By the time you are reading this edition of the VVC, hopefully the cold weather and snow storms of the winter season will be a memory and navigating through mud season will be our latest challenge!

"I think one's feelings waste themselves in words, they ought to be all distilled into actions and into actions that which bring results." Florence Nightingale

Elections:
As I am writing this letter the political campaign advertising has flooded television as various states hold their primaries for the presidential race. Nurses by nature have always been activists and champions for patients and our profession. One of the earliest political activists was Florence Nightingale, as evidenced by the above quote. I encourage comfortable political activism in our members. Political activism can be as simple as writing letters or emailing legislators, submitting a Letter to the Editor in your local newspapers, participating in rallies, or signing up to work for candidates, etc.

Health Insurance
Health insurance continues to be big news and a big heartache for many people. The rising cost of health care affects school budgets and what programs may be offered, it affects employer compensation packages with some employers choosing not to offer insurance, and has been linked to personal bankruptcy more often than bankruptcy from credit card debt. In 2006 Act 191 was signed into law to initiate comprehensive health care reform in VT. One of the basic objectives of this reform was to ensure access to affordable health insurance coverage for all Vermonters. Out of Act 191 came the creation of Catamount Health as a new insurance option for the uninsured and provision of premium subsidies for those individuals with incomes below 300% of the Federal Poverty Level. Another charge was to explore options for Vermonters who are "under-insured." Vermonters who have insurance that is not affordable or not meeting their health needs. The goal of Catamount was to reduce the number of uninsured in Vermont to 4% by the year 2010. Signup for Catamount began last October and coverage started on November 1st, 2007. Those of you who attended our Nurses Day at the State House on April 2nd were able to learn more about this important initiative.

On a related issue of funding hospital care, the VSNA has been interested in H.304: a bipartisan proposal introduced by Topper McClain, (R) from Barre Town (father of past VSNA president, Kate Williams), Democrats Susan Bartlett and Alice Naka, and spearheaded by Deb Richter, MD. Topper and the other legislators, Dr. Richter and her citizen's group, Save Vermont Health Care, are trying to rally support for this bill. H.304 is called the Vermont Hospital Security Trust Fund. Under this plan the state of Vermont would raise the needed money to pay for all individual Vermont hospital budgets with money placed into a Vermont Hospital Security Trust Fund. H.304 would ensure that all Vermonters would get a hospital coverage benefit, which could be, for example, financed by a combination of a 5.5% payroll tax along with a $225 annual fee paid by all Vermonters under the age of 65. In return, Vermonters and businesses would see a 40 percent reduction in their current premium costs (40 percent represents how much insurance companies pay for hospital care in Vermont). Each hospital would negotiate an annual budget. It is not clear what combination of taxes and/or fees would be used to fund this program.

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Benoit

June M. Benoit, MSN, FNP

President's Letter cont. on pg 3
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 vtnurse@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 vtnurse@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!

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**Letters to the Editor**

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

Vermont State Nurses’ Association

Attention: Vermont Nurse Connection

100 Dorset Street, Suite 13

South Burlington, VT 05403-6241

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 may not be reprinted without permission.

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be required to replace the $730 million currently paid for by private insurance and out-of-pocket expenses for hospital care. It is hoped this Trust Fund would save $40 million by private insurance and out-of-pocket expenses for hospital care. It is hoped this Trust Fund would save $40 million.

APRN Practice:
In 2007 the Vermont Legislature passed Act 71, An Act Relating to Ensuring Success in Health Care Reform. One section of the Act, relating to “Support for Primary Care Providers” called for a task force to study and make recommendations on the advisability of eliminating the requirement for an advanced practice nurse to work in a collaborative practice with a licensed physician. The goal was to see if advanced practice nurses might assume a greater role as primary care providers for chronic care management. I represented the VSNA on this task force. Other Task Force members included representatives of the Vermont Department of Health, Director of the Secretary of State’s Office of Professional Regulation, the Vermont Board of Nursing, Vermont Legislature, UVM Department of Nursing, the Vermont Medical Practice Board, the Vermont Medical Society, the VSNA, and the Vermont Nurse Practitioner Association.

Despite much work, the members of the Task Force were unable to have a consensus recommendation. A majority of the Task Force voted to recommend elimination of the Vermont Nursing Board’s requirement for a written signed collaborative practice agreement believing that such a requirement potentially limits access to primary health care in Vermont, serves as a barrier for APRN practice in Vermont, and does not guarantee collaboration or quality of care. A minority of the Task Force, consisting of representatives from the Vermont Medical Society voted against this, citing no evidence was shown that elimination of this requirement would change access to care in Vermont and might have potential impact on quality of health care. Both recommendations were forwarded to the Legislature. I would like to take this opportunity to praise the outstanding contributions of Nancy Morris, APRN, Deb Wachtel, APRN from the Vermont Nurse Practitioner’s Association on this task force. Together they spent numerous hours collecting articles and data on APRN practice and have provided testimony to committees. They were knowledgeable, articulate, and displayed tremendous professionalism.

National Healthcare Decisions Day, April 16, 2008:
I want to again remind all nurses April 16, 2008 has been designated a National Healthcare Decisions Day! The National Healthcare Decisions Day Initiative is a collaborative effort of national, state and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare decisions. The Federal Patient Self-Determination Act requires that all Medicare-participating healthcare facilities inquire about and provide information to patients on Advance Directives, and to provide community education. Hospitals, nursing homes, and home health agencies have incorporated this into practice but health care providers in outpatient practices and clinics may not know if patients have advanced directives. Since nurses communicate with most patients in each practice setting, we have the unique ability to facilitate this discussion. As a nurse practitioner I utilize the time spent with patients during physical exam visits as an opportunity to broach this important subject. I also encourage you to have this discussion with your own family. For more information, visit: www.nationalhealthcaredecisionsday.org.

VSNA Committees:
- The VSNA Executive Board would like to have member input on our education planning committee, conference planning committee, and our membership committee. Our organizational financial viability depends on membership, educational offerings, and our annual conference. Committees often meet by conference calls, preventing long drives after work or in bad weather. Your participation on these committees will help strengthen our organization and promote nursing in Vermont. It also provides an opportunity to become involved in the VSNA in a less demanding role. Please contact myself or Marilyn Rinker at the VSNA office to learn more about these committees.

Thanks again to all who support our organization!

Voices of Vermont Nurses
premiered at VSNA Convention 2000 and is available from the VSNA Office at: Vermont State Nurses’ Association 100 Dorset Street, #13 South Burlington, Vermont 05403
Price: $20 each book (plus $3.95 for postage and handling)
Make check or money order payable to: VERMONT STATE NURSES FOUNDATION
Name: ___________________________ Address: _______________________________________
City: ___________________________ State: __________________ Zip: ___________________

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National Nurses Week (NNW) 2008 Celebrates Nurses’ Making A Difference Every Day

Silver Spring, MD —The American Nurses Association (ANA) has announced the theme of National Nurses Week 2008, “Nurses: Making A Difference Every Day.” National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

“Nurses of all ages and in all settings have made a difference every day, said ANA President Rebecca M. Patton, MSN, RN, CNOR. “Today’s nurses make the ultimate sacrifice on a daily basis to provide expert care during times of disaster and crisis; we want to honor the men and women who not only chose this challenging and rewarding career, but make a difference in the lives of their patients and in the nursing community.”

During National Nurses Week, ANA reaffirms its commitment to improve the quality of health care and the working conditions of nurses. The growing shortage of RNs poses a real threat to the nation’s health care system and the public’s health, and ANA is dedicated to fighting for a workplace environment that will encourage current nurses to continue in their careers, and inspire young men and women to consider nursing as a profession.

Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

For more information on National Nurses Week, go to http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek.aspx.
New Trends in Foreign Nurse Recruitment

by Diane E. Scott, RN, MSN
Reprinted with permission from the Center for American Nurses*

Last year, the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, reported that the majority of foreign-educated nurses are no longer temporary employees. According to the American Hospital Association, 17% of hospitals recruit from abroad to fill nursing vacancies. This percentage continues to increase, representing a significant and growing number of foreign-educated nurses joining the workforce in the United States. A recent survey revealed that over 100,791 (3.5 percent) of the Registered Nurse population held positions as foreign-educated nurses. This growth is driven by a variety of factors, including personal and financial benefits and mechanisms to become licensed in the United States. Nurses want to come work in the United States? The Center: What are the reasons that foreign-educated nurses want to work in the United States? A right to migrate and denounces unethical recruitment.” The International Council for Nursing states: “Nurses have education credits, knowing your legal rights, or skillfully tools—to navigate workplace challenges, optimize patient...and human services. 51% come from the Philippines, 20% from Canada and 8% from the United Kingdom, 22% come from all other sources. In addition, over half of the foreign-educated nurses were estimated to have baccalaureate or higher degrees. The Center: Where do most of the foreign-educated nurses come from? Ms. Fritz: According to the U.S. Department of Health and Human Services, 51% come from the Philippines, 20% from Canada and 8% from the United Kingdom, 22% come from all other sources.

The Center: What about orientation to the community? Ms. Fritz: When choosing a recruitment partner, choose carefully. In the past, there were only about 30 or 40 companies recruiting nurses from overseas, now there are over 200. The Joint Commission has implemented a certification process which helps to address some of the quality issues in selecting a reliable recruiting partner, so I highly recommend making sure the recruitment company is certified. It behooves a healthcare organization to know how long the agency has recruited internationally and learn how many nurses they have brought to work in the U.S. It is just as important to learn the satisfaction rate of their client hospitals as well as their ethics in their practices. I also believe it is important for a recruiting organization to “give back” to the countries of origin. Some large health care systems recruit directly; but some use third-party recruiters because of the complexity of the credentialing, education, licensure, and immigration processes.

The Center: What are the types of FEN recruiters? Ms. Fritz: With either model, the commitment period for the nurse typically ranges from 2 to 3 years. When choosing a recruiter, there are two general models:

(1) Direct Placement: 55-60% of recruiters pay up front for recruitment and immigration fees to fill a specific position. This is the method of choice for many nurses. The hospital employs the nurse immediately and assumes the risk of hiring them without previously working with them.

(2) Lease to Hire: 40-45% of recruiters pay up front costs to the recruiting agency; instead, they pay an hourly rate for nurses’ shifts worked for the contract period. The hospital then hires the nurse after having experienced the quality of their work in the hospital for several months.

The Center: What are keys to success in working with these people? Ms. Fritz: One of the most important components of a successful long-term placement of a foreign-educated nurse is the extent to which the recruiting company chooses and prepares the candidates. A simple phone interview and skills check list is not enough to ensure success and recruiters should meet potential candidates face-to-face in their countries of origin. The interview and preparation phase of the placement should be done with extreme caution and with using various tools to determine the level of critical thinking and decision making. Each nurse that I place in the United States completes a survey tool to determine how she makes decisions. I want to find out how she will accommodate uncertainty: uncomfortable situations, physician interactions, and peer relations, and having a well designed tool can help predict how they may react when encountering real patient situations in this culture.

While all foreign-educated nurses must also take the NCLEX exam for licensure, simply passing the test does not determine critical thinking skills. My team uses patient vignettes in our verbal interviews with the nurses to get a much deeper assessment of their ability to critically think through situations. The face-to-face interviews are also very helpful in determining the extent of her English speaking skills as well.

The Center: How can a FEN be best oriented after she arrives to the United States? Ms. Fritz: The greatest challenge for a foreign-educated nurse is clarity of speech. While all are required to pass an English exam, accent reduction is also sometimes needed. Recruiters and hospitals assist the foreign-educated nurse by coaching her to listen to talk radio and audio books. Preceptors and colleagues can also help by monitoring phone calls or having the foreign-educated nurse take formal accent reduction courses. As for clinical competencies, it is important to choose a recruitment company that assesses and validates competency of the individual foreign-educated nurse prior to their arrival to the United States, including clinical skills, equipment familiarity, and U.S. cultural practice.

The Center: What about orientation to the community? Ms. Fritz: The orientation to the community is important and should include, at minimum, securing and settling in a safe, appropriate, and furnished apartment; organizing transportation; teaching shopping, taxes, and banking; and processing immigration documents. An experienced recruitment company will provide this as well as teaching U.S. culture, laws, and manners.

The recruitment and integration of the foreign-educated nurse can truly be a win-win situation for all concerned if the above elements are considered. Foreign-educated nurses benefit from their professional “dreams being fulfilled” and their families receiving funds to improve their lives in the home countries. Our diverse patient populations benefit by the culturally diverse nurse population. And healthcare organizations gain permanent staff members who remain as flexible, confident, and competent nurses.

*The Center for American Nurses is committed to helping nurses develop both professionally and personally. The Center offers solid evidence-based solutions-powerful tools-to navigate workplace challenges, optimize patient outcomes, and maximize career benefits. Whether it’s learning how to handle conflict, gaining continuing education credits, knowing your legal rights, or skillfully managing your money, The Center’s resources add traction, moving you toward the best life a career in nursing can offer.
Strategies for Engaging a Diverse Pool of Nurses

by Priscilla Smith-Trudeau

Today’s nursing teams must function in an increasingly competitive marketplace that shifts constantly without warning or much notice. Faced with the intensifying nursing shortage and the need for consumer services, these teams are being forced to perform more efficiently and effectively. They need to solve problems, execute decisions, and service consumers in a culturally competent manner.

In this challenging environment, common sense dictates that the most successful nursing teams are those that maximize the combined skills of all their nursing personnel. Competencies such as sharing information with others, working skillfully as part of a team, problem solving collaboratively, soliciting different viewpoints, addressing and learning from conflicts and differences, and tapping into co-workers’ knowledge, expertise, and talent are required.

These new team requirements go well beyond functional expertise and individual ability. They extend to leveraging the collective talents of an increasingly diverse pool of nurses. Nursing teams must create and foster an environment in which each person can contribute his or her unique perspective and portfolio of talent. This calls for a new sense of “we are all in this together” and “we are not all the same... and our differences are critical for our success.”

The following strategies will help nurses develop and lead their teams in such a way as to generate more cohesiveness, cooperation, shared meaning, creativity and effectiveness now as they journey into a better future in nursing.

1. A Clearly Articulated and Co-Created Mission

High-performance nursing teams succeed when they leverage the collective talents of all team members. To lead a high-performance team you must commit yourself to constant learning and growth. Part of creating a safe environment for growth and change is making it safe for people to experiment and to know that each step along the way will be included and kept informed through open, honest communication. This environment of trust is consciously established and maintained. It becomes a felt presence, an accepted norm and a foundation for all that the team does.

6. Cultivating and Maintaining Trust

“Successful nursing teams know that in order to be successful there must be trust among team members. Trust that they can depend on one another, that all members will pitch in and do their share of the work and that everyone will be included and kept informed through open, honest communication. This environment of trust is consciously established and maintained. It becomes a felt presence, an accepted norm and a foundation for all that the team does.”

7. Commitment to the Team’s Goals and Objectives

While values define a highly successful team, it is the concrete goals and objectives that are the life’s blood of vitality. Commitment works a lot harder than loyalty, and gets more done than morale does. Commitment to goals energizes and empowers. It inspires creativity and pulls a person’s and a team’s potential into play. That is critical, because nursing teams can’t afford or get by anymore with mediocre half-hearted performers. Meaningful goals help create a sense of belonging because people feel connected by participating in a worthwhile venture. The process of getting consensus and team goals builds esteem and belonging in the process.

8. Acknowledge Cultural Conflicts

Misunderstandings and disagreements occur in every relationship, on every team and in every organization. All too often, people are shut down and out if they bring their input. Priscilla Smith-Trudeau RN MSM BSN CRNN 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 address is www.wealthindiversity.com.
Today, more than 65,000 of our friends and neighbors are uninsured in Vermont. Accidents or illnesses happen every day and when you are uninsured, you can’t always afford to go to the doctor when you need to. Many times, minor health issues can turn into major problems.

Green Mountain Care, which launched last November, is a comprehensive family of programs that provide quality health coverage to make sure that uninsured Vermonters get the care they need when they need it. These programs provide coverage for health care services such as doctor and hospital visits, checkups, prescription medicines, chronic disease care, immunizations, mental health care and more.

“The response to Green Mountain Care has been very positive,” said Governor Jim Douglas. “We’re continuing to get the word out through an aggressive outreach campaign that makes it easy for people to call or visit the Web site to find out which health coverage option is right for them.”

Uninsured Vermonters can simply call 1-800-250-8427 or log on to www.GreenMountainCare.org to find out if they are eligible for low-cost or free health coverage through Green Mountain Care. And with the new Catamount Health program, there are more options than ever for Vermonters without health coverage.

Green Mountain Care programs include:
• Catamount Health—Health coverage for adults who have been uninsured for 12 months or more (several exceptions apply); Catamount Health also offers help with paying premiums depending on income; family plans are also available through Catamount Health.
• Dr. Dynasaur—Low-cost or free health coverage for children, teenagers under age 18 and pregnant women.
• Vermont Health Access Plan (VHAP)—Health coverage for low-income uninsured adults age 18 and older who have been uninsured for 12 months or more (several exceptions apply); VHAP also offers assistance with paying employer’s premiums depending on income.
• Medicaid—Low-cost or free health coverage for low-income children, young adults under age 21, parents, pregnant women, caretaker relatives, people who are blind or have disabilities and people over age 65; eligibility is based on income and resources.
• Prescription Assistance—Programs help pay for prescription medicines and include VPharm, VHAP-Pharmacy, VScript and Healthy Vermonters; eligibility is based on income, disability status and age.

There has never been a better time for uninsured Vermonters to check out their health coverage options. If you or someone you know is uninsured, call toll-free 1-800-250-8427 and speak to a Green Mountain Care representative or visit www.GreenMountainCare.org and fill out the Screening Tool to find out what Green Mountain Care program may be right for you.
ANA and AORN Agree to Individual Affiliate Partnership

SILVER SPRING, MD AND DENVER, CO—The American Nurses Association (ANA) and the Association of periOperative Registered Nurses (AORN) are pleased to announce a new agreement that will provide all AORN members with individual affiliate, non-voting status membership to ANA, effective July 1, 2008.

“As individual affiliate members of ANA, our members will have the chance to unite with registered nurses across specialties and advocate for common nursing issues that impact legislation at the local, state and national level. By coming together we have greater influence on the issues that matter most to the nursing community,” said AORN President Mary Jo Steiert, RN, BSN, CNOR.

“It’s essential that ANA continue its long tradition of representing the interests of all nurses, including perioperative nurses,” said ANA President Rebecca M. Patton, RN, MSN, CNOR. “America’s 2.9 million registered nurses make up the largest group of health care professionals, and this new partnership ensures that ANA will have a stronger voice on Capitol Hill and in state legislatures as we advocate for much needed reform in nursing and in health care.” Patton announced the ANA affiliate membership agreement at AORN’s recent 55th annual Congress conference.

“This is a critical time for the nursing community, and we recognize the need to foster close ties with our ANA partners. AORN is committed to strengthening the nursing community, but to make an impact we need to work together across specialties. An affiliation with ANA will not only benefit the perioperative community, but all nursing specialties as a whole,” said AORN Executive Director Linda Groah, RN, MSN, CNOR, FAAN.

AORN will continue to pursue direct positions on its legislative priorities,” continued Groah. “However, we also feel it is important to support the efforts of ANA initiatives, including safe staffing and workplace safety, because these are important issues that impact all nurses, including perioperative nurses.”

“We’re nurses first. Standing together as nurses, with a united presence, we are committed to improving patient safety in all settings. We believe this is the right time for what we know will be a powerful collaboration. ANA looks forward to working with AORN’s dedicated perioperative nurses to advance nursing’s agenda and to gain the momentum of the greater good on behalf of our profession and the public we serve,” remarked ANA CEO Linda J. Stierle, MSN, RN, CNAA, BC.

AORN, Inc., the Association of periOperative Registered Nurses, represents approximately 40,000 Registered Nurses in the U.S. and abroad who facilitate the management, teaching and practice of perioperative nursing, or who are enrolled in nursing education or engaged in perioperative research. Its members also include perioperative nurses who work in related business and industry sectors. AORN’s mission is to support RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. AORN promotes quality patient care by providing its members with education, standards, services and representation. For more information, visit www.aorn.org.

ANA Advocates for Critical RN Representation on the U.S. Department of Health and Human Services Secretary’s Advisory Committee on National Health Promotion and Disease Prevention

SILVER SPRINGS, MD—In advance of a series of regional hearings being convened by the U.S. Department of Health and Human Services (HHS) to discuss the objectives for “Healthy People 2020,” the American Nurses Association (ANA) is calling for representation of the nursing profession and nursing community on the HHS Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. The advisory committee is charged with developing a vision and a plan for improving the nation’s health by the year 2020.

“The Advisory Committee is comprised of several distinguished physicians, academicians, and health administrators. However, the failure to appoint a representative from the single-largest health profession—which is at the forefront of health promotion and disease prevention—represents a failure to recognize both the crucial role that nurses play as well as the need to integrate nurses into any health promotion and disease objectives and plans, and send the wrong message to the nursing and public health communities,” said Rebecca M. Patton, MSN, RN, CNOR, President, ANA.

ANA urges its members to call upon HHS to name a registered nurse to the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 through the federal government’s public comment Web site, http://www.healthypeople.gov/hp2020/comments/default.asp.

Comments received through this site by May 1, 2008 will be reported at the June 2008 meeting of the Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020.
I. STATEMENT OF POSITION

Lateral violence and bullying has been extensively researched and reported among healthcare professionals, with serious negative outcomes for registered nurses, their patients and health care employers. These disruptive behaviors are toxic to the nursing profession and have a negative impact on patient care, staff morale, patient safety and quality of care. Additionally, healthcare organizations are grappling with a continuing nursing shortage today and it is projected to grow worse as nurses retire (American Association of Colleges of Nurses, 2007). Bullying and lateral violence have a negative impact on the ability of the nursing profession to retain both new and long-term colleagues.

II. PURPOSE

The purpose of this position statement is to support the registered nurse to work in an effective and collaborative manner with other nurses, healthcare professionals, and administrators and to develop a safe environment in which to work. It is the position of the CENTER that there is no place for disruptive behavior from the workplace. The CENTER also provides support to administrators and to develop appropriate policies, codes of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.

III. DEFINITIONS

Disruptive behavior refers to inappropriate behavior, direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as an act of workplace violence.

Lateral violence is characterized by open and frequent conflict and aggression among healthcare providers and disruptive behavior can adversely affect safety and quality of care. Additionally, healthcare organizations are grappling with a continuing nursing shortage today and it is projected to grow worse as nurses retire (American Association of Colleges of Nurses, 2007). Bullying and lateral violence have a negative impact on the ability of the nursing profession to retain both new and long-term colleagues.

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as lateral violence and bullying are serious problems that need to be addressed. It has an impact on the ability of the profession to recruit new members and the ability of healthcare organizations and other employers to retain nurses.

IX. RECOMMENDATIONS

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

• Must enhance their knowledge and skills in managing conflict and promote workplace policies to eliminate bullying behavior. It is important that healthcare organizations and health care professionals approach the elimination of lateral violence and bullying from a context of ethically-based respect, in the interest of optimal patient care. The CENTER will continue to work to educate the nursing workforce, the healthcare industry and consumers about the importance of eliminating lateral violence and disruptive behavior in all practice settings.

Appendix

Policy and Procedure: Subject: ZERO TOLERANCE FOR ABUSE Effective date:

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

The (Hospital or Health Care System) has Zero Tolerance for behavior that is verbally or physically abusive and which could interfere with work performance and the delivery of safe quality patient care.

Employees, contracted individuals, or providers with hospital privileges who report in good faith that they have experienced verbal or physical abuse will not be subject to retaliation, or retribution, or any form of reprisal or discipline. The center has no concerns to their supervisor or to the administration of the (Hospital or Health Care System).

Any report of alleged abuse shall be made to the (Hospital or Health Care System) will work to resolve the report through its procedure for dealing with abuse allegations.

Procedure: System procedures may vary based upon the individual hospital procedures for resolving unacceptable behavior. However, the procedure at a minimum should:

• Outline what a person should do to report abuse.
• State what specific protections can be expected for the reporting individual from discrimination, retaliation, or termination.
• Identify how the organization will make decisions and the steps it will take to remedy the issue once abuse is reported.
• Provide information about expected organization action with respect to the contacted individual.

Persons with practice privileges in the facility are found to have engaged in abusive behavior.

• Indicate how the reporting person will receive information about the outcome of the abuse report.

Adapted with permission from the Texas Nurses Association (2007). References


International Council of Nurses (2009). Participation of nurses in health services decision making and policy development. ICN Position Statement. Retrieved from July 26, 2007 http://www.icn.ch/policies00.2006.10.03.05.0401.0.htm


Nurses who experience verbal or physical abuse will not be subject to discrimination, retaliation, or termination.

The report to the organization will be made to the (Hospital or Health Care System).

Adapted with permission from the Texas Nurses Association (2007). Additional Resources


Bully Busters www.bullyinginstitute.org

 Occupational Safety and Health Administration (OSHA) www.osha.gov

National Institute for Occupational Safety (NIOSH) www.cdc.gov/niosh

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Personal & Financial Health
Specially Prepared for the Center for American Nurses
Mutual Fund Investing: What You Need to Consider When Choosing Your Mutual Funds

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

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

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

It is usually expressed as an average annualized percentage figure—that is, the percent of increase in value for a year, averaged for several years.

For example, if a fund has an average five-year total rate of return of 10%, this means that for the last five years—if averaged out—it increased in value 10% per year. If $10,000 had been invested five years ago, it would now be worth $16,105. The value of the fund increased $6,105: $5,000 is the result of the straight 10% return, and the additional $1,106 is the result of compounding—it earned a return on previous earnings.

Risk or Volatility
Selecting different funds with different rates of risk is an advised strategy. Usually, the more return a fund provides, the more risky (or volatile) it will be. Usually experts analyze and try to manage risk so they can balance their investments—for instance, some companies will do well no matter what is happening in the global world: such as companies who sell drugs, food and household products.

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

Diversification
Perhaps the most important concept to understand and abide by in investing is diversification. Over any longer period of time, markets will not only increase and decrease in value but will change with regard to what style is “hot.”

So, the most sensible approach to investing over time is to diversify, that is, to have a mixture of growth funds, value funds and bond funds. Or if you prefer, and your resources are small, invest in a fund or two that diversifies across style.

Mutual Fund Terms
Rate of return—The amount that a mutual fund has increased (or decreased) in value, often calculated for one year or several years.

Risk or Volatility—The degree of uncertainty about whether you will make or lose money, and how much, on a stock or mutual fund. With a more volatile stock, you have a greater chance for greater gains, but also for greater losses.

Many investors are angry about their poor investment results over the past three years. But some investors who have learned the basics and kept their money diversified are holding their own. Mutual fund investors who are concerned about risk need to take charge and monitor their funds closely. A new free service that allows you to monitor a fund’s risk can be found at www.riskgrades.com.

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

Three Basic Factors:
• how many years to retirement
• your attitude about risking your money
• your overall financial position

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

On the other hand, if you are going to retire in three years, you may begin to move money away from higher return/higher risk funds into lower return/lower risk funds, such as a mixed equity/bond fund or an all bond fund. Since you will need the money sooner rather than later, you cannot risk the potential loss that might occur if the stock market drops. Specifically, if the market were to go down a cycle when you needed to sell your mutual funds, you would have to sell at a lower rate than would be the case if you could wait a few years for the stock market to come back up. For this reason, the sooner you need access to the money you have invested, the more stable the investment funds should be.

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

Life-stage funds are similar but it’s up to the investor to shift and accept lower return and lower volatility as they age.

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

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

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

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

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

Stocks vs. Bond Mutual Funds
Most people probably think of stocks (equity) when they think of mutual funds. However, there are also bond mutual funds and balanced funds, i.e. mixtures of stocks and bonds. The same thoughts that apply to return and risk also apply to bonds versus stocks. The further away you are from retirement, the more equity you might want to have. For example, if you have 20 years until retirement, you might want to be invested 80% in stocks. On the other hand, if you are going to retire in two or three years, you may want to be 80% in bonds.

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

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

Once again, your rate of return/risk profile will

Mutual Fund Investing cont. on pg. 11
**Mutual Fund Investing cont. from 10**

**Personal & Financial Health**

**Mutual Fund Terms**

**Equity—Investments in the stock market.**

**Growth funds—Mutual funds that invest primarily in stocks that are expected to increase in value.**

**Income funds—Mutual funds that have the goal of providing stable income by investing in stocks and bonds that pay dividends and interest.**

**Value funds—Mutual funds that usually pay a portion of their earnings in a dividend.**

The Center for American Nurses, established in 2003, offers tools, services, and strategies designed to make nurses their own best advocates in their practice environments. Through research, education, and advocacy, the Center offers resources to more than 44,000 nurses, visit [www.centerforamericannurses.org](http://www.centerforamericannurses.org).

**Vitality or Life Energy: The Heart of Wellness**

By Susan Vorce Crocker, PhD, RN

This month’s discussion of wellness will emphasize the notion of our health energies: i.e., vital energy, life force, Qi, or élan vital.

**Why?** It is because many nurses and others experience feelings of persistent tiredness rather than vigor both professionally and personally. “I am tired,” so tired— “At the end of everyday I am in a state of exhaustion.” “I really need more energy.” “I wake up tired.” These are the words expressed by countless nurses in America today. Coupled with these complaints are the pernicious nurses about depression, anxiety, inability to concentrate, difficulty with sleep, burn-out, and the overwhelming sense of “being drained.” The holistic aspects of personhood—the body, the soul, and the spirit—are encompassed in these tired reflections.

A qualitative study (Ekstedt M and Fagerberg I, 2005) explored the lived experiences of the time preceding burn-out. The researchers queried 8 professional workers (5 women, 3 men, ages 30-56) with a high burn-out score and reported that burn-out was understood as being trapped between a self-nourishment drive for invigorating challenges on the one hand and driving responsibilities and demands on the other. When these drives are balanced, all is well. However, when these professionals neglected essential needs, they reported symptoms of energy drain, feelings of guilt, threatened drives are balanced, all is well. However, when these professions neglected essential needs, they reported symptoms of energy drain, feelings of guilt, threatened

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**Index Funds**

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

- **Long-term corporate or government funds will be risked to a lower rate of return.**
- **Stock Fund Investment Objectives**
  - Stock mutual funds (also called equity funds) are often divided into three different types of fund objectives:
    - **growth**, income, or a mixture of growth and income.
    - Those with a growth objective seek capital appreciation —growth in the value of the fund—and tend to have higher returns and risk.
    - **Income-oriented funds** emphasize dividends—periodic payments to the stock or fund holders—over capital gains. These tend to have lower returns and risk.
    - Many funds seek both growth and income, and have a corresponding array of return/risk profiles.

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Meet Vermont's New Century Scholar for 2008

Inge Smith-Luce of Vermont Tech’s Putnam/Bennington campus is Vermont’s New Century Scholar for 2008!

The new Century Scholarship Program recognizes outstanding academic achievement and community service among students of two-year colleges and universities throughout the United States. Awarded by Phi Theta Kappa, the International Honor Society for Two-Year colleges, the New Century Scholars Program is an extension of the All-USA Academic Team.

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:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Submit application to: Vermont State Nurses’ Foundation, Inc.
100 Dorset Street, Suite #13
South Burlington, VT 05403

Name: ____________________________
Address: __________________________
City: ____________________________ State _______ Zip __________
Phone: ____________________________
E-mail: ____________________________
CDC Report Provides Snapshot of Vermont Public Health Preparedness

BURLINGTON—A Centers for Disease Control and Prevention (CDC) report "Public Health Preparedness: Mobilizing State by State" published on Feb. 20 provides a snapshot picture of progress and challenges faced by each state, including Vermont. The report examines three key public health preparedness capabilities: disease detection and investigation, public health laboratories, and overall response capabilities.

The Vermont Department of Health was recognized in the report for conducting a full-scale, two-week exercise, Operation Pandemic Flu, in July 2006 and was also noted for its ability to receive and investigate urgent disease reports 24/7 365 days a year, to conduct laboratory testing for an array of chemical and biological agents, and to activate its public health emergency operations center.

The public health laboratory routinely tests "unknown" samples from the CDC to assess and maintain competency to detect biological and chemical terrorism agents. However, the report identified areas for improvement, such as testing the emergency response of the network of laboratories around the state, and drilling with key response partners to test communications when power and land lines are down.

"We are working every day to strengthen our ability to respond quickly and effectively to any public health emergency—whether biological, chemical or radiological—and whether the emergency is a natural event like pandemic influenza or a terrorist event like an intentional release of anthrax," said Health Commissioner Sharon Moffitt, RN, MSN. "But we must keep striving to improve and to meet new challenges."

Vermont was rated as among the most prepared states in the nation in 2007 Trust for America's Health "Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism" report. In that report, based on 10 key indicators to assess health emergency preparedness capabilities, Vermont was rated 9 out of 10. Vermont was cited for its readiness to quickly move pharmaceuticals, vaccines, antidotes and medical supplies from national and state stockpiles to clinics and hospitals in the event of an emergency such as pandemic flu, an anthrax attack or toxic chemical spill.

Vermont was one of the few states in the nation in 2007 to achieve a score of 90 or above (out of 100) from the CDC for its Strategic National Stockpile (SNS) emergency preparedness program. SNS is a federal asset that augments local supplies with a large, continuous quantity of medications, vaccines, supplies and equipment delivered to the state within 12 hours of an emergency.

The Burlington Metropolitan Statistical Area (including parts of Chittenden, Franklin and Grand Isle counties) has now joined 71 other cities nationwide in CDC's Cities Readiness Initiative (CRI). CRI is a pilot program to help cities strengthen their capacity to quickly deliver medicines and medical supplies during a large-scale public health emergency such as an airborne anthrax attack. States must develop plans that support mass distribution of medication to 100 percent of an identified population within 48 hours of a possible exposure.

Vermont has exercised its ability to dispense medication quickly to a large population during two large-scale exercises, “Operation Pandemic Flu” in 2006, and “Operation Red Clover” in 2004. “Operation Red Clover” was a three-day scenario that involved a simulated intentional release of pneumonic plague and air delivery of SNS supplies by the Vermont National Guard to public clinics. Also in 2004, during the severe influenza vaccine shortage, the Vermont Department of Health organized community mass vaccination clinics for very high risk adults that were held in 17 locations around the state on a single day.

An effective response involves multiple state and local agencies and the entire health care community working within the framework of the State Emergency Operations Plan.

Key planning and response partners include the Office of the Governor, Vermont National Guard, Department of Public Safety (including Vermont Emergency Management, Vermont Homeland Security, Vermont State Police, Vermont Hazmat), Vermont 2-1-1, Agency of Human Services, Agency of Agriculture, Food & Markets, the Vermont Association of Hospitals & Health Systems Network Service Organization, Fletcher Allen Health Care, hospitals and laboratories around the state, University of Vermont and colleges around the state, Vermont League of Cities & Towns, Local Emergency Planning Committees (LEPCs), local government and planning commissions, schools, law enforcement, refugee community organizations, health care providers, community leaders and the Vermont media corps.

The CDC report is posted at: http://emergency.cdc.gov/publications/feb08phprep(exit VDH)
**General News**

**LEGISLATIVE UPDATE**
Margaret Luce, MSN, RN

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 was 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 opposed, or were neutral on this bill wanted to follow up.

**APRN care. The report was due in January ’08.**

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 vtnurse@prodigy.net, or a hardcopy can be sent to the VSNA, Inc, VNC Abstract, 100 Dorset Street, #13, South Burlington, VT 05403.

**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:

**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.vethicsnetwork.org.

**Save the Date ! June 6, 2008**

**Internationally Recognized Nursing Scholar on Reflective Practice Coming to Burlington**

The University of Vermont (UVM) College of Nursing and Health Sciences, the UVM Humanities Center, and the Vermont State Nurses Foundation are sponsoring an exciting educational offering on Friday, June 6, 2008 entitled Reflection: A Model for Practice and Education. The conference is hosting an internationally known nursing scholar from the United Kingdom, Dr. Christopher Johns, who has written six books on transforming nursing through reflective practice. Dr. Johns has spent his career developing a clinical reflection model so that nurse clinicians at all levels of practice learn to reflect on their practice to become more self aware about their selves and practice. Through reflection and the heightened self awareness which results, nurses can gain new insights about the meaning of their practice, and respond more congruently with that vision. The conference is designed to meet the following objectives: 1) Describe the meaning of reflective practice; 2) Explore modalities which support development of reflection; 3) Explore reflection as a model for clinical practice, and 4) Explore reflection in the design of curriculum.

The conference has been structured to allow the most flexibility for nurses at all levels of practice who may have different interests. The conference will be held at the Davis Center at UVM (Livak Ballroom) from 9am-4:30pm. The day is essentially divided into three parts so that attendees can choose to spend the whole day or just part of the day at the conference, depending upon their interests. The tentative conference schedule is as follows:

- **9:00am-10:30am** Introduction to reflective practice
- **11:12-12:30pm** Reflection as a model of clinical practice
- **12:30-1:30pm** Lunch on your own
- **1:30-2:30pm** Reflection as a model of clinical practice: Narrative Performance
- **3:00-3:30pm** Designing the reflective curriculum

The conference will be submitted to the Vermont State Nurses Association for approval of contact hours. There will be no attendance fee. Don’t miss this exciting opportunity to learn more about yourselves and your nursing practice!
General News

Vermont Association of Diabetes Educators
7th Annual
FLAGSHIP MEETING

DIABETES SELF-CARE
Changing Old Paradigms
Thursday, May 22, 2008
The PONDS,
Bolton Valley Resort
Bolton Valley, Vermont

Geared to clinicians interested in supporting people with diabetes:
Dietitians, Exercise Physiologists, Nurses, Nurse Practitioners,
Physical Therapists, Pharmacists

Location
The PONDS @ Bolton Valley
Bolton Valley, VT
Lodging Special rate: $84/night
Contact info at: 802 434-3444 or Website: Thepondsvt.com

The Ponds is on the water’s edge, surrounded by 5,000 acres of Vermont forests and mountains, the panoramic views, a Great Room with vaulted ceilings and a spectacular river stone fireplace create the rustic elegance for learning and collaborating with colleagues – come and enjoy!

Located off Interstate 89
- 15 miles from Montpelier
- 20 miles from Burlington

Directions available at:
http://www.thepondsvt.com/directions/

Program Schedule
7:30  Registration and Exhibits
8:30  Amy Freeth, MD
Beyond Nutrition: Understanding and Approaching Factors Contributing to the Obesity and Diabetes Epidemic
Explore key factors contributing to the obesity and diabetes epidemic: physiologic adaptations to our environment, how our environment has changed; and the impact of marketing and media on health and wellness.

11:00  Gail D’Eramo Melkus, PhD, ANP, CDE
Challenges & Strategies in Providing Culturally Competent Diabetes Self-Management Interventions
Explore what contributes to health inequities and poor health outcomes in vulnerable populations with diabetes, despite national guidelines for culturally and linguistically competent care. Discuss strategies for self-management education.

12:15  Lunch and Exhibits
1:30  Cathy Mullooly, MS, RCEP, CDE
Timing the Exercise Prescription
Interpret the medical and educational assessment. Discover how to effectively prompt an interest in making physical activity a practical part of everyday living and adapt the exercise prescription for different phases of activity.

3:00  Edward Horton, MD
Lifestyle Modification: Prevention and Treatment of Type 2 Diabetes
Discuss the latest findings from the Diabetes Prevention Program & Look AHEAD studies. Examine the impact of intensive lifestyle modification on the development and progression of type 2 diabetes and CVD risk.

4:15  Business Meeting

Registration Form

Diabetes Self-Care:
Changing Old Paradigms
Thursday, May 22, 2008

Name / Credentials:

Address:

City:

State:  Zip:________________________

Email: ____________________________

REGISTRATION:
VIADE members: $60
Non-members: $70
Includes Break and Luncheon

Please make checks payable to VIADE and forward completed registration by mail to:
VIADE
c/o Janice Waterman
1555 Center Road
Montpelier, VT  05602

Registration Deadline: May 17, 2008

Guest Speakers

Gail D’Eramo Melkus, PhD, ANP, CDE
• Independence Foundation Professor of Nursing at the Yale University School of Nursing
• Director of the Center for Enhancing Health Outcomes of Vulnerable Populations
• Chair of the National Certification Board of Diabetes Educators

Amy Freeth, MD
• Endocrinologist and Medical Director, Clinical Research Division, Bassett Research Institute
• Medical Director, Bariatric Surgery Program
• Assistant Professor of Clinical Medicine, Columbia College of Physicians and Surgeons
• Graduate of the Institute of Integrative Nutrition

Edward S. Horton, MD
• Vice President and Director of Clinical Research, Joslin Diabetes Center
• Professor of Medicine, Harvard Medical School
• Principle investigator Diabetes Prevention Program and Look AHEAD; obesity and insulin resistance, metabolic fuel metabolism, exercise and physical training, insulin sensitivity
• Current chairman of the National Diabetes Advisory Board

Cathy Mullooly, MS, RCEP, CDE
• Medical Scientific Liaison for Novo Nordisk, Inc in the New England region
• Former Director of Exercise Physiology at Joslin Clinic, designing diabetes and weight loss, pediatric care, pump patients, supervised exercise groups and hypoglycemia prevention.
• Consultant to the ADA, AADE and the National Certification Board for Diabetes Educators

Course Description

Thursday, May 22, 2008
This program is designed to help clinicians re-think the messages and strategies regarding core diabetes self-care strategies.
• Impact of marketing, industry and environmental factors on obesity and diabetes
• Addressing health disparities in poor and minority populations with diabetes
• Effective and realistic exercise initiatives
• Integrating results from national clinical trials into practice

Continuing Education Credit
RN: 7.2 Continuing Education Hours
RD: 6.0 Continuing Education Credits

Contact info at: 802 434-3444 or Website: Thepondsvt.com
Vermont State Nurses' Association, Inc.
The Voice for Vermont Nurses

Providing

- Opportunity to network with Nurse Professionals
- VSNA Annual Convention, November 12 & 13, 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 Vermonter through
Advocacy, Expertise, Innovation and Leadership

Membership Investment

V VSNA Membership $99.00

- (Membership in VSNA and not ANA)

M Full Membership Dues $264.00
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

Other Payment Options
(please check plan):

☐ Full Annual Payment: Check to VSNA
☐ Automatic Annual Credit Card Payment
M: $264.00 R: $128.00 S: $64.00

☐ E-Pay (Monthly Electronic Payment Options Below)
M: $21.03 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. *

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

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 Nurse Today
- 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:
Enclose checks.
Postage, Enclosed.

Last Name / First Name / M. Initial / Credentials

Home Mailing Address
City/State/Zip/Code
Employer Name
Employer Mailing Address
Employer City/State/Zip
Home Phone 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 O Work O

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 ANA is not deductible as a business expense. Vermont State Nurses' Association, Inc. allows 20% of its dues for lobbying.

Monthly Electronic Deduction Authorization Signatory

* By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payments authorization, you are authorizing ANA to charge the amounts by giving the underwritten thirty (30) days advance written notice. Under-signed 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.
Approved Continuing Education Programs

Provider: Parent to Parent of Vermont
Program: Partners in Care Conference: Common Bonds
Date: December 6, 2007
Contact Hrs: 4.0

Provider: BU School of Medicine
Program: 24th Annual Conference on Obstetrics, Gynecology, Perinatal medicine, Neonatology, and the Law
8th Annual Conference on Medical Negligence and Risk Management in Medicine, Surgery, Emergency Medicine, Radiology, and Family Medicine
Date: January 2-6, 2008
Contact Hrs: 28.2

Provider: Saxe Communications
Program: Transmission of Infection with Multi-Dose Vials
Medication Errors and the Role of the ICP
Date: January 28, 2008
Contact Hrs: 1.2

Provider: Saxe Communications
Program: Adverse Reactions to Latex in a Clinical Setting: A Urologic Update
Encrustations on Indwelling Catheters
Date: January 30, 2008
Contact Hrs: 1.5

Provider: Vermont Cardiac Network
Program: Vermont Cardiac Network 2008 Winter Conference
Date: February 7, 2008
Contact Hrs: 4.75

Provider: Saxe Communications
Program: Aspiration Pneumonia Due to Enteral Tube Feeding
Early Enteral Nutrition following Cardiovascular Surgery
Date: February 8, 2008
Contact Hrs: 1.5

Provider: Saxe Communications
Program: Persistence of Microorganism on Common Hospital Surfaces
Misuse of Pre-filled Flush Syringes
Date: February 14, 2008
Contact Hrs: 1.5

Provider: Saxe Communications
Program: Managing Pharmaceutical Wastes: The Role of the ICP
Active and Passive Technology in Sharps Safety
Date: February 14, 2008
Contact Hrs: 1.2

Provider: University of Vermont Area Health Education Centers
Program: First with Kids and School Nurses —Nursing Grand Rounds for School Nurses
Date: March 19, 2008
Contact Hrs: 1.5

News from the Districts

District I held a meeting on January 16, 2008 to discuss reactivating this district. Nine people, all VSNA members, attended the meeting, including: June Benoit, State President for VSNA; Judy Cohen, Marcia Bosek, Lorraine Welch, Ann Laramee, Sharonlee Trefry, Brenda Mahoney, Martha Jo Hebert, and Marilyn Rinker.

Several issues were raised regarding the importance of reactivating District I. These issues included the fact that District I has the largest membership, the importance of having a voice in the legislature, members being seen as experts on nursing issues, and member support to nursing students.

There are several offices open in District I. Lorraine Welch, RN, PhD, long time VSNA member, who has held several offices in VSNA over the years and is presently VSNA Foundation Chair, has solicited members for the Nominating Committee. This committee will be Jane Birrin, Peg Gagne, and Fran Keefer. The following offices are vacant: President, Vice President and Director. VSNA; Judy Cohen, Marcia Bosek, Lorraine Welch, Ann Laramee, Sharonlee Trefry, Brenda Mahoney, Martha Jo Hebert, and Marilyn Rinker.

Finally, in closing, I would like to invite all members to participate in the Annual Meeting, which will be held, as mentioned previously, on June 6th at UVM. As nurses, we can definitely impact health care problems in this time of increased patient activity in the hospital and home, reduction of insurance coverage, and other health issues. Let’s unite together, through the VSNA, to show a united effort.

Marilyn Rinker, RN, MSN
Executive Director
Vermont State Nurses’ Association, Inc.
In Recognition of Caring—Honor a Nurse

During National Nurses’ Week, May 6-12, 2008, the Vermont State Nurses’ Foundation (VSNF) will launch a campaign to recognize excellence in caring by our colleagues. A nurse or group of nurses can nominate nurse colleagues who then will be recognized at the Vermont State Nurses’ Association’s Convention in October 2008.

Just think about it—who comes to mind when you are asked, “So who do you know who makes a difference in patient care, a difference in the way you feel about your work environment, or a difference in the kind of nurse you have become?” This is the nurse you will want to honor.

Watch your mail for more information about this opportunity to celebrate nurses. A special gift in the name of the nurse made to VSNF will be added to the Light the Lamp for Nursing Scholarships.

ANA Membership Video Has Gone YouTube

On behalf of the profession, the health system and the public we serve, the American Nurses Association (ANA) member video, “Advocating for Nurses where it Matters Most” has been posted on YouTube for members and perspective members. The six minute video is intended for use in the classroom, local meetings, hospitals and a variety of other settings.

With a membership in the ANA, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. YouTube was founded in February 2005. YouTube is the leader in online video, and the premier destination to watch and share original videos worldwide through a Web experience. YouTube allows people to easily upload and share video clips on www.youtube.com and across the Internet through websites, mobile devices, blogs, and email.

To view the video from NursingWorld, go to: http://nursingworld.org/EspeciallyForYou/Educators.aspx.

Together we can make a difference!

ANA Call to Action: Showtime to Release Dark Comedy on a NYC Nurse

As anyone in the nursing profession knows, the portrayal of nurses in the media is often inaccurate and sometimes downright sexist and insulting. The portrayal of nurses in the media is often inaccurate and sometimes downright sexist and insulting.

Showtime is working on a new dark comedy with Emmy nominated Eddie Falco, who played Carmella Soprano on “The Sopranos.” Falco will play a New York City nurse who doesn’t hesitate to tell her superiors off. Falco’s character is said to have a personal life that is “precarious, unpredictable and demanding in ways that she is surprisingly not always prepared for.”

The show is described as a dark comedy in the tradition of “Weeds,” the series, which doesn’t have a name yet, airing for many years in New York City. Showtime is hoping for a premiere sometime late this year.

The American Nurses Association (ANA) would like you to contact Showtime and urge them to create more accurate depictions of nurses. If we stand together to end harmful negative stereotypes and encourage good ones, the nursing profession will have the social, political and financial support it so richly deserves.

Letters of complaint can be mailed to the following: Showtime Networks Inc., ATTN: Robert Greenblatt, President, Entertainment, 1633 Broadway, New York, NY 10019.

A sample letter of complaint is available for download from the ANA website: http://nursingworld.org/Homepage/Career/NursingInsider/ShowtimeDarkComedy.aspx.

Specialty Organizations

News from the Vermont State Board of Nursing

Mary Botter, Executive Director
802-828-2396

BOARD MEMBERS AND EXPIRATION DATES

Linda Rice, APRN, Vice Chair
12/31/08

Ellen Leff, RN
12/31/09

Alan Weiss, Public Member
12/31/08

Kenneth Bush, RN
12/31/09

De Ann Welch, LPN, Secretary
12/31/10

William White, Jr, Public Member
12/31/11

Deborah Robinson, RN
12/31/11

Jeanne Carr, RN
12/31/12

Executive Director Appointed

Mary Botter, PhD, RN, has been appointed Executive Director for the Board of Nursing effective December 1, 2007. Dr. Botter has a PhD from the University of Pennsylvania with a focus on Nursing Administration. She has held the positions of Interim Associate Dean at the Department of Nursing, University of Vermont; Senior Vice President and Chief Nursing Officer at Fletcher Allen Health Care, and most recently Principal and Industry Expert for Consulting Group-Computer Sciences Corporation. Dr. Botter has also held other positions in education and in nursing practice. The Board and the Office of Professional Regulation are very pleased to welcome Dr. Botter.

Board Members Say Goodbye

Laurey Tyo, RN has resigned from the Board. Laurie has served on the Board for six years. She brought to the Board her considerable expertise in Nursing in the acute care setting. Laurey’s fair and consistent decision making was a model for new Board members.

Sue Farrell, RN, MSN—Her term expired on December 30, 2007. Sue has been on the Board for nine years and served as Chair of the Board for 8 years. Sue’s leadership and her high standards for assuring safe practice earned her the respect of the Board and the public.

New Board Members Appointed

William White, Jr.—Governor Jim Douglas has appointed William White, Jr. as the public member to the Board of Nursing for a four year term. Mr. White is a graduate of Babson College in Wellesley, MA with a Master’s Degree in Business Administration and from Carnegie Mellon University in Pennsylvania with a BS Degree in Civil Engineering. Mr. White is retired and lives in Waterbury Center where he is very active in community activities.

Deborah Robinson, RN, MS—Governor Douglas appointed Deb Robinson to replace Laurie Tyo. Deb received her BSN degree from the University of Vermont and her Master’s in Nursing Degree from the University of Phoenix. She currently is a Professor of Nursing at Vermont Technical College and works per diem at Central Vermont Medical Center.

Jeanne Carr, RN, PhD—Governor Douglas appointed Jeanne Carr to the Board of Nursing effective January 1, 2008. Jeanne received her BS and Master’s degrees from Clemson University in South Carolina and her PhD in Nursing Science from the University of South Carolina. Jeanne is an Associate Professor and Undergraduate Program Coordinator at the University of Vermont School of Nursing.

In Memoriam:

The Board is sad to report the death of Patricia Sartelle. Pat was the Administrative Assistant for the Board of Nursing for many years. Many will remember her for her soft, kind voice on the phone and her willingness to help anyone who called the Board’s office.

Office Location and Meetings:

The office of the Board of Nursing has moved! We are now in lovely quarters in the National Life Building located at National Life Drive, Montpelier, VT. The office is open from 7:45 a.m. to 4:30 p.m. Monday through Friday. Board meetings are held the second Monday of each month and are open to the public. The Board extends an open invitation to attend the meetings.

Website:

The Board of Nursing is accessible via the web site. Information that can be accessed includes:

• Nurse Practice Act and Administrative Rules;
• Applications for examination, endorsement, and renewals;
• Individual license search;
• Advisory opinions;
• Contact information; and
• Annual reports.

Site Address: www.see-state.vt.us or www.vtprofessionals.org
Clinical Coaching Workshop:

Objectives

1. Advocate for the resources needed to precept or mentor in the clinical setting
2. Use clinical coaching plans, adapted to fit diverse learning styles, to develop reflective practice in the novice
3. Distinguish the delegation/legal implications related to the preceptor &/or student/mentor roles.
4. Provide feedback, along with other resources and specific skills needed for effective precepting or mentoring.
5. Predict and prevent adverse outcomes from communication barriers and challenging issues
6. Foster critical thinking capability while developing and validating competent practice
7. Develop solutions that address the problematical experiences of coaching, mentoring &/or precepting.
8. Strengthen the team approach to development of students and new staff members.

Clinical Coaching Workshop Dates:
- June 6th & 27th, 2008 — Brattleboro Memorial Hospital, Brattleboro, VT
- October 1 & 2, 2008 — Rutland Regional Medical Center, Rutland, VT
- October 27 & 30, 2008 — Northeastern VT Regional Hospital, St. Johnsbury, VT
- December 12 & 19, 2008 — Central Vermont Medical Center, Barre, VT

Target Audience: All direct care providers that provide orientation, performance evaluation, and/or coaching to students, new graduates, temporary staff, or new hires in the healthcare workplace. Academic faculty, managers and educators that use internship, orientation, student clinical and/or preceptor programs in the clinical setting.

Contact Hours: 14.4 contact hours — C.H. certificates will be given only to those attending the full workshop. This continuing nursing education activity was approved by the Vermont State Nurses’ Association, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Workshop Presenters are selected from a panel that includes: Marilyn Rinker, VNNA Executive Director; Bev Parrettin & Peg Gagne, Education Dept., FAHC; Jan Oliver, Nurse Manager, NE VT Hospital; Anne Walker & Susan Boyer, VNIP Consultants

Registration fee:
- Vermont resident and/or employed: $150
- Reduced fee for VNIP Research Project Sites: $120
- Out-of-state: $280
- No Fee!

Registration fee will be refunded or attendance transferred to another session if cancellation notice is received at least 48 hours notice. Scholarship recipients will be billed for registration fee if they do not notify us of inability to attend.

Mailing Address: VT Nurse Internship Project, 289 County Road, Windsor, VT 05089

More info available via VNIP web page: www.vnip.org or call 802-674-7069 for information.

VNIP Selected for Prestigious Award

VNI, and Susan Boyer, have been selected for the National Nurses for Staff Development Organization (NNSDO) “Excellence in Preceptorship Award”. NNSDO presents eight prestigious awards recognizing excellence in nursing staff development. The awards are presented to individuals or groups who have demonstrated excellence in specific categories described. The organization describes the Excellence in Preceptorship Award as:

This award recognizes excellence in a preceptor program that enhances the learners’ competence in providing quality health care. This award will be based on evidence of excellence as follows:

- Orientee goals and outcomes are identified at various levels throughout the institution.
- Preceptors and orientees participate in the overall educational design for conducting orientations.
- Individual learning needs are assessed to design an educational strategy for orientation of new staff.
- Methods have been developed to support preceptors and preceptees.
- Knowledge, attitudes, and skills are included in preceptor training to effectively orient new personnel.
- A variety of methods are used to determine if orientation goals and outcomes were met.

CONGRATULATIONS!