

Vermont Nurse Connection



Quarterly Circulation 17,000 to all Registered Nurses, LPNs, LNAs, and Student Nurses in Vermont

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February, March, April 2008

President's Letter

by June M. Benoit, MSN, FNP

Update: Constituent Member Assembly: November, 2007

In early November, Marilyn Rinker, VSNA Executive Director, and I attended the ANA Constituent Member Assembly in Silver Springs, MD. The Constituent Member Assembly is composed of executive directors and presidents from ANA's 54 Constituent Member Associations. Please read the following for highlights:



Benoit

NDNQI: The National Database for Nursing Quality Indicators (NDNQI) was

established after ANA launched the Safety & Quality Initiative in 1994 to explore and identify linkages between nursing staffing, care, and patient outcomes. This program continues to experience growth. As of early October 2007, 1174 hospitals participated in the database; 1200 hospitals are expected to join by the end of this year. Quarterly reports provided to facilities serve as a vehicle to identify the linkages between nursing staffing and patient outcomes and the opportunity to improve nursing performance. A successful NDNQI National Data Use Conference was held in Las Vegas, NV in January 2007 with nearly 900 participants. The next conference will be January 30–February 1, 2008 in Orlando, FL. The theme will be "Workforce Engagement in Using Data to Improve Outcomes." Information about NDNQI can be found at www.nursingquality.org.

Altered Standards of Care During Disasters: The American Nurses' Association (ANA) has embarked on a highly consultative and collaborative process dedicated to considering the significant health and disaster preparedness policy questions related to adapting the standard of care during a major natural or man-made disaster. During such times, registered nurses and other health professionals must make difficult decisions about patient care that challenge the established scope and standards of care, professional ethics, and other legal and regulatory frameworks used in non-emergency situations. ANA is committed to a collaborative process that allows for the voice of registered nurses to be heard by their professional association. To facilitate this end, a multidisciplinary expert panel and major policy conference was held by ANA in June 2007. From this conference a document, *Adapting Standards of Care under Altered Conditions*, was created and made available for public comment. A final policy paper will be available in January 2008.

Disaster Plan Awareness: ANA stresses the importance of being prepared for a potential disaster before one occurs. All registered nurses must have a personal and professional plan in place for times of disaster. Preplanning is necessary for preparing for a disaster at home, as well as responding to a disaster within one's own region or in another part of the country. A personal plan addresses issues related to the family. While there is little consensus regarding the period of time for which an individual or family needs to have supplies on hand, whether it be for three days or three weeks, it is important to have items such as food, medicine, water, and batteries on hand to meet the needs of each member of the family. In addition, it is important that there be a communication plan, should a disaster occur while family members are separated. A professional plan addresses issues related to employment. It is especially important that health

care providers reach agreement with an employer regarding how volunteering decisions will be made before a disaster occurs.

Nursing World: The ANA official website has been redesigned and was launched August 10th. There is an "Especially for You" section designed for select groups (staff nurses, student nurses, NPs, educators, etc). They have also added an "ANA Working for You" section that will feature a different ANA program each week and improve relevance of content for the bedside nurse. There is a new OJIN issue for members. The ANA has also added another new section, "ANANurseSpace." This is an online social network for ANA Members-Only participants. I recommend all members become familiar with this website.

Evidence-Based Staffing and Patient Safety: In June 2006 the ANA, WSNA, and NYSNA launched a lawsuit against the Department of Health and Human Services (HHS) to enforce the condition of participation in the Medicare Program as they relate to RN staffing. ANA, WSNA, and NYSNA have called upon the Joint Commission to change its standards to reflect an RN staffing standard that is equivalent to that of the federal government. Joint Commission's standard on registered nurse staffing is lower than the HHS regulatory standard. The government filed a motion to dismiss the lawsuit, claiming the ANA and state associations lacked standing to sue and the HHS has the sole discretion on how to implement its regulatory conditions of participation for the Medicare program. While the motion was pending, the lawsuit was voluntarily stayed to permit the ANA, WSNA, and NYSNA to engage in dialogue with Joint Commission regarding its standards. While Joint Commission admitted their standards could be improved, they did not commit to making steps to make changes. On October 9, 2007, the Court issued an order denying the government's motion to dismiss based on its being moot as a result of the filing of an amended complaint. ANA is awaiting the next steps. ANA is suggesting the nursing community call on the Joint Commission to adopt new standards regarding RN staffing that is consistent with the HHS standards.

Health Care Reform: Health care reform has always been a high priority for ANA and the nursing profession. Prompted by the upcoming presidential race along with economic and access to care issues, ANA has formed a task force to leverage and sharply focus staff expertise and association resources to advance the ANA's Health Care Reform Agenda. The task force held an organizational meeting on September 5, 2007. The staff task force will design and implement strategies to respond to and create opportunities for ANA to influence health care reform. A monthly report will be provided to the ANA Board of Directors.

ANA-PAC Update: The American Nurses Association Political Action Committee, ANA-PAC, was established to promote the improvement of the health care system in the United States by raising funds from CMA (Constituent Member Associations) members and contributing them to support worthy candidates for federal office who have demonstrated their belief in the legislative and regulatory agenda of the American Nurses' Association. ANA-PAC is bi-partisan and works directly with both national parties to recruit and support candidates.

A strong political action committee (PAC) is key to electing a Congress that supports nursing issues. ANA's participation in the upcoming US Presidential elections in 2008 has already begun. An ANA-PAC Presidential Task Force has been

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Deadlines for the *Vermont Nurse Connection*

Are you interested in contributing an article to an upcoming issue of the Vermont Nurse Connection? If so, here is a list of submission deadlines for the next 2 issues:

Vol. 11 #2—February 25, 2008
Vol. 11 #3—May 27, 2008

Articles may be sent to the editors of the *Vermont Nurse Connection* at:

Vermont State Nurses' Association
Attention: VNC
100 Dorset Street, Suite 13
South Burlington, VT 05403-6241

Articles may also be submitted electronically to vt nurse@prodigy.net.

The VSNA wants you to take advantage of some of the networking and informational resources available on the Internet.

Current information about activities of the VSNA can be found by visiting the

VSNA Website at: www.vsna-inc.org

Requests for additions or changes to the VSNA website should be communicated before the 1st of each month to the site's webmaster at vt nurse@prodigy.net.

Also, as a VSNA member you are welcome to join the **VSNA listserv**. To become a listserv participant, send an e-mail message to the VSNA office at vt nurse@prodigy.net. In your message, please indicate that you wish to be part of the listserv and include your name, e-mail address, and your VSNA member number.

Hope to see you on the web!

Letters to the Editor

If you wish to submit a "Letter to the Editor," please address it to:

Vermont State Nurses' Association
Attn: Vermont Nurse Connection
100 Dorset Street, #13
South Burlington, VT 05403

Please remember to include contact information, as letter authors may need to be contacted by the editors of the *VNC* for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the Vermont State Nurses' Association.

Jean Graham, Editor

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Vermont State Nurses' Association welcomes unsolicited manuscripts and suggestions for articles. Manuscripts can be up to:

- 750 words for a press release
- 1500 words for a feature article

Manuscripts should be typed double-spaced and spell-checked with only one space after a period and can be submitted:

- 1) As paper hard copy
- 2) As a Word Perfect or MS Word document file saved to a 3 1/2" disk or to CD-Rom or zip disk
- 3) Or e-mailed as a Word Perfect or MS Word document file to vt nurse@prodigy.net.

No faxes will be accepted. Authors' names should be placed after title with credentials and affiliation. Please send a photograph of yourself if you are submitting a feature article.

All articles submitted to and/or published in *Vermont Nurse Connection* become the sole property of VSNA and may not be reprinted without permission.

All accepted manuscripts may undergo editorial revision to conform to the standards of the newsletter or to improve clarity.

The *Vermont Nurse Connection* is not a peer review publication. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of VSNA or those of the national or local association.

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formed to determine the level of ANA's participation during the 2008 Presidential election process and to identify the candidate most committed to the nursing profession. Task Force members determine the questions that appear on the ANA Questionnaire to identify nurse-specific policy issues. Letters to all Presidential Candidates have been mailed as well as requests to meet with their policy experts.

The ANA-PAC continues to raise money to elect federal candidates who will advocate for our interest. Pursuant to federal election law, ANA-PAC can only solicit funds from CMA members, their families, and employees of ANA. Contributions to ANA-PAC are used to support candidates for federal office. Under federal election law, the amounts that may be contributed are limited and steps must be taken to ensure that contributions to ANA-PAC are strictly voluntary and without coercion. ANA-PAC Board of Trustee members in partnership with a CMA's leadership, decide which federal candidates merit consideration for endorsement. Telemarketing efforts have raised almost \$350,000 so far this year.

ANA members can learn more about the endorsement process through various ANA publications including TAN and Capitol Update. In 2008 the Government Affairs website: www.anapoliticalpower.org will have a section dedicated to the Presidential Endorsement Process. In addition, members may access the ANA-PAC site at: www.anapac@ana.org.

We were also reminded how members can become more politically active: VOTE! That is the first step. Nurses have the potential for incredible political power by simply voting. For those who wish to be more active:

RN Activist Toolkit: ANA has created the **RN Activist Toolkit**. This toolkit provides the tools you need to take action on the issues you care about, both with your elected officials and in your community. Whether you are a new advocate who has never contacted your elected officials before, or an outspoken activist who has been active on nursing issues for years, this Tool Kit will help you make your voice heard. To learn more click on the Government Link at the ANA Home Page. On the left side of this web page choose, "RN Activist Tool Kit."

N-STAT: ANA's Nurses Strategic Action Team (N-STAT) makes it easy for you to unite with your colleagues across the nation and let lawmakers know how you feel by keeping you up to speed on key bills as they move through Congress and letting you know when your emails, phone calls, and letter will make the most impact. You can sign up for this at: <http://naction.org/politicalpower/join.html>

Student Nurses: At our convention there were 2 issues regarding student nurses: one was access to member-only information and one was about student memberships. After attending the Constituent Member Assembly in Washington, DC this past weekend I have learned the following:

Student Nurse Access to ANA Member-only Information: Student nurses **do** have **free access** to ANA Member-Only information. This has been made possible through ANA's relationship with the National Student nurses association. Nursing students may access ANA member-only information for free, providing they register on the ANA web site with their name, school, year in their program, etc. To register, students need to go to the ANA Web site: www.ana.org. On the home page they should look on the left side of the page, under "**ESPECIALLY FOR YOU.**" They should click on "**nursing students**" and this will bring them to the student nurses' page that tells them how they can register to gain full access for member only info, including full access to ANA Position and Policy papers, a chance to sign up for SMART BRIEF, the members-only daily news feed (optional), access to current electronic versions of *The American Nurse* and the ANA columns in *American Nurse Today*, plus access to the current topic of *OJIN: The Online Journal of Issues in Nursing*. Note: Students will be asked for a **Promo Code**, which will give them free access, at the bottom of the sign up section. Promo codes can be found in the "back to school" issues of *Imprint* and *StuNurse Magazine*. If they do not have access to these codes, they can email their name, school, and year in school to students@ana.org and a promo code will be sent immediately to them.

Student nurse memberships: At present, neither ANA nor any individual constituent member associations (CMA) maintain a membership category for student nurses. A special category would need to be created specifically for students and, so far, no organizations have done this. The ANA would prefer student nurses become involved within their student nurse association and use the student nurse association as their connection with ANA. The ANA helped create the Student Nurses' Association in the 1950s. There is representation for the National Student Nurses' Association at the ANA House of Delegates (HOD). Any new membership category has to be approved by ANA and requires bylaw changes. Instead of creating a new membership category, many CMAs have student nurse representation on their executive boards as non-

voting memberships. Usually this is the state student nurse representative or president of the state association. (This information has been shared with the nursing programs in Vermont).

Dues Policy Revision: Participants were asked to complete a survey regarding the honorary membership category many CMAs have. ANA is not proposing any dues be collected or remitted to ANA for this membership category but would provide only limited benefits, equivalent to those offered to ANA's Affiliate Members. ANA would not incur expenses for servicing these members without receiving any dues to support these efforts. To assure that all members offered honorary membership by the CMAs are treated equitably at the national level, ANA would like to develop standard criteria with CMAs' input. The second area addressed on the survey identified business processes included in the current HOD dues policy and recommendations of what may be moved to the ANA Board of Directors. Due to the HOD being every 2 years and the need to adapt to changing business environments and implement best business practices, ANA would like the ability to respond in a timely manner.

Update on CMA Bylaws: Beginning in January 2008 the Committee on Bylaws will begin a new triennial review cycle of CMA Bylaws and proposed amendments. This cycle will conclude in 2010 and will encompass all 54 CMAs. We will receive the final reviews from the current cycle 2005-2007 by December 31, 2007.

Legislative Update: ANA's Government Affairs program monitors over 1000 bills related to topics of interest to nurses and the nursing profession. For the past eight years the Constituent Member Associations have worked in coordination with ANA to implement a Nationwide State Legislative Agenda that focuses on prohibition of mandatory overtime, mandatory development and implementation of valid and reliable nurse staffing systems, whistleblower protections for nurses who want to report unsafe conditions without retribution, mandatory collection of nursing supply and demand data for state nursing workforce projections, funding for nursing education, protection of the title of 'nurse' thereby protecting the public against those who are not nurses but identify themselves as such, requiring health care facilities to develop programs to prevent work-related musculoskeletal disorders and eliminate manual patient handling, elimination of mercury in health care devices, and collection of patient outcomes most affected by nursing care. Our Vermont Legislature enacted legislation /adopted regulations for the following: nurse staffing plans, whistle blower protection, collection of nursing workforce data, funding for nursing education, prohibiting use of mercury thermometers, and prohibiting the sale and distribution of mercury in medical products. To access more information and to track specific state efforts, contact: www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda.aspx.

I hope this update has proved helpful and has reaffirmed how ANA/VSNA truly represents all nurses, regardless of practice settings.

Voices of Vermont Nurses

premiered at VSNA Convention 2000 and is available from the VSNA Office at:
Vermont State Nurses' Association
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January is Cervical Cancer Awareness Month

Submitted by: Lisa Hardy, RN, CNM, co-chair VTAAC
Cervical Cancer Eradication Work Group

Approximately 31 women in Vermont are diagnosed with cervical cancer each year. One of those women is Allison Hicks, a doula who was diagnosed at age 29 with advanced cervical cancer. Her message: Cervical cancer is preventable. Her foundation, the Hicks Foundation, sponsors, among other activities, a free Pap screening day each year in January. Allison also co-chairs the Vermonters Taking Action Against Cancer (VTAAC) Cervical Cancer Eradication Work Group that brings together interested community members to decrease the incidence of cervical cancer in Vermont (VTAAC). This group grew out of a 2006 legislative mandate to the Department of Health to address the issue of cervical cancer in the state.

In Vermont, the incidence of cervical cancer is significantly higher than the U.S. rate. Both the incidence of and mortality from cervical cancer decreased nationwide between 1997 and 2001. Yet in Vermont, there was no significant change in cervical cancer incidence or mortality. (Cervical Cancer in Vermont, VDH, May 2007)

Regular Screening

The cornerstone of prevention of cervical cancer is regular Pap testing with timely and adequate follow-up. Optimally, screening should be done for any woman with a cervix beginning at age 21 or three years after first sexual activity. An upper age limit to discontinue Pap testing has not been conclusively established. Women should continue to discuss Pap testing with their healthcare providers until at least age 65. In Vermont, women age 75 to 79 have the highest age-specific incidence of cervical cancer. Research has shown that lesbians are less likely to receive cervical cancer screening than heterosexual women; lesbian women should undergo regular Pap testing. Women who have undergone a total hysterectomy for cervical cancer or cervical dysplasia also need to be regularly screened for neoplasia of the vaginal wall.

It is important to educate patients that the Pap test is a screening modality. One normal test does not give a patient a “clean bill of health.” In actuality, the sensitivity of the Pap test ranges from 61% to 95% which is why Pap testing must be performed regularly to prevent cervical cancer. The interval between Pap screenings depends on risk factors and medical history; in general, women with a history of three normal Pap tests in the previous 60 months can be screened with liquid-based technology (LBT) every two years. Approximately 98% of Vermont providers are using LBT (versus the conventional Pap slide).

Nationally, between 50 and 60% of women who are diagnosed with cervical cancer have not had a Pap during the preceding 5 years. Designated as “rarely or never” screened, these groups include foreign-born women living in the U.S. less than 10 years, minorities, women without health insurance and/or a regular primary care provider, and women with less than a high school education.

Incidence of and mortality from cervical cancer also varies significantly by ethnicity. According to data from the National Cancer Institute, Vietnamese women have the highest incidence of cervical cancer of any racial/ethnic group in the U.S. (43/100,000). Per 100,000 women, the same source reported white women’s incidence to be 8 with a mortality of 2. Black or African American women had an incidence rate of 12 cases per 100,000 women with a mortality rate of 6, while Hispanic women’s incidence was reported at 15 per 100,000 women with a mortality rate of 3. The highest death rates for cervical cancer in the United States are found in American Indian/Alaskan Natives and Black or African American women. (Women of Color Health Data Book, NIH)

In 1991, the U.S. Legislature mandated federal funds be appropriated to address reported healthcare disparities in cervical cancer incidence and mortality by creating the National Breast and Cervical Cancer Early Detection Program. In Vermont, this program is known as Ladies First and is available to Vermont women ages 18 to 64. The program provides screening and diagnostic services specifically related to breast and cervical cancer or dysplasia in conjunction with over 1,000 providers in the state. Uninsured or privately insured women at or below 250% of the federal poverty level are eligible as long as they are not currently enrolled in state health insurance plans. For more information on Ladies First, please call 1-800-508-2222 or see the website at www.LadiesFirstvt.org.

HPV and Cervical Cancer

Cervical cancer is one of the only cancers with a known cause—99% of cervical cancers are caused by certain strains (high-risk) of the HPV virus. While the majority of HPV infections are transient and asymptomatic (90% of new infections clear within 2 years), *persistent* infection with high-risk types of HPV, in combination with lack of routine screening or inappropriate follow-up, is a primary risk factor for development of cervical cancer. Progression from HPV infection to invasive cancer is a slow process, estimated to take 10 to 15 years or longer. Despite the causal relationship described between HPV and cervical cancer, it is important to counsel patients who have a positive HPV test that cervical cancer is an uncommon consequence of HPV infection.

HPVs are nonenveloped, double-stranded DNA viruses in the family Papillomaviridae and the most common sexually-transmitted infection in the U.S. There are approximately 100 known types of HPV and about 20 million Americans are currently infected. At any time, 50% of sexually active women are infected (percentages in men are currently being studied). Unlike other sexually transmitted infections, HPV is transmitted by skin-to-skin contact. Genital HPV infection is primarily transmitted by genital contact, usually through sexual intercourse. Transmission of HPV through oral-genital, manual-genital, and genital-genital contact is not common but has been documented. Nonsexual routes of HPV transmission have also been observed, although rarely (i.e., mother to newborn). (MMWR, Vol 56, p. 3)

The most common clinically significant manifestations of HPV infection are genital warts and cervical intra-epithelial neoplasia, or CIN, detected by cervical biopsy following abnormal Pap test. These lesions, when high-grade, have some risk of progression to cervical cancer and are thus considered cancer pre-cursors. The object of Pap testing is to detect and treat these high-grade lesions. Treatment includes loop electrosurgical excision procedure (LEEP), cone biopsy, or cryotherapy.

In 2006, the FDA approved the use of Gardasil HPV vaccine in girls and women aged 11 to 26. Given in a series of three injections, the total cost of vaccination for one person is approximately \$300.00. Efficacy against cervical cancer and dysplasia caused by types 18 and 16 approaches 100% for five years. Gardasil also protects against genital warts caused by HPV types 6 and 11 (reportedly 90% of cases). It is currently covered by most insurers in Vermont, including Medicaid and Catamount (prior approval is needed in some cases). Merck, the vaccine manufacturer, offers a patient financial assistance program that can be accessed through their website at: <http://www.merck.com/merckhelps/vaccines/home.html>. The Vermont Department of Health is distributing HPV vaccine through Vermont providers to girls and women aged 11 to 26. For more information, contact the Vermont Department of Health Immunization Program at 863-7638 or your local VDH district office.

Allison Hicks Free Screening Day (www.freepap.org) will be held January 12th at Maitri Healthcare for Women in Burlington. For more information, please contact the Hicks Foundation Allison.hicks@hotmail.com or 802-373-6597.

Lisa Hardy, RN, CNM co-chairs the VTAAC cervical cancer eradication work group. She can be contacted at lhardy@vdh.state.vt.us.

Building the Next Generation of Health Care

Submitted by: Kylee Darfler, CVAHEC Program Coordinator

The Area Health Education Centers (AHEC), which includes Champlain Valley AHEC, Northeastern AHEC, Southern Vermont AHEC, and the University of Vermont AHEC Program Office are gearing up for another great year of Health Careers Exploration Programs for Vermont's 9th-12th grade students. AHEC's 2007 MedQuest Health Careers Exploration Programs were a huge success with a total of 107 students participating in the week-long MedQuest programs.

Once again this year we would like to expose as many students as possible to the health care field. We are particularly focused on students who might otherwise not have an opportunity to learn about options after high school, particularly options in the health care field or college. During MedQuest, students attend presentations, workshops, and job shadows at a local Vermont college campus and various local health care settings. MedQuest hopes to excite students about their future, resulting in these students returning to high school with a more focused career path. To get a good start along that path, students would be encouraged to enroll in more science and math classes which would hopefully result in the students challenging themselves a little more. The intended end result of AHEC's MedQuest Health Careers Exploration Program is more skilled health care professionals residing in Vermont, caring for people in their local community.

If you know any students that may be interested in participating, please have them contact their local AHEC. Also, nurses are needed as preceptors for the job shadows during the Health Careers Exploration Programs. Please contact your local AHEC to discuss becoming a preceptor for a high school student.

For more information about AHEC's MedQuest and other Health Careers Exploration Programs and presentations, please contact your local AHEC:

- ◆ For Addison, Chittenden, Franklin and Grand Isle counties, contact CVAHEC (www.cvahec.org or 802-527-1474).
- ◆ For Caledonia, Essex, Orleans, Lamoille, Washington and Orange counties, contact NEVAHEC (www.nevahec.org or 802-748-2506).
- ◆ For Rutland, Windsor, Bennington and Windham, contact SVAHEC (www.southernvermontahec.org or 802-885-2126).
- ◆ Contact UVM AHEC Program Office at www.vtahec.org or 802-656-2179.

DLP Nurses Assure Quality Health Care Across Vermont

Submitted by: Fran Keeler, RN, MSN, DBA

Nurses are an active part of many different sectors of Vermont state government. Perhaps one of the lesser known areas is the Division of Licensing and Protection (DLP), of the Department of Disabilities, Aging and Independent Living. One of the programs within DLP is the Survey and Certification Program. The work of this program is accomplished by Nurse Surveyors. This team of 17 Registered Nurses conducts all of the licensing and certification surveys and investigations involving licensed and certified health care facilities in the state of Vermont. In that capacity, they have a major impact on the quality of care and service provided to all individuals receiving health care services in these Vermont facilities. Examples of the types of facilities regulated by DLP are:

- Hospitals,
- Nursing Homes,
- Residential Care Homes,
- Assisted Living Residences and
- Home Health Agencies.

Nurse Surveyors from the Division of Licensing and Protection review quality of care and services in Vermont health care facilities to determine if those facilities are in compliance with both federal and state regulations. They perform this function by conducting extensive interviews with facility staff and with persons receiving care. They also conduct observations of care and review medical records. They must carefully and objectively evaluate the data gathered and make an accurate regulatory determination. They must then prepare a survey report that clearly outlines the violations noted in a manner that can be understood by the general public and that is also legally defensible.

The DLP nurse surveyors conduct their survey work in a way that is very team oriented. The majority of surveys are conducted by a 4-5 person team. Each person is responsible for completing an individual assignment that involves the gathering of information regarding care being provided by the facility. Throughout the survey, the team exchanges information about observations and shares concerns about possible regulatory findings during team meetings. If one surveyor encounters a problem, a fellow team member will step in to offer assistance to make sure that the entire survey workload is accomplished in a timely manner.

In addition to routine surveys, the DLP nurse surveyors conduct investigations regarding complaints received about certified and/or licensed health care facilities in Vermont. While many of these investigations are conducted by surveyors working individually, it takes a strong team effort to accomplish the entire complaint investigation workload.

Assignments can change quickly depending on the seriousness of a new complaint and each person is required to be flexible. It is not unusual for one surveyor to offer to pick up an additional complaint assignment without being asked. Surveyors who find that they have completed an assignment early will frequently call into the office to see if something new has come up in the area they happen to be in. Sometimes surveyors may be called upon to quickly respond to a serious complaint in a more distant area of the state. They may find that this suddenly requires them to be away from home over-night. This close team work and dedication by the surveyors enables DLP to quickly respond to emerging quality of care situations.

Since DLP is involved in regulating many and varied types of health care facilities in Vermont, the nurse surveyors need to keep current in many different areas of nursing and health care. All have strong knowledge in Long-Term Care. Some also specialize in such areas as Home Health, Hospice, End Stage Renal Disease, or Acute Care. Since all of these health care arenas are ever-changing, the nurse surveyors must keep up with changes in practice in these varied settings in order to adequately evaluate the care provided. The nurse surveyors are provided extensive training in various state and federal regulations as well as in the varied survey procedures and protocols. In addition, they must successfully pass a nationally standardized test in order to survey independently in the area of long-term care.

The DLP nurse surveyors, through their survey work, have an opportunity to affect the quality of care received by Vermonters in a manner like no other team of nurses in the state. By accomplishing their work according to established protocols the nurse surveyors are able to identify care areas that are not meeting the minimum standards required by state and federal regulation. The involved facilities are required to submit plans of correction to address the regulatory violations. Follow-up visits then occur to assess whether or not the facilities have implemented the corrections and whether or not they are now providing care and services that meet the minimum standards.

Thus the DLP nurse surveyors play a key role in assuring that all licensed and certified health care facilities in Vermont are providing care and services that meet minimum regulatory standards. They provide a key quality assurance role in health care state-wide and serve to protect the health and welfare of Vermonters throughout the state.

Infectious Disease Bulletin



Guidance • Support • Protection • Prevention

Pertussis PCR Testing at the Vermont Department of Health Laboratory

Pertussis is an endemic disease in Vermont. Between 2002 and 2006, confirmed cases per year ranged from 71 to 180 (mean 124), with a mean incidence of 20 cases per 100,000 population. Pertussis in Vermont is most frequently detected in children 10 to 19 years of age.

Laboratory diagnosis of pertussis by culture is important for confirming the presence of pertussis in the community. However, *Bordetella pertussis* is a fastidious organism and negative cultures do not rule out disease. Polymerase chain reaction (PCR) assay is now frequently used due to its improved sensitivity and more rapid results.

Beginning January 1, 2008, the Vermont Department of Health Laboratory (VDHL) will be offering *Bordetella pertussis* PCR testing. The fee for this test will be \$36. *Bordetella Pertussis* detection by culture will still be performed free of charge. All specimens submitted with the request for PCR testing will also be tested by culture. Preferred specimen type is a Dacron nasopharyngeal swab inoculated onto one Regan Lowe plate, then placed into a Regan Lowe transport tube (VDHL Kit #5). Both PCR and culture will be done from the same specimen. PCR testing will be routinely performed twice per week.

About the Test:

The PCR test involves amplifying the *Bordetella pertussis* DNA and detecting a specific target sequence (IS481) using a probe. Detection of the target sequence occurs in real-time, allowing for faster analysis. There is no Food and Drug Administration approved PCR test for *Bordetella pertussis*. The performance characteristics of the VDHL test were validated internally.

Pertussis PCR testing should only be done on individuals with clinically compatible symptoms. PCR results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. If a patient has a positive PCR result and is also experiencing clinical symptoms of pertussis (cough lasting ≥ 14 days AND at least one of the following: paroxysms, whoop, OR post-tussive vomiting), then that individual is considered to have confirmed pertussis even if the culture comes back negative.

The target for the *Bordetella pertussis* PCR reaction is also found in *Bordetella holmesii*. A false-positive result for *Bordetella pertussis* DNA may occur if *Bordetella holmesii* is present in the sample; however, *Bordetella holmesii* is found at a much lower prevalence than *Bordetella pertussis*.

Suspected cases of pertussis should be reported to Infectious Disease Epidemiology at (802)863-7240 or (800)640-4374 (VT). Pertussis specimen collection kits can be obtained by calling the Vermont Department of Health Laboratory at (802)863-7650. The order form is also available online at: http://healthvermont.gov/enviro/ph_lab/documents/MICRO501Rev3Sept2005microorderform.pdf

American Academy of Nursing Conference Report

Submitted by: Hollie Shaner-McRae

This year's American Academy of Nursing (AAN) conference was designed to bring to the forefront the latest in evidence-based recommendations and tie these recommendations to practice, education, management and policy. Presentations highlighted strides that have been made in the science arenas underlying clinical, management, and educational practices. Applications to policy initiatives were also featured. Dissemination of the evidence, integration of evidence into practice, and support for policy initiatives has lagged behind the evidence itself. The conference highlighted current innovative initiatives to change policy and practice on the basis of solid evidence from research and stimulated discussion about the barriers and benefits to the utilization of evidence in the four arenas noted above.

2007 Conference Objectives included:

1. Identifying key actions for moving evidence into policy and clinical practice to improve health care.
2. Developing strategies for introducing evidence-based practices into practice and education.
3. Broadening the arenas for consideration in the use of evidence to guide practice.
4. Describing how evidence can be used to enhance quality in healthcare outcomes.
5. Discussing the key role of evidence-based management in improving healthcare systems.

Jacqueline Dunbar-Jacob, PhD, RN, FAAN and Bernadette J. Melnyk, PhD, RN, CPNP/NPP, FAAN shared the role of conference co-chairs, and brought together a most invigorating conference venue.

The conference began with a press conference at the National Press Club, entitled: *Nursing, Technology and Patient Safety: Improving the Health Care Practice Environment*. A panel moderated by John K. Iglehart, Founding Editor of "Health Affairs," included the following nurse leaders:

- Linda Burnes-Bolton, Dr.PH, RN, FAAN, President of AAN and Vice President of Nursing/Chief Nursing Officer, Cedars Sinai Medical Center,
- Pamela F. Cipriano, PhD, RN, FAAN, Chief Clinical Officer, University of Virginia Health System
- Susan Hassmiller, Senior Representative, Robert Wood Johnson Foundation,

This event featured the findings of the Nursing Technology Drill-Down Initiative funded by the Robert Wood Johnson Foundation. This presentation reviewed findings from 25 acute care hospitals across the country that are harvesting the wisdom and insights for innovation from staff nurses to improve patient care. This was my first visit to the National Press Club in Washington, DC, after having listened to and seen many organizations host stimulating dialogue on various national issues of concern.

I was proud to see fellow colleagues presenting in this venue that received national press coverage.

The next day of the conference was filled with presentations focused on transforming healthcare. The choices of sessions to attend were so appealing it was difficult to select where to go. These choices included:

1. Transforming Healthcare from the Inside Out: System-Wide Implementation and Sustainability of Evidence-Based Practice

Sponsored by Oakland University School of Nursing
Speaker(s):

- Bernadette Mazurek Melnyk, PhD, RN, CPNP/NPP, FAAN Dean & Distinguished Foundation Professor in Nursing, Arizona State University College of Nursing & Healthcare Innovation
- Ellen Fineout-Overholt, PhD, RN, FNAP Associate Clinical Professor Director, Center for the Advancement of Evidence-Based Practice Arizona State University College of Nursing & Healthcare Innovation
- Alyce A. Schultz, PhD, RN, FAAN Associate Director, Center for the Advancement of Evidence Based Practice Arizona State University College of Nursing & Healthcare Innovation

2. Dr. Janet M. Corrigan PhD, MBA, President and CEO, The National Quality Forum (NQF) presented on Evidence-Based Practice and the Quality Movement. Dr. Corrigan is President and CEO of The National Quality Forum (NQF), a private, not-for-profit membership organization established in 1999 to develop and implement a national strategy for healthcare quality measurement and reporting.

3. The next session was on *Edge Runners: Evidence-Based Practice*. Edge Runners are those people who are developing innovative solutions that eventually become mainstream solutions. In this exciting and fast moving segment, the cutting edge work of Fellows highlighted exemplars of their pioneering work in evidence-based practice. This session included presentations by Dr. Deborah Gross from Rush University who showcased her Chicago Parent Model program, which offers parents practical strategies for positively addressing difficult child behaviors. Ruth Lubic, Nurse midwife and founder of the DC family health center and one of the recipients of the center's care, showcased the organization and presented compelling statistics on improved outcomes for mothers and babies they have been able to achieve. Another presentation on a Community Care Center run by Drexel University was also highlighted. This program addresses community wellness and offers many classes. They have transformed the model of care delivery such that patients are seen by teams of providers (nurse practitioner, social worker, physical therapist, and dietician) in a single visit to holistically address the various needs that are present.

4. Perhaps the most innovative and inspiring presentation was 'Nursing Informatics: Patient-Centered Care and Electronic Health Records'. This session was *Sponsored by Verizon, and Moderated by —Roy L. Simpson, RN, CMAC, FNAP, FAAN Vice President Nursing Informatics, Cerner Corporation. Dr. Robert M. Kolodner, MD National Coordinator, Health Information Technology Program* gave an amazing overview of the works-in-progress at the national level to have personal health records for every American. He explained the differences between electronic health records and personal health records, and mapped

out how these programs are likely to work, including databases, safeguards for privacy protection, 'smart programming' that will advise, predict and suggest activities that promote and contribute to health. He broadened my understanding of electronic health records from thinking they were an acute care setting focused 'tool' to a public health innovation that will support and enhance lifestyle and health over the continuum. Personal health records have the power to guide and offer primary prevention strategies to prevent and avert adverse health outcomes. Marc Boutin, Esq. Executive Vice President, National Health Council gave a compelling presentation from the patient's perspective and the patient advocacy role. Linc Hoewig Senior Policy coordinator for Verizon presented on innovations in broadband, showcasing how Verizon (and other providers) are advancing internet technology to promote health.

I encourage everyone to visit the updated American Academy of Nursing website at <http://www.aannet.org/> to learn about new initiatives that are transforming healthcare.

What is the *Raise the Voice!* Campaign?

GOAL Transforming America's health care system through nursing solutions

Health care in America today is inaccessible to many, expensive for most and fragmented for all. Enabling the system to deliver the best possible care at an acceptable cost requires not just reformation but *transformation*—moving American health care away from its current hospital-based, acuity oriented, and physician-dependent paradigm toward a patient-centered, convenient, helpful and affordable system. America needs a system that keeps people as healthy as possible, treats the patient promptly, comprehensively and effectively and—when the time comes—helps us die with dignity and compassion.

Through a new campaign called *Raise the Voice!*, the Academy is mobilizing its 1,500 Fellows and their partners to ensure that Americans hear and understand the exciting possibilities that hold great promise for transforming the health care system—and also that they see how nurses are leading the way.

Nurses, for example, excel in integrating care for mental and physical health—incorporating the mind, body and spirit together in treating illness and promoting health. As part of *Raise the Voice!*, the Academy is showcasing stories of nurse "Edge Runners"—the practical innovators who have led the way in bringing new thinking and new methods to a wide range of health care challenges. Many of those stories underscore the courage and fighting spirit of nurse leaders who have persevered, despite institutional inertia or resistance.

Raise the Voice! provides a platform for the nursing community to press for new thinking in the health care debate. The initiative will help the Academy take its call for change to Congress, the administration, the medical community and every other group engaged in that debate. *Raise the Voice!* spokespersons will appear in newspapers and on TV and radio, telling the story of nurses who are changing America's approach to health care and, in doing so, helping our citizens live healthier and longer lives.

The Academy's Advisory Board for *Raise the Voice!* is chaired by Dr. Donna Shalala, President of the University of Miami and formerly the U.S. Secretary of Health and Human Services. Joining her on the Board are some of the nation's foremost health care champions—including foundation executives and former federal lawmakers and administrators.

Raise the Voice! tells a powerful story: how nurses are creating new, transformational options that help people stay healthy and cope better with illness. It's a story that Americans need to hear.

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Nurse Managers Successfully Leading the Diverse and Demanding New Workforce

Submitted by: Priscilla Smith-Trudeau

He who experiences the unity of life sees his own Self in all beings. ~ Buddha

Try to imagine a sharp, responsible, effective female nurse manager today who has somehow been able to avoid learning anything about computers...Not too easy to picture, is it? We have all had to learn, most of us starting at an awkward "0," at least a little about computers because of the tremendous impact they have had on our work life. Now, try to imagine this same sharp and effective nurse manager trying to pretend that if she stays in her office long enough, her suddenly very diverse workforce will somehow go back to being comfortably white, female and baby boomer. At which time she can come out of her office and start communicating again. Yes, it's true. Despite the clearly changing face of the nursing workforce, some otherwise impeccable managers are forgetting that their responsibility for communicating means communicating with everyone.



Smith-Trudeau

Expectations

Today we are required to communicate effectively with people cross-culturally, through the generation gap, among races and ethnicities, between genders and across those subtle but pervasive barriers of class, education, and work experience. No wonder it may feel uncomfortable—we've never been asked to do this before. Unconsciously, although understandably enough, most of us hold the notion that our own reality is the only real one and that anything that doesn't comfortably fit within it is wrong, bad, unworkable or alien. At best, differences in others from this perspective are perceived as being irritating or inconvenient.

Global Connectedness

We have always lived in a world of diversity; Irish, Jewish, Black, Polish, Hispanic, Asian, and Italian groups were all highly visible contributors to the early growth of our nation. It is only now that we are accepting the challenge to respond more expansively and sensitively to what Marshall McLuhan called "the global village."¹ Technological advances and the increasing electronic "connectedness" of the last 50 years have brought us closer to other parts of the globe than ever before. The world, in its great variety, is now spilling into our schools, our neighborhoods, and our hospitals and are being more accurately reflected in the nursing workforce. For nurse managers, this new mission of taking responsibility for communicating across differences is a particularly challenging invitation to growth. For just as flexibility in management styles (situational leadership) has become a widely used tool for increasing workplace effectiveness, flexibility in styles of communication is a further step in the same direction.

The Future of Nursing is Here—Now

Now more than ever, learning to draw on the richness of a mosaic nursing workforce, and expanding communication skills to be able to help all team members bring out their best efforts is an astute managerial decision. In fact, the predicted nursing workforce shortage will see broader utilization of men, immigrants, and differently-abled workers within the next 3-5 years.

Nurse managers who continue to try to fall back upon traditional and comfortable communication patterns may be doomed in the healthcare marketplace. For example, let's briefly look at how male nurses communicate differently than female nurses. Findings have shown that there is a definite physiological basis for the experience that men think, communicate, and act very differently than women do.² Even if a man is of the same race and class as a woman, she shouldn't be fooled into thinking his communication styles and frame of reference at work are the same as hers.

So What's a Manager To Do?

First of all, acknowledge that learning to communicate flexibly has benefits you want to obtain—personal,

professional, or organizational enrichment being among them. Having access to the much wider range of problem-solving skills, solutions, perspectives, approaches, and input that a diverse workforce brings is significant among those benefits. Next, you can start to take a look at you. Where do you fit in the mosaic? What is your ethnic or cultural background, social or economic class/status, education level, and favorite learning mode (i.e., do you like to read and see, listen, or do?), what interests you, what inspires you and gives you a sense of fulfillment? Answering these questions can begin to put you in touch with an essential reality—a touchstone for communication with others - that everyone else that you work and play and deal with is as complex, contradictory, talented and vulnerable as you are—all in ways that come in different colors, packages, and speech patterns. Pretty basic stuff, but so easy to forget.

Action Step—Find Out!

So how does this translate to the daily interaction of work? Apprising yourself of some of the main traits about, or communication pitfalls with, the people that you work with is a commendable next step. Finding out, for example, that the uncomfortable "closeness" you may feel with your Italian or Arabic colleagues may have everything to do with how those cultures experience physical space between people—the closer the better in those cultures, as a means to express interest, enthusiasm and loyalty. People with northern European backgrounds tend to find proximity invasive or unpleasant. With the increase in hiring international nurses, there is a wealth of material available on these kinds of cultural differences. Remember too, as you read about cultural differences, that even second and third generation members are still influenced by family environments pervaded by these same subliminal cultural styles.

Explore and discover how the younger generations and men in nursing approach their practice. What each team member brings to the group in the form of background, values, preferences and past experiences will color his or her contribution to, and view of, the team and co-workers. Together, this combination of backgrounds, values, and perspectives forges the team's ability to make progress on its tasks, to form productive relationships, to work shoulder to shoulder, and to manage its process so that it can achieve its desired results.³

The Other's Shoes

Next, you might want to consider an exercise your parents may have introduced you to when you were a child if you ever called attention to "differences" in others. To give children a sense of what being blind or handicapped in some way is like, parents will often invite a child to imagine "what it would be like to be in the other person's shoes."

Native Americans cultivate understanding, compassion and harmony by withholding judgment on another until they have "walked a mile in the others moccasins." Try to imagine for a while what it would be like to be new in this country, to live with and be responsible for a large number of family members, not to speak or understand English well or at all, to spend most of your life in a wheelchair, to be pregnant, to not have access to a full range of mental abilities or emotional control.

Back at the Office

On an interpersonal level, you can plunge in by simply

expressing honestly your concerns and confusions: "I get uneasy when you don't look at me when we speak. Is something wrong that I need to know about?" (Direct eye contact, especially for some Asian and Hispanic cultures, is considered rude.)

"I'm never sure how much feedback to give you. I'd like to support your work performance but I can't tell if my suggestions are helpful or even welcome. Can you tell me?" (Many times American speech patterns lead nurses into unnecessary "over-explaining" to people from Asian, African, European backgrounds.)

"I just don't know sometimes if I should open the door for you or not. I'd like to be helpful, but I don't want to offend you. Would this have been an appropriate time to help or not?" (A concern for many around people with limited physical ability. Sometimes it is perplexing as a gender issue, too!)

A Change in Thinking and Strategy

Treating another person naturally, and affirming the innate human dignity that we all share, goes a long way towards opening up communication. Treating the other person the way they want to be treated goes even further. We need to change our thinking about the Golden Rule of doing unto others as you would have them do unto you. In spirit, a wonderful rule; in practice it may create problems. We all have the same basic needs for dignity, survival and social contact. What is different between groups is the way in which these needs are satisfied. The level, friendly, honest encounter that can happen as a result of maintaining this perspective can override a myriad of cultural details. Acceptance (not tolerance), good-will, and respect are the cornerstones of successful communication and exchange - ones that cross all barriers of age, gender, race, ethnicity, and ability.

Priscilla Smith-Trudeau RN MSM BSN CRRN CCM is a healthcare management consultant specializing in leadership, team development, conflict resolution and cultural competence. She is the President of Wealth in Diversity Consulting and author of *Peaceful Warrior Nurse*. The web is www.wealthindiversity.com.

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Personal & Financial Health

Learning To Ask For Help

Diane E. Scott, RN, MSN

As Carrie Houser James, MSN, RN, CNA, President of the Center for American Nurses, so aptly states, "Once a nurse, always a nurse." As a professional nurse, your role frequently extends past the end of the workday as family, friends and neighbors often seek your nursing wisdom and assistance with a variety of personal matters. Like most nurses, you are very willing to help them, regardless of the setting and situation.

As a professional nurse, you have given help to others in a multitude of roles: caregiver, advocate, mentor and teacher. Yet it is being in the role of receiving help with which many nurses struggle. Nurses are not accustomed to nor do they enjoy being in the position of needing assistance or guidance.

The etiology for this reluctance may have been initiated in your first role as a staff nurse. As a staff nurse, you were probably instructed that the "ultimate" responsibility for patient care rested on your shoulders. If a physician forgot to order a medication, you addressed the oversight; if a nursing assistant did not perform AM care, you made certain the tasks were completed. Over time, the reluctance for delegation and the hesitancy for asking for help were ingrained as you became the person who always handles everything without ever enlisting the support of others.

The Benefits of Asking for Help

There are distinct advantages in learning to ask for help. Dr. Susanne Gaddis, author of the Center for American Nurses *Nursing that Works* series, *How To Ask For Help And Increase Your Chances At Getting It*, writes of the benefits of asking for help including:

Saving time and money. When you ask for help, you create a synergy that leads to the reduction in the amount of time needed to complete any task. When you ask for help and guidance, you can often avoid costly mistakes saving you and your healthcare organization time and money.

Avoiding being viewed as the martyr. Being perceived as the person who never enlists the assistance of others may have a negative impact on how you are viewed, as most co-workers value collaboration and teamwork.

Developing others. By asking for help, you empower and mentor future leaders and help to develop their strengths. In addition, you make them feel valued for their talents, knowledge and abilities.



Passively Asking for Help

In the past, you may have met resistance when you requested assistance from others. Perhaps it was not the request that led to their hesitancy; it was the manner in which it was requested. If you initiate the request for help by using a passive statement, it may result in immediate untoward negative feelings toward the request that follows. For example:

If you start your request by stating:	What they may be thinking is:
"I really hate to ask you..."	"I really hate it too!"
"If it's not too much trouble..."	"Of course it's trouble!"
"Nobody signed up for this..."	"I didn't either!"

By learning how to ask for assistance without beginning your statement in a passive or negative tone, you will have better results in gaining the other person's engagement. In addition, if they know what your contributions will be towards the collective process, you increase the likelihood that others will collaborate with you. For example:

"While I am passing medications in room 1309, could you please get Mr. Smith ready for his x-ray?"

Direct verses Indirect Asking

Dr. Gaddis writes that, depending on the situation, there are two ways to ask for help: directly or indirectly. A direct approach works best when you know exactly what you need and are short of time. An indirect approach can be used when a person has knowledge of what needs to be done; and allows them the opportunity to have input with the direction of their contributions.

Listed below are examples of phrases to use when asking for help:

Direct Phrases for Asking for Help

- I need your assistance with....
- I need your expertise with regard to...
- I'd like to get your input on....
- I'd really appreciate your insights regarding....
- It would really help me if you would...
- Could you please help me by...
- Here's how you can best help me right now...
- Here's what I need for you to do...
- I need you to contribute by...
- Please show me how to...
- I'd like to get your support by having you do the following...
- It would be helpful if you show me how to...

Indirect Phrases for Asking for Help

- How do you think you could help me with...
- What aspect of this would you like to handle?
- What part of this would you like to take on?
- What ideas do you have with regard to...
- What contribution would you like to make?
- What do you have in mind with regard to helping me?
- Based on your experience, how does this all fit together and what part of this would you like to take on?
- What are some of the ways you'd like to help?

Showing Appreciation for their Help

After you have received the assistance, make a conscious habit for acknowledging the contribution the other person has made. Be sure to tell them the results of their action and how it helped you or the organization.

Personal & Financial Health

Surviving Shift Work

by Diane E. Scott, RN, MSN
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Center for American Nurses

"We were working night-shift together as usual: just three nurses on a busy rehab department. One morning, my co-worker was driving the short distance to her home and fell asleep behind the wheel of her car. She suffered multiple fractures and her life was never the same again."
Susan, RN, Pittsburgh, Pennsylvania.

Regrettably, countless nurses who have worked shifts can relate to this true story. Shift work, generally described as working outside of daylight hours, is difficult physically and mentally, but inherent to many healthcare positions. Approximately 30% of the nursing population is employed in shift work (Hughes & Stone, 2004). Despite its difficulty, shift work is preferred by numerous nurses; some for the flexibility of their home lives, while others prefer it for the monetary benefits that often accompany working in the evening and during the night.

Regardless of the reason why a nurse chooses a position that requires shift work, working non-daylight hours can be detrimental to a nurse's health. The National Sleep Foundation (NSF, 2007) states that shift workers experience untoward health effects such as high blood pressure, menstrual irregularities, colds and weight gain more than day shift workers.

Patient Safety

The correlation between medical errors and shift work is beginning to demand national attention. In a recent study by Dr. T. Akerstedt, over 50% of shift workers report severe decreased alertness when on the job (2005). Nurses who work successive night shifts are particularly at risk for medical errors. Findings compiled from several research studies state that the risk of medical errors compounds with each successive off-shift a healthcare provider works. On average, the error rate increases 6% after the second night shift, 17% higher the third successive night shift and an astounding 35% higher on the fourth night shift. (Folkard et al., 2005).

The Circadian Clock

Nurses need to learn as much as they can about the physiology of sleep. Learning to survive shift work starts by understanding sleep and the methods to counteract the negative affects of working while the rest of the world is asleep. Understanding the circadian clock is the first step.

The circadian clock is the human body's natural tendency to follow a 24 hour cycle; this internal pattern is strongly regulated by light and dark with most people

yearning for sleep between the hours of midnight and 6 AM (NSF, 2007). The circadian clock controls body temperature, hormones, heart rate and other body functions; as a result, 10-20% of shift workers report falling asleep on the job (NSF, 2007). The problems often extend into the daylight as many shift workers find it difficult to sleep soundly for adequate periods when returning home.

Taking Control of Sleep

The first step to taking control of sleep is to learn to make sleep a priority. Shift working nurses need to teach their bodies how to fall asleep and remain sleeping for long periods uninterrupted. Following the clues from the circadian clock, nurses can learn to counteract the effects of daylight whenever returning home after working a night shift. The NSF recommends that nurses wear wrap around sunglasses when driving home so the body is less aware that it is daylight.

Rotation Patterns

Nurses who work in permanent off-shifts can utilize the principle of reentrainment, or training the body to be the most alert during the evening hours and into the night (Berger & Hobbs, 2006). Reentrainment may take weeks to develop and social activities may be difficult as the majority of society is awake during the daylight, not at night (Berger & Hobbs, 2006).

When scheduling shifts that rotate, nurses should consider working a forward progression of rotating shifts whenever possible. Working in a pattern of daylight, evening then nights or, in the case of 12 hour shifts, working daylight shifts prior to nighttime shifts, helps to maintain the body's circadian rhythm (Berger & Hobbs, 2006).

The following are tips that help set the stage for sound sleep even during daytime hours.

Bedroom Design. Design the bedroom to accommodate daylight sleeping.

- ♣ Install room darkening shades to cover all windows.
- ♣ Decrease the room temperature.
- ♣ Consider earplugs to block outside noises and eyeshades to decrease light sources.
- ♣ Place a "do not disturb sign" on the outside of the bedroom door and front door.
- ♣ Create guidelines for families to eliminate noise and interruptions during sleep such as television watching and noisy outside playing.
- ♣ Unplug the telephone.

Food and Exercise

- ♣ Avoid caffeine for at least five hours prior to sleeping. Consider all sources of caffeine, including chocolate, energy drinks, gum and sodas.
- ♣ Choose nutritious food to eat during the shift to avoid large fluctuations in blood sugar.
- ♣ Do not eat a heavy meal prior to bedtime.
- ♣ Avoid alcohol prior to sleep.
- ♣ Do not plan exercise prior to sleeping as it raises the body temperature, heart rate and tends to energize the body.

Staying Alert during Work

The National Sleep Foundation (2007) states that people who work night shift tend to be most fatigued at 4 AM, so try not to plan the most monotonous tasks during that time.

The following tips can be done to encourage alertness during night shift:

- ♣ Schedule short breaks as often as possible throughout the shift.
- ♣ Exercise when feeling fatigue, such as climbing a set of stairs or taking a walk to the cafeteria.
- ♣ Avoid unhealthy foods during the shift.
- ♣ Develop a system to monitor the fatigue levels among the members of the team.
- ♣ Never rely on dangerous medications to enhance alertness.
- ♣ Develop a partner system that serves as a check and balance when completing tasks during periods of fatigue.

The Drive Home

The dangers of driving under the influence of alcohol is well known throughout the world, however, driving after shift work can be extremely dangerous as well. A 2006 Institute of Medicine report on Sleep Disorders and Deprivation stated that almost 20 percent of all serious car crash injuries in the general population are associated with driver sleepiness, independent of alcohol effects. Many nurses will open the car windows and turn the volume of the radio up to combat fatigue, but, according to the NSF, studies have proven that these methods do not work. In fact, these actions should signal that one is dangerously fatigued and needs to pull over immediately.

The NSF has offered the following recommendations for driving after shift work:

- ♣ Carpool when possible and keep a dialogue with the person who is driving.
- ♣ Take public transportation when possible.
- ♣ Drive defensively.
- ♣ Don't stop for a night cap.

Ignoring fatigue signs can be dangerous. Taking deliberate steps to understand and control the body's natural rhythms is essential to the health and well-being of nurses and the patients in their care.

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- Hughes, R., & Stone, P. (2004). The perils of shift work: Evening shift, night shift, and rotating shifts: Are they for you? *American Journal of Nursing*, 104(9), 60-63.
- Institute of Medicine. (2006) Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Washington, DC: National Academies Press.
- The National Sleep Foundation (2007). *Shift work*. Retrieved September 11, 2007 from www.sleepfoundation.org

Holiday Goodies: Making Health Choices at Work or Home...one bite at a time!

A holiday message from Fletcher Allen Employee and Family Assistance Program in Partnership with Wellness

During the holiday season, food is everywhere, all the time—especially in the workplace. It's hard to stick to a balanced diet when clients send goodies to the office and every person working there decides to bring in cookies, fudge and their favorite dish to share with his or her co-workers. With so many tempting foods around, the holidays can be a very challenging time to maintain your weight. You can be successful if you plan ahead and practice healthy lifestyle behaviors, rather than depending on self-denial and willpower alone. As a result many of us eat more than usual during the holiday season. If you do overdo it, balance it off with more activities and get yourself back on track. To prevent overeating, just remember these few simple tips:

- Arrange a schedule that allows each person who wants to participate to bring in treats on a different day.
- Keep non-perishable gifts sent by clients for after the holidays when the cupboards are bare.
- Emphasize fruits and vegetables. Start a holiday party or meal with fruits and vegetables, which are low in calories and high in volume. They fill you up —not out.
- Decide where you want to spend your calories. Select



the foods you really love and let other items pass you by. Remember, portion control is the secret to weight management. Eat slowly and savor!

- Stay away from the food table. At office parties, keep busy so you won't hang around the food table sampling the goodies. Volunteer to take photos, connect with newer coworkers, or hold on to a cup of water.
- Think fresh and local. Make your contribution to the holiday pot luck be a healthy one. Use almonds, fresh fruit, whole grains, low-fat yogurt based dips or festive greens as a substitute for tired recipes.
- Communicate openly with co-workers about office festivities. Plan celebrations that involve healthy foods or, better yet, that are focused around non-food activities.

Remember: While you're following healthy eating strategies, get plenty of exercise to burn off any extra calories you might consume. With a little forethought and planning, you'll be left with many happy memories and no added pounds.

(Resource Information from Wellness Council of America, www.welcoa.org)

Student News

The Vermont State Nurses' Foundation Announces The Arthur L. Davis Publishing Agency 2008 Scholarship

Applications for the \$1,000 scholarship are open to Vermont State Nurses' Association members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit application by August 1, 2008.

Please complete the application below and submit it to:

Vermont State Nurses' Foundation, Inc.
100 Dorset Street, Suite #13
South Burlington, VT 05403

Name: _____

Address: _____

City: _____

State _____ Zip _____

Phone: _____

E-mail: _____

Nursing Program and Degree Currently Enrolled in:

Briefly describe your activities in the Vermont State Nurses' Association or other nursing organization within the past three years:

Nursing Students' Impact Gero-Psychiatric Clients

"Grow old along with me; the best is yet to be ..." (Rabbi Ben Ezra, 1864)

Corrine sits motionless in a chair on the gero-psychiatric unit refusing to eat or join group activities. Breakfast has come and gone and at 10 o'clock, she just wants to return to her room and her bed. She is dressed in neatly cared for clothes but one cannot help focusing on her emaciation, her frailness, and lack of affect. Prior to hospitalization, her husband states she regularly walked, attended a variety of activities in the community, and was an active church member.

This is a description of an elderly client on the gero-psychiatric unit at the beginning of a clinical experience for junior nursing students in a baccalaureate degree program. Many of the students have had experience with the elderly in acute care settings, but have not previously focused on psychiatric issues, which was the goal of this course. On the first day, students often express discouragement about their lack of belief that they can impact the care of the ill elderly in a positive way.

In our baccalaureate program at a small, Catholic liberal arts college, the gero-psychiatric unit seemed an ideal setting to learn therapeutic communication techniques as well as group leadership skills. Faculty view the learning experience as an opportunity for students to apply concepts learned in the classroom, in a non-threatening environment. The clinical experience provided an opportunity to further develop skills in comprehensive physical and psychosocial assessment including: health maintenance, control of pain, sleep patterns, orientation, mobility and safety, effective communication with individuals and families, as well as differentiation between normal aging patterns and those caused by pathological changes.



Gero-psychiatric nursing is a growing field with the largest responsibility for care placed upon the nursing professional. In the program, students are presented with theoretical material on the nature of aging. The role of the nurse in dealing with loss, depression, confusion and dementia is emphasized. Changes that can be expected in family relationships are also outlined.

A common problem experienced by the elderly is depression. Depression may be reactive, endogenous, agitated or suicidal, but is quite commonly expressed somatically. For example, fatigue and various aches are commonly reported. Depression can also present itself as pseudo-dementia or confusion. Commonly on gero-psychiatric units, pseudo-dementia is the result of a combination of social deprivation, boredom, and chemical restraint practices.

The above difficulties and problems are dealt with in a variety of ways. Support groups can help those experiencing loss, bereavement, desertion, and illness. Groups do not resolve lifelong problems but can assist clients to reach some resolution. Students lead group activities that encourage clients to express their feelings freely, remotivate and resocialize. Each student is expected to plan at least one activity to involve a group of clients. One group activity included baking a favorite dessert followed by a sing along of old favorites. One student played the accordion while both clients and students sang along. Even the sickest of clients seemed to perk up and participate with musical activities. Other methods used by students to engage clients included bringing in an animal, decorating for each holiday, completing crossword puzzles related to client interests, drawing pictures reflecting something important to each person which were then hung on the wall. Individual activities such as telephoning and visiting with friends were also encouraged. Students quickly noticed how clients were more responsive and interacted more when regular activities were planned and scheduled.

The importance of using therapeutic communication with clients as well as the nursing process was reinforced during the experience. Students' attitudes regarding the elderly are influenced by educators and nursing staff on the gero-psychiatric unit. As a result of this positive experience for the elderly, the faculty plan to continue to use the gero-psychiatric unit as a safe, comfortable place for students to learn, as well as an opportunity to influence staff attitudes and perceptions of the elderly.

In the opening paragraph, Corrine is described as first seen by a student. The following paragraph describes the last day of the clinical experience for the student, which we hope will result in "the best is yet to be."

Corrine was up early waiting for the student to arrive the next week. She was dressed, had her breakfast and was waiting for the group activities planned which the student had promised the previous week, as a surprise. Seeing the positive impact on elderly clients resulting from individual and group interactions is an excellent way to reinforce the importance of therapeutic relationships.

The instructor—who was an observer of the developing relationship between the student and the gero-psychiatric client—could hardly believe the transformation. The client labeled as 'senile and depressed' and the student who was anxious about the experience, were working together in a positive way which ultimately benefited both. Indeed, "...the best is yet to be, the last of life, for which the first was made. Our times are in his hands!" (Rabi Ben Ezra, 1864).

Continuing Education Opportunities

Upcoming Conferences & Seminars

The following events are being made available through the University of Vermont College of Medicine, Department of Continuing Medical Education.

For information on UVM organized events, or to register, contact:

Continuing Medical Education
128 Lakeside Avenue, Suite 100
Burlington, VT 05401
Phone: (802) 656-2292
Fax: (802) 656-1925
Website: <http://cme.uvm.edu>

7th Annual Emergency Medicine Update Conference

January 30-February 2, 2008
Stoweflake Hotel and Conference Center
Stowe, VT

The 17th Annual Current Concepts & Controversies in Surgery

January 31-February 2, 2008
Topnotch Resort and Spa
Stowe, VT

Stowe Conference on Digestive Diseases

March 6-8, 2008
Topnotch Resort and Spa
Stowe, VT

5th Annual Blueprint for Health, Chronic Care Management

March 25, 2008
Sheraton Hotel and Conference Center
Burlington, VT

Regional Urologic Cancer Update Symposium

March 28, 2008
Doubletree Hotel
Burlington, VT

Women's Health Issues Conference

May 7-9, 2008
Sheraton Hotel and Conference Center
Burlington, VT

Vermont Family Medicine Review Course

June 10-13, 2008
Sheraton Hotel and Conference Center
Burlington, VT

General News

Preview Legislative '08 Session

Margaret Luce, MSN, RN

SAVE THE DATE April 2, 2008 Nurses' Day at the State House. Free and open to all RNs and nursing students. Check VSNA website for details.

There are several bills left from last session:

- * H. 11 An Act Relating to the Commissioner of Health.
- * H. 421 An Act Relating to Safe Patient Handling.
- * S. 166 An Act Relating to Prohibiting Mandatory Overtime

H. 531 An Act Relating to Ensuring Success in Health Care Reform created a study committee consisting of APRNs and physicians to examine barriers to access to APRN care. The report is due in January '08.

The Health Care Reform Commission reported the recommendations of their workgroups. Some of these related to nursing are:

- * Prevent chronic illness by reducing obesity.
- * Use health IT, e.g. Electronic Medical Record (EMR), and Electronic Prescribing (e-Rx).
- * Expand loan repayment program from 1.4 to 2.0 million/year.
- * Support for nursing education/faculty salaries
- * Funding for patient simulators.

H. 44/S. 63 An Act Relating to Patient Choice and Control at End of Life aka Physician assisted suicide was defeated, but many organizations who supported, opposed, or were neutral on this bill wanted to follow up. The groups met in December and here are some of the recommendations:

1. Enforce existing legislation, ie nursing home residents should be informed they can avail themselves of hospice services.
2. Seek pediatric expansion of hospice services by eliminating the requirement for 6 month life expectancy.
3. Better dissemination of information about hospice and palliative care, advance directives; and inclusion of these statistics in the Hospital Community Reports.
4. Seek state funding for hospice.
5. Ensure basic and continuing education for nurses and physicians for pain management.

It is clear there will be bills related to End of Life Care introduced early in the new session that begins January 8, 2008.

General News

Navigating the Process:

Get Ready for the 2008 Legislative Session

As a nurse, you are a lobbyist for better health care. You can be active and make your needs known or you can be passive and not let your needs be known. The strength of VSNA's lobbying is its grassroots orientation.

The individual nurse provides the one-to-one contact between VSNA and the lawmaker. Lobbying is essentially an educational process; a lobbyist provides information which broadens a legislator's understanding of an issue. Providing your viewpoints and information not only promotes nursing interests in the legislative arena, but it is a very important part of a citizen's responsibility in the democratic system. The legislators are elected by their constituents and they try to vote on the basis of what is best for their constituents. The democratic process does not end at the voting booth, citizens have the responsibility to keep the lawmakers aware of the issues and informed on how these issues will affect the lawmakers' constituents. You, the individual nurse, can influence the lawmakers' vote because you are his/her constituent. These lobbying tips will help you make the most effective presentation on behalf of nursing.

CONTACT YOUR LEGISLATORS:

One of the most important things you can do is to make sure, not only that you know who your legislator is, but also, that your legislator knows who you are. At the state level, your legislator is a neighbor, a friend, a friend of a friend . . . They want to know you! Establish the first contact before you want something. Take the time, at their convenience to explain who you are and general areas of concern. Tell them something about your practice and how your work benefits Vermonters. Establish a working relationship.

Additionally, you can contact the legislator's local offices and ask for their positions on specific issues. Contact your legislators when you support their decisions as well as when you disagree. The key ingredient before initiating any communication is to know your facts. You should know:

- 1.) The correct name and title of the legislator.
- 2.) The bill number and working title of the legislation.
- 3.) The appropriate VSNA positions that do or do not support the legislation and reasons why.
- 4.) The implications of the legislation to you as an individual. You should send the communication to the legislator's current location—the home, home office or the legislators office, depending upon the recess schedule.

There are five levels of involvement where you can participate; the first is letter writing; the second is a fax of the letter, the third is telephone calls, the fourth is e-mail and the fifth is personal meetings with the legislators. Follow this guide and you will find the legislators extremely open to your discussion.

THE RIGHT TO WRITE:

Very few people write their legislators. This reluctance to communicate stems from

feelings that legislators have no time or inclination to read their mail, or a letter will probably not be answered, or that one letter will not make any difference.

Believing these ideas is wrong and erodes the power of nurses in the legislative arena. At the national level staff members may initially process the mail but the legislator is aware of the content of each letter.

1.) Address it properly:

U.S. Senator:

The Honorable Patrick J. Leahy
 United States Senate
 433 Russell Senate Office Building
 Washington, D.C. 20510
 (202) 224-4242
 FAX 202-224-3479
 Burlington Office (802) 863-2525 FAX (802) 658-1009
 Montpelier Office (802) 229-0569 FAX (802) 229-1915
 1-800-642-3193
 E-Mail: Senator_Leahy@Leahy.senate.gov
 Web site: <http://leahy.senate.gov>

U.S. Representative:

The Honorable Peter Welch
 1404 Longworth HOB
 Washington, D.C. 20510
 (202) 225-4115
 Burlington Office: 30 Main Street, Suite 350
 Burlington, VT 05401 802-652-2450
 888-605-7270 FAX 802-652-2497

U.S. Senator:

The Honorable Bernard Sanders
 332 Dirksen Senate Office Bldg.
 Washington, D.C. 20510
 (202) 224-5141 FAX 202-228-0776
 1-800-642-3193

State Senator:

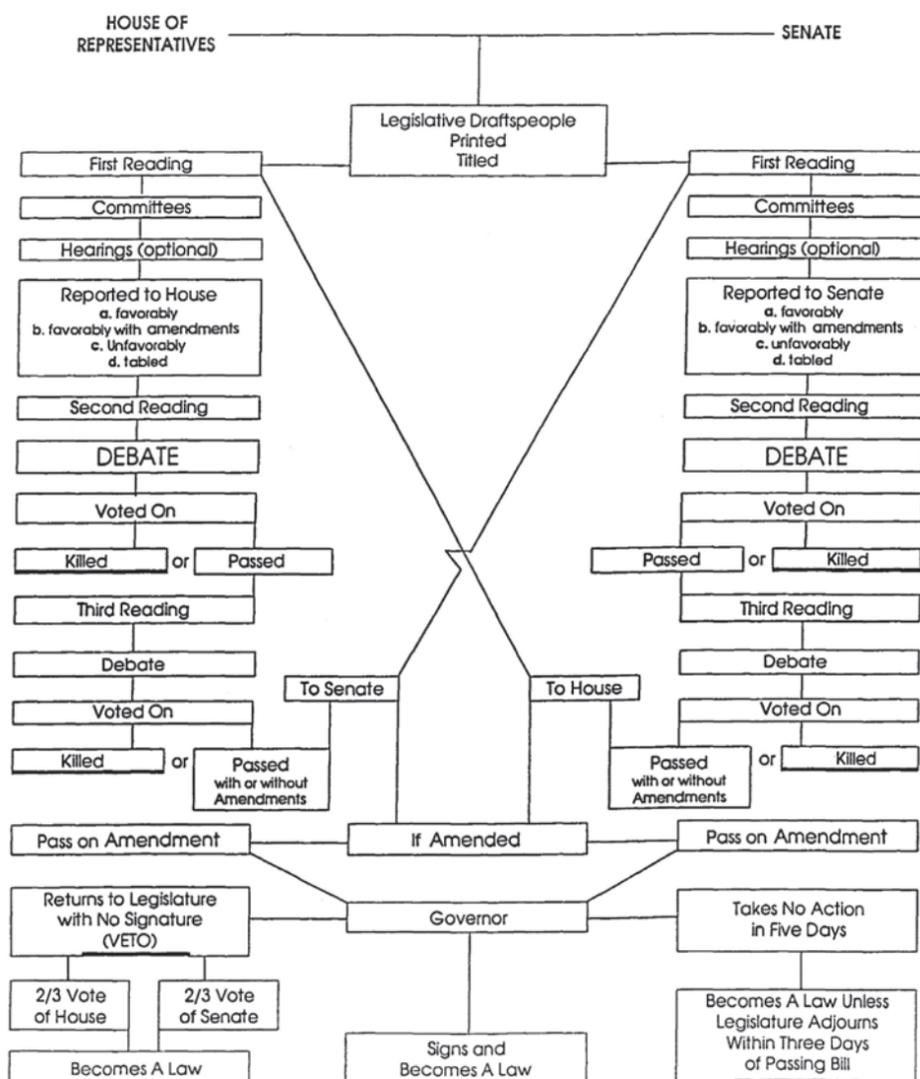
The Honorable (full name)
 State Senator
 Vermont Senate
 Montpelier, VT 05602
 Dear Senator (last name):

State Representative:

The Honorable (full name) State Representative
 Vermont House of Representatives
 Montpelier, VT 05602
 Dear Representative (last name):
 FAX Sargent-at-Arms (802) 828-2424

- 2.) **Include your name and address on the letter or e-mail.** A letter cannot be answered if there is no return address or the signature is not legible.
- 3.) **Identify the bill or issue.** Thousands of bills are introduced each session of the General Assembly. It is important to be specific. If you write about a bill, give the bill number or describe it by popular title.
- 4.) **Time the arrival of your communication.** Try to write to your legislator and the chairperson of the committee dealing with a bill while it is still in committee so there is time to take effective action.
- 5.) **Use your own words.** A personal letter is far better than a form letter or signature on a petition. Form letters tend to be identified with pressure campaigns and may be answered with form replies or disregarded. You may use a form letter for ideas which you should then communicate in your own writing.
- 6.) **Be brief and stick to one subject.** A single page letter presenting your opinions, facts, arguments, or proposals as clearly as possible, is preferred and welcomed by most legislators.
- 7.) **Give reasons for your position.** Explain how the issue could affect you, your family, business, or profession—or the effect on your community or the state. If you have specialized knowledge, share it with your legislator. Anecdotes as well as facts are good.
- 8.) **Write a letter of appreciation.** Write a letter of appreciation when you feel a legislator has done a good job. Legislators are human too and seldom receive "thank you" letters of encouragement.
- 9.) **Provide feedback to VSNA.** Inform the VSNA staff when you have made contact with your legislator. A simple note will be sufficient. Give a brief overview of your discussion and the legislator's viewpoint. You may also send a copy of a written communication. This will assist the VSNA Lobbyist in making contacts at the Statehouse.

How A Bill Becomes Law



General News

2008 Legislative Session cont. from 12

TELEPHONE CALLS

Telephone calls should be used selectively for only the most urgent issues (where they need to get the information that day).

- 1.) Know the issue and your position.
- 2.) Prepare an outline so that you cover all major points.
- 3.) Follow up with a personal letter to the legislator, citing the name of the staff member (for federal legislation) with whom you spoke. To reach your state legislators, call (802) 828-2228. (Sargent of Arms number)

ACCESSING LEGISLATIVE INFORMATION

Copies of bills, status of those bills and committee schedules can be accessed on the web at www.leg.state.vt.us www.nursingworld.org.

MEETINGS

Meetings with legislators can take place in Washington, in Montpelier or while they are home during a legislative recess. Some key points to remember are:

- 1.) **Make an appointment.** It's better to make an appointment with your legislator's office than to drop in unannounced. You may wish to go as a team with other nurses from your area. If your legislator is unavailable, meet with the legislative assistant.
- 2.) **Introduce yourself.** Carefully choose those characteristics about yourself which will establish you as a credible resource to the legislator, e.g. where you live, where you work and what you do. Be brief and selective.
- 3.) **Set the agenda.** Decide ahead of time what you are going to talk about, if you are in a group, select a spokesperson to lead the discussion. Be brief and confine your comments as much as possible to the specific issues being discussed. You will get more attention if you make a few points clearly and concisely rather than trying to cover too many subjects.
- 4.) **Know your legislator's role.** Most decisions on specific policy issues are made at the committee level. Members of key health committees have the potential to be very influential in policy making. Make sure you know which committees your legislators serve on in relation to the issues which will be discussed. VSNA can help you with this.
- 5.) **Learn your legislator's position.** Listen carefully to your legislator's position with regard to specific issues. Ask good questions and try to find areas where the legislator may be sympathetic to your point of view. Avoid prolonged or controversial arguments. Threats won't help your case. Remember, the impression you leave may be more important than the substance of your discussion.
- 6.) **Develop an ongoing relationship.** It is better to leave your legislator undecided than committed against you so take every possible step to prevent a firm commitment against your position. Leave with a friendly feeling. Leave the way open for another visit. Take the time to write a thank you letter for the time spent meeting with you and summarize your views on the subjects discussed.

As a nurse and a citizen, you can find personal and professional satisfaction through increased involvement in the legislative process. Every time you contact your legislator to provide information and express your opinion, you actively effect legislative decision making. As a constituent, and as a nurse, YOUR VOICE WILL MAKE A DIFFERENCE.

National Healthcare Decisions Day 2008

April 16, 2008 has been designated as National Healthcare Decisions Day. On this day throughout the United States healthcare providers, professionals, chaplains, attorneys, and others will participate in a massive effort to highlight the importance of advance healthcare decision-making. ANA and the VSNA are joining other organizations in promoting this important day. Please talk to your patients and families about this important topic. Make it easy for them by initiating the conversation and by giving them information on how to prepare their advance directive. You could even provide copies of **Taking Steps**, a publication of the Vermont Ethics Network. This booklet describes a person's rights as a patient, explains common treatments during critical care and end-of-life care, describes how an advance directive may speak for you when you are not able, and includes a form for completing an advance directive. The Vermont Department of Health (VDH) has the registry for those who have made advance directives up and running as of January. The VDH is concentrating efforts to get this information from hospitals and health care providers. On the Vermont Ethics Network website you can get more information, access the registration form for the VDH registry, as well as order copies of **Taking Steps** for yourself and your patients. See their website at: www.vtethicsnetwork.org.

Research Round-Up

The VNC welcomes the submission of nursing abstracts of publications, reports, theses or other scholarly work. The VNC is distributed to 17,000 readers, and it is a wonderful way to share your work and to keep us informed of the wealth of work that nurses are producing throughout Vermont.

The VNC Editorial Board encourages all nurses involved in practice, education, research, administration or other fields to submit their typed abstracts of 200-250 words with a cover letter with the following information:

- Name and Credentials of Author:
- Telephone #:
- Email address:
- Place of Employment:
- Position:
- Educational institution (if student):*
- Current Year of Study:
- Faculty contact person:
 - Name:
 - Telephone #:
 - Email address:
- Date:

*Student Abstracts must be submitted by their school of nursing.

Abstracts may be e-mailed to vt nurse@prodigy.net, or a hardcopy can be sent to the VSNA, Inc, VNC Abstract, 100 Dorset Street, # 13, South Burlington, VT 05403.

Save the Date!

March 17th, 2008

VSNA will present a conference on
Safe Handling/Risk Falls

Capital Plaza and Conference Center
Montpelier

8 AM-4 PM

Registration materials will be mailed.

Save the Date!

April 2, 2008

Legislative Day—
Montpelier, Vermont

SAVE THE DATE

2008 Nursing Summit:

**Vermont Organization of Nurse
Leaders (VONL)
and the
Vermont Nurse Internship
Partnership (VNIP)
present**

**“Nursing Workforce: Leadership, Research,
Planning and Development”**

April 10 & 11—Killington Grand Hotel

*For information about
submission of abstracts or nursing scholarship
please call Martha Buck at 802 223-3461 x 111*

Vermont State Nurses' Association, Inc.

The Voice for Vermont Nurses

Providing

- Opportunity to network with Nurse Professionals
- VSNA Annual Convention, October 2008. Provides educational opportunities Wednesday evening and all day Thursday.
- Vermont Nurses' Day at the State House
- Annual Awards recognizing individuals who have made outstanding contributions to the nursing profession in Vermont.
- Education Programs
- Contact Hour Approval
- Lobbying
- The Vermont Nurse Connection, our official organization publication

Vermont State Nurses' Association, Inc.



The Professional Organization for Vermont's Nurses

Make the Connection



AMERICAN NURSES ASSOCIATION

Ensuring Excellence in Nursing Care For All Vermonters through Advocacy, Expertise, Innovation and Leadership

Purposes

- Work for the improvement of health standards and the availability of health care services for all people.
- Stimulate and promote professional development.
- Serve Vermont nurses as the constituent association of the American Nurses Association.

These purposes shall be unrestricted by consideration of nationality, race, creed, lifestyle, sex or age.

VSNA/ ANA Membership Benefits

Advocating for Nurses

Free American Journal of Nursing (AJN)

Credit Card Program

Education

Political Representation in Vermont and Washington, D.C.

Reduced liability insurance rates plus options on life, disability, retirement, auto.

Reduced fees for workshops and conferences with Continuing Education Contact Hours.

Reduced cost for ANA certification.

Reduced rates on ANA publications including Standards of Practice.

Travel Discounts

Workplace Health

For Office Use:	
District: _____	
Exp: _____	
Amt. Enclosed: _____	
Last Name / First Name / M. Initial / Credentials _____	
Home Mailing Address _____	
City/State/9Digit Zip Code _____	
Employer Name _____	
Employer Mailing Address _____	
Employer City/State/Zip _____	
Home Phone Number _____	Social Security Number _____
Work Phone Number _____	School of Nursing _____
Home Fax Number _____	Graduation (Month/Year) _____
Work Fax Number _____	RN License Number _____
	License State _____
E-Mail _____	
Preferred Mailing address Home <input type="radio"/>	
Work <input type="radio"/>	

Membership Investment

V VSNA Membership \$99.00
 (Membership in VSNA and not ANA)

M Full Membership Dues \$256.00
 Employed: Full Time Part Time

R Reduced Membership Dues \$128.00
 Full-time student Not Employed
 New Graduate (from basic nursing education program within six months of graduation, first year only)
 62 years of age or older not earning more than Social Security allows.

S Special Membership Dues \$64.00
 62 years of age or older and not employed
 Totally Disabled

Online Payment—Credit Card Only:
www.NursingWorld.org

Note: State Nurses' Association Dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. The percentage of dues used for lobbying by SNA is not deductible as a business expense. Vermont State Nurses' Association, Inc. allots 20% of its dues for lobbying.

Vermont State Nurses' Association, Inc.
 100 Dorset Street, Ste. 13
 South Burlington, VT 05403-6241
 802-651-8886 800-540-9390
vt nurse@prodigy.net
www.vsna-inc.org

Other Payment Options (please check plan):

Full Annual Payment: Check to VSNA

Automatic Annual Credit Card Payment
 M: \$256.00 R: \$128.00 S: \$64.00
 _____ VISA _____ MC

Bank Card Number & Expiration Date _____

Signature for Bank Card _____

E-Pay (Monthly Electronic Payment Options Below)
 M: \$21.83 R: \$11.17 S: \$5.83

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking Please enclose a check for the first months payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.

Credit Card Please complete the credit card information above and sign below and this credit card will be debited on or after the 1st of each month. *

Monthly Electronic Deduction Authorization Signature _____

* By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment authorization, you are authorizing ANA to charge the amount by giving the undersigned thirty (30) days advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or chargebacks.

ANA/VSNA News

Approved Continuing Education Programs

Provider:	Saxe Communications	Date:	November 13, 2007
Programs:	Engineering Out the Risks of Infection with Urinary Catheters and Silver and Healthcare Antisepsis	Contact Hrs:	2.0
Date:	September 5, 2007	Provider:	Saxe Communications
Contact Hrs:	1.5	Programs:	Body Contouring after Massive Weight Loss/Tracheostomy in the Mechanically Ventilated Patient
Provider:	Association of Professionals in Infection Control and Epidemiology	Date:	November 13, 2007
Program:	Calculating the Risk of Infection - Oncology Patients, Transplants, and the Cost of Infection	Contact Hrs:	1.5
Date:	October 4, 2007	Provider:	Area Health Education Centers Program
Contact Hrs:	4.5	Program:	All that Wheezes Isn't Asthma and Not all Asthma Wheezes: Respiratory Issue in Children
Provider:	Vermont Cardiac Network	Date:	November 14, 2007
Program:	Vermont Cardiac Network 2007 Fall Conference	Contact Hrs:	1.5
Date:	October 11, 2007	Provider:	Counseling Service of Addison County
Contact Hrs:	4.5	Program:	Multiple Relationships, Clinical Boundaries, Confidentiality: Ethical Challenges in Daily Practice
Provider:	Counseling Service of Addison County, Inc	Date:	November 16, 2007
Program:	Trauma, Treatment and Recovery	Contact Hrs:	6.0
Date:	October 16, 2007	Provider:	Massachusetts General Hospital
Contact Hrs:	5.75	Program:	Psychiatry Department Mood Disorders: Cognitive Behavioral Therapy and Pharmacotherapy Treatment Approaches
Provider:	Boston MedFlight	Date:	November 30 - December 1, 2007
Program:	Boston MedFlight Annual Critical Care Conference	Contact Hrs:	15.25
Date:	November 2, 2007	Provider:	Area Health Education Centers Program
Contact Hrs:	8.0	Program:	Sports Injury II
Provider:	Saxe Communications	Date:	January 8, 2008
Programs:	Safe Enteral Tube Feeding & Hydration in Home Care Home Enteral Feeding: A View from Inside	Contact Hrs:	1.5

IS YOUR NURSING ORGANIZATION PLANNING AN EDUCATION PROGRAM?

CONSIDER APPLYING FOR CONTACT HOUR APPROVAL

FOR MORE INFORMATION CALL THE VSNA OFFICE @ (802) 651-8886

Vermont State Nurses' Association, Inc. is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.

District News

District 1

December 5, 2007 Meeting Minutes Sheraton Hotel—Mr. G's Restaurant

Present: Marcia Bosek, Ann Laramée, Martha Jo Hebert, Terri Powers-Phaneuf, Marilyn Rinker, Judy Cohen, Fran Keeler, Leah Mattson, Annie Parker, Hollie Shaner McRae, Brenda Mahoney, Angela Pratt.

I. Topic: Future of District I—how to energize and reignite participation

Discussion Points: Need to revisit our mission, vision, bylaws, officers, refine our purpose. Need to increase membership and participation. Reasons for doing this include: Strengthen the voice of nursing (though VSNA), including our influence on legislation and health policy, provide educational initiatives for members to strengthen their knowledge base and professional development.

CE programs—VSNA offers Contact Hours for programs, which has been a source of revenue for the organization. VSNA has earned a regional reputation as being a user friendly source for issuing Contact Hours, for programs.

Action Plan: Next meeting January 23 2008—Mr. G's Restaurant—Burlington, Dinner at 6pm, Agenda: 1. Officers – what do we have, what do we need 2. by laws bring copies for group to review (send out electronically ahead of time to attendees at the meeting). How many meetings is Dist. I supposed to have? 3. Mission/Vision—send out ahead of time electronically to attendees and bring copies to the meeting for review/updating. 4. Legislative Day Plans- review date, time, etc. 5. Bring map to show where districts I, II, III reside boundarywise.

II Topic: Co-Sponsorship of UVM program Friday June 6, 2008—Christopher Johns—Reflective Practice.

Discussion: Consider having UVM, FAHC, and VSNA

co-sponsor this event. All present agreed it would be a collaborative endeavor and suggested pursuing this opportunity.

Action Plan: Judy Cohen to get further details on event; Hollie willing to bring this to FAHC as a co-sponsorship opportunity; Marilyn to check with VSNA board, other.

III. Topic: Improving statewide communications among VSNA members

Discussion: Annie Parker suggested we explore more statewide involvement to improve communications among VSNA members. Sharon Lee Trefry suggested VSNA approach AHEC to see if they'd help coordinate using technology to facilitate our statewide programs. (AHEC does this for state school nurses assn.)

Action Plan: undefined; consider asking Sharon Lee to follow up with AhEC to explore options. Ask Annie to consider programs she had in mind for sharing statewide.

Topic: Suggestion of a community service project by members of District One. There had been a project with a local soup kitchen in the past.

IV. Topic: Announcements

March 17th 2008—Save the date for an All Day Safe Handling & Patient Falls conference—Capital Plaza, Montpelier VT

April 2, 2008 Legislative Day—Montpelier Vermont
Request that VSNA send out a SAVE the DATE now to members for planning. Some attendees at meeting discussed carpooling to event.

VSNA is recruiting members to serve on the following committees:

- Programming Committee—plan programs
- Membership Committee

Please contact June Benoit, VSNA President if you are interested.

Meeting minutes prepared by Hollie Shaner McRae RN, MSA, FAAN

ANA/VSNA News

VSNA Honors Three Members

The Vermont State Nurses' Association recently honored three members of the organization with special awards. The awards were presented at the annual Convention in October, at the Capitol Plaza in Montpelier. The recipients were Peggy Sharpe, who recently resigned as The Executive Director of VSNA; Anita Ristau, retiring Executive Director of the Vermont State Board of Nursing; and Dr. Lorraine Welch, VSNA Foundation Chairperson.

Peggy Sharpe received a **Special Service Award**, for her dedication and service to The VSNA, beyond the responsibilities of the Executive Director. VSNA President, June Benoit, made the presentation. Peggy worked tirelessly, as the Executive Director, for more than five years; she brought strong clinical and leadership experience to the position. She was dedicated to increasing membership, at a time when professional memberships to organizations are suffering a decline. The VT State Only membership offering was voted in during her tenure, and consequently there are 16 new members in our organization.

Peggy collaborated with several organizations, such as the Vermont Medical Society, the Vermont Internship/Preceptor Program, the Office of Nursing Workforce, and Coalition 21. She was also engaged in legislative activities, including testifying at the state house, and encouraging other Vermont nurses to testify on specific issues. In addition, she arranged legislative breakfasts for the purpose of educating legislators on nursing and health issues.

Peggy had a special interest in students, which included encouraging them to attend VSNA educational activities, such as the Annual VSNA Convention, and she offered them a special rate as incentive to attend. She personally interacted with Deans and Faculty from Schools of Nursing to encourage student participation in VSNA activities.

We, the members of the VSNA, wish Peggy the best of luck in her future endeavors, and offer her a round of applause and many thanks for all her hard work and support.

The Life Time Achievement Award was presented to **Anita Ristau, RN, MS**, who is retiring as Executive Director of the Vermont State Board of Nursing. This award was presented for her work as Executive Director, her contributions to nursing in Vermont and nationally, for being a tireless advocate to the profession of nursing, and for being an educator extraordinaire. Ms. Ristau was presented this award by her long time friend and professional associate, Margaret Luce, who serves as the VSNA Lobbyist, and who worked with Anita at the Board and at the Nursing Program at Vermont College. Anita had previously won The Nurse of The Year Award from VSNA in 2003.

Ms. Ristau's accomplishments are many. She was a member of The Blue Ribbon Nursing Commission, a group of nursing notables, who were appointed by Vermont Secretary of Human Services, Jane Kitchell, in 2001. The work of this group resulted in several extremely positive developments for nursing in Vermont. Their achievements included the creation of a center for nursing, located at UVM, which allows collaboration with other nursing programs in the state to address ongoing issues of supply, education, practice, and research. The group also was responsible for the formation of the state funded Vermont Nursing Loan Forgiveness Program, continued work with expanding nursing education, and work with The Vermont Preceptor Program from its inception.

Ms Ristau participated with a group of nursing colleagues, in compiling "Voices of Vermont Nurses, 1941-1996," which reviews the history of nursing in Vermont. She authored the chapter entitled, "History of Nursing Education in Vermont."

We all wish Anita Ristau a very happy retirement, many thanks for her contributions, and the wish that she will continue to serve nursing in Vermont, sharing her rich experience and nursing expertise.

Lorraine Welch, RN, EdD, Director of the Vermont State Nurses Foundation, received **The VSNA Distinguished Service Award** for her significant contributions to the nursing profession, The VSNA, and The Foundation. The award was presented by her good friend and professional colleague, Dr. Judy Cohen, who spoke about Dr. Welch's many accomplishments in the field of nursing education. These achievements include being a member of the UVM School of Nursing faculty, Director of the UVM Associate Degree Program, and Director of the UVM RN to BSN on-line program.

Dr. Welch spearheaded the creation of the VSNA Nursing Foundation (VSNF). As its Director, she has been extremely active in her quest for financial support for nursing scholarships at the undergraduate and graduate level. Ms. Ellie Skolfield, who was a student of Lorri's, and a very active member with VSNA and the Foundation, also spoke to Dr. Welch's hard work and accomplishments. Ms. Skolfield gave a generous donation to the Foundation in honor of her former teacher. Judy Gray also contributed to the VSNF in honor of Lorraine Welch.

Dr. Welch has mentored many nursing students throughout the years. She has held offices in VSNA, and was President of Kappa Tau, Chapter of Sigma Theta Tau International, the honor society of nursing. Most recently, she volunteered with a church group, rebuilding homes in New Orleans after Hurricane Katrina. Although retired from her position at The UVM Nursing program, she has embarked on a new career, as a hospice nurse at The Respite House.

We all want to give Dr. Welch many thanks for all she has done for Nursing, and best wishes for all her continued and future endeavors.

ANA/VSNA News

Report of VSNA Convention 2007-Vermont Nurses Explore Ethical & Quality of Care Issues

The annual VSNA Convention, Ethical Issues and Quality of Care in Today's Healthcare Environment, was held on October 24 and 25 at the Capitol Plaza Hotel and Conference Center in Montpelier. One hundred RNs and one hundred ten student nurses attended. The evaluations for the Convention were all excellent with attendees requesting future conferences on ethical issues.

The VSNA wishes to thank our Sponsors, which included the Arthur Davis Publishing Agency, Bank of America, Blue Cross and Blue Shield of Vermont, the Dartmouth Hitchcock Alliance, Gifford Medical Center, TMS Uniform Shoppe, the University of Vermont Department of Nursing, John Valentine, MD (Mountainview Medical Practice), Vermont State Nurses' Foundation, the Visiting Nurses Association of Chittenden and Grande Isle Counties, and the Vermont Medical Society. The sponsors and exhibitors help underwrite the Convention which enables the VSNA to offer a registration fee at a reasonable rate for RN's, and a much reduced rate for nursing students. So again, we give many thanks, and our great appreciation, to both our sponsors and exhibitors.

Stephen Kiernan, award winning author and investigative reporter, spoke on Wednesday evening on his new book, "Last Rights." The presentation was sponsored by the Vermont Medical Society and VSNA District One. Mr. Kiernan related important and thought provoking stories about people who endured avoidable suffering and needless indignities, and stories of others who spent their last days living life to the fullest. Steve's presentation was well received by a packed room of professional and community attendees. He participated in a book signing following his presentation.

Thursday, October 25th began with our keynote speaker, Dr. Ira Byock, Director of Palliative Care at Dartmouth Hitchcock Medical Center. Dr. Byock has written extensively on the topics of ethics, the spirituality of dying, and improving the end of life experience for patients and families. His keynote address, "The Real Ethics of End of Life Care" invoked much positive feedback and attendees related that they received a myriad of information they could use in their practice. Dr. Byock also participated in the following presentation, "Ethical Questions Group Discussion", which was facilitated by Marcia Bosek, DNSc, Nurse Ethicist at Fletcher Allen Health Care. Dr. Bosek had prepared several ethical scenarios and she was assisted by facilitators Dr. Edward Mahoney, Chair of Religious Studies at St. Michael's college, and the Honorable Anne Donahue, JD, Vermont State Representative from Washington County. Dr. Byock then sat for a book signing for his books "Dying Well" and "The Four Things that Matter Most."

The program at lunch time afforded VSNA Districts time to meet, followed by a presentation of awards. Those honored were Anita Ristau, retiring Vermont State Board of Nursing Executive Director, Peggy Sharpe, former Executive Director of the VSNA, and Lorraine Welch, retired faculty member of UVM School of Nursing and present Chair of the Vermont State Nurses' Foundation.

The afternoon breakout sessions were well attended and well received. Ms. Anita Ristau presented a session on "How to Protect Your License When Ethical Issues Arise." "The ANA Code of Ethics" was presented by Judy Barone, BSN, JD, an attorney from Rutland. Sue Goetchius moderated the discussion of "Ethical Issues in Elder Care" and panelists were Dr. Robert Macauley, Director of Clinical Ethics at Fletcher Allen Health Care and the University of Vermont, and John Campbell, Executive Director of the Vermont Ethics Network. The fourth breakout session, "The National Database of Nursing Quality Indicators" was presented by Isis Montalvo, RN, MBA, MS, Manager of Nursing Practice and Policy at the American Nursing Association. As stated previously, the morning sessions and afternoon breakout sessions brought enthusiastic and positive evaluations from participants.

The VSNA Board of Director and members were very happy to see the 110 nursing students who attended, as they are our future members and add a special dimension to the Convention. We will try our best to encourage students to attend future conferences by offering special student rates.

Last, but not least, was a fun raffle facilitated by Charity MacDonald, BSN, a recent graduate of the Norwich Nursing program and winner of the VSNA award for Clinical Excellence at her graduation in the spring of 2007. Charity worked tirelessly and coordinated the donation of many interesting and lovely raffle prizes. VSNA wishes to thank all the raffle donors, who were listed in the Convention Program Guide.

The VSNA also wishes to thank the many VSNA members who helped make this conference a success. A special thank you goes to Amy Rugg, Administrative Assistant at the VSNA office, and Julie Basol, of Vermont Cardiac Network.

We are looking forward to our next Convention in the fall of 2008, and we need members to serve on the Convention Committee to help with the planning. Interested parties should call the VSNA office at 802-651-8886.



Hollie Shaner-McRae, VSNA member



Peggy Sharpe receiving award for "Service to VSNA Beyond the Job Description" L-R: Marilyn Rinker, June Benoit, Peggy Sharpe



Anita Ristau (right), retiring Executive Director of Vermont State Board of Nursing with Sue Farrell (left), retiring Chairperson of The Board of Nursing



Convention attendees: Kay Smith, VSNA Member; Ruth Elsa Baldwin, Convention Committee member; Deb Sanguinetti, Chair of VSNA Education Committee



Mary Val Palumbo, Director with Mary Hull, Administrative Assistant; both from The Office of Nursing Workforce



Lorraine Welch, Recipient of The VSNA Distinguished Service Award; Judy Cohen, presenter; Ellie Skolfield, VSNA member and VSNA Donor



Anita Ristau (right), Sue Farrell (middle) and Sue's daughter, Kate Farrell (left)



Foreground: Sue Farrell, Anita Ristau, Elaine Jewell (Clinical Instructor at Castleton)



Foreground: L-R: Margaret Luce & Anita Ristau; Background: Amy Rugg, VSNA Administrative Assistant & Maureen Fraser, Treasurer



Margaret Luce presenting award to Anita Ristau; also pictured: Ellen Ceppetelli, Director of Nursing Education at DHMC & June Benoit



Margaret Luce & Anita Ristau

ANA/VSNA News

Anita Ristau Retirement



Marilyn Rinker & Margaret Luce



Casey Marks, NCSBN, Patty Ristau, Gina Ristau, Faith Fields, NCSBN



L-R: Mary Fergosi, unknown, Jean Lertola (standing), unknown, unknown



Linda Rice, VT State Board of Nursing



Larry Novins, Attorney OPR and Kathy Apple, NCSBN



Linda Hall, Personnel Adm GPR and Patti Ristau



L-R: Jean Lertola, Margaret Luce, Marilyn Rinker



Alan Weiss (L), member of State Board of Nursing & Eric Ristau

Specialty Organizations

Award for Excellence in Clinical Teaching

For the third year, the Office of Nursing Workforce will honor extraordinary clinical nurses who have had a special impact on the development of another nurse. You can be part of the selection of these talented professionals for recognition by their peers at the Vermont Nursing Summit and a well-deserved spa day.

Who is eligible for this Award?

All Vermont registered nurses who are employed by a health care facility and are responsible for teaching and/or precepting novices. Recognition of new talent is encouraged!

What is the Award?

Five finalists will receive a full-day of pampering at the Spa at Killington Grand Hotel and be honored at the Vermont Nursing Summit April 11, 2008.

How do I nominate a clinical teacher for this award?

Nomination forms are available at www.choosenursingvt.org or answer these three questions:

1. How does the nominee demonstrate excellence in their role as clinical teacher?
2. How does the nominee foster passion for the art/science of nursing?
3. How does the nominee utilize research in practice?

Nominations may come from individuals or organizations (with contact person).

Send nominations online to mpalumbo@uvm.edu or by mail to:

Award for Excellence in Clinical Teaching
Office of Nursing Workforce
University of Vermont
Rowell 216
Burlington, Vermont 05405

Entries must be received by March 1, 2008

Vermont Organization of Nurse Leaders (VONL) Meeting

A Vermont Organization of Nurse Leaders meeting was held on November 8, 2007, at Gifford Medical Center. Sixteen VONL members attended the meeting.

A business meeting was followed by an excellent presentation by Jean Ten Hagen, Director of Intermediate and Critical Care Services, Dartmouth Hitchcock Medical Center. Ms. Ten Hagen presented "Charge Nurse University: Recharging the Charge Nurse Role." This presentation was the result of a ten member team project, part of a Mentoring for Success endeavor at DHMC. Three two-day conferences have been presented to nurses from the cardiovascular services and other medical specialties at DHMC.

Jean's excellent PowerPoint talk was well received with much positive feedback. She graciously shared her PowerPoint presentation, and 2 prompting cards, that contain pre-scripted responses for nurses to use in communicating in difficult situations.

The VONL Board met after lunch to discuss the upcoming VONL Summit, which will be held April 10th and 11th at Killington. The Summit will focus on leadership and mentoring. Sue Boyer is the Conference Chairperson. A call has gone out for abstracts for poster and breakout session presentations. Pat Menchini, Dean of Academic Affairs at VTC, will be the Keynote Speaker, and Mary Val Palumbo, Director of the Office for Nursing Workforce, will be the follow-up speaker.

The next VONL meeting will be held on January 8th, at 9 AM, at Gifford Medical Center. Speaker to be announced.

Vermont State Board of Nursing Welcomes New Director: Mary L. Botter

The Secretary of State's Office is pleased to announce Mary L. Botter, PhD, RN as the new Executive Director of the Board of Nursing following the retirement of the Anita Ristau, MS, RN. Ms. Ristau served in the position for nearly 13 years and was highly regarded for her leadership regionally and nationally.

Ms. Botter's career in nursing has provided her with experience in clinical practice, teaching, administration, consulting, and research. She has held a number of leadership positions in university and hospital settings including appointments as Assistant Professor and Associate Dean at UVM and Senior Vice President-Patient Care Services and Chief Nursing Officer at Fletcher Allen Health Care. Ms. Botter has participated in local, national and international organizations in multiple roles. She resides in Shelburne, Vermont.

The Secretary of State's Office is delighted to have Ms. Botter join the Office of Professional Regulation and is looking forward to her contributions as Executive Director of the Vermont Board of Nursing.

Marilyn Rinker MSN: Begins Two-Year Term as VONL President

Marilyn Rinker began her two year term as VONL President as of September 2007. Marilyn brings a wealth of skills to the position. Her background includes many years in nursing administration including serving as Nursing Director for Medicine and Cardiology at Fletcher Allen; Oncology Clinical Co-ordinator at The Vermont Regional Cancer Center; as well as Nurse manager of a Medical Unit with an Oncology focus in Marlboro, Massachusetts. Marilyn has also had experience working many years in Oncology as a Nurse Practitioner, Clinical Research Nurse and Oncology Educator in Vermont and Rhode Island. Most recently, Marilyn spent eight years as The Nursing Program Director at Norwich University, and presently serves as Executive Director of the Vermont State Nurses' Association.

Joining Marilyn as an officer of VONL is Veronica Hychalk MSN, CNO, from Northeastern Medical Center in St. Johnsbury, who was elected as the President-Elect at the VONL Annual Meeting in September 2007.

Vermont Organization of Nurse Leaders (VONL)

**Advanced Degree Nurse Leadership Scholarship
\$2000**

2008 Application deadline: February 20, 2008

To be awarded at the 4/11/08 Nursing Summit at the Killington Grand

For information, please contact:

Martha Buck
VAHHS/VONL
148 Main Street
Montpelier, VT 05602

(802)223-3461/ext. 111,
E-mail: Martha@vahhs.org
Website: www.vahhs.org