



# The Nursing Voice

ANA/C IS AN AFFILIATE CHAPTER OF THE AMERICAN NURSES' ASSOCIATION  
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## Special Points of Interest:

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- RN Lobby Days 2008 page 9
- Pain: Cancer and End of Life page 17

## Collaboration or Defeat: The Future of Prescriptive Authority

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### Your support is needed:

The California Association of Psychiatric Mental Health Nurses in Advanced Practice (CAPNAP) an affiliate of the American Nurses Association/California (ANAC) is planning a major legislative effort to bring about prescriptive privileges for all Advanced Practice RNs. We have the choice of collaborating with one another, having all APRNs and their professional and specialty associations working together as a coalition to present a unified plan for prescriptive authority, or we can splinter into special interest groups and lose this opportunity to bring forth significant change. Settling for "furnishing authority, including medical supervision" is a step backwards.

Opposition at this time may be strong and we will need the full support of all APRNs; clinical nurse specialists; nurse practitioners; nurse midwives; nurse anesthetists; and others to get this type of legislation passed. To move ahead

in fragmented ways would only cause dissension for nursing, confusion for the public and the legislators. Taking the time to build an effective working coalition to promote prescriptive authority for all APRNs supported by all APRNs, would best ensure our ability to succeed. If we are not inclusive in the beginning, the possibility of advance practice nurses, again being splintered, and not achieving anything at all is possible. It is crucial that we begin the battle with language that is inclusive, describes nursing as collaborative practice and defines when we are independent. If the language in the proposed legislation is not written properly, it may have severe and long-term affects on APRN's and their ability to work independently.

### Background:

In 1998, a group of Clinical Nurse Specialists had worked hard on the language in their titling bill to include the word "collaboration", not "supervision". The Clinical Nurse Specialist is one of the four categories of Advance Practice Registered Nurses (APRNs) which also include; nurse practitioners; nurse midwives; and nurse anesthetists.

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## As I See it . . .

### President's Pen

Louise F. Timmer, EdD, RN

### Election Year 2008 - Nurses must become involved!

This is an excellent year to demonstrate the patient advocacy role we all pledged to uphold at the Pinning Ceremony when we took the Nightingale Pledge and received our distinctive and richly deserved nursing pin. The major political campaign issue is the broken health care system and the state and national political candidates' pledge to fix it. As the state and federal health care committees are formed again this year, **nurses must be appointed to every health care reform committee.**

Nurses perform 70% of all health care services whether they are carried out in the hospitals or in the community schools, clinics, homes, physicians' offices, industry, or shopping centers. Nurses practice evidenced based nursing that provides data on the effectiveness of nursing care and proof of its cost effectiveness. Since 1996, the CalNOC research program at UCSF has provided excellent data on nursing care outcomes and best practices in California hospitals. Nurse educators have established doctoral programs in health care policy to provide graduate nursing students with the knowledge and expertise to develop comprehensive and cost contained health care systems. The nursing schools at UCSF and UCLA have excellent doctoral programs in health policy.

Nursing students are prepared to participate in nursing research at the hospital unit level in all nursing programs and to practice evidence based nursing care. Graduate nursing education provides nurses with advance research skills to serve as nurse researchers in all areas of nursing practice and in every work setting. Thousands of nurses have obtained doctoral degrees in nursing or related academic and science disciplines to advance the science of nursing. More than 5,000 nurses have obtained law degrees and serve as consultants to ANA, specialty nursing organizations, the ANA-UAN labor union, and individual nurses.

Nurses are beginning to run for political offices at the local, state and federal levels of government. The American Nurses Association has developed political programs to prepare nurses for political office and to run political campaigns. In addition, ANA has a Political Action Committee (PAC) to raise campaign donations to support nurse candidates. For nurses interested in politics, ANA and ANAC have legislative intern programs that provide nurses with the knowledge and expertise to serve as members of the Legislative Committees, nurse lobbyists, or as more politically informed nurses. Patient advocacy must be practiced at the bedside and in the offices of the state and federal governments. Similarly, nurse advocacy must be practiced in the schools of nursing, work environment, and at the local, state and federal levels of government.

### ANAC RN Lobby Days, April 20, 21, 2008

The annual ANAC RN Lobby Days will be held this year on the campus of CSU, Sacramento Sunday, April 20. An all-day program will be presented by the Honorable Tricia Hunter, MN, RN, (Assemblywoman, 1989-92) and several current legislators from the Assembly and Senate and staff from the Governor's Office and the Board of Registered Nursing. It is an excellent opportunity for nursing students and nurses to participate in the legislative process; discuss current bills that affect nursing education, nursing practice, health care and learn about the proposed health care reform plan for California. Nursing students from the state's 126 nursing programs have attended the annual RN Lobby Days for the past six years. The student

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President American Nurses  
Association \ California  
2007-2009

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## ANAC Wants To See You.... IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to: [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)  
Mail to: ANACalifornia IN THE NEWS  
1121 L Street, Suite 409  
Sacramento, CA 95814

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## Article Submittal to 'The Nursing Voice'

ANACalifornia accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, *The Nursing Voice*. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANAC members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in *The Nursing Voice* do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

ANACalifornia's official publication, 'The *Nursing Voice*' editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline:  
April 14th, 2008 for the June 2008 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)
  - a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
  - b. The *Nursing Voice* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
  - c. The *Nursing Voice* reserves the right to edit manuscripts to meet style and space limitations.
  - d. Manuscripts may be reviewed by the Editorial Staff.
  - e. Articles submitted by members' of ANAC will be given first consideration when there is an availability of space in the newsletter.
2. Photographs should be of clear quality. Black and white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANACalifornia, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to [thenursingvoice@yahoo.com](mailto:thenursingvoice@yahoo.com)
3. E-mail all narrative to [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)



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The *Nursing Voice* is published quarterly and is complimentary to ANAC members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see 'Article Submission for The Nursing Voice' in this issue for deadlines and submission details.

If you would like to **receive this publication** or you would like to **stop receiving this publication** please write or call the ANAC at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or address correction and a phone number should we need to contact you. Or, fill out and mail in the Update Request Form found in this newsletter.

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## President's Column cont'

(Continued from page 1)

feedback has been phenomenal. Each year, more students and faculty are making it an important annual curricular event.

The second day, April 21, participants will visit the offices of their local Assembly and Senate legislators. The nurses and students will discuss the current bills that affect nursing education, practice and health care with their local representatives. Hopefully, the nurses and students will leave their names and contact information with the office staff to serve as needed with bills that affect nursing education and nursing practice. Registration for RN Lobby Days is available in the newspaper and on the ANAC website. CE credit is given for this event.

### ANAC Membership - 2008

**In politics, numbers count!** Nurses can exert a very powerful political influence on health care in this state. Registered nurses in California number more than 300,000. Nursing students number more than 40,000 in the 126 public and private entry level nursing programs. ANAC is the political organization for practicing and retired nurses, nursing faculty and nursing students in California.

The ANAC newspaper and the website are the communication tools to keep all nurses informed about issues affecting nursing education, practice and health care in California. The ANAC newspaper has sections that provide important information on education, practice, legislation, BRN information, public image, membership, and upcoming conferences and events. Nurses can easily discuss their concerns, questions, and requests, to provide important information or volunteer to serve on task forces, activities, or one of the Divisions by contacting the office through email, telephone or mail.

**In politics, money counts!** ANAC organization must have money to continue its services for nurses. Currently, ANAC is involved politically with issues that concern school nurses, advanced practice nurses and nurse educators. The dues from the ANAC members pay the travel expenses, paperwork that must be filed, and meetings with the members to advocate for their needs. Dues are very important to maintaining the ability to respond in a timely manner for nurses. Dues are the only way the ANAC association can pay for the needs of its member nurses. The annual dues are divided equally between ANA headquarters in Washington, DC and ANAC state association. If all **300,000 nurses were members of ANA**, the state contribution to ANAC is **\$30 million dollars every year**. With this amount of money coming into the office each year, the nurses in California would be very well protected in their practice, education, and career development. The Legislature and the Governor's Office would definitely seek direct input from nurses and make a concerted effort to maintain a very close relationship with the registered nurses in this state.

**Invest in your nursing future this year! Join ANA and support the association by your dues. If you can't volunteer for any ANAC activity this year, your dues allow other nurses to support your needs in the work place.**

**You are never alone,  
when you belong to ANAC.**

## Executive Director ANAC

Honorable Tricia Hunter, RN, MN

California is starting the second year of the two year legislative session. All issues that were unsuccessful last year have a second chance in this new session. Bills are being "gutted and amended" to give them a second chance before the end of session this August. Health Care Reform is still on the agenda but has hit a major setback with the budget deficit. As we headed into this session the deficit being discussed has increased from \$7 Billion to \$15 Billion. It is difficult to come to terms on a mandate for health care reform when the government is considering cutting all programs at least 10%.

Assembly Speaker Assemblyman Nunez (D) has taken the lead with Governor Schwarzenegger in an attempt to get a health care reform package passed in California. Assemblywoman Mary Hayashi (D) has also stepped up to help bring the health care community into the negotiations. Assemblywoman Hayashi is familiar with nurses and nursing issues serving on the Board of Registered Nursing as a public member for four years. As the hearings were approaching, she called ANAC and asked us to testify on behalf of the bill. ANAC had two major issues that needed resolve and she worked closely with the Speakers office, advocated for the amendments (which were put into the bill) and made it possible for ANAC to testify in support of the legislation. ANAC President, Louise Timmer, attended a press conference with the Governor, Speaker and the advocates of health care access after the bill successfully passed through the Assembly.

There is still a lot of work to do on health care reform. ANAC wants nurses at the table and on the boards that will be negotiating the health care decisions. A major stumbling block is how health care is going to be funded. The California constitution (Proposition 98) requires 41% of all state dollars go to education. Therefore, any state budget dollars to fund health care automatically loses 41% off the top. We must pass taxes or rate increases at double the amount needed for health care to fund the education mandate of Proposition 98.

ANAC has been working closely with the Nurse Practitioner community to remove barriers for access and practice. Legislation introduced in the 2007 session has been stalled that would have resolved these issues and this legislation has a tough battle in the 2008 session. Part of the health care reform bill includes a requirement for a Commission to look at these barriers and report back to the legislature with its recommendations to resolve them. The Governor and Speaker are committed to this happening.

Other key issues for the 2008 session include legislation to allow the Community Colleges to grant a Bachelor's Degree



Honorable Tricia  
Hunter, RN, MN  
Executive Director  
ANAC

for their three and a half year programs and income for nurse educators that would be competitive with the private sector. We have also attended regulatory hearing dealing with the quality and access issues concerning Aesthetic Nursing. ANAC is committed to assuring that the nurses in this specialty continue to be able to practice.

ANAC, through our affiliate, the California Association of Psychiatric Nurses in Advanced Practice (CAPNAP), have ongoing meetings with the Clinical Nurse Specialist community about passing legislation that grants prescribing authority. Elissa Brown, CNS and President of CAPNAP and I will be speaking at the CNS Conference in January about how we can work together to make this happen.

Another major issue for us this year is the lawsuit ANA and ANAC, along with the California School Nurses has filed against the Department of Education. As typical in the courts, the case is moving slowly through the process. ANA, ANAC and the California School Nurses Association are committed to assuring that even our schools have a qualified nurse to provide nursing services to children. We will keep you informed through the newsletter and our webpage as events happen with this issue.

*ANAC wants to hear from you. If you are interested in any of the issues discussed in this message or if you are aware of issues that ANAC should be addressing please contact us! We have communication groups for education, practice, aesthetic nursing, CAPNAP, just to name a few. Those of you involved in the practice are the experts and we need your input to shape the policy that could become regulation or legislation.*

### **ATTENTION ALL RNs, LVNs & Nursing Students** **WE NEED YOUR INPUT**

The Golden State Nursing Foundation & the American Nurses Association \ CA Disaster Task Force are asking all Registered Nurses, LVN's and school of Nursing students to please give us your input on how prepared you think you are for a disaster (fire, flood, earthquake, chemical, other) which may be local, regional or national. Take our quick assessment survey by logging on to [www.anacalifornia.org](http://www.anacalifornia.org) then click on the DISASTER ASSESSMENT tab. The information generated by this survey will be used solely by the Golden State Nursing Foundations Disaster Preparedness Steering Committee for the purpose of developing future disaster preparedness materials and information. This tab will be available from March 1, 2008 to April 30, 2008. Thank you.

## Collaboration or Defeat cont'

(Continued from page 1)

In California, nurse practitioners and nurse midwives have “furnishing” authority. This concept is unique to California. Furnishing authority requires these APRNs to work in a dependent role supervised by physicians rather than collaboratively and independently. Physicians set up standard orders that these APRNs follow, furnishing takes place within these orders only. Since nurse anesthetists always work in conjunction with a dentist or surgeon, furnishing authority is not necessary. Once the doctor orders anesthesia, all anesthetic medication decisions by the nurse anesthetist are decided independently. The only type of APRN, who has no ability to furnish or prescribe medications in California, is the Clinical Nurse Specialist.

In general, for advanced practice nurses to have either furnishing authority or prescriptive authority, they are required to successfully pass graduate level courses in advance physical assessment and advanced pharmacology and engage in a predetermined number of supervised clinical hours before they can prescribe. In most states, at least some advanced practice registered nurses (APRNs) have “prescriptive” authority. This allows them to function independently from physicians in solo, group, or hospital practices.

### History:

Since 1974, with the revised California Nurse Practice Act, the dependent and independent functions of the nurse were enacted into law. Nursing fought hard to retain the independent aspect of their practice. With this independence, nurses collaborate but still maintain an independent function.

When nurse practitioners along with their specialty organization worked with nursing’s professional association (CNA, which is now ANACalifornia), they won the right to have furnishing authority. They worked long and hard to build support and to try to achieve prescriptive authority but opposition from some groups, led to the language compromise and the term “furnishing”. They also had to include “medical supervision”.

### Today:

The legislative climate is ripe for change. It is time for California APRNs to promote legislation for prescriptive privileges, and to use that term instead of furnishing privileges. Governor Schwarzenegger is actively formulating ways to improve health care and contain costs in California.

We need to take advantage of the climate and have an imprint on the provisions of the Health Care Security and Cost Reduction Act. Advanced practice nurses can impact several key sections of the Act: ensuring access and promoting prevention; wellness and personal responsibility; as well as delivering the most cost-effective care.

A provision of the Act focuses on reducing regulatory barriers. These barriers include those that have prevented APRNs from having prescriptive authority. The ability to write prescriptions independently of physicians will greatly expand the role of APRNs to meet the health care needs of underserved areas of California within the hospital setting and within the community.

### Planning a Summit - For the future, for progress:

CAPNAP and the American Nurses Association\California are planning a Summit for California APRNs, professional and specialty nursing associations and representatives from schools of nursing, and all other interested parties, which will take place in the late summer or early fall of 2008. Language for the legislation as well as strategic planning for the success of the legislation will be on the agenda.

We are not the first state to bring legislation of this type forward, so we must learn from our colleagues in other states and heed the advice of those nurse leaders in guiding us through the process. We also have the added knowledge and lobbying capacity of our ANAC Executive Director, the Honorable Tricia Hunter, who has done much for us over the years, and has developed positive connections with understanding legislators.

### Please join us:

We welcome the support of all nurses—staff nurses, nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse managers, nurse educators and faculty, school nurses and nurses in all the specialties to work to help us work to achieve prescriptive privileges, and finally be in line with the rest of our colleagues across the nation.

If you, your colleagues, your graduate nursing programs, and/or your professional associations are interested in working together on this issue, please contact us now at [capnap@anacalifornia.org](mailto:capnap@anacalifornia.org) or call (916) 447-0225 and mention the “APRN Summit”. We welcome your support.

## Nurses in the News

### California Nurse Recognized as One of 10 Nurse Heroes by Nursing Spectrum

**They braved floodwaters to rescue dozens of nursing home residents; crawled under and into mangled vehicles to save those inside; ignored blood, mud, and freezing cold temperatures to administer CPR; even rushed in to rescue survivors of terrorist attacks or hurricanes.**

**These nurses are among the 10 recognized as Nurse Heroes this year by Nursing Spectrum, NurseWeek, and Gannett Healthcare Group, as well as our cosponsors, The Johnson & Johnson Campaign for Nursing’s Future and Sigma Theta Tau International Honor Society of Nursing.**

**“These nurses showed initiative, leadership, and clinical competence in extraordinarily difficult circumstances,” says Steve Hauber, CEO and publisher of Gannett Healthcare Group, parent company of Nursing Spectrum and NurseWeek. “By honoring their accomplishments, we bring attention to the scope and skills of professional nursing as it’s practiced every day.”**

**The winners were selected from a pool of many worthy nurses nominated by peers and patients for their efforts to save lives outside the workplace and under adverse circumstances between May 2004 and May 2007. In November, each recipient was honored at Sigma Theta Tau’s 39th biennial convention in Baltimore, Md.**

**“Nurses respond to these types of disasters, and many others, every day of every year,” says Cynthia Vlasich, RN, BSN, vice president of Gannett Healthcare Group. “We need to take pride in what we do every day, and we need the heroes from our profession to lead the way.”**

LaVonne L. Lewis, RN, PhD

A massive snowstorm and treacherous, icy roads in Pine Mountain, Calif., didn’t stop LaVonne L. Lewis, RN, PhD, from helping a man who had been thrown from his car after an accident. Neither did the tremendous pain she experienced as a result of Reynaud’s disease, a condition of the hands and feet that worsens in cold temperatures.

Lewis provided emergency first aid and kept him stabilized as they waited 45 minutes for an ambulance to arrive.

A trained psychologist and experienced nurse, Lewis had volunteered for a decade with the local fire department in Pine Mountain, an area filled with steep canyon roads. But all she could do that day, she says, was to tell the driver jokes to keep up his blood pressure and help him stay conscious.

“I function well in emergencies, and I know it’s because of my belief in God,” she says. “I’ve always had the philosophy that you cure sometimes, you heal often, and comfort always.”

## I am Proud to Be a Registered Nurse.....

I just attended an ANA meeting for the state executive directors. One of our speakers had recently had a near death experience and talked about the nurse who took care of him. He used this as an example of reminding us what a wonderful profession each of chose to enter and how we need to remember what we do saves lives. I chose nursing as a career and I love it! I have been a nurse for 30 plus years and still can say it is a wonderful profession. I know it is not for everyone, but those of us that can “handle blood and give shots” have chose a career that does make a difference for people!

I choose to be a nurse when I was in first grade. Obviously, I did not comprehend the long hours and hard work that a nurse did but I could see, even then, the enrichment that helping people would add to my life. I frequently wish I could live many lives because I would like to be an emergency room nurse, an occupational health nurse, a nurse who works on the firelines, an army nurse, a nurse who works at the embassy among many other choices and opportunities I have available to me in this profession.

I know that nurses are the best legislators. We are consensus builders and want to accomplish something. As a nurse legislator I was able to work with both primary parties to pass health care legislation because they knew I put the patient before any political position. I once did not get a key political appointment because I was accused of “wanting to really do something”. Every nurse I have met who has been involved in government, whether an appointee, staffer or civil employee has been there because they want to make a difference and make things better!

Nurses are frequently the leaders at the Parent Teachers Association, on school boards, or in any association or on boards. We are the patient advocate, our children and family advocates, and the community advocates! We not only save lives in our work settings but we change lives in our communities.

I worked in the operating room for fifteen years and then took my nursing and patient advocacy to the state legislature. I have since had the opportunity to advocate, on behalf of nursing and our clients, in the political arena. I still get to practice in the operating room by volunteering for six mission trips a year.

After 30 years I can still say that nursing was the most wonderful career I could have chosen! I am proud to call myself a nurse and I am proud of what nursing does!

(Nurses we want to hear from you! Please write us with your story about why you chose the nursing field and why you are “fired up” about the profession!)

### Western University of Health Sciences Celebrates 10 Year Anniversary

*Newsletter ANA from Karen Hanford EdD (c), MSN, FNP  
Founding Dean, College of Graduate Nursing at  
Western University of Health Sciences*

On November 7, 2007 Western University of Health Sciences Graduate Nursing program celebrated its ten year anniversary. Western’s College of Graduate Nursing is located in Pomona CA and offers numerous nursing programs. The College has 193 students enrolled and offers a Master of Science in Nursing Entry Program (accelerated program for second degree students) four MSN programs, and a newly launched Doctorate in Nursing Practice program. The College of Graduate Nursing is noted for its excellence in distance learning, and its innovative curriculums. All programs are BRN approved and CGN received a ten-year re-accreditation from CCNE (Commission on Collegiate Nursing Education) in Fall 2006.

The Honorable Trish Hunter was the keynote speaker for the anniversary event. Those in attendance included President Philip Pumerantz, students, faculty, staff, advisory board members, VIPS’s and two retired nursing leaders. Dean Hanford provided a plaque and special remarks to acknowledge these nursing leaders for their years of service in the Inland Empire. Bobbie Stahl RN, MSN, one of the nurse leaders countered her award with a gift of \$5,000 for student scholarships.

Guests who attended the event were provided with a tour of CGN’s state of the art simulation laboratory and the opportunity to see students participating in a live demonstration of incorporating simulation into the nursing curriculum. Sonja Mack RN, MSN the simulation laboratory coordinator will be presenting her work in simulation at the Annual METI Conference in February 2008 in Tampa, Florida.

# Membership and Communication

## Become a Leader in Your Professional Organization

Become a leader in the professional organization that represents all California nurses no matter scope of practice by running for office in the 2009-2011 election.

By deciding to run for an ANAC elected position, you make a choice to invest in your future and the future of health care. ANAC leaders have the capacity to influence public policy, professional nursing standards, and the advancement of the association. As a leader, you will become a part of the history and tradition of ANAC and ANA—forging the way for the health care system of the future and ensuring that nurses remain essential providers in all practice settings. You will help ANAC and the nursing profession remain strong and united.

The benefits of being an ANAC leader can be both personal and professional, and can provide you with skills that can be applied to many areas of your life. Here are just a few to think about:

- Increase your opportunities to mentor, to be mentored, to gain peer recognition, to share your expertise and ideas.
- Enhance your development as an individual and as a professional through strengthened communication and organizational skills.
- Be on the cutting edge of a new and better health care for the American public.
- Develop marketable campaign skills while articulating your views, engaging with a diverse membership and speaking publicly.

Any current ANAC member, who does not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANAC, meets the criteria to run for an elected position. ANAC expects the best from its leaders just as you have the right to expect the best from your association. As an association leader, you will:

- provide strategic directions for the association through

participation in meetings, conference calls and electronic communications.

- prepare for each meeting and conference call by reviewing materials ahead of time.
- review mailings and respond to items requiring action between meetings.
- be available to serve on subcommittees.
- attend meetings of other health care organizations or organizational units as a representative of your structural unit.
- present reports or serve as a spokesperson for media-related activities.

Your time commitment to the association will depend upon the position to which you are elected. You may need to request your employer's support for the time commitment you make. Most employers will view your leadership role as a benefit to them — through your increased knowledge and distinction as an ANAC leader.

### ANAC Board of Directors

The Board of Directors (BOD) is the corporate body of ANAC composed of four officers (President, Vice-President, Secretary and Treasurer) and five directors elected by the general membership. Refer to ANAC bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at [www.anacalifornia.org](http://www.anacalifornia.org) or through the office at 916-447-0225.

### Duties of Officers

The President of ANAC shall serve as the Official representative of the association and its spokesperson on matters of association policy and position; as the chairperson of the General Assembly, the Board of Directors and the Executive Committee of the Board; an ex-officio member of all committees except the Ballot Committee; and a delegate to the House of Delegates of ANA.

The Vice-President shall assume duties of the President in the President's absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

The Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly.

The Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANAC to the membership, General Assembly and the BOD.

Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

Director, Nursing Education shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

Director, Health Issues shall focus on understanding, interpreting and advocating for legislative, regulatory and policy issues relating to health.

Director, Membership and Communications shall focus on membership recruitment, retention, and resources. This director's responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups), archives, chapter development, and public relations

Director, At-Large shall focus on assisting with transition to the new reorganization structure and function.

Contact ANAC if you have further questions or if you would like to receive the necessary documents for the 2009-2011 elections. Deadline for completed consent to serve packets is September 1, 2008.

## From The Outside Looking In

by Michele Townsend

I would like to start off by stating, in no uncertain terms, that I AM NOT A NURSE, nor am I a legislator. However, I am a mother, and I do have many years of experience in working with children with many types of handicaps. Perhaps because I have never directly worked with children whose primary health problem was diabetes, is the reason that I don't see diabetes as a handicap. Though I do understand completely that, if mistreated, diabetes can certainly lead to different handicaps, or death. As I see it, it is something that is ever present in their life, and is something that needs attention regularly. However, the attention that is needed MUST be accurate or the attention given could, itself, become life threatening. Those people who do not deal with this, like any other situation that is "out of the norm", may however consider it a handicap. At the minimum, I think people do know that it is very serious, if not cared for, and because of that many people fear it.

As many of you know, there is a very heated law suit between the Calif. Dept. of Education, including Superintendent Jack O'Connell and several families of diabetic children (K.C. et al. v. Jack O'Connell, et al.). The issue is that these families, along with many others (though the others are not named in the law suit), declare that while at school, their diabetic children are being denied the diabetes related care that they need, and are entitled to, by law. It's not just that they are missing out on activities such as field trips, but they are actually being made to wait past their scheduled time of needing their blood sugar checked, and in turn their insulin or other medication needed. Parents have had to quit their jobs so that they can be at the schools to make sure that their child receives their life sustaining medication. As you can imagine this has created a hardship for many families. The law says that the schools are responsible for providing the care needed, while their children are at school. It also states that the school districts cannot make the children attend certain schools in the district requiring all kids that require medical attention together. Therefore, our school nurses usually have a large geographic area to cover, making it virtually impossible to be everywhere that they are needed. Though, we all know that nurses are masters of multi-tasking, even they cannot be in two, or three, or five places at once.

The families and the CDE came to a settlement that basically states that the school nurse or physician would be

authorized, and expected to, train non-medical personnel to test the student's blood sugar, determine the medication dosage and administer insulin. This stirred up new controversy, because if these actions are in fact carried out, the school nurses are practicing outside their scope of practice and may lose their license. The settlement reads as follows:

"Voluntary school employee who is unlicensed but who has been adequately trained to administer insulin pursuant to the student's treating physician's orders as required by the Section 504 Plan or the individual education plan (IEP)."

But, what I want to know is – What constitutes "adequate training"? A nurse, or physician have been trained in anatomy, chemistry, bio-chemistry, nutrition, the equipment – how it works, what is says, and what actions need to be taken according to those readings... and why. It was stated by one RN, in Orange County, that in a hospital setting it is standard practice for insulin dosages to be rechecked by a second RN before administering the medication. If hospitals, who know that their personnel are trained and licensed, use that as standard practice, why would we accept less than that at school by people who are not medically trained? Will the "non-medical" staff be trained in all of these fields. Will they be taught the difference between lcc and lunit? Will they be taught what exactly what the different forms of insulin do and why?

I attended both the Sacramento and Orange County BRN meetings, and watched speaker after speaker get up and speak to the board. Parents, Grandparents, Doctors, School Nurses, RN's, Diabetes Specialists, Lawyers, and even a fourth grade Student. Virtually **everyone** agreed that this situation needs to be addressed and corrected immediately. However, it is understood that it is unrealistic to think that the state will actually force the nurses to place their license in jeopardy. Even though there is no specific rate of nurses to student population required it stands to reason that if our kids aren't getting their medicine, then we need more nurses. One thing that I noticed was that *every* speaker stated that we needed a nurse in **every** school. It seemed to be all or none. Though I agree that would be great, I also don't think that is realistic. Not all of our schools need armed guards patrolling them, but the reality is that some of them do. In that same spirit, it seems that we should be able to check our demographics to see which schools need nurses right away. Not every school has diabetic children, or children needing some type of invasive procedure on a daily basis. What is the cost of a 911 response? Is it so

much cheaper than hiring a nurse? The schools in California are not even required by law to have a staff person that is first aide certified. Yet they want to allow someone without formal medical training of any kind to perform invasive procedures. I am not saying that only a nurse can follow a physician's directions, but when a child comes in with glossy eyes, she/he will be able to follow up with secondary questions to determine if this child's eyes are glossy from blood sugar, the flu, or maybe because they stayed up too late the night before. Chances are that the office staff will be dealing with several other situations occurring at that same moment (ie. The phone, an upset parent, fighting kids, deadlines, etc.). No matter how good the intensions, that child is likely to not have the staff person's complete attention. What happens when that staff person is out sick, or called away for some other reason?

I think that we all agree that everyone wants this to be done the right way. In fact, it's the only way we can do it. Unfortunately, our first battle is not finding the funding to hire more nurses (although I'm sure that will be a big one), it seems our first battle is proving that we *must* hire more nurses. Regardless of how they find the funding, nurses are not a luxury, they are now a necessity. And they are required to provide this necessity. It's the law.

## The Importance of Belonging to Your Professional Organization

The American Nurses Association, along with over 80 specialty nursing organizations, serves a vital role in advancing the role of nursing and the health care. ANA works to develop policies, set standards, advocate in government and private settings, provide education, maintain the Code of Ethics for Nurses and shape the future of the profession. It is members that allow associations to accomplish what needs to be done. Member dues provide the necessary funding and member volunteers provide the guidance and expertise to move the profession forward. Members make the difference – in the nursing profession and the health care of the nation.

## Nursing Education

### Support Group Facilitators – The Release Valve for Students, Faculty and Staff

by Diane Alvy, RN

Thousands of dollars are spent each year salvaging nursing school students that don't pass. Often miscommunication and a 'poor fit' between teacher and student explain the problem. The student wants to succeed and the teacher wants to protect the consumer from poor and substandard care. It is a delicate and stressful road both travel.

Nursing school is stressful. It has been compared to the military with very good reason. Life and death are on the line. The teachers have a very short period of time to deliver information, and the student has little time to take the information in and apply it. Support Group Facilitators can help reduce the stress, promote diversity, and lower the dropout rates. They can become the 'release valve' for the students, faculty, and staff. They can promote dialogue between all parties to reduce the stress.

Nursing school can be compared to the Philip Zimbardo's experiment of the 1970s. Zimbardo's experiment showed groups undergoing stress experienced powerlessness, isolation, and de-individualization while those in supervisory groups simultaneously became less likely to respond to the group members as they identified themselves with their supervising peers. Both groups responded in such a predictable manner Zimbardo's experiment had to be curtailed because the participants were unable to bear the stress.

At the heart of the conflict, disputing parties typically feel threatened, attacked, and victimized by the conduct and claims of the other party. As a result, each group is

focused on self-protection and is defensive, suspicious, and often hostile to the other group. Support Group Facilitators use transformative mediation techniques where disputes are viewed not as problems but as opportunities for personal growth. The Facilitators meet with the nursing program directors each month and maintain confidentiality.

Another stress that often goes unnoticed is the struggle of being a minority member within the nursing school. Being a male, Latina, or African American entering nursing school adds more stress to the nursing school experience. The sense of belonging is vital to a healthy workforce of nurses. It is also healthy for our patients. Research indicates patients do better when they are tended to by their own culture. The current demographics of our nursing workforce do not match the community at large. According to the Legislative Analyst's Office Report of 2007: 91% of our nurses are women: 66% Caucasian, 22% Asian, 6% Latino, and 4% African American. The highest drop-out rates are among minorities. Providing support groups provide an environment where students can discuss concerns.

Last fall the General Assembly of the American Nurses Association passed a resolution that favors incorporating support groups within pre-licensing nursing programs. For more information about incorporating support groups within nursing programs contact Diane Alvy, RN 323-304-9771.

*Diane Alvy authored the resolution favoring support groups within nursing programs. Her resolution will go before the House of Delegates this coming summer and has recently been submitted to Assemblyman Curren Price.*

### Division of Education Looking for Interested Members

The Division of Education is interested in members from all areas of nursing to discuss what is happening in nursing education and practice. The Education Division performs many functions including speaking engagements about ANAC and proposing solutions for the education needs of nursing students and practicing nurses. The Division develops resolutions for the ANAC Board of Directors to address issues important to nursing education. This past year, the Education Division wrote four resolutions that were approved by the 2007 General Assembly. The resolutions related to faculty salaries, the availability of support for students who wish to attend private schools, and the development of support systems within nursing education to help reduce the attrition rates. The resolutions include recommendations that will be implemented by the ANAC Board of Directors this coming year. The resolutions will be developed into position statements for the membership and the public and are available on the ANAC website: [www.anacalifornia.org](http://www.anacalifornia.org).

The Education Division works closely with the Legislative Division to support and monitor legislation related to nursing education. Members work with legislators to help draft bills and provide the necessary information to support or amend legislation that has been initiated. The Education Division also works closely with the statewide student nurses association, CNSA, and assists them with scholarships, speakers, and various other forms of mentoring and support.

To accomplish the important work of the Education Division, the Director is a member of the ANAC Board of Directors; attends meetings, and participates in board activities. The Education Division membership has a list serve and periodically has conference calls to discuss education needs and make recommendations to the Board of Directors on actions the division feels should be taken in the best interest of the membership. ANAC exists to serve the education and professional needs of nurses in California. This is a member-driven organization and we really want to hear your thoughts about the needs for education and practice in this state.

To have your voice heard, please join ANAC and designate your interest in the Division of Education. We will put you on our list serve, so an e-mail address is important. Email use is our main means of communication for getting the division work accomplished. If you have any questions, please feel free to contact me at my office 323-315-1489 or by e-mail [dmoore@westcoastuniversity.edu](mailto:dmoore@westcoastuniversity.edu). Thank you, I look forward to a productive 2008.

Dianne S. Moore Ph.D.,R.N.,C.N.M.,M.N.,M.P.H.  
Director of Education ANAC  
President CACN  
Executive Dean of Nursing  
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office 323 315 1489



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**'Celebrate Nursing'  
Awareness Magnet**

Celebrate Nursing throughout the year with this awareness ribbon magnet. The magnet is 8" tall and 4" wide and comes in Apricot with the phrase 'Celebrate Nursing' in black script across the front.



.....\$3.00 each  
includes S&H

**'Celebrate Nursing' License Plate Frame**

Plastic license plate frame is white with the words 'Celebrate Nursing' in apricot with black trim. Show your passion for nursing year round with this license plate frame.....\$3.00 each includes S&H



**Professional Work Setting Jewelry**

Perfect pearl stud earrings for any nurse. They are 7.5mm in diameter, which is perfect for the work setting or for a formal dinner. These creamy freshwater AA pearls come in white, pink or black! The post backs are 14k gold. You won't be disappointed! Limit three per order.



.....\$39.99 each  
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By Michi

**Nurses Care! Lapel Pin**

These lovely little pins are sure to put a smile on the faces of nurses and patients alike! Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different nursing tools such as band aids, stethoscope, charts, etc. Limit four per order.

.....\$15.00 each  
plus \$6.50 S&H each

**'Lil Scrubs' Lapel Pin**

Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different uniform color with each new edition of 'The Nursing Voice'.



Limit four per order.....\$15.00 each  
plus \$6.50 S&H each



**Crazy 'bout Nursing Pins  
by Michi**

You'll be the Talk of the Town wearing these adorable pins. Available exclusively through ANA\C. Handcrafted on 1 1/2" wooden discs, with high quality materials. Limit five per order. Facial expression and hair color may vary.

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**Faces Of Our Heroes**

28" x 20" Poster show nurses in different work environments for our military. There is no cost for the poster and can be sent to you for S&H fee only. Limit 10 per person. Call for details. Offer good while supplies last. 916-447-0225



**Nurse Throw**

72" x 48" personal throw is a must for every nurse on your list. Displays the ANA\C logo and 19 words describing various characteristics of Nurses. 100% Cotton and Made in the USA!

.....\$33.00  
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 Visa  
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Attn: Michele T  
1121 L Street, Suite 409  
Sacramento CA 95814  
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**Nurse Week 2008  
'RN's-Healthcares First Line of Defense'  
Awareness Bracelet**



Bracelets are \$3.00/piece  
And offered in both green and apricot camo swirl, mix and match your order.  
Get your Nursing Awareness Bracelets  
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Please make check payable to the American Nurses' Association \ California and mail with completed form to 1121 L Street, Suite 409, Sacramento CA 95814  
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AMERICAN NURSES ASSOCIATION \ CALIFORNIA

# Nursing Practice

## Staff Nurses

### Staff Nurses

ANA believes that Staff Nurses are the backbone of the American health care system; your knowledge, skills, work and commitment form the basis of patient care. Staff Nurses are also the backbone of ANA membership, and most of OUR work, expertise, resources and commitment are devoted to protecting you and the work you do.

### Safe Staffing Levels

For the practicing RN, staffing is an issue of both professional and personal concern. Inappropriate staffing levels can not only threaten patient health and safety, and lead to greater complexity of care, but also impact on RNs' health and safety by increasing nurse pressure, fatigue, injury rate, and ability to provide safe care.

ANA has worked continuously to ensure that safe staffing levels are recognized and implemented through surveys, research, data collection, and legislative means, and other activities.

### Mandatory Overtime

Staff nurses across the nation are reporting a dramatic increase in the use of mandatory overtime as a staffing tool. This dangerous staffing practice is having a negative impact on patient care, fostering medical errors, and driving nurses away from the bedside.

Is this happening at your workplace? Read what ANA is doing to prevent this dangerous policy, and what other issues our legislative activists are working on for you.

### Code of Ethics

ANA believes firmly that the work of the nursing profession should be based upon a usable and clear Code of Ethics. We are committed to addressing the complex ethical and human rights issues which nurses, especially staff nurses, confront every day.

The *Code of Ethics* was recently revised to include issues of advancing science, and is based on the experience and opinions of a wide range of your nursing colleagues. It is available to you online, in print, and in a related CE module. ANA's Center for Ethics and Human Rights is working to increase the ethical knowledge and competence you need.

### The Rights of Nurses

As staff nurses, you are aware of your responsibilities on the job. ANA works to make sure that RNs are also aware of their rights in the workplace. The ANA-written *Bill of Rights for Professional Nurses* lists these rights, and helps nurses understand how to use them to benefit themselves and to advocate for their patients. ANA also uses this document as a tool to inform policymakers that these rights must be protected to ensure the delivery of safe, quality care.

### Safety on the Job

Staff nurses work hard on the job, but they shouldn't

have to risk their health to do so. ANA is always working on ways to keep you and your workplace safe.

We have set up the *Center for Occupational and Environmental Health* to identify those areas of particular concern, and to provide information and materials that you can use to protect yourself and your patients. To read about COEH and its various programs and resources.

Among our programs:

Back injuries are always a danger, so ANA mounted a profession-wide effort – the *Handle With Care* campaign – to reduce them. This campaign includes greater education and training, workplace information on increased use of assistive equipment, and efforts to reshape government ergonomics policies to protect nurses.

Safer needle devices and procedures will keep you safer, and ANA has information on this important program through our *Safe Needles Save Lives* campaign.

No staff nurse should have to deal with violence in the workplace, whether from staff, patients or visitors. See our information on ways to help your employer prevent this.

Hazardous chemicals, toxins, and dangerous waste products may be a part of the workplace, but there are ways to reduce and replace them. ANA's *RNnoHarm* campaign has collected information and procedures to protect your environment.

Influenza no doubt impacts your workplace, but there are ways to learn about it and prevent it. ANA's *Influenza Initiative* gives you the information you and your patients need.

### Principles for Practice

Staff nurses deal every day with questions and concerns about staffing, delegation of tasks, and medical documentation, so ANA has developed a resource package to help you organize these areas. The package includes three easy-to-read resource guides; each guide contains practical information for professional practice and

development in one of three areas: staffing, delegation and documentation.

*Utilization Guide for the ANA Principles for Nurse Staffing*—This guidebook will direct RNs on how to determine the level of nurse staffing for any setting.

*Principles for Delegation*—This guidebook provides guidelines for delegation of tasks to others.

*Principles for Documentation*—This guidebook focuses on managing the increasingly complex requirements of documenting patient care activities in both paper and electronic formats.

### Membership Benefits

ANA's staff nurse members enjoy a wide array of member benefits; some benefits are useful to their careers or their lives, others are just fun.

Keep up easily with nursing and health care news through a variety of publications included with your membership: *The American Nurse* bimonthly newspaper; our new monthly journal, the *American Nurse Today*; and the *Nursing Insider* email newsletter.

*Nursesbooks*, the publishing arm of ANA, offers 20% discounts to members on most of their many titles, many of which are essential to the staff nurse.

Staff nurses need their own liability insurance, and ANA members can get a discount through our group policies, offered through the respected company, Marsh Affinity Group Services.

When you're ready to reach for specialty certification, the American Nurses Credentialing Center has more than 35 certification exams available. Many exams are offered to Associate, Diploma and Bachelor's prepared nurses, and ANA members receive a significant discount on exam fees.

Don't forget to treat yourself occasionally! ANA has discounts on such popular programs as hotel stays and auto rentals, flowers and gifts, Dell computers, Global Fit fitness centers, and the ever-popular Crocs shoes.

## Chris's Corner

by Chris Jordan-Morow

Every now and then, do you wonder what another person's role or job would be like? ANA's SMARTBRIEF had an article about Senator Obama, from Illinois, and how he worked alongside a nurse for a day to see what her job was like. I thought to myself, "What a brilliant idea!" With all the of the role confusion we as nurse's experience within our own profession, wouldn't it be educational and beneficial if we could experience another position that is different from our own? I think it would generate more respect for the many different roles we all play and how, together, we can function to improve patient outcomes. We all have a gift, something to bring to the table, we all 'wear different shoes', and could therefore benefit from walking a mile in someone else's shoes. Through *collaboration* and *mutual respect* of the differences of our roles, we could be such a powerful and strong group.

I recently had a conversation with a coworker to whom I've been accused of being 'joined at the hip' with. However, those that had made these comments haven't realized something. They haven't realized the concept of collaboration, and that the power of two is stronger when trying to get things done. For this reason I looked up the word collaboration in the American Heritage Dictionary and found these definitions, which I thought that I would share with you:

- The ability to work together especially in a joint intellectual effort
- Effective collaboration is a bond born rich in trust, shared wisdom, and expertise; it occurs when individuals recognize the value of each team member's contribution
- Collaborative relationships do not form magically; they result from mutual respect and collegial relations that develop through continuous interaction between team members

Do you realize just how many RN's there are in California alone? Three hundred thousand plus nurses live in our great state! If we could combine our different nursing tracks and voices into one strong voice, there is no telling what we could do to improve our careers. Three hundred thousand plus voices united under the umbrella of ANAC, would make a world of difference in our

legislation to improve not only our working conditions, but our worth! If we as nurses were collaborative and worked closely together, our profession would stand out strong. In addition, our weight could be very influential when it comes to the care of our patients and their outcomes.

Being the visionary person that I am, I see great things that nursing can do and be. We could be a force to be reckoned with, and very powerful patient advocates. Nurses can make a huge difference within our society if we were collaborative with one another. Mutual respect is paramount if we are to move forward and grow in our profession. Being informed and educated about what's going on in California; standing out in the crowd to promote progress and movement forward through legislation; joining ANAC and supporting those who volunteer their time to watch your backs and can speak out for you, is one of many visions that could be a reality!

The last thing I want to promote is the hard sell to join ANAC, however, every RN in California needs to be aware of the work that goes on behind the scenes that this volunteer organization is doing. Not everyone has the time to volunteer services and stand out in the crowd to promote progress, but everyone should support those who do. If half of the RN's in California were to become members, the dues would decrease and the support and strength of the organization would grow exponentially. Our legislators and assembly people would have to stand down and listen closely to what we had to say because by size alone we would be a force to reckon with.

It's all about respect and collaboration and walking a mile in another's shoes to understand and appreciate our many differences in how we function, as well as supporting one another to promote a unified front.

As you know I appreciate your comments and feedback. Also, if you have something to say and have the gift of writing and would like to be considered to be published in *The Nursing Voice*, please send articles to [babinurse@man.com](mailto:babinurse@man.com) and I will work with the editor to decide if it could be published in the next newsletter. Don't be afraid to speak out and let your voice be heard!

Chris Jordan-Morow  
ANAAC Director of Communication/Membership  
[babinurse@msn.com](mailto:babinurse@msn.com)

## Your Expertise Is Needed A Call to Action

The commitment you've made toward your career as a healthcare provider make you an expert in defining the priorities of the ANAC Practice Division. This is a historical time for both the nursing profession and the ANAC which exists to serve the interests of healthcare and to set the agendas and priorities for the betterment of our field.

Through a variety of communications, we will establish a majority vote on the key issues facing the nursing profession which the Practice Division will prioritize and implement.

I accepted the role as Director of the ANAC Practice Division because I am thrilled about being involved in making positive change towards improvements within nursing and healthcare. I am committed to bringing the membership to consensus on the key issues and to ensure the preferences of California nurses. The moment is upon us to make our mark on the future of our chosen profession. Please join me in having your voice heard.

Speak your mind. Get it off your chest. Be a part of the discussion and resolutions.

Contact me anytime at [nicole@anacalifornia.org](mailto:nicole@anacalifornia.org).

# Professional Advocacy

## Californians Allied for Patient Protection

by Lisa Maas  
Executive Director

Doctors, nurses, other healthcare providers, and ANAC understand that California's landmark Medical Injury Compensation Reform Act of 1975 (MICRA) is a national model that has controlled healthcare costs and improved access to care while protecting consumers' rights for over 30 years.

Californians Allied for Patient Protection (CAPP) was created in 1991 as a broad-based organization of physicians, nurses, dentists, hospitals, healthcare facilities, doctor-owned liability carriers, and other healthcare professionals whose sole purpose is to protect access to care and patient safety through California's MICRA legislation. ANAC works side-by-side with CAPP on legislative, political, and legal issues related to MICRA.

MICRA is a critical component of California's fragile safety net for access to healthcare. It was enacted in 1975 by overwhelming bipartisan support in response to a crisis of runaway medical liability costs and the resulting shortage of healthcare providers, most predominately in high-risk specialties.

While there are seven provisions of MICRA, the two most often discussed are the cap on non-economic damages and the limits on attorneys' fees. When an injured patient receives an award, he or she is entitled to: (1) UNLIMITED economic damages for past and future medical costs; (2) UNLIMITED economic damages for all lost wages and lifetime earning potential; (3) UNLIMITED punitive damages, which seek to punish the defendant and (4) speculative non-economic damages, sometimes called pain and suffering awards, which are capped at \$250,000. In addition, MICRA's limits on attorney contingency fees offers a descending fee schedule to allow for a greater share of the award to go the patient instead of the lawyer.

Today, MICRA saves the healthcare system billions of dollars each year and increases patients' access to healthcare by keeping doctors, nurses and other healthcare providers in practice and hospitals and clinics open.

Most importantly, MICRA works in California. California doctors pay significantly less for professional liability insurance than doctors in other states—at a rate of one third the rest of the nation. With rates particularly higher amongst specialty doctors, MICRA is crucial in keeping rates reasonable so that healthcare providers can afford to practice in California.

MICRA provides increased access to healthcare for all Californians, but particularly for these vulnerable populations, including women, children, seniors and those in rural areas. Understandably, many of these providers are less able to absorb increased costs. The safety net providers who serve these populations would be forced to close their doors and require patients to utilize the emergency room as their source of primary care, further exacerbating the system and increasing costs for all.

CAPP continues to work with ANAC to ensure that MICRA remains intact and viable in California. CAPP's website at [www.micra.org](http://www.micra.org) includes many articles, studies and other facts regarding access to care and MICRA's importance in protecting both patients and doctors in the state.

For questions or additional information about MICRA or Californians Allied for Patient Protection, please contact Lisa Maas at [LMaas@micra.org](mailto:LMaas@micra.org) or (916) 448-7992.



AMERICAN NURSES ASSOCIATION \ CALIFORNIA  
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On April 20th & 21st 2008, the American Nurses Association\California will present a dynamic educational conference in Sacramento: RN Lobby Days. The program will focus on opening the world of politics and legislation in a friendly and easy to understand venue, as well as the issues that affect the nursing profession. The goal; to open up new avenues of thinking as to how nurses can participate in the legislative process and support the nursing agenda throughout the state of California. It is important that all nurses and school of nursing students know and understand that their voice can and will protect and enhance the nursing profession, as well as nursing's position in the medical and political communities.

**California's  
Professional Nursing  
Organization**  
**916-447-0225**

# RN Lobby Days 2008

**Sunday,  
April 20th 2008  
&  
Monday,  
April 21st 2008**

Sunday Program 8:00am Registration  
CSUS University Union Ballroom  
Monday Program 8:30am Registration  
1201 K Street, 15th Floor, Sac. CA

## Don't miss the opportunity to...

- Earn Continuing Education Units both Sunday (8 credit hours) and Monday (3 credit hours. ANAC is approved by the BRN as a provider of continuing education in nursing (Provider 11665).
- Listen to an overview of the Legislative process and what to expect in 2008-2009 by ANAC Legislative Advocate and Executive Director and forecasts for ANAC and its' membership from the President of ANAC
- Hear speakers from both the Board of Registered Nursing and the California Department of Health Services
- Learn 'The In and Out of Lobbying in California' including how to prepare, contact and present issues to local and State representatives
- Meet and speak with your local area Representatives
- Tour the capitol, participate in the legislative process first hand, join committee meetings and tour the Assembly Floor

**Mail your completed registration form with payment to:**  
**ANACalifornia,**  
**2008 RN Days Registration**  
**1121 L Street, Suite 409,**  
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Sign up for:	Both Days	Sunday	Monday
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<input type="checkbox"/> ANAC			
Member # _____			
<input type="checkbox"/> All Others	\$115.00	\$75.00	\$50.00
<input type="checkbox"/> Students	\$40.00	\$30.00	\$20.00
School of Nursing _____			
Total:	_____		

# Professional Advocacy

## HOW TO ACCESS TITLE 22 FOR INFORMATION

Name	Website	Title	Division	Chapter	Article	Section
General Acute Care Hospitals	<a href="http://www.calregs.com">http://www.calregs.com</a> Click On: List of CCR Titles	22–Social Security	5–Licensing & Certification of Health Facilities	1–General Acute Care Hospitals	3–Basic Services	
Interdisciplinary Committee	<a href="http://www.calregs.com">http://www.calregs.com</a> Click on: List of CCR Titles	22–Social Security	5–Licensing & Certification of health Facilities	1–General Acute Care Hospitals	5–Administration	70706–Interdisciplinary Practice

## HOW TO ACCESS TITLE 16 FOR BRN INFORMATION

Name	Website	Title	Division	Article
BRN	<a href="http://www.calregs.com">http://www.calregs.com</a> Click On: List of CCR Titles	16–Professional and Vocational Regulations	14–Board of Registered Nurses	1–9 Specific Areas Listed
Standardized Procedures	<a href="http://www.calregs.com">http://www.calregs.com</a> Click On: List of CCR Titles	16–Professional and Vocational Regulations	14–Board of Registered Nurses	7–Standardized Procedures

## Preserving Access to Healthcare

*Weakening MICRA's reforms will hurt California's most vulnerable populations—women and their children, low-income patients and those living in rural areas*

### FEWER OBSTETRIC PROVIDERS

MICRA's reforms have the most significant impact on obstetrics, the practice most vulnerable to litigation. Weakening them will worsen an already critical situation in obstetric care where the supply of healthcare providers is limited, but the demand is ever-growing.

### COMMUNITY CLINIC AND PUBLIC HOSPITAL CUTBACKS

California safety-net providers serve millions of uninsured patients, the majority of whom are women and children. Unable to shift higher insurance costs to their patients, these clinics will have no alternative but to care for fewer people.

Additionally, any weakening of MICRA will jeopardize access to care for low-income patients who receive care from county and UC health systems that are self-insured, as these providers would have to redirect funds away from care to pay for higher liability costs.

### LESS PRENATAL CARE

With fewer obstetric providers, women's access to early prenatal care will be reduced. Greater availability of prenatal care has resulted in California having one of the country's lowest infant mortality rates. Providers' ability to maintain this standard will be threatened if a major additional strain is placed on our maternal healthcare system.

### RURAL CRISIS

Those in underserved rural areas will be particularly hard hit by any further loss of healthcare providers. The economic viability of physicians practicing in these areas is already marginal due to sparse population and low insurance reimbursement for services. An increase in malpractice insurance costs will force many rural providers to cut back on services or close their doors—further isolating rural patients.

### LESS PREVENTATIVE HEALTHCARE

Weakening MICRA reforms will also reduce access to routine healthcare, including regular screenings for high blood pressure and cholesterol, diabetes, sexually transmitted diseases and other serious health risks.

### REDUCED ACCESS TO EMERGENCY ROOMS

Emergency departments are also the front lines caring for uninsured and Medi-Cal patients and increased costs for malpractice would reduce funds for emergency care.

Californians Allied for Patient Protection (CAPP) continues to work with ANAC to ensure that MICRA remains intact and viable in California. CAPP's website at [www.micra.org](http://www.micra.org) includes many articles, studies and other facts regarding access to care and MICRA's importance in protecting both patients and healthcare providers in the state. For questions or additional information about MICRA or CAPP, please contact Lisa Maas at [LMaas@micra.org](mailto:LMaas@micra.org) or (916) 448-7992.

## Professional Advocacy

### Why Nurses Must Participate in California's Health Care Reform Efforts

Louise Timmer, Ed.D., RN

It has been conjectured that registered nurses provide 70% of all health care services in the nation. The Governmental Affairs Section of the American Nurses Association is exploring this assumption to provide talking points to state legislatures planning to introduce legislation on health care reform this year. Last year, California legislators introduced five health care plans and all of them failed to be passed by the Legislature. What is most remarkable is that the nurse's professional association was not asked for their input in the development of the five health care plans. The Legislature and Governor Schwarzenegger have made health care coverage a top priority again in 2008. We must not let the voice of the nursing profession be silent in 2008. The nation is waiting for California to pass a health care reform plan. As the adage goes; "What happens to California, happens to the rest of the country." California's health care plan must acknowledge nursing's role in the provision of health care services and its proper place in the health care delivery system.

#### Scope of Nursing Practice

The Legislature and the public continue to believe that nursing care is controlled and planned by physicians. The public (including physicians) does not understand that nursing practice is separate and autonomous from medical practice. The public does not know that nursing practice has its own body of research distinct from medical research. The public does not understand that the delivery systems of nursing services are separate from the delivery systems of medical services. The public does not know that public health nursing, school nursing, home health nursing, long term care nursing, gerontology nursing, hospice nursing, advanced practice nursing, and hospital nursing have separate delivery systems from medical systems of health care that involve physicians' offices, clinics, surgical centers, emergency medical response centers, trauma centers, and rehabilitative/sports centers. The public does not know that health care reform plans must have nursing input as well as medical input to design a comprehensive health care system that is truly cost effective.

#### ANA Health Care Agenda

In 2005, the American Nurses Association published its Agenda for Health Care Reform. The policy paper was endorsed by more than 60 nursing specialty and

other health organizations. The ANA document calls for a "restructured health care system that focuses on the health needs of consumers with services delivered in familiar, convenient sites, such as schools, workplaces, and homes". The position paper also calls for a shift from an illness focus to one of wellness and prevention. ANA views "nursing as the pivotal health care profession, [that] is well positioned to advocate on behalf of and in concert with individuals, families and communities who are in desperate need of a well financed, functional and coordinated health care system that provides safe, quality care". Most importantly, ANA's position firmly believes there must be an attitude shift from viewing registered nurses and nursing services as a cost to the health care system to recognizing that nursing services can save money by focusing on wellness care and health education. ANA supports everyone's right to primary health care services. Primary health care is community based and offers preventative, curative and rehabilitative services with a focus on encouraging consumer self-reliance. **Primary health care is fundamental to the scope of nursing practice** and is cost effective in that it provides routine health services, restorative care, and health education.

#### Nursing Work Force

For a health care delivery system to be effective, fair and affordable; there must be an adequate supply of well-educated, well-distributed, and well-utilized registered nurses. The ANA Health Care Reform paper recommends that "local, state and federal governments, in collaboration with nursing leaders, engage in ongoing health workforce planning that takes into account not only the demands of the industry, but also the health needs of communities". Nurse administrators and nursing faculty must collaborate with the state and federal legislators to determine the levels of nursing education and nursing practice that best fit the preventive and health education needs for the new health care system. Most important, is the need for to find ways to increase the capacity of nursing programs at all level of preparation and establish permanent financing systems for nursing education.

The nursing work force is the largest health care category in the nation. The ratio of registered nurses to physicians is 3 to 1 with an increased need of a 5 to one ratio by 2030. The proposed preventive models of health care are most cost effective with the use of advanced practice nurses. Recent studies have shown that nurse practitioners are capable of managing 80 to 90 percent

of the care provided by primary care physicians without resorting to physician referral or consultation. Nurse practitioners' extensive patient education, case management and counseling skills allow them to provide holistic, primary, preventative care to their patients (Hansen-Turton, (2004) National Nursing Centers Consortium). More than 141,000 nurse practitioners around the country currently are helping to fill the growing gap in primary health and preventive care.

The cost effectiveness of nurse managed health care centers compared with physician operated health clinics was demonstrated by the study conducted in 2004 by the National Nursing Centers Consortium, "Determining Cost of Care at Nurse Managed Health Centers". The study concluded that the salary savings from employing nurse practitioners with a salary range from \$55,000 to \$82,500, and the salary of primary care physicians \$147,516 (Family Practice) and \$160,318 (Internal Medicine) was significant. In addition, the health teaching services provided by nurse practitioners may provide additional cost savings to the health care system in the future. The American Association of Colleges of Nursing (2005) report cites an increased need for all categories of advanced practice nurses to meet the current and future health care needs and costs. Advanced practice nurses must be part of the discussions in 2008 as the health care plans are developed in greater detail by the legislators and Governor's Office staff.

#### Governor's Office Seeks Guidance from ANAC

In December, 2007, the Governor's Office contacted the ANAC office to support the collaborative effort between Governor Schwarzenegger and Assembly Speaker Nunez to develop a health care plan for 2008. The Assembly bill AB 1 details the principle concepts for the new health care reform plan. Nursing input was requested this time and the discussion focused on the use of advance practice nurses. This year, the ANAC office will be working closely with Assembly Speaker Nunez and the Governor's Office staff to develop the details of the health care plan. If you are interested in providing input into the bill, please contact Tricia Hunter, Executive Director at [anac@anacalifornia.org](mailto:anac@anacalifornia.org). A government Task Force will be developed to explore the role of advance practice nurses in the newly proposed health care plan.

#### References:

- ANA 2005 Health Care Reform Agenda, <http://www.nursingworld.org>  
 National Nursing Centers Consortium Analysis Report (2004) "Determining Cost of Care at Nurse-Managed Health Centers."  
[http://www.nncc.us/newsroom/NNCC\\_Recent\\_Studies\\_And\\_Findings.htm](http://www.nncc.us/newsroom/NNCC_Recent_Studies_And_Findings.htm)

# Golden State Nursing Foundation (GSNF)



## The Betty Curtis Career Advancement Award

The Betty Curtis Career Advancement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

### AWARD AND APPLICATION

Up to \$1000.00 may be awarded to individual Registered Nurses to offset costs of advancing their careers. Activities considered for this award include, but are not limited to: attending a workshop, program, or professional meeting; coordinating a project or research study. Career advancement awards may be given for travel expenses, workshop or conference fees, books or supplies contributing to career advancement that will not be reimbursed with other funding. Applications will be received and awarded at any time throughout the year and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use by GSNF.

### ELIGIBILITY

The purpose of the award is to provide financial support to registered nurses in California to enable them to improve patient care. Nurses registered in the state of California from any practice field in nursing, any employment setting, and with any educational background are eligible for this award. Applicants must explain how these funds will be used to aid in advancing his/her career and ultimately improve patient care. Any individual nurse may receive this award only once in a five year period of time.

### CRITERIA

Registered Nurses must submit the following to be considered for this award:

- A completed Scholarship/Award application form.
- Itemized list of costs associated with the career advancement activity.
- A one-page written description of the activity relating it to how it will improve patient care and advance your nursing career.

### SUBMISSION

All materials must be submitted together in one packet and sent to GSNF via email: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409, Sacramento CA 95814**

## The Jo Anne Powell Innovation in Nursing Award

The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

### AWARD AND NOMINATION

A \$1000.00 award may be given to a Registered Nurse, group of nurses, or nursing organization in the state of California instituting an innovative project that contributes to the enhancement of health for a target population. Anyone may submit a nomination. Self-nominations are accepted. Nominations are accepted at any time with a deadline of March 31 of each year. Awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

### ELIGIBILITY

The purpose of the award is to recognize and reward creative nursing endeavors with the goal of improving the health status of all people. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Innovative projects considered for this award may be in progress, ongoing, or completed within the past two years. Any specific project may receive this award only (1) one time.

### CRITERIA

Nominators must submit the following by March 31:  
 (Extended deadline for 2007 to August 1)

- A completed "Innovations in Nursing Award" nomination form.
- A one-page essay describing the project and its impact on a population.
- 2 letters of support that address the creativity and success of the project.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409**  
**Sacramento CA 95814**

## GOLDEN STATE NURSING FOUNDATION Joanne Powell INNOVATIONS IN NURSING AWARD NOMINATION FORM

Title of innovative project being nominated: \_\_\_\_\_

Location of project: \_\_\_\_\_

Name of nurse(s), group, or organization being nominated: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nominator must notify nominee about this nomination. Nominator will be the main contact person for notification regarding this award.

Please attach a one-page summary of the project and its impact on a population.

Submit this form along with the summary of the project and 2 letters of support to:

**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409**  
**Sacramento CA 95814**



## Membership Form for the Golden State Nursing Foundation

Yes, I would like to become a Friend of the GSNF and receive emailed and mailed updates as to the foundations projects and events.

### Individual Sponsorship

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please accept this one-time donation of \_\_\_\_\_

I would like to make a yearly recurring donation of \_\_\_\_\_

Please make checks payable to:

Golden State Nursing Foundation  
 1121 L Street Suite 409  
 Sacramento, CA 95814

Credit Card #: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

I would prefer that my donation be used for \_\_\_\_\_

*Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.*

# Golden State Nursing Foundation (GSNF)



## The Catherine J. Dodd Health Policy Scholarship

The *Catherine J. Dodd Health Policy Scholarship* provides funds for Registered Nurses enrolled in a graduate level academic program who have demonstrated some experience in government relations or health policy activities and express an intent to pursue health policy issues and activities in the future.

### AWARD AND APPLICATION

An annual award of up to \$1000.00 may be given to a Registered Nurse accepted or enrolled into a graduate level academic program leading to an advanced degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

### ELIGIBILITY

The purpose of the award is to recognize the past government relations or health policy activities of Registered Nurses and provide financial support for their continued efforts in health policy issues as they pursue advanced education in nursing. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Applicants must show evidence of prior government relations/health policy activities and identify intent to remain active in health policy issues. Applicants must have been accepted into a graduate level academic program or be currently enrolled in one. Any individual nurse may receive this award only one time.

### CRITERIA

Registered Nurse applicants must submit the following by December 31:

- A completed Scholarship/Award application form.
- Proof of acceptance or enrollment in a graduate level academic program in nursing.
- 2 letters of support that address your prior or current government relations/health policy activities.
- A one-page essay describing your personal vision of your future involvement in government relations/health policy issues.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation  
 Scholarships and Awards  
 1121 L Street, Suite 409  
 Sacramento CA 95814**

## The Tony Leone RN-BSN Scholarship

The *Tony Leone Scholarship* provides funds for Registered Nurses seeking a Bachelor's degree in nursing.

### AWARD AND APPLICATION

An annual award of up to \$1000.00 may be given to a Registered Nurse accepted or enrolled into an academic program leading to a bachelor's degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) a picture of themselves for publicity use by GSNF.

### ELIGIBILITY

The purpose of the award is to recognize and support the academic endeavors of Registered Nurses seeking a baccalaureate degree in nursing. Nurses registered in the state of California from any practice field in nursing and any employment setting, are eligible for this award. Applicants must have been accepted into a baccalaureate level academic program in nursing or be currently enrolled in one. Any individual nurse may receive this award only one time.

### CRITERIA

Registered Nurse applicants must submit the following by December 31:

- A completed Scholarship/Award application form.
- Proof of acceptance or enrollment in an RN to BSN academic program in nursing.
- 2 letters of support that address your ability and commitment to succeed in the program.
- A one-page essay describing your commitment to succeed in the program and your personal vision of your nursing career following completion of the degree.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation,  
 Scholarships and Awards  
 1121 L Street, Suite 409  
 Sacramento CA 95814**

## GOLDEN STATE NURSING FOUNDATION SCHOLARSHIP/AWARD APPLICATION FORMAT

Please check the name of the scholarship or award you are seeking:

- Catherine J. Dodd Health Policy Scholarship for graduate education
- Tony Leone RN-BSN Scholarship
- Betty Curtis Career Advancement Award

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

California RN license #: \_\_\_\_\_

ANAC member?  yes  no

On a separate piece of paper please answer the following questions.

- 1). Name of academic program or career advancement activity you are pursuing:
- 2). Current employment:
- 3). Educational background:
- 4). Involvement in nursing organizations:

## ATTENTION ALL RNs, LVNs & Nursing Students WE NEED YOUR INPUT

The Golden State Nursing Foundation & the American Nurses Association \ CA Disaster Task Force are asking all Registered Nurses, LVN's and school of Nursing students to please give us your input on how prepared you think you are for a disaster (fire, flood, earthquake, chemical, other) which may be local, regional or national. Take our quick assessment survey by logging on to [www.anacalifornia.org](http://www.anacalifornia.org)

then click on the DISASTER ASSESSMENT tab. The information generated by this survey will be used solely by the Golden State Nursing Foundations Disaster Preparedness Steering Committee for the purpose of developing future disaster preparedness materials and information. This tab will be available from March 1, 2008 to April 30, 2008. Thank you.

# ANANurseSpace.org – Connecting Nurses with Nurses

Be sure to visit ANANurseSpace, a new member benefit offering protected online space for nurses to connect, coast to coast and beyond. ANANurseSpace is an online social network (think MySpace or FaceBook, but professional and for only nurses and student nurses) where members connect with nurses on the issues they choose.

Your first step will be to create a professional profile to show others where you are working and what your interests are. Then you will be able to initiate and participate in discussions about hot issues in your everyday practice; read (and maybe even write!) blogs about nurse experiences; find other nurses in your area or from your nursing school; share documents, pictures and ideas with your fellow nurses; comment on ideas that you see and connect with those that you chose to. The goal is to create and build online nursing communities to connect the way you want to – personally and professionally – with other nurses.

## How Do I Get to ANANurseSpace?

To participate in ANANurseSpace.org, simply go to <http://NursingWorld.org>, click “Members Only Content” on the left side menu in the Member Center. Log in and look for the ANANurseSpace button.

## What if I know Nothing About Participating in Online Communities?

Do not worry! ANANurseSpace will have a tutorial for first time users and help information throughout the site. Look “First Time Users” or “Get Started” to help set up your initial information and look for the yellow circle with “?” for help understanding what items are through out the site.

The best way to learn is to get in and try it. There are no mistakes – you can get as much out of it as you wish and you choose if and when you participate.

## How Will I know if Something Happens that I want to participate in?

The site brings the info you want to your e-mail box, but only IF you want it. ANANurseSpace is set up so you can choose what you want to be notified about and when. Choose if you want notification sent to your e-mail about entries into discussions or communities you are participating in, and notification of messages from other participants. Choose to have notices sent to your e-mail immediately, daily or weekly.

This tool is for you—ANA hopes you find it a new asset in your complex personal and professional life as a nurses. Please come and join in!

## Social Networking Terminology

Not familiar with all the terminology around social networking? Here are just a few terms that will help you get started

**Online social network**—an online Web space that allows participants to connect with others within a community. For ANA this will be an ANANurseSpace, an online, password protected community for ANA members and nursing students, housed in ANA’s Members Only Section of [www.NursingWorld.org](http://www.NursingWorld.org).

**Community**—a group of participants, focused around specific interest or commonality. An example would be a Staff Nurse Community, Educator Community, Advanced

Practice RN Community, Student Nurses Community.

**Blog**—a Web log—is a series of entries by one or more authors, written in chronological order and displayed in reverse chronological order so that the most recent entry is at the top. Blogs can be formal, presenting resources, expert content, or informal, presenting stream of thought ideas, or anywhere in between.

**Online ‘Discussions’**—read other people’s ideas, documents, invitations or blogs and comment on them by posting your own entries of any length, connected directly with the item that you are responding to. When reading discussions, you are able to see the initial idea and the responses from others, as well as comment yourself. This process allows multiple ideas to be presented.

**Rate postings**—this is a feature on the site that allows participants to rate the different content (blogs, documents, videos, discussions) posted on ANANurseSpace, from one star (you did not like it) to 5 stars (it is great material). The average of all ratings is visible to other participants.

**Professional Profile**—this is where you record information about you, where you work, your education, and what your interests are. This helps you find other nurses like yourself – by location, work experience, interests – that you can reach out to and connect with. It can also allow you to find friends from the past.

For more information about ANANurseSpace, ANA or how to join please visit [www.nursingworld.org](http://www.nursingworld.org)

The screenshot displays the ANANurseSpace.org website. At the top, the ANA logo is centered above the site name 'ANANurseSpace.org'. A navigation bar below the header contains links for 'myPage', 'Private Messages', 'People', 'myProfile', and 'Terms and Conditions'. The main content area features a large heading 'CONNECTING nurses Professionally & socially' next to a group photo of nurses. Below the heading are four columns of content: 'Community Blogs' with a list of recent posts including 'elderly care providers', 'Anna Poker', 'Introductions--Getting Started', 'What's the NNSDO?', and 'Growing Violence or just another day?'; 'Latest Discussions' with a list of topics such as 'Public Health Nursing as a Specialty', 'Pharmacology', 'Consumer support links', 'AODs', and 'Professional Organizations'; 'Upcoming Events' which currently shows 'No events planned in current selection of Communities'; and 'Community Library' which also shows 'No documents in current selection of Communities'.

# CNSA

## San Joaquin Delta Community College CNSA Welcomes New Class of Students

President, Louise Timmer spoke at the CNSA Orientation Program for the incoming class of nursing students at San Joaquin Delta Community College, January 9. The CNSA statewide Director, Trina Eagal helped develop the program and CNSA chapter member, Melanie Payne, served as the Mistresses of Ceremonies. The second semester students attended to greet the incoming class and made all 80 new students very welcomed. Very warm and humorous greetings were given by Ms. Debbie Lewis, Division Dean and Mary Neville, Dean/Director of

the Nursing and Health Sciences Programs. CNSA chapter President, Danielle Mathias-Lamb and a fourth semester, Randy Kuwamo, gave encouraging words and many suggestions to the new students as they moved through the program. Kim Thompson, a faculty member, informed the students of the many financial, mentoring, and tutorial resources available to them throughout the course of study. It was a wonderful orientation program, demonstrating the close and supportive relationship between faculty and nursing students. The finale was a very clever and informative presentation videotaped by the nursing students that gave the incoming class a snapshot view of the skills and activities they will engage in throughout the nursing program.



Melanie Payne CNSA Student, Mary Neville Director, Louise Timmer, ANAC President, Trina Eagal CNSA Board Director (Statewide).



Mary Neville Director, Louise Timmer ANAC President, Debbie Lewis Division Dean.



## Magnet Designation January 2008



- Marion General Hospital—Marion, IN
- Shriner's Hospital for Children—Cincinnati, OH
- Southern Ohio Medical Center—Portsmouth, OH
- Children's Hospital of Boston—Boston, MA
- Advocate Illinois Masonic Medical Center—Chicago, IL
- Sharp Memorial Hospital—San Diego, CA

### Magnet-Designated Facility Information—California

Magnet-Designated Facilities	State	Designated Year
Cedars-Sinai Medical Center	CA	2000
Children's Hospital Central California	CA	2004
El Camino Hospital	CA	2005
Hoag Memorial Hospital Presbyterian	CA	2005
Providence Holy Cross Medical Center	CA	2007
Scripps Memorial Hospital La Jolla	CA	2005
Sharp Grossmont Hospital	CA	2006
St. Joseph Hospital	CA	2007
Stanford Hospital & Clinics	CA	2007
UCLA Medical Center Westwood	CA	2005
University of California, Irvine Medical Center	CA	2003

## Student Nurses

ANA recognizes that nursing students are not only the nurses of tomorrow; they are ANA members of tomorrow!!

We want to expose you to all that ANA has to offer while you are in nursing school by giving you access to the **Members Only** section of NursingWorld.org at **no cost to you!!** This will give you access to information that you can use in school and help you prepare for your nursing career. Highlights include:

- Access to full **ANA Position and Policy papers** on important nursing issues
- A chance to sign up for **Smart Brief** – our members only daily news feed that brings together nursing and healthcare news from around the country every business day
- Access to the current electronic versions of *The American Nurse* and the ANA columns in *American Nurse Today*
- Access to the current topic of *OJIN: The Online Journal of Issues in Nursing* – a peer reviewed electronic journal available to ANA members on the hot issues facing nursing today
- **Discount** opportunities on a variety of personal and professional products
- We hope you will take care of this **special offer**.

**Note:** You will be asked for a **Promo Code**, which will give you free access, at the bottom of signing up. Promo codes can be found in the “back to school” issues of *Imprint* and *StuNurse Magazine*. If you do not have access to these codes, please email your name, school, and year in school to [students@ana.org](mailto:students@ana.org) and a promo code will be sent immediately to you.

**Sign up today**



## Giving Recognition Honor A Nurse

The American Nurses Foundation and the American Nurses Association California invite you and/or friends to make a special tax-deductible \$100 contribution to ANF!

Your special nurse will be recognized in the May/June 2008 issue of *The American Nurse* and ANAC quarterly newsletter, *The Nursing Voice*, for all to see!

Contact ANF at 301-628-5227 or on the Web at [www.ANFOrganize.org](http://www.ANFOrganize.org) to make your gift by check or credit card today!

All contributions and information must be received no later than April 25, 2008!

Please print  
 Donor name: \_\_\_\_\_  
 Donor Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Mastercard/Visa #: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Please Honor: \_\_\_\_\_  
Name/Credentials

Checks payable to ANF

Mail to ANF Lockbox:

ANF, PO Box 504342, St. Louis, MO 63150-4342





# Continuing Education Course Wild Iris



## Pain: Cancer and End of Life

Persis Mary Hamilton, BSN, MS, EdD  
WildIrisMedical.com  
1 contact hour  
\$10.00

### About the Author

Persis Mary Hamilton has a rich background in nursing, nursing education, and writing. She has written fourteen nursing textbooks for two major publishers. Her doctoral dissertation investigated the relationship of learning to behavioral objectives and visual design in a textbook.

Over the years Hamilton has worked in most areas of nursing. She taught for more than 40 years in vocational, associate degree, baccalaureate degree, and graduate nursing programs, served as item writer for the League for Nursing, and was the principle speaker at numerous continuing education workshops. In addition, she has conducted research in Micronesia as well as Guam. Currently, Persis maintains a private practice in psychotherapy and recently completed a novel about the deportation of psych patients from state hospitals in California to other states during the early part of the 20th century. The novel, called *The Deportation Train*, will be available in 2008.

### Accreditation Statements

Wild Iris Medical Education (CBRN Provider #12300) is approved as a provider of continuing education by the California Board of Registered Nursing. Wild Iris is also an approved provider of nursing continuing education by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center Commission on Accreditation (WSNA CEARP Provider number PA-5/ Feb/08).

### LEARNING OBJECTIVES

Upon completion of this course, you should be able to:

- Summarize the types and causes of cancer pain.
- Explain pain that is related to cancer treatment.
- Identify pharmacologic, adjuvant, invasive, and nonpharmacologic interventions.
- Discuss pain management at the end of life.

To many people, the word *cancer* means pain and death. Sadly, there is much to support their point of view. One study found that 30% of clients experience pain at the time of diagnosis, 30% to 50% experience pain while undergoing therapy, and 70% to 90% experience pain as cancer advances and overcomes their defenses (Portenoy & Lesage, 1999). Yet, a decade ago, the World Health Organization (WHO) reported that 90% of cancer clients could receive adequate pain relief with relatively simple drug therapy then available (WHO, 1996). Since then, even more pain-relieving treatments have been developed. To achieve the goal of providing adequate pain relief for people with cancer and for all who are dying, healthcare providers need to understand the causes and types of cancer pain, the impact of pain, and effective strategies to manage pain.

### CANCER PAIN, ITS CAUSES AND TYPES

Cancer pain is complex, interactive, and ever-changing. It comes from two general sources: the cancer itself, and its various treatments. As cancer cells invade healthy tissue, visceral and somatic nociceptors sense tissue damage and send impulses to the brain, where the individual perceives pain. Such pain may be localized at the cancer site or referred to a remote area. Not only do sensory impulses inform the person of tissue injury, they initiate the release of neuromodulators that produce localized inflammation and generate more pain. As nervous tissue is infiltrated by tumor growth or damaged by its treatment, neuropathic pain results, often persisting long after the initial insult. In addition to physical pain, people with cancer and their families experience the emotional pain of anticipatory grief and the stress and fear of cancer and its treatment. Thus, cancer causes many kinds of pain: nociceptor, neuropathic, psychogenic, and secondary:

- **Nociceptor pain** is pain that is transmitted over intact visceral and somatic nerve fibers from damaged tissue caused by cancerous invasion of bodily tissue, radiation therapy, and chemotherapy. Nociceptor pain may be sharp and stabbing, throbbing and aching, or constant or dull.
- **Neuropathic pain** is pain that is transmitted over damaged nerve fibers due to the abnormal processing of sensory information and is caused by infiltration of nervous tissue by cancer cells, radiation, and

chemotherapy. Neuropathic pain is burning, searing, tingling, and migratory.

- **Psychogenic pain** is caused by the negative emotions that result from pain, including anger, grief, fear, and revulsion, or a combination thereof (eg, blame, a mixture of anger and revulsion). Such pain is anxiety-producing and may cause depression.
- **Secondary pain** is caused by space-consuming tumors, as when brain tumors increase intracranial pressure or tumors compress the spinal cord.

### PAIN DUE TO THE CANCER ITSELF

Pain caused by cancer depends on the site and extent of growth. Often tumors produce clusters of symptoms, or syndromes. Table 6-1 lists some common cancer pain syndromes and a description of the typical pain they create.

TABLE 6-1 CANCER PAIN SYNDROMES

Cancer pain syndromes	Typical pain
Peripheral nerve syndromes	Constant, burning pain with dysesthesia in area of sensory loss; radiating, and often unilateral
Cranial neuropathies	Severe head pain with cranial nerve dysfunction; metastasis to skull base and leptomeningeal area
Vertebra of spine	Constant dull, aching pain; may be relieved by standing or exacerbated by recumbency
Bone: metastatic or primary	Aching, deep, intense pain, usually worse at night; pain may be referred; associated muscle spasm and stabbing pain with nerve involvement
Viscera	Pain in related area: pancreatic pain is relentless, boring, mid-epigastric, radiating through to the mid-back
Plexopathies Cervical plexus Brachial plexus (Pancoast's) syndrome Lumbosacral plexus	Aching and diffuse in shoulder girdle and radiating Heaviness and tightness in upper arm, radiating  Aching, pressure-like, may be referred to abdomen, buttocks, lower back, or legs

### PAIN DUE TO TREATMENT OF CANCER

Modern medicine treats cancer with potent chemicals, radiation, and surgery, each of which can cause pain; they destroy healthy cells as well as cancer cells, and their side effects also cause pain. Some side effects include incisional pain from surgery, emesis from chemotherapy, and stomatitis from radiation. Sweeder (2002) estimated that 20% to 25% of the pain of cancer clients is directly related to its treatment. Table 6-2 lists some common syndromes that result from treatment modalities and the typical pain and complications that result.

In addition to pain, some of the more troubling physical side effects of cancer and its treatment are emesis, constipation, pneumonia, and pressure sores.

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TABLE 6-2 PAIN SYNDROMES CAUSED BY CANCER THERAPY

SYNDROMES	TYPICAL PAIN AND COMPLICATIONS
<b>Postoperative Pain Syndromes</b>	Incision pain; sharp and burning
Mastectomy	Tight, constricting, burning in back of arm, axilla, over chest, worse on movement; tingling in distribution of peripheral nerves; loss of sensation
Axillary lymphectomy	Numbness and aching due to edema
Thoracotomy	Referred pain to arm and chest, sensory loss around scar; reflex sympathetic dystrophy may develop
Amputation	Phantom pain in place of missing limb or body part.
Radical neck dissection	Tight burning sensation in the neck and numbness or prickly sensation in the neck; dysesthesia in area of sensory loss
Oophorectomy	Surgical menopause, hot flashes
<b>Postradiation Pain Syndromes</b>	Aching pain, similar to postoperative and tumor pain; radiation may cause new neurogenic tumors and soft-tissue fibrosis
Myelopathy	Aching or shooting pain in certain muscles
Necrosis of bone	Aching, prickling; may be localized or referred
Mucositis and stomatitis	Ulcers of the mucus membrane; raw, burning sensation; eating and drinking made painful
<b>Postchemotherapy Pain Syndromes</b>	Some drugs (vesicants) seriously damage tissue if they leak outside blood vessels (extravasation); most cause nausea and vomiting
Mucositis and stomatitis	Painful ulcers of the mucous membrane are the most common complication of chemotherapy, especially from methotrexate, doxorubicin, daunorubicin, bleomycin, etoposide, fluorouracil and dactinomycin; appears about 10 days after beginning of treatment; pain on eating or drinking
Aseptic necrosis of the bone	Jaw pain; intermittent calf pain and/or prickling in hands or feet.
Painful polyneuropathy	May feel pain in several places at once
Steroid pseudorheumatism	Aching pain in joints
Chemical menopause for estrogen-positive breast cancer	Hot flashes from tamoxifen, an anti-estrogen
Pain due to tests and devices	Sharp, piercing pain from needle sticks; abdominal distention from cleansing enemas and colonoscopies; discomfort from exposure; squeezing from machines; burning from extravasation of IV drugs

## EMESIS

Emesis is such a common complication of chemotherapy that oncology nurses have identified four types:

- **Acute emesis** occurs within the first 24 hours of the initial dose; however, emesis can be controlled in 70% to 90% of clients with anti-emetic drugs (Roux, 2002).
- **Delayed emesis** occurs after 24 hours of receiving chemotherapy and may continue for up to 7 days. Once emesis begins, it is especially difficult to control; hence, prophylactic anti-emetic medications are recommended.
- **Anticipatory emesis** is a conditioned response caused by the sights, sounds, and smells of chemotherapy. It occurs prior to a repeat course of therapy; however, it may not occur if anti-emetic drugs are given during the first course of chemotherapy.
- **Breakthrough emesis** occurs in spite of standard anti-emetic therapy and may require additional anti-emetic drugs on a rescue basis.

The vomiting center in the medulla oblongata in the brain coordinates the act of vomiting from several pathways, including the neurotransmitter receptors in the gastrointestinal tract, vagal and spinal sympathetic nerves, and chemical stimuli in the viscera and blood (Haughney, 2004). Vomiting is controlled by a complex interaction between serotonin and dopamine receptor sites and neurotransmitters. The most effective way to prevent emesis is to antagonize serotonin receptors, using **selective 5-HT receptor antagonists** such as ondansetron (Zofran), granisetron (Kyril), and dolasetron (Anzemet). Available in both oral and injectable form, these

drugs block serotonin receptors in the gastrointestinal tract and are reported to prevent emesis in 70% to 90% of clients (Roux, 2002).

## CONSTIPATION

Constipation is a common cause of pain in cancer clients, not only as a side effect of opioid pain medications, but also because of immobility and inadequate fluid and fiber intake. To prevent these complications, oncology nurses recommend a bowel care program that includes the following:

- Fluid: Sufficient daily intake of water from food or drink to prevent dehydration.
- Fiber: Generous daily intake of foods high in fiber (cellulose), such as green leafy vegetables, fruit, bran, and beans.
- Laxatives commonly used:
  - Saline: magnesium citrate, milk of magnesia (leaches water from body to the stool).
  - Stimulant (irritant: senna, cascara, phenolphthalein, castor oil (induce peristalsis)).
  - Emollient: mineral oil (lubricate intestine and prevent escape of water from stool).
  - Hyperosmotic: lactulose, sorbitol, glycerin (draws water to the stool).
  - Bulk-forming: phylum, polycarbophil, methylcellulose (retains water, increasing stool volume).
  - Stool softeners: docusate sodium, calcium, and potassium salts (draws water and fats to the stool)

While saline and mineral oil laxatives may be needed occasionally, they are not recommended on a regular basis. Bulk-forming and stool softening laxatives can be used safely for extended periods of time. A practical protocol to manage opioid-induced constipation in cancer clients was developed by Robinson and colleagues. It combines senna (a stimulant) and docusate sodium (a stool softener), titrating the dose to the client's needs (Robinson CB, 2000). Other management suggestions include:

- Exercise: Although clients may be fatigued and in pain, walking—even for short distances and for a brief period of time—stimulates bowel activity.
- Regular routine: Many people have an urge to defecate soon after their first meal of the day. If they attend to this urge, they are more likely to establish a regular bowel evacuation routine. Although everyone who eats food must defecate, not everyone follows a 24-hour schedule.
- Keeping track: While obsessing about bowel movements is useless, constipation is painful and can lead to an impaction and serious obstruction. For this reason, clients and caregivers need to keep track of the frequency, consistency, and amount of stool and prevent constipation before it becomes a problem.

## PNEUMONIA

Pneumonia is not usually associated with pain, or cancer. However, when debilitated cancer clients undergo surgery or chemotherapy, they are less likely to cough and to breathe deeply. When mucus collects in the airways, pathogens grow, and pneumonia results. To prevent this painful and life-threatening complication, nurses encourage mobility, hydration, deep breathing, and use of incentive spirometers or balloon blowing.

## PRESSURE SORES

Pressure sores (decubiti) are painful erosions of the skin caused by cell death due to inadequate oxygen and nutrients. These erosions expose nerves and invite infection. Because weakened cancer clients are ill-equipped to fight infection, prevention is essential. This requires constant monitoring, frequent turning, protection from trauma, and relief of pressure. If decubiti develop, they must be treated promptly and vigorously.

## CARING FOR CANCER CLIENTS AND THEIR FAMILIES

Cancer pain is more than a physical symptom. It is a reminder of one's mortality and a harbinger of death. It interferes with normal routines, degrades the quality of life, and robs one of rest, creativity, joy, and peace. Cancer pain adds stress and worry to its sufferers and friends and family. For this reason, healthcare professionals:

- Take pain seriously, recognizing that only the person in pain knows how it feels.
- Provide information and resources for pain control.
- Communicate with genuineness, accurate empathy, and nonpossessive warmth.
- Encourage sufferers to share their feelings and network with other survivors.
- Respect culture norms and wishes of sufferers, maximizing their control of pain.
- ivities.
- Monitor pain medications, effectiveness, and adverse effects.
- Suggest clients keep a pain-relief record, including date, time, pain rating, medication amount, side effects, and comments (Haylock & Curtiss, 1997)

## ASSESSING AND TREATING CANCER PAIN

The management of cancer-related pain is complicated when sufferers have pre-existing chronic pain, a history of substance abuse, or are near death. For this reason accurate assessment is essential, especially of "new pain." Nurses may find the acronym OLD CART a useful tool as they assess pain:

- O** = Onset
- L** = Location (possibly multiple sites)
- D** = Duration (how long it lasts and whether it is constant or intermittent)
- C** = Character (sharp, shooting, dull, aching, cramping, squeezing)
- A** = Aggravating factors (moving, walking, sitting, turning, chewing, breathing, urinating, defecating, and swallowing)

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**R** = Relieving factors (activities or drugs that make pain better or worse)

**T** = Treatment (drug or nondrug interventions) (Bednash & Ferrell, 2002)

Cancer is treated with both pharmacologic and nonpharmacologic therapies. Pharmacologic remedies include non-opioid analgesics, opioid analgesics, and co-analgesics or adjuvants. Unlike postoperative or post-trauma pain, cancer pain may go on for months and years, add to existing chronic pain, and become more intense as the client undergoes treatment or as the cancer invades other tissues.

To guide caregivers, the American Pain Society identified the thirteen principles regarding the use of analgesics to control pain:

1. Individualize the route, dosage, and schedule of analgesics medications.
2. Administer analgesics on a regular basis if pain is present most of the day.
3. Know the dose and time course of several opioid analgesic preparations:
  - Ask client about prior experience with certain drugs.
  - Give preference to long-acting, sustained-release opioids such as OxyContin, which provides up to 12 hours of analgesia; Kadian and Avinza, controlled-release morphine preparations which provide up to 24 hours of pain relief, and transdermal fentanyl, which provides up to 3 days of pain relief.
  - Avoid the adverse effects of emesis by giving antiemetics.
  - Rotate opioids to compensate for tolerance.
  - Use rapid-onset opioids when necessary.
  - Use concentrated dosage forms when injection volume must be minimized.
4. Give infants and children adequate opioid doses.
5. Follow clients closely, particularly when beginning or changing analgesics.
6. When changing to a new opioid or a different route, first use equi-analgesic doses to estimate the new dose. Then, modify the estimate based on the clinical situation and the specific drugs.
7. Recognize and treat side effects, such as sedation, constipation, nausea, itching, respiratory depression, by doing the following:
  - Change the dose or route of the same drug to maintain constant blood levels.
  - Try different opioids analgesics.
  - Consider multi-drug and multi-modal therapy.
  - Add another drug that counteracts the adverse effects, such as a stimulant for sedation.
  - Use an administration route that minimizes drug concentrations at the site producing the side effect, such as intraspinal instead of oral when appropriate.
8. Do not use meperidine (Demerol) because of neurotoxicity risk, or mixed agonist-antagonists (Talwin) because of psychotomimetic effects.
9. Do not use placebos to assess the nature of pain.
10. Monitor for the development of tolerance and treat appropriately. Increased pain may be due to progressive disease, new pathology, skipped doses, or other causes.
11. Expect physical dependence and prevent withdrawal.
12. Do not diagnose clients with opioid addiction based only on presence of opioid dependence.
13. Be alert to the psychological state of the client. (American Pain Society, 2005)

## PAIN MANAGEMENT AT THE END OF LIFE

The focus of pain management at the end of life is to provide support and comfort, rather than cure, for the dying and those they leave behind. To do this, nurses need to understand the concepts, guidelines, ethical concerns, and legal issues associated with the end of life.

### Concepts of Care

#### PALLIATIVE CARE

Palliative care is the active, total care of clients with a goal of providing comfort rather than cure (WHO, 2000). It addresses pain control, symptom management, and social, emotional, spiritual, and financial concerns of people at the end of life.

#### HOSPICE

Cicely Saunders was a nurse, social worker, and physician when in 1968 she opened St. Christopher's Hospice in England to care for people who were dying alone and in pain. She developed the concept of enhancing the quality of life through palliative care rather than curative treatment. Hospice came to the United States in the 1970s as a philosophy rather than

a place, and since that time has spread throughout the nation, addressing the needs of people whose life is ending.

#### SUFFERING

Suffering is a highly personal experience that depends on the meaning an event, such as an illness or loss. One can suffer without physical pain and one can have physical pain and not necessarily suffer. The founder of the modern hospice movement described suffering as "total pain," an experience of changing self-perception, fear of physical distress and dying, concerns about relationships, changing self-perception, and memory of other person's suffering (Panke, 2002).

#### QUALITY OF LIFE

Quality refers to a measure or a grade of something. **Quality of life** refers to the state or condition of ones' being. If people are physically comfortable and emotionally satisfied, we say their quality of life is good. If they are in pain, under stress, alone, sad, or distressed, as many people are, we say their quality of life is poor. The goal of hospice and palliative care is to enhance the quality of life of dying clients.

#### Pain Control Guidelines

To help nurses provide better care to individuals in pain and at the end of life, Paice and Fine (2001) suggest the following guidelines:

1. Perform a basic assessment of the client's pain and evaluate its effects on the client's quality of life. Titrate analgesics according to goals of care, pain, severity, need for supplemental analgesics, severity of adverse side effects, measurements of functional abilities (such as interaction with others, mobility, and sleep), emotional state, and effects of pain on quality of life.
2. Use sustained-release formulations and around-the-clock dosing for continuous relief of pain.
3. Treat breakthrough pain with immediate-release formulations.
4. Monitor the client's status frequently, especially during dose titration.
5. Anticipate adverse effects and prevent or treat them as necessary.
6. Be aware of possible drug-drug and drug-disease interactions.
7. Reassess pain regularly. Determine what level of pain is acceptable to the client. If pain is not relieved adequately, don't give up. Consult resources outside your institution, including nursing colleagues and experts in related disciplines.
8. Differentiate pain from other symptoms such as delirium or multi-system failure.
9. Use sedation selectively to relieve intractable pain when other pain-relieving measures have failed and when there is a do-not-resuscitate (DNR) prescription. Reduce sedation when appropriate.
10. If the client is unable to communicate verbally, consult with caregivers and use nonverbal behaviors to evaluate pain.

#### ETHICAL AND LEGAL ISSUES AT THE END OF LIFE

Ethical and legal issues at the end of life care are often intertwined (Scanlon 2003). This is especially true because of the pain that frequently accompanies terminal illnesses, as with cancer and HIV-AIDS. Therefore, it is vital for all healthcare facilities to anticipate potential conflicts and see that advance directives are in place. When they are not, healthcare professionals may believe they are legally required to continue medically provided nutrition and hydration even when a client no longer benefits.

To resolve this conflict, all fifty states and the District of Columbia have enacted statutes to comply with the Client Self Determination Act (Omnibus Budget Reconciliation Act of 1990). The federal law requires that all healthcare institutions receiving Medicare and Medicaid funding must inform clients in writing about their right under state law to accept or refuse medical or surgical treatment before they become incapacitated. Legal forms called **advance directives** facilitate this legislation. Instructions and forms for each state are available free at the website of Partnership for Caring: [www.partnershipforcaring.org/advance/adconfirm.php](http://www.partnershipforcaring.org/advance/adconfirm.php).

There are two basic types of advance directives: living wills (treatment directives) and durable power of attorney for healthcare (appointment directives) as follows:

- **Living will:** written document that directs treatment in accord with the client's wishes.
- **Durable power of attorney for healthcare** (medical power of attorney for healthcare, healthcare proxy): written document that designates a spokesperson (agent, proxy, surrogate) to represent the person in decision making. ([www.partnershipforcaring.org/advance/adconfirm.php](http://www.partnershipforcaring.org/advance/adconfirm.php), 2002)

Despite legislation, Last Acts found that only 15% to 20% of the general population had an advance directive. They also found that decision making was skewed by circumstances at the moment and that nurses play a vital role in helping families come to terms with the impending death of a loved one because nurses are the first to recognize signs of approaching death (Last Acts, 2002).

Communication strategies nurses can use to help terminally ill clients and their families make decisions about end-of-life care were suggested by Norton and Talerico (2001):

- Use clear, unambiguous words, such as *dying* and *death*.
- Do not use words like *hope* because of the many meanings that word can convey.
- Collaborate with other providers to repeat evidence of failing health to clients and their families.

Ethical principles guide nurses at every stage of life, including its end. In particular, nurses follow the basic ethical principles of respect for human life and dignity, beneficence, autonomy, honesty, and justice. In sum, pain management at its best provides maximum pain relief and minimal harm to people at every stage of life, including its end.

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## POST TEST

1. Cancer pain:
  - a. Comes from cancer itself and its treatment.
  - b. Follows a predictable pattern.
  - c. Is primarily neuropathic.
  - d. Derives from psychogenic sources.
2. The percent of pain experienced by cancer clients due to treatment is:
  - a. 10% to 15%.
  - b. 20% to 25%.
  - c. 30% to 35%.
  - d. 40% to 45%.
3. Treatment modalities for cancer include all but one of the following. Select the nontherapeutic intervention for cancer.
  - a. Surgical removal of tumor
  - b. Radiation
  - c. Selective 5-HT antagonist
  - d. Cell-destroying chemicals
4. The American Pain Society recommends the use of placebos to treat pain:
  - a. On a regular basis.
  - b. For individuals who abuse drugs.
  - c. For infants and children.
  - d. Under no circumstances.
5. The goal of palliative care is to:
  - a. Enhance the quality of life of dying clients.
  - b. Prolong life under any circumstances.
  - c. Comfort, cure, and prolong the life of sufferers.
  - d. Help people face the realities of death.
6. Partnership for Caring recommends the following healthcare directive(s):
  - a. Living will only.
  - b. Healthcare proxy and living will.
  - c. Living trust only.
  - d. Healthcare proxy and living trust.

## Registration Information for Pain: Cancer and End of Life

To receive contact hours and a certificate of completion for this module, complete the posttest and send it along with the completed registration form and a \$10.00 \*check to: Wild Iris Medical Education, PO Box 257, Comptche, CA 95427. If your score is below 70%, a new copy of the posttest will be sent to you at no extra charge.

You can also take the test, pay, and receive your certificate online at: <http://www.WildIrisMedical.com/paincancer>

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Professional license and number: \_\_\_\_\_

License expiration: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Payment enclosed: Check/Money Order

Credit card # (MasterCard/Visa/Discover/Amex): \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Make checks payable to: Wild Iris Medical Education.  
For more information call: (707) 937-0518.

\*Ten percent of the course fee will be donated to the American Nurses Association / California.

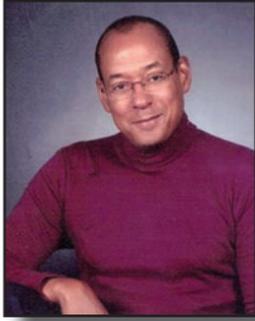
## Course Evaluation

I have completed this course and am now able to:

1. Summarize the types and causes of cancer pain.  
Yes\_\_\_ No\_\_\_
2. Explain pain that is related to cancer treatment.  
Yes\_\_\_ No\_\_\_
3. Identify pharmacologic, adjuvant, invasive, and nonpharmacologic interventions.  
Yes\_\_\_ No\_\_\_
4. Discuss pain management at the end of life.  
Yes\_\_\_ No\_\_\_
5. The course took 60 minutes per contact hour to complete. Yes\_\_\_ No\_\_\_  
Other (please describe): \_\_\_\_\_
6. This offering met my professional and educational learning needs.  
Agree\_\_\_ Somewhat agree\_\_\_ Neutral\_\_\_  
Somewhat disagree\_\_\_ Disagree\_\_\_
7. My professional educational level is:  
High School\_\_\_ LVN\_\_\_ RN\_\_\_ BSN\_\_\_  
Graduate Degree\_\_\_ APN/NP\_\_\_ Doctorate\_\_\_  
Other (please describe): \_\_\_\_\_
8. I work in the following setting:  
Hospital\_\_\_ Office\_\_\_ Home Health\_\_\_  
Administration\_\_\_ LTC\_\_\_ Travel\_\_\_ Private  
Sector\_\_\_ School\_\_\_ Other (please describe): \_\_\_\_\_
9. I usually earn my CEs:  
Conference\_\_\_ Work\_\_\_ Mail Order\_\_\_  
Online\_\_\_ Journal\_\_\_ Satellite Conference\_\_\_  
Other (please describe): \_\_\_\_\_
10. How did you hear about us?  
Friend\_\_\_ Search Engine\_\_\_ Magazine\_\_\_  
Ad\_\_\_ Post Card\_\_\_ Returning Customer\_\_\_  
Other (please describe): \_\_\_\_\_
11. Comments: \_\_\_\_\_

# Membership and Communication

## In Loving Memory of Michael Parker, RN



Michael Parker

Committed to Nursing and continuing education, Michael Robert Parker, RN, resident of Oakland, CA and an Alameda County Public Health Nurse for over eighteen years, passed away May 4, 2007 after a long courageous battle with bone cancer

Michael was born on August 26, 1953 to Carrie B. Parker and Robert H. Parker in Cleveland, Ohio. Michael was baptized and received his first Holy Communion under the care of the Precious Blood Fathers. He was confirmed and served as an Alter boy during his grade school years. He was very active in scouting and swimming, making the swim team during his High School years.

Michael earned a degree of Bachelor of Arts from Cleveland State University, August 1980 with a major in psychology. In 1983, he completed Emergency Medical Technology—Ambulance Course from Cuyahoga Community College, Warrensville Township, Ohio. In 1985, he graduated from Case Western Reserve University, The Frances Payne Bolton School of Nursing, Cleveland Ohio, earning his Bachelor of Science in Nursing. During his nursing education training, he worked at one of the nation's largest and busiest medical centers, New York's Columbia Presbyterian Hospital, East Cleveland, Ohio in the Cardiac Care Unit. 1986-1987 he worked for the county of Los Angeles, Department of Health services at Drew-King Hospital in the OB division. 1987-1990 Michael moved to the Bay area in California and he worked Nursing Registries in San Francisco and Oakland, CA. in Obstetrical Nursing.

Later Alameda County Health Nurse employed him and in 1991, Michael was featured as one of Alameda counties four male public health nurses. Michael would say that gender is not important, what is important is to show clients that you are an advocate. While performing the duties of a Public Health Nurse, he made many home visits. Michael believed that Public Health Nursing was much more rewarding than most acute-care nursing. Here he could establish rapport with patients, do real health education and health promotion and the nurses have a good deal of freedom and flexibility in how we implement nursing interventions.

Michael was studying toward a master of Nursing at Samuel Merritt College. During the course of his career at Alameda County, he also worked on a federal project: Oakland Healthy Start. This program was created to decrease infant mortality in Oakland, California. Michael took and completed many continuing education units in Nursing and earned several certificates while being involved. To name a few: Nov. 1999 he completed continuing education in update on Sudden Infant Death Syndrome; 2006 in Critical Incident Stress Management in school age children, and many more, too numerous to list.

Michael was an avid reader and world traveler. Swimming continued to be a major interest in Michael's life as well as scuba diving, which took him to the Caribbean, Bali and many warm water locations.

Michael succumbed to Bone cancer after a long and courageous struggle. Michael passed May 04, 2007 at the Alta Bates Medical Center, Summit Campus Oakland, California. Michael is survived by his mother Carrie, three aunts, two uncles and many first cousins.

Article was written and submitted to *The Nursing Voice* by Michael's mother Carrie Parker. Our warmest wishes go out to you and your family. Samantha, ANACalifornia Editor, *The Nursing Voice*.

## Call for Consent to Serve Forms for ANAC 2009-2011 Elections

The ANAC Ballot Committee has issued the call for consent to serve forms for a slate of candidates to be presented to the membership for a vote in January 2009. The deadline for ANAC's receipt of all complete consent to serve forms for the initial slate is **September 1, 2008**. Consent to Serve Forms will be accepted by mail, email or fax.

The following are the open slots which are available: **President, Vice President, Secretary, Treasurer, Directors-at-Large, Director of Nursing Practice, Director of Nursing Education, Director of Legislation, Director of Communication/Membership, Ballot Committee (three positions available) and ANAC Delegate to the ANA House of Delegates (eight positions and ten alternate positions available).**

## Save the Date!!

**ANAC RN Lobby Days 2008  
Sacramento, CA**

**Sunday, April 20 &  
Monday, April 21, 2008**

**Registration information can  
be found in this issue of 'The  
Nursing Voice' on the website at  
[www.anacalifornia.org](http://www.anacalifornia.org)  
Or call 916-447-0225**

## Help us stay in touch: Do you have a new address or e-mail address?

You can help American Nurses Association\California 'stay in touch' by updating your contact information. Call ANAC at 916-447-0225, e-mail us a [anac@anacalifornia.org](mailto:anac@anacalifornia.org) or return this form to:

The 'Nursing Voice'  
c/o ANAC  
1121 L Street, Suite 409  
Sacramento, CA 95814

ANAC Member Identification No. (if applicable)

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

Old Address: \_\_\_\_\_

New E-mail Address: \_\_\_\_\_

\*\*\* This is not to update your license information with the Board of Registered Nursing. Go to [www.rn.ca.gov](http://www.rn.ca.gov)



AMERICAN NURSES ASSOCIATION\CALIFORNIA  
AN AFFILIATE CHAPTER OF THE  
AMERICAN NURSES ASSOCIATION

# Membership and Communication

## ANACalifornia Calendar of Events

All ANAC members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held in Sacramento at ANAC offices, 1121 L Street, Suite 409 Sacramento, CA 95814 and begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANAC staff at least one week prior to the meeting date by calling 916-447-0225. Members will receive instructions for parking and entry into the office building at that time. Thank you.

### March 2008

26th-30th NSNA's 56th Annual Convention: "Blazing Trails: The New Age of Nursing." Gaylord Texan Resort and Convention Center, Grapevine, TX. For more information please visit [www.nsna.org](http://www.nsna.org)

31st Golden State Nursing Foundation deadline for the Joanne Powell Award applications—Completed applications must be post-marked and/or received in the ANACalifornia offices no later than this date. Should you have questions or would like more information please feel free to give a call to 916-447-0225.

### April 2008

ANAC Ballot Committee—2nd notice to membership: Publish positions and consent to serve form.

14th *The Nursing Voice*—Article submission deadline—For more information about submitting and article, please see page 2 of this newsletter for The Nursing Voice 'Article Submission Guidelines', if you need further assistance from there, please feel free to call 916-447-0225. To submit articles, please send manuscripts and other submissions to [thenursingvoice@yahoo.com](mailto:thenursingvoice@yahoo.com) or call 916-447-0225

20th-21st ANAC RN Lobby Days 2008, Sacramento CA Sunday Program CSUS University Union Ballroom; Monday Program (morning only) 12th & K Street, Downtown Sacramento, CA— California State Capitol Monday afternoon. For more information: check this edition of The 'Nursing Voice' or online at [www.anacalifornia.org](http://www.anacalifornia.org)

### June 2008

25th-27th ANA House of Delegates, Washington Hilton and Towers, Washington, DC. For more information: Leadership Services 301-628-5039

### July 2008

ANAC Ballot Committee—3rd and final notice to membership: Publish positions and consent to serve form. Consent to Serve Forms must be postmarked and received in the ANAC office, Sacramento, CA. no later than September 1 2008. If you would like to receive more information concerning ANAC and its officers, election procedures and position descriptions, please call 916-447-0225.

14th *The Nursing Voice*—Article submission deadline—For more information about submitting and article, please see page 2 of this newsletter for The Nursing Voice 'Article Submission Guidelines', if you need further assistance from there, please feel free to call 916-447-0225. To submit articles, please send manuscripts and other submissions to [thenursingvoice@yahoo.com](mailto:thenursingvoice@yahoo.com) or call 916-447-0225

25th ANAC Board of Directors Meeting, Sacramento, CA

### September 2008

1st Deadline for Consent to Serve Forms; Consent to Serve Forms must be postmarked and received in the ANAC office, Sacramento, CA. no later than September 1 2008. If you would like to receive more information concerning ANAC and its officers, election procedures and position descriptions, please call 916-447-0225.

### October 2008

1st Ballot Committee must submit the final draft of the ballot to ANAC for inclusion in the ballot packet that is sent to members for voting.

12th-14th 2008 CNSA Convention: Hilton Los Angeles Universal City, CA. For more information please go to [www.cnsa.org](http://www.cnsa.org)

13th *The Nursing Voice*—Article submission deadline—For more information about submitting and article, please see page 2 of this newsletter for The Nursing Voice 'Article Submission Guidelines', if you need further assistance from there, please feel free to call 916-447-0225. To submit articles, please send manuscripts and other submissions to [thenursingvoice@yahoo.com](mailto:thenursingvoice@yahoo.com) or call 916-447-0225

18th ANAC Board of Directors Meeting, Sacramento, CA

### December 2008

31st Golden State Nursing Foundation deadline for the Tony Leone and Catherine Dodd Scholarship applications—Completed applications must be post-marked and/or received in the ANACalifornia offices no later than this date. Should you have questions or would like more information please feel free to give a call to 916-447-0225.



## American Nurses Association \ California Membership Application



Last Name/First Name/Middle Initial	Credentials	Date of Application
Mailing Address	Apt. / Unit Number	Home Phone Number
City / State	Postal Code 'Zip'	Home Fax Number
Basic School of Nursing	Year Graduated	License Number / State
Employer Name	Business Phone	
Title/Building/Department	Business Fax	
Address	Postal Code	
Employer City / State	E-mail Address	
Referred By:		

### MEMBERSHIP DUES VARY BY STATE

#### Membership Category (Check one)

- M Full Membership Dues—\$255**
- Employed—Full Time
  - Employed—Part Time

#### R Reduced Membership Dues—\$127.50

- Not Employed
- Full Time Student
- New graduate from basic nursing education program, within six months after graduation (first membership year only)
- Grad. Date \_\_\_\_\_
- 62 years of age or over and not earning more than Social Security allows

#### S Special Membership Dues—\$63.75

- 62 years of age or over and not employed
- Totally Disabled

#### Note:

\$7.50 of the SNA member dues is for subscription to *The American Nurse*. A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

#### Payment Plan (Check One)

- Full Annual Payment
  - Check
  - Master Card or VISA Bank Card (Available for Annual payment only)

#### Bank Card Number and Expiration Date

#### Signature of Card Holder

#### Payment Plan (continued)

- Electronic Dues Payment Plan (EDPP)
 

Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

**AUTHORIZATION** to provide monthly electronic payments to American Nurses Association (ANA)

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

**Mail with payment to:  
American Nurses Association\California  
1121 L Street, Suite 409  
Sacramento, CA 95814**

#### Signature for EDPP Authorization

TO BE COMPLETED BY SNA			Employer Code _____		
STATE _____	DIST _____	REG _____	Approved by _____	Date _____	Sponsor, if applicable _____
Expiration Date _____ / _____			\$ _____	AMOUNT ENCLOSED	CHECK # _____
					SNA membership # _____

*The Nurse Practice Act defines one component of nursing practice as being a patient advocate. ANAC believes that patient advocacy not only happens at the bedside but when we are supporting and developing programs and proposals to improve the quality of health care, the workplace and tools for the individual nurse, and access of our patients to health care and health care providers.*

*Honorable Tricia Hunter, MN, RN  
Executive Director ANACalifornia*

*The goal of ANAC is to have all registered nurses in California join their professional association.*

*Louise F. Timmer, EdD., RN  
President ANAC 2007-2009*