Dr. Bobbie Holt-Ragler inducted into the Mattie T. Blount High School, Legacy Hall of Fame

Dr. Bobbie Holt-Ragler, Manager of Education and Training @ Infirmary West Hospital was recognized and inducted into the Mattie T. Blount High School, Legacy Hall of Fame on June 13, 2009. The National Alumni Association inducted thirteen (13) individuals during the Legacy Hall of Fame Luncheon which was held in the school cafeteria. Each recipient was awarded a plaque in recognition of their accomplishments and contribution to the school and the community. Dr. Ragler is a 1969 graduate of Blount High School.

Nursing Shortage Still Looms Nursing Schools Warn that Ease in Nurse Shortage Is an Illusion

by Jane Ehrhardt
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"What we're seeing is a kind of phenomena related to the economy," says Debbie Faulk, PhD, CNE, president of the Alabama State Nurses Association (ASNA) and associate professor at Auburn School of Nursing in Montgomery. Faulk’s talking about the need for nurses slowing down since spring, when only last year nurses had been so highly sought after that signing bonuses came with job offers.

UAB’s associate dean at their School of Nursing, Elizabeth Stullenbarger, DSN, agrees it’s an unexpected and temporary reversal. "The recession has caused nurses who planned to retire to maintain employment and caused retired nurses to come back because of a spouse’s job loss," she says. Add in that hospitals may be cautious about hiring in this economic climate, and the need for nurses takes a hit.

In addition, the average age of a nurse in Alabama is 47, and the return of older nurses to the workforce raises the question of whether they want to or not. Add to that the growing national aging population, other area hospitals absorbed their nurses. “That was a large number—about 250 nurses,” she says. “They took a number of jobs normally taken by this spring’s graduates. But this is a temporary blip on the screen.” The shortage still looms and will return with a vengeance when the economy improves.

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Nursing Shortage continued from page 1

who will soon require more medical care, and the future
demand for nurses becomes obvious. By 2025, the nursing
shortage will reach 260,000 RNs, says a recent study by
the American Association of Colleges of Nursing. The
Council on Physician and Nurse Supply has determined
that 30,000 additional nurses should be graduated annually
to meet the nation’s healthcare needs, an expansion of 30%
over the current number of graduates.

This shortage of nursing graduates is due not to a
lack of applicants, but rather to a shortage of educators.
According to the Alabama Board of Nursing (ABN),
584 qualified nursing student applicants were turned away
from Alabama’s BS programs last year. Faulk says Auburn
had faculty positions open for a year. “Teachers are just not
out there, because the salaries are not as lucrative as the pay
in hospital settings,” she says.

For Alabama schools to accept all qualified applicants,
fill current faculty vacancies, and fill slots left by
retirement, ABN calculates the state will need to fill 312
RN faculty positions and 79 LPN faculty positions within
the next five years.

The economy is not helping with the faculty crisis,
because older nurses need the additional salaries from
staying in practice, making teaching less appealing.
“Nurses with a masters on faculty make less than if they
were just starting in practice,” Stullenbarger says.

At UAB, they’ve found a partial solution by focusing
resources on retaining their applicants and carrying them
to graduation. “We’re still taking the same number of
applicants, but we’re graduating 20 percent more than we
did 3 years ago. We’re keeping them in nursing,” she says.

The nursing association is working on increasing
scholarships for nurse educators through the legislature,
says Faulk. She has hopes for a new ad campaign by
Johnson & Johnson, as well. The company put millions
in scholarships for nurse educators through the legislature,
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consequences of even hinting that the nursing shortage has
ended. “When people read there’s no shortage, applications
were just starting in practice,” Stullenbarger says. "It takes a long
time to recover when applications drop off. We still had
people who believed they couldn’t get a nursing job last
year, because they read five years ago that there were too
many nurses.

SOURCES:
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Health Affairs article online;
Policy Journal of the Health Sphere;
Bauhaus Study 7-09:
http://content.healthaffairs.org/cgi/content/abstract/
http://www.aacn.nche.edu/media/FactSheets/NursingShortage.

American Association of Colleges of Nursing (AACN)
http://www.aacn.nche.edu/media/FactSheets/NursingShortage.

Johnson & Johnson Nursing Campaign
http://www.discovernursing.com/

ADVERTISING

Advertising Rates Contact—Arthur L. Davis Publishing
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Cynicism, apathy, limited time and limited knowledge, these are some of the reasons I believe most nurses do not become involved in the political arena, or why nurses do not embrace the role of policy advocate. I would like to devote the first part of my message to this topic, in order to reiterate to all Alabama nurses how important it is to be informed and involved. As I write this message, health care reform is being debated in the halls of Congress and decisions may already be made as you read this message. These decisions, made by our official policymakers, will impact you as a nurse and as a citizen for years to come. Many of these policymakers are “coming home” to seek input from constituencies. Joe Decker and I have participated in a number of health care summits and one on one discussion with these policymakers who know little about health care delivery and who must depend on the largest numbers of providers of health care (nurses) for information.

When I use the term “policy advocate,” I am referring to advocating for policies that impact health care, clients, and the profession of nursing. I personally believe it also means advocating for and generating ideas to address, problems that DO NOT include public policy. In my opinion, public policy is the answer to all of our problems and most policy comes with unintended consequences or “blow back.” Nurses are very smart, caring people and are highly qualified knowledgeable workers who can identify ideas for addressing health care delivery problems and issues that do not involve enacting legislation.

Over the past few months there has been a number of interactions by our state policymakers that WILL impact the Alabama nurse and health care delivery within our state. Although your Alabama State Nurses Association advocated (on a daily bases I might add) for policy to increase the amount of scholarships for nurses to return to graduate programs in order to address the faculty shortage, the endeavor failed. As I am sure you are aware, lack of nursing faculty is exacerbating the nursing shortage, not only within the state of Alabama, but on the national level as well. A second inaction was the failure of the legislature to address the issue of lack of access to health care by not increasing the nurse practitioner’s scope of practice. Alabama continues to have the most restrictive scope of practice for advanced practice nurses in the nation. If health care reform includes health care for all, we will need these critical and highly capable providers of care.

One action by the legislature will impact the profession, regrettably in a negative way. Approximately 2.5 million dollars were removed from the Alabama Board of Nursing budget. This action may result in the elimination of some valuable programs administered by the Board of Nursing and is most likely going to result in an increase in licensing fees. I hope these examples of action and inaction by state lawmakers emphasize why it is important for nurses to be involved in the political arena. Do not let cynicism or apathy prevent you from becoming informed and involved. Nurses understand limited time. One way to address that reason for not being involved is to join ASNA. More members will allow the organization to have critical resources to continue to advocate for you. Limited knowledge can also be addressed via membership in ASNA. ASNA offers continuing education related to policy advocacy and other topics.

I would like to end my message with an update on the strategic plan:

• Provide leadership for health policy and legislative activities
  • Board of Directors working with the Alabama Nurse’s Coalition, Legislative Committee, and the Nurse Practitioner Alliance in the development of the 2010 legislative agenda
  • Meeting with AARP to form a coalition to address legislative issues in the 2010 legislative session
  • Advocate for Alabama nurses on professional practice issues
    • Meeting with Congressman Bobby Bright at the ASNA office to discuss health care reform
    • ED and President attended a Health Care Summit, hosted by Congressman Bobby Bright in Dothan, Alabama
    • ED and Carol Stewart attended a Health Care Summit in Birmingham hosted by Senator Artur Davis
    • COPI in process of generating information related to work force issues impacting the older nurse in Alabama
  • Provide for the continuing professional development for Alabama nurses
    • CE offerings
  • Improve the visibility and image of nursing
    • ASNA membership video is completed and will be distributed to the districts and hospitals in November
    • A member and non member survey is being developed and should be online by end of the year
  • Evaluate organizational effectiveness, relevancy, and efficiency
    • A tool is being developed to evaluate the board of directors and each district

I will end with my promised continuing message that in order to make a difference in health care, nurses must be united. While we have many voices and diverse values, we can dialogue, agree to disagree, and yet show others that we speak with one strong voice when it comes to providing quality access to care for Alabama citizens and to promoting excellence in nursing. We at ASNA strongly believe that this advocacy can be best accomplished through membership in ASNA.

Thank you for your time and attention. I want ALL nurses in Alabama to know that ASNA is working with you, for you. If you are a member of ASNA, thank you! If you are not, JOIN us in promoting excellence in nursing.
Our annual legislative effort in 2009 met with some success and several disappointments. On the plus side, we were able to retain a total of $257,000 (same amount as in 2008) for nursing scholarships in the Education Trust Fund Budget despite proration and a very tough financial environment in the legislature. This is significantly less than the $557,000 we garnered in 2007, but still well above the poorly funded $57,000 (or even zero in some instances) of previous years. These scholarships are primarily intended for RNs seeking graduate degrees—both Masters and Doctorate level—who intend to become instructors in our schools of nursing. These scholarships will allow us to continue our efforts towards working the issue of faculty shortfalls in our nursing schools, and by extension, help attack the overarching problem of the nursing shortage. We owe a great deal of thanks to Rep. Betty Carol Graham, Education Finance and Appropriations Chair Rep. Richard Lindsey, and Sen. Hank Sanders, Finance and Taxation—Education Chair for their support and efforts to get this done. In an unhappy surprise, the ABN budget for 2010 was slashed by $2.5 million, which will very likely lead to reduced services and possible increased licensure fees for all nurses. ASNA will make every effort to get that decision turned around, but prospects are not good. ASNA and Alabama Nurses Coalition support did prove very helpful in the successful passing of the ABN Sunset legislation (HB109) this year, providing for another four years for ABN operation.

In other legislative news, our ASNA Nursing Scholarship Bill (SB51/HB50) did not pass. This is actually the enabling legislation for the scholarship funds mentioned above. Once again, internal squabbling in both houses prevented this success. This bill merely updates the language in current law, making constant revisions unnecessary as we go forward. We’ll try again next year with what is really a non-controversial change. By the way, we were very pleased with Sen. Kim Benefield’s efforts on our behalf in the Senate. We remain disappointed that the NPAA-sponsored bill to eliminate current restrictions on NP practice and name NPs as primary care providers fully eligible for reimbursement, while formally filed this year, never made it out of committee in either House. Ongoing talks between NPAA and MASA have not resulted in an agreement or compromise. We strongly believe that overall access to quality care in Alabama, and current underutilization of NPs are the driving issues.

This is a fight that will eventually be won, despite strong opposition by MASA and others. The good news is that the subject has now been publicly broached and is on the table. Sen. Figures’ bill (SB136/HB47) prohibiting smoking in public places was defeated again this year, but the School Nurse Bill (SB184/HB47) sponsored by Rep. Bentley did pass this time. We expanded our reach in the political arena this year, participating in public forums with Congressman Bobby Bright in Dothan and Congressman Artur Davis in Birmingham. We also held a small group meeting with Cong. Scott and a dozen of our members at the ASNA office in Montgomery.

Our political plans for 2010 are already taking shape, with the Nursing Scholarship bill and another NPAA bill opening up NP practice restrictions on the first page. We will be working with the members of the Alabama Nurses Coalition and partnering with AARP for another push. As you are aware, 2010 is an election year in Alabama, and it promises to be very interesting. The face of the legislature will change significantly with a number of retirements already announced (Denton, Bishop, Hummert, Sanders; two legislators (McClain, Schmaitz) failed for felony fraud/theft, and one death (Lindsay). Sen. Erwin will vacate his seat to run for Lt. Governor and Sen. Penn will also step down to return to private law practice. In recent special election results, Paul Sanford won the race for Sen. Griffeth’s seat in Huntsville; Rep. Priscilla Dunn won the race for Sen. McClain’s vacated seat; Rep. Marc Keahley won the vacancy created by the death of Sen. Lindsay; and Phil Williams won the seat in the House vacated by Rep. Schmitz. Special elections still remain to fill the seats of Rep. Dunn and Keahley in the House. In addition, Rep Ward has announced for Sen. Erwin’s Senate seat, Rep. Allen will oppose Sen. Poole in Tuscaloosa, Reps. Beasley and L. Baker will run for Sen. Penn’s Senate seat, and Rep. Irons has announced for Sen. Denton’s seat. And in the 2010 Governor’s race, Republicans Bradley Byrne, Tim Seзов and Agriculture Ron Sparks run on the Democratic side. To remind, there remains one more full legislative session in 2010 (January – April) before all the legislators and statewide officials must run for election/re-election in November 2010. Our annual Legislative Day, named Nurses at the Capitol 2009 in Montgomery, held on 12 February was an outstanding event. Over 1,000 nurses/nursing students attended. We had a series of excellent speakers on the State House steps: Chief Justice Sue Bell Cobb, Sen. Vivian Figures, Sen. Kim Benefield, Reps. Greg Wren and Robert Bentley, John Hankins from ADPH, our own Beth Harrell, our President Dr. Debbie Faulk, all eceeed by Dr. Ruby Morrison. We had excellent live television coverage from both NBC/NSBA and CBS/WAKA, and a terrific performance by the Alabama State University Band.

We will hold this high energy event next year on 21 January 2010. The annual Elizabeth Morris Continuing Education Session (FACES) was held 21 April at the Eastmont Baptist Church in Montgomery. Once again we enjoyed a great day, with over 600 attendees, a long list of outstanding speakers and topics, and the usual lineup of excellent exhibitors and vendors. Next year’s FACES is set for 20 April at the same location. If you missed either of these events, you need to make certain they are on your calendar for next year.

Under the leadership of Dr. Ruby Morrison, past ASNA President, the Alabama Nurses Coalition has continued its progress. The purpose of this organization is to provide a forum to establish strong communication links and contacts between and among all the nursing organizations in the state; and second, to enable the Coalition to work cooperatively to impact public policy and education regarding nursing and healthcare issues in Alabama. Fragmentation of the nursing community over the years into specialty organizations, regional groups, educational associations, and professional organizations has negatively impacted for nurses in the public policy arena. The Coalition offers the possibility of reversing that trend, and helping nurses work together on healthcare issues around the state. To date, the Coalition has met eight times, with good attendance and interest. The future looks bright for this important effort.

It would be remiss if I failed to mention your ASNA Staff and all their hard work and loyalty this past year. Charlene Roberson, Director of Leadership Training and Continuing Education; Betty Chambliss, Office Administrator; and April Bishop, Programs Coordinator have all gone above and beyond expectations on a regular basis to provide our association with outstanding service and support. Without their tireless efforts and energetic execution we simply would not get the work done here at the ASNA office. We all owe them a very big Thank You and Well Done.

We are pleased to present our third ASNA Face of Nursing Calendar at Convention in Florence. This is an effort to spread the word about ASNA, nurses and nursing/healthcare issues around our state. We hope you enjoy it, and will use it to advertise for our association throughout the year ahead. And finally, we look forward to gathering again for Convention 2010 at the Riverview Plaza Hotel in Mobile, 30 September - 2 October 2010. See you there!
Registered nurses often inquire about what job protection they enjoy in their work. The answer, of course, is that Alabama is a so-called “at will” employment state, meaning employees can be fired for any reason or no reason. Still, there are exceptions to that broad rule. No employee can be dismissed for an illegal or unconstitutional reason. Those protected areas would include race, gender and national origin, among others.

Race discrimination is not favored in the courts right now. The courts take the position that such discrimination largely is a thing of the past. For a race based case to be maintained, proof of intent must be established. Proving intentional discrimination is a very steep mountain to climb.

The federal courts are less tolerant with sex discrimination and among the forms of sex discrimination matters. Sexual harassment litigation, is virtual harassment is the one guilty of the harassment, but in such case the employee is expected to report to another manager or human relations.

Sexual harassment can be both same-sex or opposite-sex. It can be verbal or physical and can take the form of a hostile environment or tangible action harassment, which includes a manager taking an employment action, such as demoting or firing a worker, for rebuffing advances.

Employers should train managers and hourly employees on what constitutes harassment. If an employer receives a sexual harassment complaint, the employer should investigate immediately and while the investigation is ongoing, take steps to protect the victim, such as separating the him/her from the alleged harasser.

Employers also sometimes get in trouble over pregnancy related matters. Title VII of the 1964 Civil Rights Act, as amended, includes provisions protecting pregnant women in the work place. Generally, pregnancy must be treated as any other medical condition and an employer is wise to make reasonable accommodations for a woman experiencing a difficult pregnancy.

There are other exceptions to the “at will” rule. Government employees have a property interest in their jobs based in the 14th Amendment to the United States Constitution. Thus, if a nurse works for a hospital operated by a governmental entity—federal, state or local—that person is entitled to be given cause before having his/her employment terminated.

That certainly does not mean that the nurse cannot be fired. It means the employee normally would be entitled to a hearing. In most cases, it would be an informal conference at which time the employee would be given reasons for the employment termination and the opportunity to respond.

Many hospitals and nursing homes have established personnel policies relating to employee disciplinary matters. Medical facilities are not obligated to have such policies, but if they do develop them, they are obligated to follow them. Larger companies generally develop handbooks explaining the benefits of employment and rights employees who work there enjoy.

Of course, it is best that an employee stays out of trouble, rather than face disciplinary or termination proceedings. That often means opening the lines of communication.

Most often, an employee is aware that a supervisor is not pleased with performance. We are human and productivity can fail off if a child is having problems or if there are spousal issues at home. Or if income won’t meet expenses.

Whether you are in management or a staff nurse, if you sense a problem with a superior, talking it out and working it out usually beats receiving the proverbial pink slip.

And if you are a member of the Alabama State Nurses Association, always remember with whom you can express employment issues. The ASNA staff and attorney always have open ears to employment matters affecting members.
Home Studies

Alabama State Nurses Association is an accredited provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (Alabama Board of Nursing (valid until March 30, 2013)).

Self Directed Learning:

1. **“Law and Ethics for Nurses”**—This activity is intended to improve the best practices in nursing. It is based on morals, values, and integrity as the foundation of nursing care.
   - The course consists of textbook and open book evaluation questions. It may only be obtained by contacting the ASNA office.
   - 10.0 contact hours valid through March 12, 2010
   - Cost: $75 member $100 non-member
   - 14.0 contact hours valid through March 12, 2010
   - Cost: $105 member $140 non-member
   - Shipping & Handling $6
   - 19.2 and 12.0 contact hours for ABN licensure purposes.

2. **“Schizophrenia”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 2.08 contact hours valid through May 11, 2011
   - Cost: $18 member $25 non-member
   - Shipping & Handling $1.50
   - 2.5 contact hours for ABN licensure purposes.

3. **“Empathy & Compassion”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - This course is designed for the actively employed nurse.
   - 4.0 contact hours valid through March 9, 2010
   - Cost: $30 member $40 non-member
   - Shipping & Handling $5.00
   - 4.8 contact hours for ABN licensure purposes.

4. **“Living With Someone Who Has Alzheimer’s”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 10 contact hours valid through March 17, 2010
   - Cost: $75 member $100 non-member
   - Shipping & Handling $6.00
   - 12.0 contact hours for ABN licensure purposes.

5. **“Falls and Elders: A Devastating Combination”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 2.5 contact hours valid through August 13, 2010
   - Cost: $18 member $25 non-member
   - Shipping & Handling $6.00
   - 3.0 contact hours for ABN licensure purposes.

6. **“Understanding and Responding to Climate Change”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 4.0 contact hours valid through November 10, 2010
   - Cost: $30 member $40 non-member
   - Shipping & Handling $6.00
   - 4.8 contact hours for ABN licensure purposes.

7. **“Frailty: The Looming Epidemic”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 1.0 contact hours valid through November 5, 2010
   - Cost: $7.50 member $10 non-member
   - Shipping & Handling $1.50
   - 1.2 contact hours for ABN licensure purposes.

8. **“Leadership Series”**
   - This course consists of 4 CDs and open book evaluation questions which may be requested together or separately from the ASNA office.
   - 1.0 contact hour each valid through January 8, 2011
   - Cost: $7.50 each/$30 set member $10 each/$40 set non member
   - Shipping & Handling $6.50
   - 1.2 contact hours for ABN licensure purposes.

9. **“Realistic Recreational Activities for Older Adults”**
   - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
   - 1.0 contact hours valid through May 17, 2011
   - Cost: $11 member $16 non-member
   - Shipping & Handling $1.50
   - 1.2 contact hours for ABN licensure purposes.

10. **“Scleroderma”**
    - The course consists of a monograph and open book evaluation questions, which may be requested from the ASNA office.
    - 1.5 contact hours valid through May 11, 2011
    - Cost: $18 member $25 non-member
    - Shipping & Handling $1.50
    - 1.8 contact hours for ABN licensure purposes.

11. **Nurses as Policy Advocates: The Link Between Knowledge and Action Online CE**
    - Contact ASNA at:
      - 360 N. Hull Street, Montgomery, Al 36104
      - Phone: 334-262-8321 • 800-270-2762
      - Fax: 334-262-8578
      - charlenerasna@bellsouth.net • memberasna@bellsouth.net
Means to a Better End
2009 Annual End of Life Workshop
Friday, November 13, 2009
12:30 – 4:40 p.m.  4.0 contact hours (ABN)
3.3 contact hours (ANCC) & Social Worker
Focus – Cross – Culture
Saturday, November 14, 2009
8:00 a.m. – 4:30 p.m. – 6.3 contact hours (ABN)
5.2 contact hours (ANCC) & Social Worker
Focus – Diverse Populations

Where:
Loeb Reception Center
301 Columbus St.
Montgomery, AL
Located in the Old Alabama Town Visitors Center

Target Audience: Any nurse or social worker interested in End-of-Life Care.

Purpose:
The course was developed for nurses and social workers to meet the varying needs of different populations at-end-of-life.

Objectives
- At the completion of this program, the participant will be able to:
  1. List three anticipated needs for end-of-life care.
  2. Discuss principles, standards, and competencies for members of an interdisciplinary end-of-life care team.
  3. Identify best practices for end-of-life care.
  4. Explain need for cross cultural communications and list three cultural issues related to dying.

November 13, 2009
- 1. List three anticipated needs for end-of-life care.
- 2. Discuss principles, standards, and competencies for members of an interdisciplinary end-of-life care team.
- 3. Identify best practices for end-of-life care.
- 4. Explain need for cross cultural communications and list three cultural issues related to dying.

November 14, 2009
- 1. Explain how end-of-life care may differ depending on certain populations.
- 2. List three ways end-of-life care differs for patients with chronic diseases and in long term care facilities.
- 3. Discuss ways that end-of-life care differs for women.
- 4. Relate areas that can effect end-of-life decision making.
- 5. List two ethical issues related to end-of-life care.
- 6. Describe ways to care for the caregiver.

Schedule of Events
Registration – Friday, 12:30 PM
1:00 PM Welcome & Administrative Details
1:05 PM Historical Tour of End-of-Life Care
1:30 PM Anticipated Needs For End-of-Life Care
2:00 PM Interdisciplinary Team: Principles, Standards, and Competencies
3:00 PM Best Practices in Palliative Care
3:30 PM Communicating Cross-Culturally
4:00 PM Cross Cultural Issues Related to Dying
4:30 PM Evaluations/Certificate of Attendance

Registration – Saturday, 8:00 AM
8:30 AM Welcome & Administrative Details
8:35 AM End-of-Life Care in Exceptional Populations
9:35 AM End-of-Life Care for Patients with Chronic Diseases
10:35 AM Break
10:50 AM Hospice in Long Term Care Setting
11:30 AM Women & End-of-Life Care
12:00 PM Lunch - Provided
1:00 PM End-of-Life Decision Making
2:00 PM Advance Directives/5 Wishes
2:30 PM Ethical Issues related to End-of-Life Care
3:30 PM Caring for the Caregiver
4:30 PM Evaluations/Certificate of Attendance.

This workshop is offered in two parts. Registrants may opt to attend one or both.

Participants who complete both days will be awarded a certificate in End-of-Life grief/grieving process.

Presenter: Helen Wilson, MSN, RN is a certified Thanatology Instructor; one of the first Alabama graduates of the ELNEC curriculum. She has been teaching variations of this course since 2002.

The Alabama State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC).

Alabama Board of Nursing Provider Number ABNPO0002 (valid until March 30, 2013).

Refunds: If cancellation is received in writing prior to Nov. 6, 2009 a refund (minus a $20.00 processing fee) will be given. After Nov. 6, 2009 no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A $30 return check fee will be charged for all returned checks/payments.

Means to a Better End
2009 Annual End of Life Workshop

Name: ____________________________
ABN Lic. #: ________________________
Address: __________________________
Day Phone: (______) ______________________
Email: ____________________________
Payment Method:
Card #: ____________________________
Signature: __________________________

Postmarked by Nov. 6, 2009
_ $30.00 ASNA Member – Friday
_ $55.00 ASNA Member – Saturday
_ $80.00 ASNA Member – Both days
_ $50.00 Non Member – Friday
_ $70.00 Non Member – Saturday
_ $95.00 Non Member – Both Days

Postmarked after Nov. 6, 2009
Add $15.00 to above prices
_ Check – Make Payable to ASNA
Expiration Date: __________

Mail registration form to: ASNA, 360 N. Hull St., Montgomery, AL 36104 OR Fax to ASNA at 334-262-8578
Register online at www.alabamanurses.org

Confirmation by Email Only
believed to be somewhere between 40,000 and 165,000 people in the United States alone. The rate is stable with an incidence of about 19 per 100,000 persons per year in the US. Both men and women develop the disease. All races are affected and it is rare in children. Although the occurrence of Scleroderma is at any one time is over 50 years old.

Objective: At the completion of this course the participant should be able to:
1. Discuss a typical patient profile of a person with Scleroderma.
2. Describe the disease process.
3. List at least four (4) nursing measures to help individuals cope with Scleroderma.

Directions: Read the monograph Scleroderma. Complete the Post Test and evaluation and return both completed forms to ASNA (360 N. Hall Street, Montgomery, Alabama 36104 or (F) 334-262-8578). A Continuing Nursing Education certificate of completion will be sent to you upon successful completion of the post-test and evaluation sheet. You must score at least 80% on the post-test to pass. Should you score below 80%, you will be notified and offered the opportunity to retake the test for an additional cost of $5.00.

Board of Nursing Transcript: ASNA will enter the course on your Alabama Board of Nursing transcript (you will be unable to successfully enter the course on your transcript) within two weeks of successful completion of the activity.

Contact hours & Accreditation: This 1.5 contact hour course (60 minutes equal 1 contact hour) activity is provided by the Alabama State Nurses Association, which has been granted full accreditation by the American Nurses Credentialing Center Commission on Accreditation (ANCC). A $30 fee will be assessed for all returned checks or dishonored check/payments.

The usual cause of mortality is interstitial lung disease.

Types—The two types of Scleroderma are Localized and Systemic.

Localized—This type is limited to the skin and related tissues in some cases. Internal organs and blood vessels are not affected. This type never progresses to the systemic form. It is not fatal. Very often Localized Scleroderma begins as a red line or band that thickens over larger areas of the body. This is a severe form of the localized disease. Usually the patches start out like Localized Morphea and in time they enlarge, multiply and become confluent. This type of Morphea has a higher incidence of muscle atrophy.

3. Linear Scleroderma—As suggested by the name there is a single band or line of thickened and/or abnormal colored skin. The line runs down the arm, leg, or forehead. Some people call this coup de sabre or “sword stroke.” This type usually occurs in children and teenagers. It runs the same course as Morphea.

Localized forms are more common in people of European descent. Morphea usually occurs between ages 20-40. Regardless of the type, Localized Scleroderma generally “runs it course” and spontaneously subsides in 3-5 years. Occasionally it may leave a skinline scar. Scleroderma, which usually affects most often the face, hands, upper arms, head, trunk, and in the skin above the elbows & knees. When these deposits break through the skin it becomes painful. The disease is called calcinosis cutis.
Symptoms include elevated blood pressure resulting from the elevation of the renin—angiotensin system. Malignant hypertension often occurs which can lead to a renal crisis/renal failure. **Treatment**—The person will have many different doctors. There are no exact current medication or treatment protocols that will stop the underlying problem of the overproduction of collagen. Instead the treatment will focus on relieving symptoms. Physicians and nurse practitioners may manage the disease with organ specific treatments. Some specifics include but are not limited to: 

1. **Gastrointestinal issues**—a. Upper esophageal—proton pump inhibitors (Omeprazole [Prilosec]), (Metoclopramide [Reglan]) or b) Intestinal dysmotility—antibiotics or prokinetic agents (Caspider [Propulsid])
2. Generalized aches and pains—NSAIDS, meloxicam or Cox 2 inhibitors (Celecoxib [Celebrex])
3. **Inflammatory myositis**—Methotrexate or prednisone
4. **Pulmonary issues**—Pulmonary hypertension—Calcium channel blockers (Amlopidine [Norvasc]) or Prokinetics (Flolan) or Pulmonary inflammation—Cyclophosphamide (Cytoxan) or Pulmonary fibrosis—Pulmonary vasodilators
5. Raynaud’s phenomenon—Calcium channel blockers, angiotensin receptor blockers (Losartan [Cozaar]), nitroglycerine, avoidance of cold, and digital sympathectomy
6. **Renal Crisis**—very aggressive blood pressure control and dialysis
7. Occupational therapy—including exercise, massage, and appropriate assistive devices.

**Patient Profile**—Scleroderma is a rare chronic disease and few support groups are available. It is the role of nursing to provide the necessary skills to cope with this chronic disease. Factors which nurses use to promote adjustment include education about the disease process, exploring coping resources and problem-solving skills. Many with Scleroderma isolate as they look different, have many symptoms, and few support groups are available. It is the role of the Nurse Practitioner and few support groups are available.

**Major symptoms**—About 80% of individuals with Systematic Scleroderma have some gastrointestinal symptoms, which may be esophageal (reflux, GERD, or strictures), loss of peristalsis, obstruction, constipation, malabsorption, diverticula, or rectal prolapse. Cardiopulmonary involvement may include crakles (especially bibasilar), decreased tidal volume, pulmonary hypertension, pericardial effusion, and pericarditis. Telangiectasia, which often occurs on the face. Skin involvement includes hardened skin, finger ulcers, shrinking mouth, and calcinosis. Joints become painful and have limited range of motion. Hands become deformed, 15-20% of patients with Scleroderma have renal involvement which varies from very mild to profound. When the involvement is profound the mortality rate of those affected is about 50%.

**Laboratory Profile**—Positive ANAs (ANA, ACA and thyroid)
Decreased hemoglobin
Increased Sedimentation Rate
Fusarial Tunnel factor
Cryoglobulins
Evidence of renal insufficiency

**Scleroderma continued from page 9**

**Symptoms**—family medical history, current and past medications, allergies, diet, activity level, and occupational exposures.

The physical examination will include assessment of the hands and nails (observe for loss of digital papillae, ulcers, pitting scars, calcinosis, and telangiectasia). Evaluate the hands for deformity (flexion of fingers). Some individuals may have a scaphoid appearance.

The next step is to evaluate presenting symptoms against the designated criteria of the American College of Rheumatology Diagnostic Criteria for Scleroderma.

**Major criteria**—

- Diffuse or proximal sclerosis

**Minor criteria**—

- Digital pitting scars of loss of substance from the finger pad
- Bibasilar Pulmonary fibrosis
- Sclerodactyly (sclerosis affecting only the fingers or toes)

**The criteria for diagnosis of Scleroderma by the American College of Rheumatology is the sum of major criteria and at least two of the minor criteria.

**Table obtained from The Nurse Practitioner, Vol. 29, No. 7, p. 24**

- **Education**—Provide resources for support that cannot provide. Examples include: Scleroderma Foundation 800-722-4673 www.scleroderma.org and the International Scleroderma Network (provides on line support) www.sclenet.org. Patients and their caregivers will deal with this disease much more effectively if they are empowered to help themselves. This can be accomplished more effectively when the patient (and family) become partners with the health care providers.

**BIBLIOGRAPHY**

Neudecker B, Stern R, Connolly MM: British Association of Dermatologists, 2004; 150, 469-476.

**Individuals with Scleroderma describe some universal problems such as coughing and bringing attention to self. Living alone and being unable to open jars or manage button or zippers. Many are concerned about the changed appearance, which remains even after softening has taken place. Fingertips may erode away and people wonder how much of their hands they will lose.**

Patients feel stigmatized because of appearance. Issues surrounding sexuality bring additional pressures and grief. Over 50% of women with Scleroderma experience infertility. Many have finger and joint pain, muscle weakness, stiffness, and fibrosis all of which deter from being close to your partner.

**Nursing Care**—after the diagnosis issues such as appearance, self-esteem, nutrition, self-care, family relationships, sexual relations, pregnancy and childbirth take priority in the lives of both patients and their significant others. Nursing care can help individuals cope with the adjustments in their every day life. They need education about the disease process and the various medications. Make sure they understand and differentiate between the expected and untoward side effects. Their adjustment includes education about the disease process and the various medications. Make sure they understand and differentiate between the expected and untoward side effects. Their adjustment includes education about the disease process, exploration of ways to perform everyday routines with decreased stress on their bodies. Examples would be taking a warm shower in the morning, wearing gloves when doing dishes, worrying about the cosmetic effects of the overproduction of collagen. Instead the treatment is the prevention of further collagen build up. Diets may need to be adjusted to small, more frequent meals per day. Food texture may need to change to include semi-solid and softer, bland foods. Rest periods need to be built into the day to allow interactions with family at appropriate times. Cooking styles may need to change to allow more baking or using a Crock Pot or preparing food on the go. Exercise—especially hand exercises to promote as much mobility as possible. Take time to talk to the patients and their families. Be alert to the development of depression or sexual dysfunction issues. These individuals may need to be referred to counselors or a family therapist.

**Resources**—Provide resources for support that nursing cannot provide. Examples include: Scleroderma Foundation 800-722-4673 www.scleroderma.org and the International Scleroderma Network (provides on line support) www.sclenet.org. Patients and their caregivers will deal with this disease much more effectively if they are empowered to help themselves. This can be accomplished more effectively when the patient (and family) become partners with the health care providers.
Scleroderma
Post Test
Select the one best answer

1. Scleroderma involves the development of excessive fibrous connective tissue.
   A. True
   B. False

2. African American women usually have less severe cases of Scleroderma.
   A. True
   B. False

3. Women who have had children have a higher incidence of Scleroderma.
   A. True
   B. False

4. Raynaud’s Phenomenon is the most common symptom of Scleroderma.
   A. True
   B. False

5. During the resolution of Scleroderma the areas of the body to “soften” first are the last affected.
   A. True
   B. False

6. Internal organs also undergo the “softening” process.
   A. True
   B. False

7. Telangiectasias rarely occur on the face.
   A. True
   B. False

8. Proton pump inhibitors have been found to be ineffective for treating esophageal fibrosis.
   A. True
   B. False

9. Erectile dysfunction occurs in about 25% of all men with Scleroderma.
   A. True
   B. False

10. Rest periods should be encouraged when you have Scleroderma.
    A. True
    B. False

Scleroderma continued from page 10

Complete form and return with appropriate fee to: ASNA, 360 N. Hull St., Montgomery, AL 36104

Place correct answers in box below appropriate number

ACTIVITY EVALUATION
GOAL: Update nurses on management of Scleroderma.
Circle your response using this scale: 3—Yes  2—Somewhat  1—No
Rate the relationship of the objectives to the goal of the activity  3  2  1
Rate your achievement of the objectives for the activity  3  2  1
Objectives
1. Discuss a typical patient profile of a person with Scleroderma.  3  2  1
2. Describe the disease process.  3  2  1
3. List at least four (4) nursing measures to help individuals cope with Scleroderma.  3  2  1
Offering is free of commercial bias  3  2  1
On a scale of 1-5 knowledge of topic before home-study  5  4  3  2  1
On a scale of 1-5 knowledge of topic after home-study  5  4  3  2  1
How much time did it take you to complete the program? _____ hours _____ minutes.

ADDITIONAL COMMENTS:
Why are chemicals a health problem?

The products we use in health care, and their manufacture and disposal, result in the release of hazardous chemicals that can harm human health and the environment. Cleaners and disinfectants, phthalates in medical devices, flame retardants in furniture, formaldehyde in furniture and labs, and solvents in labs are among the chemicals to which patients and workers in health care may be exposed.

Emerging scientific research is raising the level of concern about the health impacts of chemical exposures. We now know that:

- Even small doses of chemicals can cause disease—interfering with sexual development, disrupting hormones and causing cancer at very low levels.
- Children and developing babies are most vulnerable
- Hundreds of synthetic chemicals are found in human breast milk and in the cord blood of babies in the womb.

A benchmark investigation of industrial chemicals, pollutants and pesticides in umbilical cord blood has been completed (Body Barden — The Pollution in Newborns) This study spearheaded by the Environmental Working Group (EWG) in collaboration with Commonweal, researchers at two major laboratories found an average of 200 industrial chemicals and pollutants in umbilical cord blood from 10 babies born in August and September of 2004 in U.S. hospitals. Tests revealed a total of 287 chemicals in the group. The umbilical cord blood of these 10 children, collected by the Red Cross after the cord was cut, harbored pesticides, consumer product ingredients, and wastes from burning coal, gasoline, and garbage.

This study represents the first reported cord blood tests for 261 of the targeted chemicals and the first reported detections in cord blood for 209 compounds. Among them are eight perfluorochemicals used as stain and oil repellants in fast food packaging, clothes and textiles—including the TeIton chemical PFOA, recently characterized as a likely human carcinogen by the EPA’s Science Advisory Board—dozens of widely used brominated flame retardants and their toxic by-products; and numerous pesticides.

Of the 287 chemicals detected in umbilical cord blood, we know that 180 cause cancer in humans or animals, 217 are toxic to the brain and nervous system, and 208 cause birth defects or abnormal development in animal tests. The dangers of pre- or post-natal exposure to this complex mixture of carcinogens, developmental toxins and neurotoxins have never been studied.

- Chemicals can act like drugs in our body, disrupting systems at low levels of exposure, and potentially causing harm in combination.

As chemical use has grown in our society, so too have chemical-related diseases. Cancer, asthma, birth defects, developmental disabilities, autism, endometriosis and infertility are increasingly common. Mounting scientific evidence links the incidence of these diseases in part to environmental toxicants.

In the U.S. today:

- 1 in 2 American men and 1 in 3 American women are expected to get cancer in their lifetimes.
- Asthma and learning disabilities, which are associated with chemical exposures, have risen. In addition, dozens of new common conditions like birth defects and low sperm count are strongly linked to some chemicals in the environment.

Despite the clear links between pollution and health, our nation’s laws provide the public and workers are inadequate. Independent reviews of our nation’s laws to regulate chemicals have found they:

- Fail to provide for adequate testing of existing and new chemicals and materials, such as nanomaterials, so that we are ignorant of the full hazards of most chemicals.
- Fail to regulate known hazards because these laws don’t give regulators adequate authority.
- Fail to provide incentives for safer alternatives to come to market; and
- Fail to provide individuals with the right to participate in a decision-making process regarding chemical use in their community or workplace.

The need for chemical policy is obvious.

Addressing chemicals on a chemical-by-chemical basis has proven insufficient. Many environmental purchasing programs and environmental campaigns target specific chemicals of concern for reduction. However, hazardous chemicals remain in commerce because:

- Manufacturers switch from a targeted chemical to an untested or unlisted chemical that is not necessarily preferable.
- The chemical-by-chemical approach is very costly and slow; and
- When the government fails to require manufacturers to perform toxicity testing, the burden then shifts to the public to finance testing and environmental monitoring of chemicals in commerce, further slowing change.

Health care institutions have a particular ethical responsibility to use products containing chemicals that pose less risk to human health. A growing number of hospitals are taking a “better safe than sorry” approach to chemicals - eliminating suspected hazards and switching to safer alternatives. Benefits of this approach to the bottom line can include reduced disposal costs, reduced liability, and improved health for employees.

Industries are getting the message. Dell, IKEA, H&M, Collins & Aikman, Herman Miller and Shaw Carpets are examples of companies committing to using safer chemicals. Innovation is both feasible and profitable and other companies need to set similar goals and get involved.

New regulations in Europe and in various US states are also beginning to address the inadequate regulation of chemicals.

We already know promoting health and preventing illness is cost effective. Chemical policy removing environmental toxicants would be one way to do both.
Request Topics

• Any Clinical Focused Topic
• Innovative Teaching Techniques
• Research

Abstract Submission

• Length not to exceed one single-spaced, typed page on 8 1/2 x 11 – inch paper with one-inch margins. Include a theoretical overview/abstract and no more than 3 objectives (objectives may be on second page if needed).
• Include biographical information and Terms and Conditions for all authors.
• Indicate which authors will be present.

Presentation Requirements

• Oral presentations are for one (1) hour
• Poster presentations are accepted for tabletop or easel only.
• Abstracts that are e-mailed or faxed do not need to be mailed.
• Abstracts should have a face sheet indicating title, names and contact of all authors.
• The theoretical overview/abstract, title and objectives should be on a blind copy.

Send Abstracts to:
Charlene M. Roberson, MEd, RN, BC
Alabama State Nurses Association
360 North Hull Street
Montgomery, Alabama 36104-3658
Telephone 334-262-8321 or 800-270-2762
Fax 334-262-8578
E-mail charlenerasna@bellsouth.net

Deadline for Submission: January 07, 2010

TERMS AND CONDITIONS FOR PRESENTERS

This document has been developed to better inform you of Alabama State Nurses Association’s (ASNA) policy. Please review each item, check your response, sign the document and return to ASNA.

Activity title:

<table>
<thead>
<tr>
<th>TERMS &amp; CONDITIONS</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have disclosed to ASNA all potential bias with any commercial interest that exist or have existed within the last 12 months. I understand that these relationships will be shared with the learner by ASNA.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>2. I will prepare fair &amp; balanced presentations that are objective &amp; scientifically rigorous. Content will be well-balanced, evidence based where possible &amp; unbiased.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>3. If addressing unlabeled &amp;/or unapproved uses: I will clearly acknowledge the unlabeled identification of the investigational nature of drug products and/or devices to the learners.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>4. I will use generic names to the extent possible when discussing specific health care products or service. If I need to use trade names, I will use the trade names from several companies when available, &amp; not just trade names from any single company.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>5. Validation of content: I have reviewed the proposed content for this activity and find, to the best of my knowledge, the following:</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>A. This presentation is based on acceptable principles that are generally accepted as valid by the profession.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>B. This content is based on conclusions or inferences about the evidence that are accepted in the general health care community as valid and sound.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>C. Scientific research referred to in this presentation conforms to generally accepted standards of experimental design, data collection, &amp; analysis.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>D. Content is accurate based on best information available at the time the presentation was developed.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>6. If I have been trained or utilized by a commercial entity or this agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles &amp; methods, &amp; will not promote the commercial interest of the funding company.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>8. The handouts and slides will not include my company logo other than on the first slide. (The copyright symbol may be included on each of the slides.)</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>9. I understand that ASNA may need to review my presentation &amp;/or content prior to the activity &amp; I will provide educational content and resources in advance as requested.</td>
<td>❑</td>
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</tr>
</tbody>
</table>

I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.

Signature (May be electronic) ____________________________ Date __________

Return form to:
ASNA
360 N. Hull St., Montgomery, AL 36104 OR charlenerasna@bellsouth.net OR Fax 334-262-8578
Patient Safety and Quality

Quality of care and working conditions influence job satisfaction of surgical residents

Fewer medical students are interested in surgical residencies, and up to one-fifth of residents drop out of surgical residency programs. Surgical residencies are known for their grueling hours. However, a survey of 844 surgical residents from 52 hospitals found that resident job satisfaction was intricately linked to the perception that their patients are receiving high-quality care. In fact, staff and systems that enabled residents to care for patients were more influential on job satisfaction than the teaching skills of attending physicians, duty hours, fatigue, and other issues. Attending physicians’ appreciation and openness to suggestions was also correlated positively with resident satisfaction.

Residents often perceived themselves as carrying the burden for shortfalls in staffing and systems of care at hospitals, note the study authors. In the 844 returned surveys, resident job satisfaction did not correlate with age, sex, or postgraduate year. Scut work (such as expediting operating room cleanup for the next patients and putting unnecessary paging on services) diminished resident job satisfaction. Resident educators are working hard to shift the focus of their attending physician, duty hours, fatigue, and other issues.

Addressing systems, staffing, and attending physician issues that diminish resident satisfaction can increase the attractiveness of surgical residencies to medical students, conclude the researchers. The study was supported by the Agency for Healthcare Research and Quality (HS12029).


Mental Health

Most office-based psychiatrists are providing medication rather than psychotherapy to their patients

The use of psychotherapy has declined markedly among U.S. office-based psychiatrists, reveals a new study. For instance, the percentage of visits to psychiatrists that included psychotherapy dropped from 44.4 percent during 1996-1997 to 28.9 percent in 2004-2005. Similarly, the number of psychiatrists who provided psychotherapy to all of their patients fell by nearly half from 19.2 percent to 10.8 percent during that time. The researchers attribute the decline in psychotherapy to a drop in the number of psychiatrists specializing in psychotherapy and a corresponding rise in those specializing in drug therapy. They note that these changes were likely sparked by reimbursement policies favoring brief medication management visits over psychotherapy and the introduction of new psychotropic medications with fewer adverse effects in recent years.

These developments continue the shift toward the medicalization of psychiatric practice. The magnitude of financial disincentives for providing psychotherapy was highlighted by a Practice Research Network study documenting that third-party reimbursement for one 45- to 50-minute outpatient psychotherapy session is 41 percent less than reimbursement for three 15-minute medication management visits.

Consistent with these findings, the current study found that psychiatrists who provided psychotherapy to all of their patients relied more extensively on self-pay patients, had fewer managed care visits, prescribed medications in fewer of their visits than psychiatrists who provided psychotherapy less often, and prescribed medications for only slightly more than half of their patients. A growing group of psychiatrists, in recent years, appeared not to develop a relationship to their patients, suggests the study. The research was supported in part by the Agency for Healthcare Research and Quality (HS16097).

Individual Affiliate – Non RN Member Only

Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104
Telephone: 334-262-8321
FAX: 334-262-8378
Email: member@bellsouth.net

Name: 

Address: 

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County: 

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SSN (Last 4 Only): 

ASN License #: 

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Employment Status: 

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City: 

State: 

Zip: 

Recruited By: 

Dues Options
Visa/Master/Debit Card Payment Option

Visa/Master/Debit 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: 

Notes: 

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

ASNA Use Only

DIST: 

COUN: 

RCVD: 

EXP: 

$ ENC: 

CH #: 

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 first day of the 7th month, which is designated and maintained as shown by the enclosed payment for the first six (6) month’s payment.
2. ASNA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
3. The undersigned may cancel this authorization at least 30 days prior to deduction date as designated above. ASNA will charge a $25.00 fee for any returned drafts/checks.
4. Authorized Signature: 

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

Policies:

1. Affiliate privileges are initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate year shall be the last day of the month in which you joined.
3. You may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse and a change in your expiration date.
5. Payment method/affiliate status may be changed at expiration (renewal) date only.
6. Submission of an affiliate application constitutes intent to retain affiliation for a period of 12 months. Payments are not refundable.
7. PAYMENTS MUST ACCOMPANY APPLICATION. Please note that all installment plans include a $2.50 bi-annual service fee. Do not add this $2.50 to your payment; it is already built in. Make all checks or money orders payable to: ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
8. For further affiliate information, please contact ASNA at 1-800-270-2752 or, in the Montgomery area, (334) 262-8321.
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- Barbara Watts, RN, CRNP
- Gregory Whigham, RN

APPLICATION FOR MEMBERSHIP IN ASNA/ANA

Please check One New Application ___ Renewal ___ ANA ID # _______ Today’s Date ______

Name – First/Middle/Last: ____________________________

Credentials: RN License: __________

Address: _______________________________________

City State Zip __________ __________ __________

Home Phone: ___________________ Home Fax: ___________________

Work Phone: __________________ (Ext) Work Fax: ___________________

Cell Phone: ___________________ E-Mail Address: __________________

Employer: _______________________

Employer Address: ____________________________

City State Zip __________ __________ __________

Recruited By: ___________________________ UAN Member: Yes No Preferred Contact: Home Work

CIRCLE YOUR MEMBERSHIP CATEGORY

- M – Full Membership – Employed full or part-time
- R – Reduced Membership – Not employed full-time student or new graduate within six months after graduation from basic nursing education program FIRST MEMBERSHIP YEAR ONLY
- S – Special Membership – 62 years of age or over and not employed, or totally disabled
- D – Direct Non ANA Member

PAYMENT PLAN (CHECK ONE BOX)

- ELECTRONIC DUES DEDUCTION FROM CHECKING ACCOUNT
  - M – $24.55 Month S – $6.52 Month D – $15.00 Month
  - R – $12.54 Month

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

Read and sign the authorization below. Enclose a check made payable to ASNA/ANA for the first month’s dues (see rates listed above). This amount will be deducted from your checking/credit card account each month.

Authorized Signatures ___________________________ Date __________

FULL ANNUAL PAYMENT

M – $289 R – $140.50 S – $72.25 D – $175

PAYMENT METHOD

CHECK ENCLOSED VISA MASTERCARD

Card Number: __________________________ Exp: Date: __________

Authorized Signature __________________________ Date: __________

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Please return this completed application with your payment to Customer and Member billing, American Nurses Association, P.O. Box 700525, Baltimore, MD – 21297-0405 or Fax to 334-262-8578

BE SURE TO SAVE THESE DATES

Nurses at the Capitol: January 21, 2010
(Details on web site in early January ‘10)

Elizabeth A. Morris Clinical Education Sessions—FACES ’10

April 20, 2010

DETAILS AND REGISTRATION FORM WILL BE IN NEXT ALABAMA NURSE (and on website www.alabamanurses.org mid February 2010)

September 30, thru October 2, 2010 for the ASNA, AANS, and AONL Annual Convention at The Riverview Plaza Hotel in Mobile, AL. Put these dates on your calendar. Full convention materials will be printed in the June/July/August issue of The Alabama Nurse