

# The PRAIRIE ROSE



THE OFFICIAL PUBLICATION OF THE NORTH DAKOTA NURSES ASSOCIATION  
Circulation 14,000 To All Registered Nurses, LPNs & Student Nurses in North Dakota

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## PRESIDENT'S MESSAGE

### Professional Apathy: Who Cares

Wanda Rose PhD, RN, BC



Wanda Rose

*"We may have found a cure for most evils; but we have found no remedy for the worst of them all—the apathy of human beings."*

~Helen Keller

In this president's address, I will address the extent I believe apathy exists among nurses.

There are external and internal threats to the survival of nursing. External threats include the economic pressures placed on healthcare facilities causing many nurses to work with decreasing resources needed to provide needed patient care, and to care for more acutely ill patients in less time due to reimbursement restraints. In spite all the external threats to nursing, a more serious threat to the survival of nursing is the internal threat of apathy. The dictionary defines apathy as a state of indifference, or the suppression of passion, emotion, or excitement also, the lack of interest in or concern for things that others find moving or exciting. The opposite of apathy is enthusiasm, fervor, concern and passion.

I believe apathy is threatening the nursing profession. Not all nurses are apathetic but the number of apathetic nurses is growing. Nurses state they lack the time, the money, and the energy to participate in what is perceived as the "extras" of being professionally involved in activities such as reading professional journals, attending conferences, belonging to their professional association and becoming involved in professional activities. Most nurses are committed to the care they provide to patients but leave work exhausted.

Apathy is pervasive among nurses, which is evidenced by the lack of membership in the professional organization. NDNA membership is disappointingly low. Less than 3.5 percent of the registered nurses in North Dakota belong to NDNA. By not being involved in the professional organization nurses miss out on the stimulation exposure to the issues impacting the nursing profession brings. They miss an opportunity to foster support achieved through networking with colleagues from different practice settings. They fail to see themselves as part of a vibrant tapestry of professionals who share pride in and commitment to their profession. Most importantly, they lose the sense of professional conduct.

I question why apathy is occurring? Is there a lack of passion for what you do? Are you concerned about the issues that impact nurses? Is there a lack of knowledge in how to become involved in the issues? Is there an absence of direction and or role models to follow? Or is apathy a perceived loss of control as a result of excessive stress resulting in the inability to see how to change the situation? In the end, does anyone care?



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## You are cordially invited to join the North Dakota Nurses Association



See the NDNA Website at [www.ndna.org](http://www.ndna.org)

☞ Click on Membership

Under how to join

☞ Click on Membership Application (ANA website)

☞ Click on Full Membership

(Be ready to provide your email address)

**Full membership is just \$20.50/ month! Less than 70¢ a day!**

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

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## Writing for Publication in the Prairie Rose

The *Prairie Rose* accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to [becky@ndna.org](mailto:becky@ndna.org). Please write **Prairie Rose article** in the address line.

Articles submitted for continuing education need a purpose, objectives, and a post-test. You may request the necessary contact hour forms from Becky at [becky@ndna.org](mailto:becky@ndna.org).

Articles are peer reviewed and edited by the staff and RN volunteers at NDNA.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don't know how or where to start, contact the office at NDNA: 701-223-1385.

The *Prairie Rose* is one communication vehicle for nurses in North Dakota.

Raise your voice.

## The Vision and Mission of the North Dakota Nurses Association

**Vision:** North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

**Mission:** The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

# 2009 NDNA Annual Meeting, Oct. 9, 2009

The North Dakota Nurses Association met in Bismarck at the Bismarck Public Library on Friday October 9, 2009 to conduct the annual business meeting. Special guest, Stacey Pfenning DNP, FNP presented her inspiring work on the development of a Journal Club as a method to facilitate integrating Evidence Based Practice into the day to day work environment of nursing. Dr. Pfenning provided detailed guidance regarding implementation of a journal club. She shared inspiring stories of success in her own work setting, as well as the improvement in colleagues' understanding of how to find and use evidence to improve or change practice.

Newly elected officers were installed by past president Mary Smith. With the election and installation of new officers the transition to the new structure is complete. The new Vice Presidents initiated their first meeting with their respective advisory committees and each group presented the first year goals and objectives to meet those goals at the close of the day (See table).

Progress toward these goals and Advisory Committee activity can be tracked on the NDNA Members Only Website. Participation in the

advisory committees is open to all NDNA members. If you would like to join any of the groups please contact either the VP of that committee or contact NDNA at info@ndna.org.

Bylaw changes were made and approved by members present. Please see the updated Bylaws on the NDNA Members Only Website.

The 2008-2009 fiscal year financial report was presented to the membership. A quick overview and demonstration of how members can access the Members Only Website was provided for the meeting participants.

Dr. Connie Kalanek, the Executive Director of the ND Board of Nursing presented new information regarding the number of Registered Nurses in ND. For the first time there are over 10,000 RNs licensed to practice in ND. She also provided handouts that outlined Board of Nursing work accomplishments over the last year and ongoing projects.

The day ended with the Nightingale Tribute, in memory of all North Dakota nurses who have died this past year. The Nightingale Tributes for 2008 and 2009 are available for download on the Members Only Website.



*Dr. Wanda Rose and Dr. Stacey Pfenning*



*(L-R) Mary Smith, Jane Roggensack, Donelle Richmond, Karla Haug, Terry Watne, Susan Pederson, Mary Kay Herrmann, Roberta Young.*

VP/Committee	Goal for 2009-2010
VP Finance (Kathy Johnson)	Balance the budget.
VP Membership (Jane Roggensack)	Increase membership by 100 for the 2012 100 year anniversary.
VP Practice Education Administration Research (Donelle Richmond)	Implement an online journal club for all nurses in North Dakota.
VP Government Relations (Mary Kay Herrmann)	Provide recommendations for the NDNA Board and membership regarding license renewal requirements at the 2010 annual meeting. Develop talking points and position statement regarding health care reform and provide information to NDNA members.
VP Communication (Marty Bollin)	Improve information flow to all members of NDNA.
CNE-Net (Jean Kautzman)	Analyze the implementation of the systematic evaluation plan; Serve as a consultant in activities related to CNE-Net, the education division of the North Dakota Nurses Association; Compare fee schedules of CNE-Net, the education division of the North Dakota Nurses Association, to other ANCC Accredited Approver Units and Accredited Provider Units.

## North Dakota Nurse Leadership Council

The ND Nurse Leadership Council held its annual meeting on September 24, 2009 at Jamestown College. The Nurse Leadership Council is a 501 c6 non-profit organization which is a coalition of various nursing organizations within the state. The member organizations include the NDNA, ND Organization of Nurse Executives, College and University Nursing Education Administrators, ND Association of Nurse Anesthetists, National Association of Directors of Nursing Administration, Nursing Student's Association of ND, ND Nurse Practitioner Association, and two affiliate member organizations the ND Board of Nursing and the ND Association for Home Care. The purpose of the organization is to create a futuristic, unified, goal directed state level agenda for nursing.

The Council had a full agenda, which included organizational updates, along with various reports from committees and workgroups. The Nursing Education Consortium reported that they have determined how to distribute the dollars they received from the last legislative session to the colleges for use in purchasing simulation equipment. The Nursing Education Capacity Summit Team is exploring grant opportunities for funding to create a Center for Nursing within the state. The Eastern Area Health Education Center has a webpage within the North Dakota AHEC website with up to date information on their activities. They are in the process of creating a database of providers in the state and looking at areas of need in the state. Billie Madler, RNP presented her doctoral plan to the Council on web based health policy resources. We reviewed the guidelines for clinical placement of out of state students and the requirements that must be met and submitted to the Board of Nursing.

Discussion was also held on the requirement of practice hours needed for license renewal

The meeting concluded with the election of the following officers: President, Trina Schilling, NDONE; Vice President, Jackie Mangnall, CUNEA; Secretary, Jane Roggensack/Wanda Rose NDNA, and Treasurer, Neal Larson, NDNADONA.

## Online Evidence Based Practice Journal Club

NDNA announces the creation of the first state wide **Online Evidence Based Practice Journal Club**. The Practice Education Administration Research Vice President Donelle Richmond along with her advisory committee members proposed the goal "to establish an on-line journal club" after they were inspired by Dr. Stacey Pfenning's presentation on EBP Journal Clubs. Dr. Pfenning has agreed to help facilitate this process and NDNA will provide the support to launch this state wide initiative. The website is up and new material is being added on a regular basis. The web address is <http://sites.google.com/site/ndnaonlineebpjournclub/home>. All nurses in ND are invited to take a look at this website. If you would like to sign on as a collaborator, you need to send you email to [becky@ndna.org](mailto:becky@ndna.org) or [ndna09@gmail.com](mailto:ndna09@gmail.com). A standardized invite will be sent to your email address, use that email when you log on to create a password.

This is an opportunity for nurses to collaborate with others from all over state to improve practice and change policies based on evidence. Whether you work in a small or large health care setting we truly hope this Journal Club is of assistance to you and those you serve.



*NDNA partnering with you to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.*

**Support NDNA's efforts, join NDNA today.**

## WWII Nurses Receive Medals

*By Karen Herzog  
Bismarck Tribune*

On one side, the medal reads, "Department of Veterans Affairs, United States of America." On the other, "Let us never forget the women who served, World War II."

On Wednesday in the chapel at Missouri Slope Lutheran Care Center in Bismarck, three of those women received bronze medals suspended from red, white and blue ribbons in a ceremony presided over by Maj. Gen. David Spryncynatyk.

Mildred Vernon, Lorraine Froehlich and Delores Henke posed afterward with a group of young women in camouflage, for whom these World War II military nurses had been the pioneers, Spryncynatyk said.

Serving in the military was not always "the thing to do" back in the 1940s, said Linda Marquart, women's program manager at the VA Hospital in Fargo, but these women chose to serve and paved the way for the careers of military women serving today, she said.

Owen Vernon, Mildred Vernon's grandson, in a visit with Marquart, happened to mention that his grandmother had served as a U.S. Army lieutenant after completing her nurse's training at Trinity Hospital in Minot.

Marquart told him that his grandmother was eligible for a medal for her service, which had been created to do something special for these women. Owen and his father, Dennis Vernon, and Mildred's other four children, along with the families of Lorraine Froehlich and Delores Henke, were on hand Wednesday as part of the presentation ceremonies. Marquart spoke about the women's service and Spryncynatyk gently placed the medal around the necks of each of the three, to a standing ovation from the crowd.

Vernon said she never expected this kind of recognition and her son, Dennis, said that this would be one of the most exciting days of his mother's life.

Mildred (Skari) Vernon was born near Arnegard and enlisted in June 1945, completing boot camp at Fort Carson, Colo. Stationed at Fort. Francis Warren near Cheyenne, Wyo., she remembers the wounded soldiers that were being brought back from the Pacific Theater after the war ended.

The experience was terribly moving, she said. Dennis Vernon said his mother told him that after long hours of taking care of the badly wounded, she would go back to her barracks and sit on her bunk and cry.

German POWs also were under her care, about 20 of them, she said. She remembers having to give one of the POWs a penicillin shot for a strep infection and how the others watched her without saying a word, waiting to see, perhaps, how they would be treated, while a corpsman stood watchfully nearby.

They needn't have worried; the nurses treated them exactly the same as the Americans under their care, she said.

Vernon remembers meeting Gen. Dwight Eisenhower while she was at Fitzsimons Hospital in Denver, which also is where she married her husband in the chapel after she was discharged in March 1946. She worked as a nurse at Missouri Slope for 20 years and entered the care facility in December 2005.

Delores Henke, a native of Kidder County, served in Portland, Ore., Washington and California during her service, and Lorraine Froehlich, who enlisted in 1943 at the age of 20, served in North Carolina, including time at Camp Lejeune.

*Re-printed by permission from the Bismarck Tribune.*

## Reminder: Practical Nurse Continuing Education Series Available through NDNA

Earn ANCC approved contact hours.

Certificates of completion provided upon successful completion of course materials.

Required textbook for all modules: deWit, Susan C. (2009). *Fundamental Concepts and Skills for Nursing* (3rd ed.). St. Louis, MO: Saunders Elsevier.

For further description or to order, see <http://www.ndna.org/lpnmodulesflyer.pdf>

## Community Water Fluoridation— Still the Best Bet to Prevent Tooth Decay

Community water fluoridation is the single most effective public health measure to prevent tooth decay. The Centers for Disease Control and Prevention has proclaimed community water fluoridation (along with vaccinations and infectious disease control) as one of ten great public health achievements of the 20th century. Fluoridation continues to be effective in reducing tooth decay by 20-40 percent, even in an era with widespread availability of fluoride from other sources, such as toothpaste.

Community water fluoridation benefits everyone, especially those without access to regular dental care. It is one of the most efficient ways to prevent one of the most common childhood disease—tooth decay. In North Dakota, 56 percent of children in the third grade have experienced tooth decay. It is a disease that is preventable and yet far too common among our children. Simply by drinking optimally fluoridated water, people can obtain the benefits whether they are at home, school or work.

Some communities have naturally occurring fluoride and other communities may add fluoride to their water (fluoridation). To determine if your community has optimally fluoridated water for the prevention of tooth decay you can go to *My Water's Fluoride* at <http://apps.nccd.cdc.gov/MWF/CountyDataV.asp?State=ND>. Fluoride added to drinking water at a concentration of 0.7 to 1.2 parts per million has been repeatedly shown to be a safe, inexpensive and extremely effective method or preventing tooth decay.

More than 100 national and international health, service and professional organizations recognize the public health benefits of community water fluoridation. There are over 60 years of research, practical experience and scientific evidence indicating the safety and effectiveness of fluoridation. Be aware of misinformation on the Internet and other junk science related to fluoridation that patients may read and cause them to question fluoridation. Community water fluoridation remains the best bet to prevent tooth decay for both young and old alike. If the community water is not optimally fluoridated, you can advise your patients on other additional sources of fluoride such as mouthrinses and fluoride varnish.

Additional information on community water fluoridation and other fluoride sources can be found at [www.ndhealth.gov/oralhealth/WaterFluoridation.htm](http://www.ndhealth.gov/oralhealth/WaterFluoridation.htm) or by contacting the Oral Health Program at the North Dakota Department of Health at 701.328.4930 or 800.472.2286 (toll-free).

## CNE Approved Provider List September 2009

Approved Provider	Location	Expiration date
AR 43 Sanford School of Medicine	Sioux Falls, SD	5-17-10
AR 45 West River Regional Medical Center	Hettinger, ND	6-8-10
AR 46 St. Alexius Medical Center	Bismarck, ND	6-13-10
AR 48 Medcenter One Health System	Bismarck, ND	8-20-10
AR 50 Rapid City Regional Hospital	Rapid City, SD	12-2-10
AR 59 South Dakota Nurses Association	Sioux Falls, SD	7-31-12
AR 61 Altru Health Systems	Grand Forks, ND	6-7-11
AR 64 MeritCare Health System	Fargo, ND	10-17-10
AR 65 Health Education Development System	Fort Meade, SD	5-19-12
AR 68 Avera St. Luke's Hospital	Aberdeen, SD	2-2-10
AR 69 Trinity Health	Minot, ND	1-19-10
AR 71 ND Long Term Care Association	Bismarck, ND	4-7-12
AR 72 Virginia Regional Medical Center	Virginia, MN	5-15-10
AR 74 Innovis Health	Fargo, ND	10-22-10
AR 75 Presentation Medical Center	Rolla, ND	12-1-10
AR 77 Hospice of the Red River Valley	Fargo, ND	2-20-11
AR 78 Sakakwea Medical Center	Hazen, ND	6-20-11
AR 51 Avera McKennan Hospital and University Health Center	Sioux Falls, SD	2-11-11
AR 52 Community Health Section ND Dept. of Health	Bismarck, ND	1-24-12
AR 53 Evangelical Lutheran Good Samaritan	Sioux Falls, SD	1-12-12
AR 54 St. John's Medical Center	Jackson, WY	4-21-12
AR 56 Avera Education and Staffing Solutions	Yankton, SD	3-31-12
AR 58 Sanford Health Center for Innovation and Learning	Sioux Falls, SD	6-29-12
AR 63 Ivinson Memorial Hospital	Laramie, WY	6-12-10
AR 66 Heart Hospital SD	Sioux Falls, SD	pending
AR 73 Southwest Healthcare Services	Bowman, ND	3-4-10
AR 76 Minnesota State Community College	Moorhead, MN	1-4-11
AR 79 Maternal and Family Health Department of Health State of Wyoming	Cheyenne, WY	pending

# Frequently Asked Questions

## ANA's Positions and Advocacy on Healthcare Reform

**Q. How does ANA decide on its policy for healthcare reform?**

A. ANA's House of Delegates, our representative deliberative body democratically elected by our Constituent (state) Member Associations, voted to adopt a stance in support of guaranteed, affordable, high-quality health care for all. This has been established policy of the Association for many years, most recently reaffirmed resoundingly by the ANA House of Delegates in 2005.

**Q. What is ANA's core belief on health care?**

A. ANA believes that health care is a basic human right, and supports the World Health Organization's challenge—originally articulated in 1978, and reaffirmed as late as 2007—for all nations to provide a basic level of health care to their citizens. The current US system fails in this regard at multiple levels. In fact, it is the only industrialized Western country that does not provide this guarantee to its citizens. It also fails to make the best use of its skilled nursing professionals to provide care throughout all settings and in the varied capacities in which nurses can contribute to significantly patient welfare.

**Q. What changes does ANA believe must be made in the healthcare system, and how would nurses contribute?**

A. We believe that a system focused on primary care, prevention and chronic disease management can alleviate much of the expensive acute care that currently takes its toll in human suffering, as well as dollars. It is a worthwhile national investment. And nursing's strengths as a profession—in providing holistic care that contemplates the individual, his or her family and community—is exactly the emphasis sought in a reformed health care system.

**Q. Why does ANA support President Obama's health reform proposals and health reform legislation in Congress?**

A. ANA's support of the President's approach to health reform, as well as our support of the House so-called tri-committee legislation and the Senate health committee's bill is based on ANA's principles on healthcare reform. If their proposals did not match ANA's goals for both nurses and patients, we would not be supporting them, regardless of political party.

**Q. Has ANA read the bills in Congress, and do you understand the implications?**

A. We have carefully read and analyzed the legislation that has been proposed and will continue to closely monitor these bills as the health care debate continues to evolve.

**Q. What is ANA's position on establishing a public health insurance plan option?**

A. ANA believes strongly that the inclusion of a public plan option will help make health care more affordable for patients, generate needed competition in the insurance market, and guarantee the availability of quality, affordable coverage for individuals and families no matter what happens. The public plan option could bring positive competition to bear on the private insurance market, encouraging patient-centered, value-driven health care delivery, creating a win-win for those whom the healthcare system is supposed to serve, the people of the United States.

**Q. What does ANA support in the health reform bills in Congress in addition to provision of a public plan option?**

A. Just as important, these bills also recognize that coverage is nothing without access and quality. The bills' emphasis on wellness and prevention, investment in nursing workforce development, recognition of the importance of Advanced Practice Nurses to primary care, and demonstrated commitment to fostering full integration, coordination, and collaboration at all levels among our nation's health care workforce will improve our health care system.

**Q. America has great medical care. Why do we need health reform at all?**

A. Despite incremental efforts at reform, the number of uninsured continues to grow, the cost of care continues to rise, and the safety and quality of care are questioned. Harvard researchers have found that 62% of all personal bankruptcies in the U.S. in 2007 were caused by health problems—and 78% of those filers had insurance. The overwhelming problems of the health care system require significant attention on the part of health professionals, policy-makers, and the public. The United State currently spends 2.4 trillion dollars every year on health care. If health care reform were to cost one trillion over the next ten years, this would represent only a 4 percent spending increase in cost. With this investment we can effect massive changes to the health care

system—changes which will ultimately lead to significant health care savings, improved quality of care and coverage for millions who currently go without. We believe this is an investment worth making.

**Q. Why does ANA have to become so involved in such a political issue like healthcare reform?**

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

**Q. ANA members have different political views. How can ANA advocate for certain legislation and still remain nonpartisan and work on behalf of all its members?**

A. ANA's legislative agenda prioritizes ways to address the nursing shortage, appropriate staffing, workplace rights, workplace health and safety, and patient safety/advocacy. In keeping with a strong tradition of hard work, the ANA will continue to advocate for the profession of nursing. However, we cannot achieve these goals unless ANA as a national organization stays involved. Political advocacy, whether in Washington, D.C., or at the state level, is not about political parties or personal agendas, it is about supporting the policymakers of any party who share ANA's commitment to the nursing profession and to improving healthcare in our country. These relationships are vital to our ability to engender understanding and gather support for the issues of concern to nurses today. Throughout our history, ANA has worked to meet the ever-changing needs of nurses, patients, the health care community, and society. Through political involvement and advocacy, ANA will continue its fight for the needs of today's nursing profession as well as the health system needs of our country.

**Q. I don't agree with your policies on health reform. Is my opinion being heard?**

A. Thank you again for sharing your concerns. We recognize that there is a diversity of opinion on this and many other issues within nursing and our membership, and know that this diversity is part our strength. We deeply value your continued membership in and support of the ANA, and we will continue to work to set and maintain professional standards of practice and work toward a goal we all share—strengthening the future of nursing and ensuring quality health care for all.

*For more details on ANA's healthcare reform positions, please see the health system reform section of the ANA Web site: <http://www.nursingworld.org/healthcarereform>*

## Congratulations to all NDNA Members Who Received the March of Dimes North Dakota Nurse of the Year Award on September 26, 2009

**2009's Nurse of the Year—Healthcare Advocate—Home care** is Marcia Sjulstad, BSN, MBM, RN, Meritcare Home Care.

**2009's Nurse of the Year—Palliative Care** is Nancy Joyner, BA, BSN, MS, APRN, CNS, ACHPN Clinical Nurse Specialist, Altru Health System.

**2009's Nurse of the Year—Pediatrics'** is Noel Miller, BSN, Clinical Coordinator Medcenter One.

**2009's Nurse of the Year—Surgical** is Donelle Richmond, BAN, RN, Meritcare.

# Does “Practice” Make the Nurse Competent?

Most of you have heard the cliché “practice makes perfect”. But Sheffield (2009), challenges that assumption with a new twist on an old saying. “Practice does not make perfect; practice makes permanent.” He goes on to remind us that flawed practice ultimately leads to a flawed outcome. It is not enough to merely practice, one needs to engage in reflective practice as to discern areas of strength and areas of weakness. Nursing has long held the individual accountable for one’s practice. While not all of us practice in the same setting, core accountabilities apply. The definition of nursing is universal:

*Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in the care of individuals, families, communities, and populations. (Nursing’s Social Policy Statement 2nd ed., 2003).*

The **Standards of Professional Performance** (ANA, 2004) clearly outline the expectations related to quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, and research. Nurses sometimes place less emphasis on these standards, focusing instead on the **Standards of Practice**; assessment, diagnosis, outcome identification, planning, implementation, and evaluation. In reality these Standards run concurrently and are meant to be considered in totality. Nurses are expected to meet both the Standards of Practice and the Standards of Professional Performance.

Every two years nurses in North Dakota must accumulate twelve (12) contact hours and provide evidence of “400 practice hours” over the course of the previous 4 years.

These requirements are attempts to ensure that nurses licensed here are at a minimum safe to continue to practice. These requirements are in place in an attempt to ensure competency. If the adage “practice makes perfect” is challenged, what happens when the saying “practice makes permanent” occurs, especially in practice that is flawed? Is this where we see nurses who forget to follow the obligations to keep patients safe by not following hand washing guidelines, not always wearing gloves, or not following other standard precautions? Is this where it becomes part of the practice to recap needles, pick up dropped items off the floor, or not worry about medication administration rules of right patient, right medication, right time, right dose, right route, and right reason? Is this the practice where nurses expect all education needs to be met by the employer, where mistakes are covered up, or where collegiality and civility are replaced by “lateral violence” and bullying? Is this the practice that finds nurses talking on the phone to family members to iron out babysitting issues, or directing family members on the grocery list needs for the week rather than attending to patient needs? Is this the nurse running errands off the unit and out of the facility without a formal report/ patient hand off to colleagues? Is this the nurse telling patients about his/her own personal life? These nurses all “practice” far more than 400 hours every four years. But what kind of nurse does this practice make? Are they really competent as measured against the standards of practice and professional performance? And what about all their colleagues who let them get away with such bad behavior? Many of these behaviors are grounds for disciplinary action, not only by your employer but by the licensing board.

So the case can be made; practice does not always ensure competency and it certainly does not ensure perfection, especially when the practice is flawed.

A recent review of all 50 states’ requirements for renewal of the nursing license found a variety of methods to document competency. Some, have no renewal requirements, others provide a variety of methods that range from contact hour accumulation (many require specific educational topics), to certifications, and or the maintenance of

a portfolio as a way to foster reflective practice.

How can nurses prove they are competent? It will take a shift in behavior and an acceptance of personal responsibility for one’s practice. It requires learning the art of self assessment, gaining honest feedback from co-workers and supervisors. It requires the ability to develop and maintain one’s own record of learning needs, plans to fill those needs, goals, progress toward goals, interventions, re-evaluations, and acceptance of the fact that each registered nurse is individually responsible and accountable for first knowing the professional standards and then maintaining them. It takes operationalizing reflective practice.

What is reflective practice? It is a way to continuously examine your assumptions and practices. It provides the means by which we compare our present state with the standards by which we are measured. It assists in identifying through critical reflection areas of our professional development that need strengthening or developing more fully.

The generally accepted **standards for competency** are as follows:

- > The ability to apply knowledge and skills at the level required for a particular situation.
- > The ability to demonstrate responsibility and accountability for practice and decisions.
- > The ability to restrict and/or accommodate practice if one cannot safely perform essential functions of the nursing role due to mental or physical disabilities (NCSBN, 1996 in Huston, 2006).

Accepted **definitions of competence** are as follows:

- > **Continuing competence** is ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice.
- > **Professional nursing competence** is behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of practice, policy, Code of Ethics for Nurses, standards, guidelines, and benchmarks that assure safe performance of professional activities.
- > **Continuing professional nursing competence** is ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice as evidenced by behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of practice, policy, Code of Ethics, standards, guidelines, and benchmarks that assure safe performance of professional activities (ANA, 2000 in Huston, 2006).

In the May 28, 2008 “Professional Role Competence Position Statement” ANA clearly states, “The public has the right to expect registered nurses to demonstrate professional competence throughout their careers”, they further write; “the registered nurse is individually responsible and accountable for maintaining professional competence”. Key stakeholders are the profession as a whole, the individual professional organizations, credentialing and certification bodies, regulatory agencies, and employers. In addition educational institutions strive to achieve entry level benchmarks at the doorway of professional practice/ performance. Regulatory agencies determine minimum competency requirements. The expected level of performance through out the nurse’s career depends upon context and the selected competence framework used as a benchmark. Frameworks evolve and become more complex as expertise is gained. Is it acceptable to remain “minimally

competent” in the present work environment? An integrated approach to assessing competency that achieves the definition of **continuing professional nursing competence** requires the nurse to fulfill the professional tenet of life long learning; a true measure of competency considers far more than hours worked or the practice of a skill set. A true measure considers the Standards of Practice and the Standards of Professional Performance, the Code of Ethics for Nurses, and Nursing’s Social Policy Statement as the bedrock of performance. You must ensure your practice fulfills the principle that the **public** has the right to expect registered nurses to demonstrate professional competence throughout their careers. **We answer to this relationship as it defines the meaning and purpose of nursing.**

NDNA would like to engage all nurses in North Dakota in robust discussion regarding the issues surrounding competency. We would like input regarding your thoughts about the present requirements for accumulating 400 hours of practice every 4 years. We would like to learn how **nurses** ensure they are competent. A Google group has been established at <http://groups.google.com/group/nd-nursing-issues>. You may access this group and participate in online discussion once you join the group. Please note, the site is available for public access, anyone can read the comments, but only those who register can post to the site. All postings will be moderated before being placed for viewing. Rules of etiquette apply. Language must be professional and courteous. While it is acceptable to disagree, one needs to remain civil. This discussion group is open to all the nurses in North Dakota, or out of state nurses who hold a license to practice in North Dakota.

Anyone wishing to send a private comment may email us at [info@ndna.org](mailto:info@ndna.org) or [ndna09@gmail.com](mailto:ndna09@gmail.com)

## ANA Sources:

Code of Ethics for Nurses with Interpretive Statements (2001)

Nursing’s Social Policy Statement 2nd Ed. (2003)

Nursing Scope and Standards of Practice (2004) Position Statement: Professional Role Competency (May 28, 2008). <http://www.nursingworld.org/NursingPractice>. You must be a member to view the complete document.

Redesigning Expectations for Initial and Continuing Competence for Contemporary Nursing Practice (1999) retrieved from <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume41999/No2Sep1999/ExpectationsforInitialandContinuingCompetence.aspx>

## North Dakota Board of Nursing web pages:

Nurse Practice Act

[http://www.ndbon.org/nurse\\_practices\\_act.asp](http://www.ndbon.org/nurse_practices_act.asp)

Administrative Rules and Regulations

[http://www.ndbon.org/links\\_admin%20rules.asp](http://www.ndbon.org/links_admin%20rules.asp)

Continuing Education Requirements

<http://www.ndbon.org/education/continuing%20education/continuing%20education.asp>

Patient Abandonment

<http://www.ndbon.org/opinions/patient%20abandonment.asp>

ND license renewal requirements

[http://www.ndbon.org/licensure/renewal\\_requirements.asp](http://www.ndbon.org/licensure/renewal_requirements.asp)

## Other Sources for further exploration:

Huston, C. (2006). *Professional Issues in Nursing: Challenges & Opportunities*. New York: Lippincott, Williams, & Wilkins.

State by state guide for RN license renewal requirements. (Nursing 2006 Career Directory) retrieved from <http://www.nursingcenter.com/library/JournalArticle.asp?ArticleID=636579>

Sheffield, D. (2009). *Practice Makes Perfect-Not!* Online Bookstore: Dorrance Publishing Co., Inc. Retrieved at <http://dorrance.stores.yahoo.net/prmape.html?jmid=12021&j=238693609&m=B17F0EA43CDC48269A46D356274AFF92&g=194704459>

## NDNA Members Only Website

NDNA members now have a website where members can find the latest activity of the various Advisory Committees. Each Vice President has a webpage dedicated to the area they oversee. Projects can be viewed and comments posted. This format allows input from all members.

Documents such as NDNA Bylaws, award nomination forms, scholarship application for the Graduate Nurse Educator Scholarship are available at the site. Members may post additional documents to share with the membership.

A list of events/activities is available and members may add to this as well.

To gain access to the "Members Only" website, you will need to send an email request to one of the emails listed at the end of this article. You will receive a standard computer generated invitation. You will need to click on the link provided that asks you to set up a password. (NDNA does NOT keep track of this password; you will need to keep it in a safe place.) Once you have completed the email instructions (which includes responding to a verification email sent to the email you provided) you will have access. The user name is the email address you used to ask for the invite and the password is the password you generated in response to the invite.

Easy!

This website is powered by Google sites. And it is free.

It is essential NDNA has every member's email as the rising cost of mailings prohibit us from communicating via regular mail. Nurses are expected to have basic skills in computer use and electronic communication. If your skills are rusty to non-existent, here is an opportunity to learn how to communicate electronically.

If you have difficulty navigating to the website, contact us at [info@ndna.org](mailto:info@ndna.org) or [ndna09@gmail.com](mailto:ndna09@gmail.com).

## Nightingale Tribute

Each year NDNA conducts the Nightingale Tribute to honor the nurses who have died during the past year. The following poem written by Duane Jaeger MSN, RN is read at funerals and a white rose is presented to the family. Over the last several years NDNA has produced a PowerPoint presentation that lists the names of those who have died over the last year. This tribute is conducted during the annual business meeting. Both the 2008 and the 2009 Tributes are available for download or viewing on the Members Only Website. <http://sites.google.com/site/ndnamembersonly/>



### She Was There

© 2004 by Duane Jaeger, RN, MSN

When a calming, quiet presence was all that was needed,  
She was there.

In the excitement and miracle of birth or in the mystery and loss of life,  
She was there.

When a silent glance could uplift a patient, family member or friend,  
She was there.

At those times when the unexplainable needed to be explained,  
She was there.

When the situation demanded a swift foot and sharp mind,  
She was there.

When a gentle touch, a firm push, or an encouraging word was needed,  
She was there.

In choosing the best one from a family's "Thank You" box of chocolates,  
She was there.

To witness humanity—its beauty, in good times and bad, without judgment,  
She was there.

To embrace the woes of the world, willingly, and offer hope,  
She was there.

And now, that it is time to be at the Greater One's side,  
She is there.

\_\_\_\_\_, we honor you this day and give you a white rose to  
symbolize our honor and appreciation for being your colleague.

# Readership Survey Response

The results are in for the online NDNA Readership Survey. The request to nurses in our state to participate in this survey was in the last Prairie Rose and on the NDNA website (www.ndna.org).

The Prairie Rose is distributed to over 12,000 RNs, LPNs, and student nurses.

The following questions were asked:

1. Are you a member of a professional organization?
2. Why are you a member?
3. Why are you not a member?
4. Did you know the Prairie Rose is available online?
5. When you receive the Prairie Rose do you typically read it cover to cover? Scan the newspaper for items of interest? Throw it away, unread? Look for the contact hour offering only?
6. Do you know of the bylaw change that changed the structure of NDNA?
7. Would you serve on an advisory committee created by the structure change?
8. How often do you access the NDNA website?
9. Would you ever consider volunteering in your community to provide nursing care to those who cannot afford or access health services?
10. What else is on your mind, we want to hear your ideas and concerns.

Here are the results: 12 participants.

1.	83% (2 identified more than one membership)
2.	Professional responsibility #1 answer
3.	"Too expensive, don't see a reason, NDNA viewed as elitist, ANA associated with unions." (2 respondents answered this question).
4.	66% did NOT know Prairie Rose available online.
5.	33% read it cover to cover, 66 % scan it.
6.	58% did NOT know of the bylaw change
7.	58% would serve on advisory committee
8.	25% access website once a month, 58% less than 10 times/year. One accessed the website for first time, another checks in 1X/week.
9.	100% said they would volunteer
10.	Other comments: "Always feel like an outsider, NDNA needs to be responsible to work for nurses in general, not just members, and I don't get anything for my membership dollars."

Due to low participation in the survey, we are unable to make any valid conclusions from the survey, however, the very fact that so few

participated is extremely concerning. We had a 0.1% response rate. Even though the number of responses was most disappointing, it is indicative of a cultural shift that has developed within nursing here in our state. A shift from working together to establish a better environment and a better profession to one where collectively we simply expect someone else to represent us and know our needs without us having to express them.

The one question we did not ask, but is relevant as NDNA finds itself in very perilous times, is "Do you as a nurse in ND believe a professional association dedicated to promoting the professional development of nurses and enhancing health care for all through practice, education, research and development of public policy is still necessary?" Of the nearly 10,000 RNs in this state, as of today 97% of you say no, this organization is not needed through your choice of non-membership.

It is always risky to address potential members in a way that challenges them to examine beliefs and practices. But it is time to examine the pervasive behavior that has developed in nurses, not only here but across the country.

The American Nurses Association has reported that up to 80% of all RNs in this country do not belong to ANY type of professional organization. The remaining nurses belong to a variety of specialty organizations and/or ANA. These organizations produce the standards and scopes of practice by which we are measured. They produce the resolutions that become policy and they represent the profession as a whole. When issues affecting nursing arise, you may have said or heard "they" should do something about that! Who is "they" when an organized group no longer exists? When nurses in our state were asked why they are not a member, their replies tend to fall into two or three board categories. One, too expensive, two, no time, and three, my employer provides all the education I need. Let me address each of these points.

One, NDNA membership dues are in line and in most cases less than other state associations. Membership is dual, meaning you are a member of NDNA as well as ANA. Full membership is \$20.50/month.

Two, support of an organization takes many forms. Members who actively serve and represent nurses at state and national events are supported by those who have "no time." Financial support of an organization is critical for day to day operations; operations which include development and maintenance of communication networks, assisting in lobbying efforts, and development of projects that support professional growth.

NDNA has undergone a complete overhaul of structure in an attempt to be as fiscally responsible as possible so the organization can serve the membership. The structure change also was done with the busy member in mind. By development of online collaboration, online meetings, teleconferences, and initiating the philosophy "contribute what time you can" it is hoped the person with "no time" will be enticed to respond to surveys or participate in project development. You can contribute your expertise from home; you no longer need to attend face to face meetings to be involved. The structure change also encourages participation by area of interest. Special interest groups can form to address the needs of nurses who have an interest in issues related to public health, school nursing, leadership, holistic

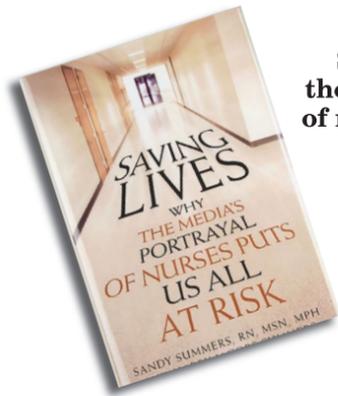
nursing, or any other specialty practice area. Joining with NDNA allows the special interest group the support of the established communication network.

Last, dependence on the employer as the single source to define your scope of practice and to provide life long learning does not meet the standards of the profession. You are responsible and accountable as you hold the license to practice in ND. Your employer may provide the place to work, but you are solely responsible for your practice. Membership in an organization provides you with the most up to date evidence that should guide your practice. The practice guidelines are researched and written by teams of experts in your field. These guidelines keep your practice up to date and safe. The ANA Code of Ethics states nurses are obligated and ultimately responsible to provide adequate and competent nursing care. The state nurse practice act which allows you to practice nursing in ND holds the individual not the employer accountable for your practice. While other agencies may require the employer to make certain you are competent to practice in the field in which you are hired, it does not require the employer to bear the total burden of your life long learning needs. In reality it is your responsibility to provide proof to others you are competent.

When many of us decided to be a nurse, I believe there were no qualifiers. I am fairly certain we did not come to this profession with the belief "if I can have all my professional responsibilities taken care of by others, then I will be a nurse."

The time is here for nurses in ND to answer the question **"Do you as a nurse in ND believe a professional association dedicated to promoting the professional development of nurses and enhancing health care for all through practice, education, research and development of public policy is still necessary?"** If you say yes, you need to speak by joining NDNA. If you say no, it is quite possible the voice for nursing in ND will be silenced and the nearly 100 years of services provided by the North Dakota Nurses Association will come to an end.

# Recommended Reading



**Saving Lives: Why the media's portrayal of nurses puts us all at risk.**

Sandy Summers, RN, MSN, MPH & Harry Jacobs Summers (2009) Kaplan Publishing.

The story that is told about nurses is rarely an authentic depiction of the level of education and skills needed by the individual who is a nurse. Saving Lives clearly exposes the role media has in reinforcing stereotypes of nurses. The author also addresses the individual nurse's role and the action one must take to stop this harmful and often belittling portrayal of the nursing profession.

# Sex, Drugs, Rock and Roll...

NDNA District 4 Nurses & Dakota AIDS Education and Training Center will present **"Sex, Drugs, Rock and Roll: Methamphetamine, Alcohol, and HIV"** January 20, 2010 at the Holiday Inn in Fargo, ND. Marla A. Corwin, LCSW, CAC III, Clinical Education Coordinator for the Mountain Plains AIDS Education and Training Center at the University of Colorado, Health Sciences Center in Lakewood, CO will be presenting. Dinner will be provided and begins at 6:30 PM. For more information contact Karla Haug at [karla.haug@ndsu.edu](mailto:karla.haug@ndsu.edu) RSVP is requested by December 28th.

# Upcoming Education Activities

**November 12 & 13, 2009**  
**1st Annual Pharmacology Conference**  
hosted by the ND Nurse Practitioner Association in Bismarck, ND. See the ND Nurse Practitioner website for further information. [www.ndnpa.org](http://www.ndnpa.org)

Project will be doing the training from 8am-5pm, Monday-Friday. For more information or to request a flyer with a registration form please contact Lori Bergquist RN, CLC @ 323-6596, or e-mail [lbergquist@mohs.org](mailto:lbergquist@mohs.org).

**"Evidence Based Nursing Practice for Today"**  
**Collaborative Educational Conference**  
**April 9, 2010.**

**Public Health Emergency Volunteer Reserve/ Medical Reserve Corps (PHEVR/MRC)**

Mark your calendars and plan on attending the 8th Annual Northwest Region North Dakota Collaborative Educational Conference to be held on April 9, 2010 from 7:45am-3:30pm at the GRAND International Inn, Minot, ND. This education conference is being co-sponsored by the District 1, North Dakota Nurses Association; Omicron Tau Chapter, Sigma Theta Tau International Honor Society of Nursing and Roughrider Chapter, American Association of Critical Care Nurses.

As you may recall, the last time you renewed your license you were asked about your interest in volunteering for the Public Health Emergency Volunteer Reserve/Medical Reserve Corps (PHEVR/MRC). The North Dakota Department of Health and our local public health partners are very pleased to introduce a new website for registration of public health volunteers. The Public Health Emergency Volunteer Reserve/ Medical Reserve Corps (PHEVR/MRC) program provides medical and non-medical volunteers an opportunity to assist their community, state or country in public health emergencies.

The purpose of this conference is to provide participants with evidence based information relating to excellence in nursing practice.

In order to communicate with and deploy volunteers in the most efficient manner, we have developed a new statewide registration process that was used for the first time this spring during statewide flooding and is proving to be a very beneficial tool. Even though you may have registered with your local public health unit, we ask that you confirm your interest in volunteering by registering in the new system.

The objectives for the conference are:

- Differentiate between types of diabetes.
- Discuss the current and updated medical treatment of diabetes.
- Review wound healing and describes pressure ulcer staging.
- Discuss dressing options for effective wound healing.
- Define asthma and list four components of care for patients with asthma.
- Discuss management and list special situations that affect the treatment of asthma.
- Identify current national guidelines for the management of COPD.
- Discuss pharmacological and other treatment options for COPD.
- Explore the power of perception.
- Identify the stages of change.

To register as a PHEVR/MRC volunteer, go to [www.ndhealth.gov/EPR/volunteer](http://www.ndhealth.gov/EPR/volunteer) and click on the "register" button. The entire registration is online and takes about 30 minutes. If you get interrupted, your answers will be saved and you can come back to it later.

Additional information on this conference including registration form will be published in the next issue of the Prairie Rose. Additional information can be obtained by calling Mary Smith RN, MS at 701-858-3251 or Rhoda Owens RN, MSN at 701-720-1588. Application for contact hours has been made to CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Please call Mary Smith RN, MS at 701-858-3251 for more information about contact hours. [mary.smith@minotstateu.edu](mailto:mary.smith@minotstateu.edu)

The website also contains several links to more information about the PHEVR/MRC program, as well as a link to a short orientation video which can be completed either at the time of registration or at your earliest convenience. Although you may be provided other free training opportunities as a volunteer, this video is the only mandatory training for the program.

If you have any questions about the Public Health Emergency Volunteer Reserve/ Medical Reserve Corps (PHEVR/MRC) program, please call me at 701.328.1334 or send an email to [jacharrier@nd.gov](mailto:jacharrier@nd.gov).

Again, thank you for your interest in volunteering. The North Dakota Department of Health hopes to include you as one of our dedicated volunteers in the PHEVR/MRC program.

Janna Charrier  
Public Health Emergency Volunteer Reserve/  
Medical Reserve Corps (PHEVR/MRC)  
Volunteer Coordinator  
ND Department of Health  
918 East Divide Avenue  
Bismarck, ND 58501

**April 24-30, 2010**  
**A Certified Lactation Counselor course,**  
sponsored by Medcenter One Birthcenter One,  
will be held in Bismarck, ND. Healthy Children

*Holiday Greetings  
from the Board of the  
North Dakota Nurses  
Association*

