>Key Note ANA Today, Rebecca M. Patton, MSN, RN, CNOR</td>
</tr>
<tr>
<td>2:15 PM</td>
<td>Break</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>House of Delegates</td>
</tr>
<tr>
<td>5:30 PM</td>
<td>Nurses and Politics, Sen. Parker Griffith</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>Awards Celebration</td>
</tr>
<tr>
<td>8:00 PM</td>
<td>Tailgate Party</td>
</tr>
</tbody>
</table>

**Saturday, 20 September 2008**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Breakfast Roundtable Discussions</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Using Technology to Improve Patient Outcomes, Drs. Angela Collins &amp; Ann Graves</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>House of Delegates</td>
</tr>
<tr>
<td>11:45 AM</td>
<td>Silent Auction Closes</td>
</tr>
<tr>
<td>12 Noon</td>
<td>Luncheon</td>
</tr>
<tr>
<td>12:45 PM</td>
<td>The Alabama Board of Nursing and Sunset Review and Other “Hot” Legislative Issues for 2009, N. Genevill Lee, MSN, RN, JD</td>
</tr>
<tr>
<td>1:45 PM</td>
<td>Closing</td>
</tr>
</tbody>
</table>

**POSTERS (Preliminary List)**

1. Distance Accessible Teaching Methods for Dual Adult/ GNP Program, Loretta Lee, MSN, CRNP and Anne Fivette, DSN, CRNP  
2. The Relationship of Sexual Empowerment and Sexual Pressure to Condom Use of Young Adult African American and Caucasian Women, Carrie Ann Long, BSN, RN (RD student) and Linda Moneyham, DNS, RN, FAAN  
3. Empowering Families in the NICU Through Innovative Educational Techniques, Kristen Noles, BSN, RN  
4. PROBE: Partnerships for RN Online Baccalaureate Education, Ruby Morrison, DSN, RN  
5. Alabama Incident Management System: AIMS, John Hankins, MSN, RN  
6. The Effects of Reasoning, Memory, and Speed of Processing on Falling in Community-dwelling in Older Adults: David Vance PhD, MGS; Lesley Ross, Virginia Wadley, Michael Crowe, Jerri Edwards, Karlene Ball  
7. Cognitive and Everyday Functioning in Older and Younger Adults with and without HIV, David Vance, PhD, MGS, Virginia Wadley, and Karlene Ball  
8. The Impact of Age and HIV Status on Psychological Well-being, David Vance, Shermin Lee, Jamie South, Karlene Ball, and Virginia Wadley  
9. Proven Formula for Success in a Nursing Program, Kristen Herrin, MSN, RN and Darlene Showalter, MSN, RN  

320 Paul Bryant · Tuscaloosa, Alabama 35401 – 205.752.3200  
June, July, August 2008  
THE ALABAMA NURSE • PAGE 15 •
Fees

1.) Mabel Lamb Continuing Education Day Workshops, Thursday, September 18, 2008 (includes Lunch and Dinner—Select one of the following choices:

- Tract I Healthy Work Environment  ____ ASNA member $99 ____ Non-member $119
- Tract II Advance Practice  ____ ASNA member $99 ____ Non-member $119
- Tract III Technology  ____ ASNA member $99 ____ Non-member $119
- Tract IV Diabetes  ____ ASNA member $99 ____ Non Member $119

NOTE: Add $10 to above fees if received after August 31, 2008

2.) Convention, Friday and Saturday, September 19–20, 2008 (includes tickets to all meal functions listed in this application and Thursday Night Dinner)—Select one of the following choices:

- ASNA Delegates Only (must register for entire convention)*
  - Received on or before August 1, 2008  __________$199
  - Received after August 1, 2008  __________$215
  - Received after August 31, 2008  __________$230

- Non–Delegates—Full convention *
  - Received on or before August 1, 2008  __________ Member $215  _________Non Member $240
  - Received after August 1, 2008  __________ Member $230  _________ Non Member $255
  - Received after August 31, 2008  __________ Member $245  _________ Non Member $270

- Daily Registration *
  - Received on or before August 1, 2008  __________ Member $115/day _________ Non Member $140/day
  - Received after August 1, 2008  __________ Member $130/day _________ Non Member $155/day
  - Received after August 31, 2008  __________ Member $145/day _________ Non Member $170/day

- Additional Meal/Function Tickets
  - Thursday, September 18, 2008–Luncheon ( ) Chicken or ( ) Pork–Select One  _____ $25
  - Thursday, September 18, 2008–Dinner  _________ $25
  - Friday, September 19, 2008–Continental Breakfast/Breaks  _________ $25
  - Friday, September 19, 2008–Lunch  _________ $20
  - Friday, September 19, 2008–Awards Banquet ( ) Salmon or ( ) Steak–Select One  _____ $40
  - Saturday, September 20, 2008–Roundtable Breakfast  _________ $20
  - Sunday, September 20, 2008–Luncheon  _________ $25

- Total Enclosed: ________ $

*ASNA Special Dues members (65+/Retired or Completely Disabled) receive an additional 10% discount on registration.

Confirmations by email only
Indicate if you will attend Tailgate Party Friday, September 19 following the Awards Celebration
☐ Yes  ☐ No
In an ongoing 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 in 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 July 11, 2008,** and must include the following information:

- **Nominees**
  - Full name and nursing credentials of Nominee.
  - Daytime phone number and email address of Nominee.
  - Position and years in the position for Nominee.
  - Employer’s Name and address.
  - Recent Photograph.
  - 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:

- **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 July 11, 2008.**

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

---

**The FACE of Nursing 2009 Calendar**

**Employer Statement of Support**

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

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

**Signature**

**Printed name**

**Title**

**Facility**

**Phone**

**Email**

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

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

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

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

---

**2009 Face of Nursing Calendar Sponsorship/Advertising Opportunities**

**Sponsor of the Month**

$1,000

- Sponsorship of a Month in the Face of Nursing Calendar includes:
  - Organizational logo and name on the bottom of the page of the sponsored month
  - Send electronic logo to alabamasna@bellsouth.net by 7/01/08.
  - A sentence or two, to accompany the Logo, about your organization or how your organization values nurses
  - Logo on inside front of the calendar cover
  - Logo on back outside cover
  - Organization acknowledgement and logo in *The Alabama Nurse* for calendar sponsorship. This publication has a distribution to over 63,000 registered and licensed practical nurses in the state.
  - 10 complimentary calendars for your organization
  - If your employee is one of the calendar nurses your logo will go on the page with your employees photo

**Back Cover Sponsor**

$400

- Organization logo and name on the back cover of the calendar
  - Send electronic logo to alabamasna@bellsouth.net by 7/01/08.
  - Name and logo in *The Alabama Nurse*. This publication has a distribution to over 63,000 registered and licensed practical nurses.
  - 5 complimentary calendars for your organization

**Inside Front Cover Sponsor**

$500

- Organization logo and name on the inside front cover of the calendar
  - Send electronic logo to alabamasna@bellsouth.net by 7/01/08.
  - Name and logo in *The Alabama Nurse*. This publication has a distribution to over 63,000 registered and licensed practical nurses.
  - 5 complimentary calendars for your organization

**Calendar Pricing**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price Each</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 calendars</td>
<td>$7.95</td>
</tr>
<tr>
<td>11-25 calendars</td>
<td>$7.25</td>
</tr>
<tr>
<td>26-50 calendars</td>
<td>$6.25</td>
</tr>
</tbody>
</table>

*Please complete the enclosed Sponsorship Reservation Form right away to The Alabama State Nurses Association, 360 N. Hull St., Montgomery, AL 36104. We need to receive your form no later than July 01, 2008. Payment may be sent separately; please do not hold up your reservation form.*
Caring for the Little Ones
July 26, 2008
5.5 Contact Hours (ANCC)
6.6 Contact Hours (ABN)

Guest House Inn
946 Lake Mitchell Road
I-65, Exit 208
Clanton, Alabama

Goal: Explore health issues, which can impede learning in a school setting.

8:00 AM  Registration
8:15 AM  The State of the State: Alabama's Children and Youth with Special Health Care Needs--Claire Lenker, LCSW
9:15 AM  Post-NICU Care of the Child with BPD--David Lozano, MD
10:15 AM  Break
10:30 AM  The Sleepy Child and Healthy Sleep Hygiene--David Lozano, MD
11:30 AM  Lunch on your own
12:15 PM  Children's Environmental Health: Reducing Risks in the Home, School, and Recreational Settings--Anne Turner-Henson, DSN, RN
1:15 PM  CF and newborn Screening in Alabama--Staci Thrasher, MSW, LGSW
2:30 PM  Project HEAL: Nutrition and Physical Activity in Schools--Christy Swaid and/or Bonnie Spear
3:30 PM  Evaluation/Comments

Objectives:
At the conclusion the participant should be able to:
1. Explore how Alabama meets the needs of children and youth with special health care needs.
2. Discuss the medical management of a child with BPD.
3. Relate ways to ensure healthy sleep in children.
4. List specific ways to reduce environmental hazards for children.
5. Review the status of nutrition and physical activity in our schools.

Send registration and payment to ASNA, 360 North Hull St. Montgomery, AL 36104 or Fax to 334-262-8578

Name: ___________________________________________ Nursing License No.: _______________________
Address: _________________________________________________________________________________________
_________________________________________________________________________________________________
Home Phone: _________________________________ Office Phone: _________________________________________
Email: ___________________________________________________________________________________________

Credentials: ___________ Payment Method: ___ Check ___ VISA ___MC ___ Discover Amt Enclosed: __________
Card # __________________________ Exp. Date: ______________

Register Online at www.alabamanurses.org with Paypal using a variety of payment methods.

CONFIRMATIONS WILL BE SENT BY EMAIL ONLY
OPEN: Opportunities for Entry into Nursing

The University of North Alabama (UNA) implemented a federally funded program, Opportunities for Entry into Nursing (OPEN) focusing on Nursing Workforce Diversity. This project funds increased nursing education opportunities for individuals from disadvantaged backgrounds, including African Americans and other under-represented minorities among Registered Nurses (RNs).

Project OPEN provides pre-entry collegiate preparation, retention activities, and stipend awards for students who have the potential and motivation to become Registered Nurses (RNs).

Services offered:
- Peer Tutoring (throughout the curriculum)
- Counseling (academic and personal)
- Small Classes
- Study Sessions
- Mentoring
- Student Stipends
- Learning Communities
- Socialization

DISCLAIMER
“This project is supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under Grant No. D1HP07376 Nursing Workforce Diversity for $1,323,459. The information, content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHP, HRSA, DHHA, or the US Government.”

Dr. Ernestine Davis—Project Open Director, Mrs. Joy Laws—English Instructor
Mrs. Donna Thompson—Administrative Secretary, Mrs. Lynn Underwood—Nurse Educator/Coordinator, Mrs. Joan Williams—Counselor/Manager

Dr. Ernestine Davis—Project Director, Katherine Brumley, Stephanie Lampey, Tabitha Brown, Tiffany Gardner, Cristel McGee, Kendra Ransom, Bridgette Hood, Mercedes Hegler, Daleisha Jackson, Justin Walters, Ashley Ricks, LaDonna Donie, Tiffany Coffey, Ivy Howard, Amy Nazario, Johnny Jones, Marquita Ridgeway—Project OPEN students.

TO EVERYTHING THERE IS A SEASON: 2008 GERIATRIC UPDATE

Saturday August 2, 2008 9:00 am until 5:00 pm
6.25 contact hours (ANCC)
7.5 contact hours (ABN)

Location:
Eufaula Park and Recreation Center—14 Community Center Drive—Eufaula, AL 36027

Cost:
$50.00 for ASNA members and $70.00 for non-members— if postmarked by July25, 2008, after July25, 2008 add $15.00

Institution Group Rates:
3 or more individuals from same institution mailed in same company envelope may take a 15% discount each.

Agenda:
9:00–9:30 Registration
9:30–10:30 Head to Toe Geriatric Physical Assessment—Dr. Joyce Varner
10:30–11:30 Managing the Geriatric Orthopedic Giants: Musculoskeletal Problems, Falls, Gait Disorders—Dr. Faye McHaney
11:30–12:30 Lunch On Your Own
12:30–1:30 Key Components of the Functional Assessment—Dr. Joyce Varner
1:30–2:30 Pharmacology Update—Dr. Elizabeth VandeWaa
2:30–3:30 Sensory Impairments—Recognition and Management —Jean Stewart, MSN, RN
3:30–3:45 Break
3:45–4:45 Keeping Elders Safe: the Environmental Assessment—Dr. Faye McHaney
4:45–5:00 Closing Remarks, Evaluations and Certificates—Dr. Joyce Varner

Send registration and payment to ASNA, 360 North Hull St. Montgomery, AL 36104 or Fax to 334-262-8578

Name: _____________________________________________ Credentials: ________________________
Address: ____________________________________________________________________________
____________________________________________________________________________________
Home Phone: ______________________ Office Phone: ______________________
Email: ________________________________________________________________________________
ABN License #: __________________ Payment Method: __Check ___VISA ___MC Amount Enclosed: _____
Card # ______________________ Exp. Date: _______________

Register online at www.alabamanurses.org. Confirmations by Email only.

Continuing Education:
The Alabama State Nurses Association is an approved provider of continuing nursing education by the American Nurses Credentialing Center
Alabama Board of Nursing (valid through March 30, 2009)

Refunds: If cancellation is received in writing prior to July 25, 2008, a refund (minus a $20.00 processing fee) will be given. After July 25, 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.

Returned Check Fee: $30 returned check fee for any returned checks/dishonored payments.

OPEN: Opportunities for Entry into Nursing

The University of North Alabama (UNA) implemented a federally funded program, Opportunities for Entry into Nursing (OPEN) focusing on Nursing Workforce Diversity. This project funds increased nursing education opportunities for individuals from disadvantaged backgrounds, including African Americans and other under-represented minorities among Registered Nurses (RNs).

Project OPEN provides pre-entry collegiate preparation, retention activities, and stipend awards for students who have the potential and motivation to become Registered Nurses (RNs).

Services offered:
- Peer Tutoring (throughout the curriculum)
- Counseling (academic and personal)
- Small Classes
- Study Sessions
- Mentoring
- Student Stipends
- Learning Communities
- Socialization

DISCLAIMER
“This project is supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under Grant No. D1HP07376 Nursing Workforce Diversity for $1,323,459. The information, content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHP, HRSA, DHHA, or the US Government.”

Dr. Ernestine Davis—Project Open Director, Mrs. Joy Laws—English Instructor
Mrs. Donna Thompson—Administrative Secretary, Mrs. Lynn Underwood—Nurse Educator/Coordinator, Mrs. Joan Williams—Counselor/Manager

Dr. Ernestine Davis—Project Director, Katherine Brumley, Stephanie Lampey, Tabitha Brown, Tiffany Gardner, Cristel McGee, Kendra Ransom, Bridgette Hood, Mercedes Hegler, Daleisha Jackson, Justin Walters, Ashley Ricks, LaDonna Donie, Tiffany Coffey, Ivy Howard, Amy Nazario, Johnny Jones, Marquita Ridgeway—Project OPEN students.
Studies verify anecdotal reports of increased bed bug calls received by public health agencies and pest management companies. Nevada County agencies have also noticed a rise in reports of bed bug problems. Infestations are surfacing in almost every habitable location including homes, hospitals, nursing homes and college dorms. Outbreaks in multi-family dwellings are common and are particularly problematic. Before World War I, the common bed bug, Cimex lectularius, was well established in the United States. The use of the insecticide DDT in the 1940s and 50s made bed bugs a rare occurrence until the 1990s when the current resurgence became apparent. Today, bed bug problems involve factors such as increased mobility and travel, as well as increased resistance of the bugs to insecticides.

Bed bugs are excellent hitchhikers and will travel from place to place on clothing, used furniture, luggage and other items. They are a cryptic species that are often difficult to identify until a heavy infestation is present. Adult bed bugs are about ¼ inch in diameter, reddish-brown in color, and as flat as a credit card. They mature by molting through 5 nymphal stages. The smallest nymphs are the size of a speck of dust and best seen with a magnifying lens. Bed bugs are mainly active at night when they seek out a host for a blood meal. They stay well-hidden during the day usually close to where people sleep.

Bed bug bites are painless and feeding lasts only a few minutes. Repeated exposures to bed bug bites during a period of several weeks or more causes people to become sensitized to the saliva of the bugs. Additional bites may then result in mild to intense allergic responses. Once sensitized to the saliva of the bugs, additional bites may result in a hyper sensitive and possibly allergic reaction to prescription medications.

Identification of the skin reactions elicited by bed bug bites can be confounding as they resemble other commonly encountered dermatological presentations. Variability in bite reactions often appear to be similar to those arising from scabies, food allergies, chicken pox, and eczema. However, the infected bug is not capable of transmitting the virus when it feeds on a new host. Humans who are frequently bitten by bed bugs may develop a sensitivity “syndrome” that include nervousness, almost constant agitation (“jumpiness”), and sleeplessness. Psychological problems from living with bed bugs can be substantial, particularly if an individual has pre-existing mental health issues. Diagnosis of the skin reactions elicited by bed bug bites can be confounding as they resemble other commonly

California State University, College of Natural and Agricultural Sciences
Institute for Operational Health.

Biology, Symptoms, and Treatment. Version 2.0, 31 July. 2006 USAF

Infect Dis. 2005 Apr.


References


ALABAMA NURSES FOUNDATION

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

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

Name: _______________________________________
Phone: _______________________________________
Email: _______________________________________
Address: _____________________________________

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

Arthur L. Davis
2007 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) BSN and (1) LPN Student entering into senior year of an accredited nursing program. Applicants must have a minimum of a 3.0 GPA and be a member of the Alabama Association of Nursing Students (AANS). The Alabama Nurses Foundation decided that this gift would be used to fund two (2) $500.00 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. The awards will be made by random selection from among the entries. Notification of the award will be made by telephone followed with a notice by mail. Winners will be invited to present at the Awards Ceremony, Friday, September 19, 2008 at 6:00 p.m.

ARTHUR L. DAVIS Scholarship Application

Name: _______________________________________
ASNA Member Number: _________________________
Address: _______________________________________ 
City, State, Zip: __________________________________
Telephone Number: _____________________________
School Attending: __________________________________
GPA: __________________________________________
Signature and telephone number of the Dean or Program Director of the RN to BSN program:

I attest that I am a student in the ____________ Nursing program and that the GPA listed is correct.

Signed: _______________________________________

ALABAMA NURSES FOUNDATION

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

The Foundation invites and sincerely appreciates donations in any amount. This year the primary goal of the foundation is to raise enough money to be able to offer several scholarships to encourage nurses to become nurse educators/faculty.

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

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

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

Alabama Nurses Foundation Scholarship

Amount:
Graduate school minimum award $2500
Undergraduate school minimum award $1000

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

Dates:

Name: _______________________________________
Permanent Address: _____________________________
Day phone number _________________________ Email Address: _____________________________

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

Honors and achievements/extracurricular activities:

Career Goals (100 words or less)

Send the following with application:
1. Official Copy of current transcript
2. Names and contact information for two (2) references (at least one should be academic)

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

Success Depends on You

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

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

☐ Supporter $10 ☐ Friend $25 ☐ Sponsor $50
☐ Fellow $100 ☐ Patron $500 ☐ Benefactor $1000
☐ Other

☐ In Memory or Honor of ___________________________ $ ___________

NAME _______________________________________
ADDRESS ___________________________________________________________________
CITY _______________________________________
STATE ____________________ ZIP ______________

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

Care quality is not necessarily better with electronic health records

Electronic health records (EHR) do not automatically guarantee higher quality care in medical settings, a new study finds. Researchers from Harvard and Stanford looked at the effect EHRs had on 17 indicators of quality, including disease management, antibiotic use, preventive visits, and screening and counseling for elderly patients. They found EHRs improved performance for 2 indicators, worsened performance for 1, and offered no real advantage for 14.

Physicians using EHRs scored well in not prescribing sedatives (benzodiazepines) to depressed patients and avoiding routine urinalyses at general medical visits. In addition, when researchers limited the study sample to primary care and heart physicians, those who employed EHRs more often counseled smokers to quit. Yet, doctors who had HER systems didn’t do as good a job in prescribing medication for patients with high cholesterol as those who didn’t use HER systems, notes Jeffrey A. Linzer, M.D., M.P.H., M.B.A.

Dr. Linzer and colleagues used 2003 to 2004 data from more than 50,000 patient records collected by the National Ambulatory Medical Care Survey of patient visits to U.S. physicians. The team found that simulators—measuring devices used in 18 percent of about 1.8 million ambulatory medical visits during the study period—improved the performance of both groups with and without EHRs—was below par, indicating there is room for improvement across the board. They stress that no one should assume that quality improves as EHR use widens.

Earlier studies conducted by AHRQ for Healthcare Research and Quality, however, found that EHRs can boost the amount of care that meets with guidelines, improve care through clinical monitoring, and curtail medical errors. The authors recommend that physicians adopting EHR systems consider ones that include clinical decision support and use features to improve care. This study was funded in part by the Agency for Healthcare Research and Quality (HS14563 and HS11313).


Simulation improved caregivers’ performance but whether it improves patient outcomes is still uncertain.

In today’s technology-driven world, simulators have staked their claim to being useful tools for measuring skill. Because they mimic real-life situations, these devices are touted as tools that improve skills, safety, teamwork, and patient health. To date, studies of simulated caregivers in the operating room and simulations used by healthcare professionals to improve patient care. However, research has not demonstrated whether patient outcomes are better when simulators are used.

This topic is difficult to study because of the large sample sizes needed and the many relevant variables, and research is very much needed in this area, the authors suggest. Their study was funded in part by the Agency for Healthcare Research and Quality (HS16678).


Reprinted from March, 2008 Research Activities

Many osteoporosis medications prevent fractures, but none is proven best

Many medications reduce the risk of bone fractures in people with osteoporosis, but the most commonly used drugs—bisphosphonates—have not been proven more effective than alternatives, according to a new report funded by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ report compared the effectiveness and risks of six bisphosphonates: alendronate (sold as Fosamax), etidronate (Didronel), ibandronate (Boniva), pamidronate (Aredia), risedronate (Actonel), and zoledronic acid (Zometa). The report also looked at estrogen (a hormone made by the ovary), calcitonin, vitamin D, testosterone, parathyroid hormone, and selective estrogen receptor modulators (SERMs).

Not enough scientific evidence exists to establish whether bisphosphonates are better at preventing fractures than estrogen, calcitonin, or raloxifene, according to the report. Some agents, however such as estrogen and raloxifene (a SERM), can have serious side effects such as strokes, blood clots in the lungs, bleeding in the uterus. The effectiveness of calcium and vitamin D, meanwhile, may vary according to dosing, how often they are taken, and whether the patient is taking them at the same time as a fracture. There is limited evidence to compare the supplements with other therapies for preventing fractures. The report also found that many osteoporotic patients stop taking their medications as prescribed. Some stop because they experience no osteoporosis symptoms. Others stop because of medication side effects or because dosing is too frequent. The finding was also true for supplements such as calcium. Not taking medications as prescribed increases the chances of bone fractures. Patients who take such a fracture a hip will discover it a year.

Bisphosphonates, the most commonly used medications for osteoporosis, are nonhormonal drugs that bind to bone to protect against tissue breakdown. AHRQ’s analysis that five bisphosphonates—alendronate, ibandronate, risedronate, and zoledronic acid-plus calcium, parathyroid hormone, estrogen, and raloxifene and whether the fractures and among the conclusions:

• Patients who take raloxifene face increased risk of bone fractures.
• Calcium, risedronate, and teriparatide reduce fracture risks among men.
• For people at increased risk of falling, such as those with a history of sarcopenia and Parkinson’s disease, fracture risks are reduced if they are treated with alendronate, risedronate, or vitamin D.

The report on osteoporosis medications is the newest analysis from AHRQ’s Effective Health Care program. That program represents an important federal effort to compare alternative treatments for significant health conditions and make the findings public. The program is intended to help patients, doctors, and nurses choose the most effective treatments. Information on the program, including full reports, can be found at www.effectivehealthcare.ahrq.gov.

Reprinted from February 2008 issue of Research Activities AHRQ

Study of young Head Start children links to overweight worsened asthma

A study of Head Start children in Arkansas, which has the highest national rate of overweight children, suggests a link between being overweight and worsened asthma in this group of low-income, disadvantaged children. It found that 19 percent of 3- to 5-year-old Head Start children with asthma were overweight (body mass index or BMI in the 95th percentile or greater) compared with 11 percent of a national sample of similar-aged children (National Health and Nutrition Examination Survey data) and 14 percent of Arkansas pre-kindergarten children not in Head Start.

Compared with Head Start children with asthma and a BMI less than the 85th percentile (normal weight), those with a BMI in the 95th percentile or greater, considered at risk for becoming overweight, had significantly worse indicators of asthma. For example, the at-risk group had more asthma-related emergency department visits, more lifetime hospitalizations, more school days missed, and more frequent activity limitations that their nonoverweight counterparts.

They also tended to have more daytime asthma symptoms and lower quality of life, but less use of oral corticosteroids (such as prednisone) than their nonoverweight counterparts. This finding suggests that oral corticosteroid use, which can cause weight gain, in this group. It is more likely that the relationship between asthma and being overweight is an interaction of several factors including hormonal, mechanical, genetic, and environmental characteristics. The study was supported in part by the Agency for Healthcare Research and Quality (HS11062).

See “Relationship of body mass index with asthma indicators in Head Start children,” by Perla A. Vargas, Ph.D., Tamara T. Perry, M.D., Elias Robles, Ph.D., and others in the June 2007 Annals of Allergy, Asthma, and Immunology, pp. 22-28.

Many medications reduce the risk of bone fractures in people with osteoporosis, but the most commonly used drugs—bisphosphonates—have not been proven more effective than alternatives, according to a new report funded by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ report compared the effectiveness and risks of six bisphosphonates: alendronate (sold as Fosamax), etidronate (Didronel), ibandronate (Boniva), pamidronate (Aredia), risedronate (Actonel), and zoledronic acid (Zometa). The report also looked at estrogen (a hormone made by the ovary), calcitonin, vitamin D, testosterone, parathyroid hormone, and selective estrogen receptor modulators (SERMs).

Not enough scientific evidence exists to establish whether bisphosphonates are better at preventing fractures than estrogen, calcitonin, or raloxifene, according to the report. Some agents, however such as estrogen and raloxifene (a SERM), can have serious side effects such as strokes, blood clots in the lungs, bleeding in the uterus. The effectiveness of calcium and vitamin D, meanwhile, may vary according to dosing, how often they are taken, and whether the patient is taking them at the same time as a fracture. There is limited evidence to compare the supplements with other therapies for preventing fractures. The report also found that many osteoporotic patients stop taking their medications as prescribed. Some stop because they experience no osteoporosis symptoms. Others stop because of medication side effects or because dosing is too frequent. The finding was also true for supplements such as calcium. Not taking medications as prescribed increases the chances of bone fractures. Patients who take such a fracture a hip will discover it a year.

Bisphosphonates, the most commonly used medications for osteoporosis, are nonhormonal drugs that bind to bone to protect against tissue breakdown. AHRQ’s analysis that five bisphosphonates—alendronate, ibandronate, risedronate, and zoledronic acid-plus calcium, parathyroid hormone, estrogen, and raloxifene and whether the fractures and among the conclusions:

• Patients who take raloxifene face increased risk of bone fractures.
• Calcium, risedronate, and teriparatide reduce fracture risks among men.
• For people at increased risk of falling, such as those with a history of sarcopenia and Parkinson’s disease, fracture risks are reduced if they are treated with alendronate, risedronate, or zoledronic acid, as well as estrogen and parathyroid hormone, prevent hip and other nonspinal fractures. Direct comparisons, however, have not shown bisphosphonates to be superior to other therapies in preventing bone fractures. No single bisphosphonate has been proven most effective in that class.

The AHRQ report, “Comparative Effectiveness of Treatments to Prevent Fractures in Men and Women With Low Bone Density or Osteoporosis,” summarized the scientific evidence in 101 published articles. It was authored by the Southern California Evidence-Based Practice Center at the RAND Corporation in Santa Monica, CA. among the conclusions:

• Among postmenopausal women with osteoporosis, alendronate, etidronate, ibandronate, risedronate, calcitonin, teriparatide, and raloxifene reduce fracture risks.
• Not enough evidence exists to determine how exercise or taking testosterone compares with medications in preventing low bone density fractures.
• Calcitonin, risedronate, and teriparatide reduce fracture risks among men.
• For people at increased risk of falling, such as those with a history of sarcopenia and Parkinson’s disease, fracture risks are reduced if they are treated with alendronate, risedronate, or vitamin D.

The report on osteoporosis medications is the newest analysis from AHRQ’s Effective Health Care program. That program represents an important federal effort to compare alternative treatments for significant health conditions and make the findings public. The program is intended to help patients, doctors, and nurses choose the most effective treatments. Information on the program, including full reports, can be found at www.effectivehealthcare.ahrq.gov.

Reprinted from February 2008 issue of Research Activities AHRQ
LATERAL VIOLENCE AND BULLYING IN THE WORKPLACE

I. STATEMENT OF POSITION

Lateral violence and bullying has been extensively reported and documented among healthcare professionals, with serious negative outcomes for both nurses and their patients and health care employers. These disruptive behaviors are toxic to the nursing profession and have a negative impact on retention of quality staff. Horizontal violence, defined as behavior by one or more persons normally related to socialization in nursing not accepted in professional relationships, is the focus of the Centre for American Nurses (2006). The nursing profession recognizes the need for cultural change to address the phenomenon not limited to the healthcare arena, and abuse can also occur between professionals. The phrase “nurse bullying” is behavior directed toward new nurses (Rowe & Sherlock, 2005). Griffin (2004) described the vulnerability of newly licensed nurses as they are socialized into the nursing workforce and develop their perception of whether to remain in their current position. Sofield and Salmond (2003) found that primarily of those involved in vertical behaviors, 80% were responsible for most of the verbal abuse towards nurses. One-third of respondents expressed they would consider resignation to the problem, 80% noted nurses lacked the skills to deal with the verbal abuse and perceived themselves as powerless to change organizational response (Sofield & Salmond, 2003). Cox found the most frequent source of verbal abuse was by nurses themselves, mostly administrators, followed by physicians, then patients (Rowe & Sherlock, 2005) who found that perioperative nurses encountered verbal abuse by physicians. However, Rowe and Sherlock (2005) reported almost 50% of verbal abuse was directed against novice nurses (Cox, 1991b). Cox, Green and Topp (2001) found that perioperative nurses encountered verbal abuse by physicians. Verbal abuse has been defined as nurse to nurse aggression. This study also determined that female nurses were more likely to encounter verbal abuse than male nurses, regardless of gender, and reported that aggressive behaviors directed toward nurses managers (Cox, 1991b) Cook, Green and Topp (2001) found that perioperative nurses encountered verbal abuse by physicians. Verbal abuse can be manifested in verbal or nonverbal behaviors, impacting patient care and patient safety. The Institute for Safe Medication Practices, 2004a) recognized that more experienced nurses were more likely to encounter intimidating behaviors, however they were not the only intimidating the workplace (Farrell, 1997; Stanley et al., 2007) of Nurses, 2006; National Student Nurses Association, 2007) Bullying is “an offensive abusive, intimidating, malicious or hostile behavior, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause mental distress” (Mayo, 1997). The task force on the Prevention of Workplace Bullying, 2001) has defined bullying as behavior which is generally persistent, systematic and ongoing (Institute of Medicine, 2007, p. 15). Bullying and lateral violence represent two types of disruptive behavior in the workplace. Bullying is “a condition of unwelcome, offensive, aggressive, harmful and repeated behavior that interferes with the effective communication among all members of the healthcare team in order to provide safe patient care. It is a culture that supports ‘organizational commitment to continually seeking to improve safety’ (Institute of Medicine, 2007, p. 15). Workplace bullying “Workplace bullying is repeated intermittent behavior, whether verbal, physical or emotional, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity and respect (Task Force on the Prevention of Workplace Bullying, 2001, p. 1). Verbal abuse—a disruptive form of behavior involving verbal communication is that which is associated with horizontal violence and bullying. Cox described verbal abuse as “any communication a nurse perceives to be a harassment, campaigning, belittlement, or bullying or personally” (1991a, p. 32). Such abuse can include: silence, backbiting, gossip, and passive aggressive behavior (Rowe and Sherlock 2005 p. 243).

II. DEFINITIONS

Bullying and lateral violence represent two types of disruptive behavior in the workplace. Bullying is an “offensive, intimidating, malicious or hostile behavior, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause mental distress” (Mayo, 1997). The task force on the Prevention of Workplace Bullying, 2001) has defined bullying as behavior which is generally persistent, systematic and ongoing (Institute of Medicine, 2007, p. 15). Verbal abuse—a disruptive form of behavior involving verbal communication is that which is associated with horizontal violence and bullying. Cox described verbal abuse as “any communication a nurse perceives to be a harassment, campaigning, belittlement, or bullying or personally” (1991a, p. 32). Such abuse can include: silence, backbiting, gossip, and passive aggressive behavior (Rowe and Sherlock 2005 p. 243).

III. HISTORY

The culture of the healthcare setting has been historically populated by images of the nurse as a “handmaid” in a patriarchal environment (Kelly, 2006, p.23). The balance of power has not been in the nurse’s favor. Organizations failed to recognize the importance of professional collegiality, nor have they advanced the role of nursing. Too often, nurses have acquiesced to a victim mentality that only facilitates a sense of powerlessness. Nurses have reported concern about the lack of action taken by supervisors in addressing horizontal violence in the workplace (Farrell, 1997; Stanley et al., 2007). While not all addressing bullying or horizontal violence, Kramer (1974) described the “reality shock” occurring for new graduates when they encountered differences in their perception of what nursing could be expected and the actual reality of the workplace. Kramer suggested that “reality shock” can manifest as hopelessness and dissatisfaction, which is a precipitate to conflict in the workplace. Row and Sherlock (2005) found that violence is not to directly confront the perpetrators. While physicians and nurses perceived verbal threats to them as threats to them. The organization’s effectiveness in handling intimidation was viewed less favorably by those nurses and pharmacists with more years of practice in that facility (Institute for Safe Medication Practices, 2004a). In a hostile environment, communication is hindered and this can affect quality of care and patient safety (Joint Commission on Accreditation of Healthcare Organizations, 2002). Healthcare providers report intimidation does alter communication and negatively impacts patient care and patient safety (Institute for Safe Medication Practices, 2004a). Healthcare professionals facing intimidation may sometimes choose to abridge their advocacy role to avoid intimidating behaviors (Institute for Safe Medication Practices, 2004). In contrast, Institute for Safe Medication Practices survey (2004) revealed that more experienced nurses were more likely to encounter intimidating behaviors; differences in intimidating behaviors (Institute for Safe Medication Practices, 2004) may be attributed to gender differences (American Association of Critical-Care Nurses, 2004). Bullying and lateral violence have a negative impact on the ability of the nursing profession to retain both new and long-term colleagues.

IV. HISTORY

The culture of the healthcare setting has been historically populated by images of the nurse as a “handmaid” in a patriarchal environment (Kelly, 2006, p.23). The balance of power has not been in the nurse’s favor. Organizations failed to recognize the importance of professional collegiality, nor have they advanced the role of nursing. Too often, nurses have acquiesced to a victim mentality that only facilitates a sense of powerlessness. Nurses have reported concern about the lack of action taken by supervisors in addressing horizontal violence in the workplace (Farrell, 1997; Stanley et al., 2007). While not all addressing bullying or horizontal violence, Kramer (1974) described the “reality shock” occurring for new graduates when they encountered differences in their perception of what nursing could be expected and the actual reality of the workplace. Kramer suggested that “reality shock” can manifest as hopelessness and dissatisfaction, which is a precipitate to conflict in the workplace. Row and Sherlock (2005) found that violence is not to directly confront the perpetrators. While physicians and nurses perceived verbal threats to them as threats to them. The organization’s effectiveness in handling intimidation was viewed less favorably by those nurses and pharmacists with more years of practice in that facility (Institute for Safe Medication Practices, 2004a).

V. Implications of Not Managing Lateral Violence and Bullying

Conflict in the workplace results in serious negative outcomes for registered nurses and other healthcare professionals, organizations, and patients. The Joint Commission (2007) also found that non-relational conflict and disruptive behavior can adversely affect safety and quality of care. Additionally, healthcare organizations are grappling with a continuing nursing shortage today and nurses who arent’ motivated to work (American Association of Colleges of Nurses, 2007). Bullying and lateral violence have a negative impact on the ability of the nursing profession to retain both new and long-term colleagues.

VI. Organizations’ Response to Disruptive Behavior

A number of nursing organizations have issued statements regarding the detrimental effect of disruptive behavior on both patients and nurses and have called for solutions to the problem (American Association of Critical-Care Nurses, 2004; AORN, 2003, 2007; International Council of Nurses, 2006; National Student Nurses Association, 2004). The American Nurses Association Code of Ethics for Nurses speaks to “improving health care environments and conditions of employment conducive to the provision of quality health care” (American Nurses Association, 2001, p. 20). Additionally, the Joint Commission (2007) has proposed a revision in its standards for disruptive behavior, identifying manifestations of abuse and violence in the workplace and providing avenues for ending this phenomenon which will take effect in 2009. It is imperative, then, that definitive action be taken to address the problem of workplace violence and its impact on health professionals and patients. The development of zero tolerance for abuse in the workplace is a recommended strategy to address disruptive behaviors (American Association of Critical-Care Nurses, 2004; Institute for Safe Medication Practices, 2004b; Ramos, 2006; Tabone, 2001).

VII. SUPPORTIVE MATERIAL: EVIDENCE-BASED & BEST PRACTICES SOLUTIONS

Nursing recognizes the need for cultural change to eliminate the effects of disruptive behavior including lateral violence and bullying at the personal, organizational, national and international levels. Suggested improvements include professional code of conduct, collaboration, communication and opportunities for education and training to address disruptive behavior by physicians (Rosenstein, 2002). In a cognitive rehearsal strategy proposed by Griffin (2004), nurses were taught to say “No” automatically to CoE, and respond differently through empowerment strategies to address lateral violence.

The description used of the measurement techniques to identify conflict early and develop a plan to resolve it by listening, reframing the concerns raised, identifying commonalities and clearly defining decisions. Developing a critical mass of diverse professionals trained in conflict management can not only reduce lateral violence and bullying, but it can also assist with other potential conflict resolution issues, such as, error disclosure issues and process reviews. The Institute of Safe Medication Practices (2004b) suggests organizational strategies: development of a multidisciplinary group that will survey staff about behaviors, develop educational opportunities, establish a standard method for collaborative communication and zero tolerance for intimidation, in addition to being models for and rewarding positive behaviors.

VIII. SUMMARY

The Center for American Nurses recognizes that lateral violence and bullying in the workplace is a serious problem. It is imperative that the profession of nursing address this problem to improve the recruitment and retention of nurses. The efforts to improve patient care are inextricably linked to the work environment of
Lateral Violence cont. from page 23

nurses (Institute of Medicine, 2004). Disruptive behaviors of healthcare providers are not conducive to a culture of safety. The safety and quality of patient care, and has clear implications in the current and future projected shortage of nurses, as well as the safety and quality of patient care. It has an impact on the ability of the hospital to recruit new nurses and the ability of healthcare organizations and others to employ nurses to retain nurses.

IX. RECOMMENDATIONS

The CENTER for American Nurses recommends the following strategies to eliminate disruptive behavior (lateral violence and bullying):

Nurses
- Nurses and nurse leaders, managers and supervisors adopt and model professional ethical behaviors.
- Recognize and adopt anti-bullying and disruptive behavior in the workplace through enhanced conflict management and conflict resolution.
- Reflect on your own behavior and communicate respectfully with each other.
- Participate in collaborative interdepartmental initiatives to prevent abuse.
- Work to ensure the mission, vision and values of their workplaces that are reflective of the Code of Ethics for Nurses (American Nurses Association, 2001) and standards set by the profession in order to eliminate disruptive behavior (lateral violence and bullying).

Employers/Healthcare Organizations
- Implement zero tolerance policies that address disruptive behaviors (lateral violence and bullying) and indicate such behaviors will not be tolerated. The organization should adopt intervention guidelines and policies that include appropriate investigation and due process necessary to provide adequate safeguards to nurses and others who are accused of lateral violence or bullying.
- Hold providers to a high standard of professional and ethical behavior.
- Support any individual impacted by lateral violence and/or bullying.
- Provide support and counseling to victims and the perpetrators of horizontal violence and bullying.

Nursing Continuing Education and Academic Programs
- Disseminate information to nurses and students that address conflict and provide information about how to change disruptive behavior in the workplace.
- Implement continuing education programs related to bullying and lateral violence and interventions to address such behaviors.
- Develop educational programs regarding bullying and strategies on how to recognize and address such disruptive behavior.
- Develop and implement curricula that educate nursing students about the incidence of disruptive behaviors including lateral violence and bullying, along with steps to take to eradicate this behavior.

Nursing Research
- Continue to research the contributing factors and the process of lateral violence and bullying behaviors.
- Build on previous and current studies while seeking to explore innovative interventions on how to eliminate manifestations of disruptive behaviors.
- Evaluate the effectiveness of prevention strategies in eliminating disruptive behaviors (lateral violence and bullying) from the workplace.

The CENTER as a Nursing Policy Maker
- Support policy, development of legislation, regulations and standards that promote a culture of safety for patient care and discourage all forms of disruptive behavior, including lateral violence and bullying.
- Continue its work to assure that nurses influence legislative initiatives, adoption of new and existing policies and policies through active participation in the policy process (International Council of Nurses, 2000).

XI. CONCLUSION

The CENTER for American Nurses maintains there is no place for lateral violence or bullying in professional practice environments; however, the reality that acts of horizontal violence and all forms of disruptive behaviors have a negative impact on the retention of nursing staff and the quality and safety of patient care. Nurses, individually and collectively, must enhance their knowledge and skills in managing conflict and promote workplace policies to eliminate bullying and lateral violence. It is imperative that health care organizations and health care professionals develop policies and strategies to eliminate lateral violence and bullying from the workplace, in the interest of optimal patient care. The CENTER will continue to work to educate the nursing workforce, including the healthcare industry and consumers about the importance of all forms of lateral violence and disruptive behavior in the health care setting.

Appendix

Policy and Procedure

Subject: ZERO TOLERANCE FOR ABUSE

Effective date: Policy: It is the policy of (Hospital or Health Care System) to promote a work environment that is pleasant, healthful, free from intimidation, hostility, and free of abuse, verbal or physical, that could interfere with work performance and the delivery of safe quality patient care.

Employees, contracted individuals, or providers with hospital privileges who report in good faith that they have experienced verbal or physical abuse will not be subject to discrimination, retaliation or termination for reporting concerning their supervisor or to the administration of the (Hospital or Health Care System).

Upon any report of alleged abusive behavior (lateral violence or bullying) the (Hospital or Health Care System) will work to resolve the report through its procedures for dealing with abuse allegations.

Procedure: System procedures may vary based upon the individual hospital procedures for resolving unacceptable behavior. However, the procedure at a minimum should:
- Outline what a person should do to report abuse.
- State what specific protections can be expected for the reporting individual from discrimination, retaliation, or termination.
- Identify how the organization will make decisions and the steps it will take to remedy the issue once abuse is reported.
- Provide information about expected organization action when employees, contracted individuals, or persons with practice privileges in the facility are found to have engaged in abusive behavior.
- Indicate how the reporting person will receive information about the outcome of the abuse report.

Adapted with permission from the Texas Nurses Association (2007)

References

Tabone, S. (2001). TNA takes zero tolerance positions on physical abuse of RNs. Texas Nursing, 8(4-5).
Adiitional Resources
The Workplace Bullying Institute www.bullyinginstitute.org
Bully Busters www.bullybustor.org
Occupational Safety and Health Administration (OSH) www.osha.gov
National Institute for Occupational Safety (NIOSH) www.cdc.gov/niosh
Thinking of your last problem. How did you cope? Did it knock you down for days or weeks, or were you able to solve it with relative ease and move on? Don’t compare yourself to our sister, partner, or neighbor; your coping strategies are unique. They depend on your own personality, skills, and mental profile. Your coping strategies, or resilience, are a measure of your personal wellness. This is the time of year when we are dealing with the ups and downs in the change of seasons. Spring is coming; yet we still have some cold and dreary times! We muse about getting outside and getting active; yet so often the chilling wind drives us back inside. Perhaps we can learn to benefit from the strong winds that blow in our lives.

So how have you been? How is your vitality? As we continue with our personal assessments in our pursuit of wellness, let’s investigate another concept: resilience. We all experience, at one time or another, hazards that compromise and hinder our wellness. Despite our best efforts, human beings are vulnerable. Cowen (1991) believed that our wellness can be threatened by contingency or an unforeseen event over which we have no control. Your child is diagnosed with a terminal illness—a spouse loses his or her job—your workplace is redesigned and you are left to “do more with less” …you know the drill. Life is replete with such experiences that move toward us at full speed and often out of the blue! So know the drill. Life is replete with such experiences that move toward us at full speed and often out of the blue! So what can we do? We can cultivate another positive aspect of holistic wellness—resilience, or our capacity to “bounce back.”

Resilience is the practice of adapting well in the face of adversity, threats, or even trauma, such as family and relationship tribulations, serious health problems, or workplace and financial stressors. It means being flexible, having buoyancy or hardiness in your spirit. Think for a moment of Winnie the Pooh’s companion, Tigger. He having buoyancy or hardiness in your spirit. Think for a moment of Winnie the Pooh’s companion, Tigger. He

resilience: a springy strategy for wellness
by Susan Vorce Crocker, PhD, RN

Resilience is the practice of adapting well in the face of adversity, threats, or even trauma, such as family and relationship tribulations, serious health problems, or workplace and financial stressors. It means being flexible, having buoyancy or hardiness in your spirit. Think for a moment of Winnie the Pooh’s companion, Tigger. He having buoyancy or hardiness in your spirit. Think for a moment of Winnie the Pooh’s companion, Tigger. He

Sectioning different funds with different rates of risk is an advised strategy. Usually, the more return a fund provides, the more risky (or volatile) it will be. Usually experts analyze and try to manage risk so they can balance their investments—

for instance, some companies will do well no matter what is happening in the global world: such as companies who sell drugs, food and household products.

The investment community usually defines risk in a very mathematically technical way, known as standard deviation. Think of this type of risk as volatility per year. Say you were choosing between several mutual funds, each of which had an average rate of return of 10%, but which had a range of standard deviations between, e.g., 8% and 20%; you would probably choose the fund with lower volatility.

Resiliency in Action: http://www.resiliency.com/htm/resiliencyquiz.htm

Resources
Resiliency in Action: http://www.resiliency.com/htm/resiliencyquiz.htm
Transforming Lives Through Resilience Education: http://www.edb.utexas.edu/steinhardt/


Mutual Fund Investing: What You Need to Consider When Choosing Your Mutual Funds

Today, even Wall Street’s money managers are concerned about risk: the threats of terrorism, war and a troubled economy that are crippling the stock market for the third year in a row. According to a recent monthly survey by a large financial company, money managers are as frozen as the average investor and afraid of making mistakes. If the managers of the mutual funds are frozen then what’s the average investor to do? This report discusses some of the investment concepts and goals that you should consider when you invest in mutual funds.

Investment Basics

Knowing key terms and concepts is important. There are two general concepts to consider when choosing mutual funds: total rate of return and risk.

Rate of Return

The total rate of return indicates how much a fund has increased in value over time. The rate is figured on the change in value of the underlying stocks or bonds in a fund, plus the income generated from those stocks or bonds.

It is usually expressed as an average annualized percentage figure—that is, the percent of increase in value for a year, averaged for several years. For example, if a fund has an average five-year total rate of return of 10%, this means that for the last five years—if averaged out—it increased in value 10% per year. If $10,000 had been invested five years ago, it would now be worth $16,105. The value of the fund increased $6,105, $5,000 is the result of the straight 10% return, and the additional $1,105 is the result of compounding—it earned a return on previous earnings. It is usually expressed as an average annualized percentage figure—that is, the percent of increase in value for a year, averaged for several years. For example, if a fund has an average five-year total rate of return of 10%, this means that for the last five years—if averaged out—it increased in value 10% per year. If $10,000 had been invested five years ago, it would now be worth $16,105. The value of the fund increased $6,105, $5,000 is the result of the straight 10% return, and the additional $1,105 is the result of compounding—it earned a return on previous earnings.

Risk or Volatility

Selecting different funds with different rates of risk is an advised strategy. Usually, the more return a fund provides, the more risky (or volatile) it will be. Usually experts analyze and try to manage risk so they can balance their investments—

Mutual Fund Investing cont. on page 26

www.edb.utexas.edu/steinhardt/
A new free service that allows you to monitor a fund’s risk can be found at www.riskgrades.com.

Choosing Mutual Funds

What might lead you to choose a mutual fund that had a certain rate of return and risk pattern?

Three Basic Factors:

- How many years to retirement
- Your attitude about risking your money
- Your overall financial position

How many years will it be until you retire?

In general, if you have more years until you are planning to retire you may choose a fund with higher return and higher risk. If you are going to retire in 20 years, there will be many ups and downs in the stock market (and your mutual fund), therefore, you can accept more risk in order to get more return.

On the other hand, if you are going to retire in three years, you may begin to move money away from higher return/higher risk funds into lower return/lower risk funds, such as a mixed equity/bond fund or an all bond fund. Since you will need the money sooner rather than later, you cannot risk the potential loss that might occur if the stock market drops.

Specifically, if the market were to go into a down cycle when you needed to sell your mutual funds, you would have to sell at a lower rate than would be the case if you could wait a few years for the stock market to come back up. For this reason, the sooner you need access to the money you have invested, the more stable the investment funds should be.

Life Cycle Funds

An easy way to diversify is choosing one of the life-cycle mutual funds labeled by date. For instance, if you want to retire in 2020, you buy into a 2020 fund.

Life-stage funds are similar but it’s up to the investors to shift their money as they age.

Balanced funds also offer a mix of stocks and bonds. Many of the big families of funds such as Vanguard and T. Rowe Price offer these types of funds.

Your attitude about risking your money

A second factor in choosing a risk/rate of return pattern might be your own attitude toward risk. Some people are very averse to risk and would rather accept lower return and sleep easier at night than to ride on the stock market’s recent roller coaster trip. Some people are very accepting of risk. So take on only as much as you can handle.

A third factor is your overall financial position. Obviously, the greater your assets, or stream of future income, the more risk might be acceptable to you.

A word of caution

Having several mutual funds does not guarantee diversification. The more funds you own, the more likely you are to be holding the same stocks and paying more in fees.

Investment Objectives and Styles of Mutual Funds

Armed with this understanding of return versus risk, let’s examine the different investment objectives and styles that mutual funds offer.

Stocks vs. Bond Mutual Funds

Most people probably think of stocks (equity) when they think of mutual funds. However, there are also bond mutual funds and balanced funds, i.e. mixtures of stocks and bonds. The same thoughts that apply to return and risk also apply to bonds versus stocks. The further away you are from retirement, the more equity you might want to have.

For example, if you have 20 years until retirement, you might want to be invested 80% in stocks. On the other hand, if you are going to retire in two or three years, you may want to be 80% in bonds.

Bond Mutual Funds

Bond mutual funds invest in bonds that mature at different times—they range from short-term to intermediate-term to long-term. Bond funds invest in bonds that are either corporate or government. Finally, bond funds vary in terms of the quality of the underlying bonds: at one end of the scale are bonds that are very safe with relatively low interest, and at the other end are “junk bonds” that pay high interest.

You should also note that bond funds can be either taxable or non-taxable (municipal). Most of us invest through a 401(k)-type retirement account or an individual retirement account (IRA), which are already tax-deferred.

Mutual Fund Investing cont. from page 25

Index Funds

Noted financial journalist Beth Kobliner has written for WEISERWOMAN about one type of mutual fund—the S&P 500 Index fund, which tracks changes in the stock prices of 500 large companies. The S&P 500 has no fund manager and low fees. While these days it’s difficult to know where to start, we still believe that index funds are an excellent place. But, a well-informed (or Wiser) investor should also understand the broader range of mutual funds.

Once again, your rate of return/risk profile will determine what bond funds you may want. Short-term government or corporate bond funds will be the safest and return the least.

Long-term corporate or government funds will be riskier and have a higher rate of return.

Stock Fund Investment Objectives

Stock mutual funds (also called equity funds) are often divided into three different types of fund objectives: growth, income, or a mixture of growth and income.

Those with a growth objective seek capital appreciation—growth in the value of the fund—and tend to have higher returns and risk. Income-oriented funds emphasize dividends—periodic payments to the stock or fund holders—over capital appreciation. These tend to have lower returns and risk. Many funds seek both growth and income, and have a corresponding array of return/risk profiles.

Stock Fund Investment Styles

The term “growth” also applies to the final way in which mutual funds differ, i.e. investment style.

Growth funds invest primarily in growth stocks. These are the stocks of companies which have higher rates of earnings growth than average. Examples of such stocks would be technology or drug stocks.

On the other hand, value funds invest in stocks that have slower, but generally more predictable, growth rates. Examples might be financial or utility companies. In general, growth funds tend to be riskier and have higher returns and value funds tend to be less risky with lower returns.

Selected articles from WISERWOMAN, The Newsletter from the Women’s Institute for a Secure Retirement