Vermont Nurse Connection

Quarterly Circulation 20,000 to all Registered Nurses, LPNs, LNAs, and Student Nurses in Vermont

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Inside...

President's Letter

June M. Benoit, MSN, FNP

Benoit

By the time you are reading this edition of the *VNC*, hopefully the cold weather and snow storms of the winter will just 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 ads have 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.

Being knowledgeable about issues is crucial. This year will prove to be an important election year on both state and national levels, not only for health care issues but also for our economic stability and our national security. I urge all nurses to learn about each candidate for local, state, and national office and to **VOTE**! Nurses are on the front lines in health care and must advocate for quality patient care and nursing issues like safe staffing, safe workplace, practice issues, etc. Imagine the potential political power nine million nurses would have if each nurse voted! Consumers trust nurses and may ask your opinion about health-related legislations. Hopefully, many of you were able to participate April 2nd in our Nurses' Day at the Statehouse! This annual opportunity is free to all RNs and nursing students.

To help you become a more educated voter I encourage you to visit the **Government Affairs** link from the home page of the **ANA website:** www.ana.org. This link gives you access to federal and state government affairs, as well as the **Election 2008 Action Center** where you will be able to learn about candidates and the electoral process. At the **Federal Government Affairs** section you will be able to monitor issues facing nurses, and become familiar with ANA's 2007-2008 Legislative Initiatives and track federal legislation. ANA's **State Government Affairs** program monitors over 1,000 nursing and health care related bills introduced in state legislatures across the country. Issues tracked include scope of practice for nurses, including advanced practice nurses, as well as related professions (pharmacists) and allied health persons (EMTs); expansion in roles of unlicensed assistive personnel; workplace/ environmental issues including but not limited to the presence and use of chemicals & other hazards; staffing; mandatory overtime; safe patient handling and movement; and workplace violence. The ANA sends out alerts about impending important health care legislation to presidents and executive directors to enlist the support within each constituent member association.

Our VSNA Lobbyist, Margaret Luce, MSN continues to be our eyes/ears at the Vermont Statehouse. Margaret's constant surveillance of Vermont's political scene is crucial to VSNA staying on top of issues affecting our nursing profession and patient safety/ quality care. She provides regular reports to the VSNA Executive Board and through the VSNA list-serve members are notified of impending bills needing nurses' input to elected officials. Recently Margaret asked members to contact Committee Chairs and legislators about H. 11, An Act Relating to Commissioner of Health and S. 281, End of Life Care and Pain Management. I hope many of you participated. Our nursing profession can only be as politically strong as our members. You can view the **VSNA Legislative Platform** on our website: www.vsna-inc.org by choosing the "Mission/Vision" link on the home page. You can also find information about general legislation, track bills, check voting records, and find contact information for your elected officials by choosing the "Political Action" link on the home page. This page also gives you a link to the **VSNA Lobbyist Guide**. The Guide explains how a bill becomes law and how best to contact your elected officials. Also on this page is a link to **Vermont Legislature's Commission on Health Care Reform**.

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 McFaun, (R) from Barre Town (father of past VSNA president, Kate Williams), Democrats Susan Bartlett and Alice Nitka, 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 Plan**. 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 percent 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

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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 #3—May 27, 2008
Vol. 11 #4—August 25, 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 vtnurse@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 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!

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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Content

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 vtnurse@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.

Copyright Policy Criteria for Articles

The policy of the VSNA Editorial Board is to retain copyright privileges and control of articles published in the *Vermont Nurse Connection* unless the articles have been previously published or the author retains copyright.

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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 dollars. Kudos to these folks for introducing a different concept to pay for health care! To contact the citizens' network visit http://vwcsolidarity.blogspot.com/2008/01/save-vermont-healthcare-from-insurance.htm

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 chronic 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** from the UVM Department of Nursing and **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 love 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!

Nurses
Making a Difference Every Day

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.

"This year's theme embodies what it means to be a registered nurse 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, released the 2004 National Sample Survey of Registered Nurses, which collected data on the actively licensed Registered Nurse population as of March 2004. This most recent edition of the survey revealed that over 100,791 (3.5 percent) of the Registered Nurses (RNs) practicing in the United States received their basic nursing education outside of the U.S. While this percentage reflected only a slight increase since 2000, foreign-educated nurses are now licensed in all 50 States and the District of Columbia.

According to the American Hospital Association, 17% of hospitals recruit from abroad to fill nursing vacancies. While the percentage of hospitals looking toward employing foreign-educated nurses (FENs) as part of the solution for the nursing shortage is increasing, questions still arise over the best means to recruit and orient this unique nursing population.

To address some of these issues, the Center for American Nurses interviewed Wanano "Winnie" Fritz, RN, MS, the Chief Nursing Officer and Director of International Operations of HCCA International, a company which specializes in international nurse recruitment and hospital management.

Ms. Fritz's experiences, both domestic and international, have given her a wealth of cultural and clinical expertise in nursing and management roles in the United States, Thailand, Germany, Russia, and Vietnam. Notably, she was employed for nearly 17 years by King Hussein of Jordan as both the Dean of a School of Nursing and a Health Systems Planner before joining HCCA in 2005.

The Center: Are there ethical issues involved with recruiting foreign educated nurses?

Ms. Fritz: The answer is yes, there can be ethical concerns for both the nurse and the nursing profession. Professional nursing organizations appropriately caution us to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In South African nations, there are only 1 to 1000. But as a general position, the International Council for Nursing states: "Nurses have a right to migrate and denounces unethical recruitment." In addition many of the foreign-educated nurses genuinely want to work in the United States.

The Center: What are the reasons that foreign educated nurses want to come work in the United States?

Ms. Fritz: With the increased accessibility to the internet and other media from the United States, foreign-educated nurses are much more exposed to the potential personal and financial benefits and mechanisms to become a nurse in the United States. Many of the foreign-educated nurses obtain a U.S. nursing license to fulfill multiple professional and personal goals. Numerous foreign-educated nurses desire the opportunity to work in clean, safe high-tech hospitals.

The economic advantage for nurses working in the United States usually goes beyond their personal financial gain; it carries through to their extended families back in their home country. It has been my experience that most foreign educated nurses will send up to 33% of their salary back to their home country to support their parents, siblings, and other family members. The governments of the foreign countries welcome the influx of financial assistance and are often very accommodating in assisting the nurses who are seeking to enhance their careers in the United States.

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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, 50% 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: What are the advantages of hiring a foreign-educated nurse?

Ms. Fritz: Many (FENs) are highly motivated to be a nurse in the U.S. and usually have dedicated from 2 to 4 years of their lives to reach this goal. In addition, the nurse usually has already demonstrated persistence and adaptability in navigating the immigration and licensure processes.

As U.S. hospitals care for an increasingly diverse patient population, the foreign-educated nurse is also an asset as we work to be culturally competent and provide culturally appropriate care. Finally, the foreign-educated nurse can be a more permanent solution than temporary staffing options since many want to integrate permanently into a hospital and community, resulting in retention rates as high as 85%.

The Center: How would a prospective employer approach the recruitment of foreign-educated nurses?

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 is helping 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 most 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 "order" in terms of quantity and specialty. 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 no upfront 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 nurses?

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 country of origin.

The interviewing and preparation phase of the placement should be done with extreme caution and by 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 unconventional and unique patient 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 always 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 familiarly, 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 payroll and benefits 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

Smith-Trudeau

Today's nursing teams must function in an increasingly competitive marketplace that shifts constantly without warning or apology. 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 own unique perspective and portfolio of talent. This calls for a new sense of *we*—a 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 staff throughout the organization share and work from a common mission. They have a compelling mission and clear goals that draw both team members and other stakeholders to participate in its realization. The best team missions are ones that are co-created by the meshing of individual and organizational values. It can be described as the compass that charts the team's course, and it spells out the team's reason for being. All staff need to be involved in the process of developing the mission. An effective mission statement must resonate with people working in and for the team, as well as with the different constituencies that the team hopes to affect. It must express the team's purpose in a way that inspires commitment, innovation and courage.

2. Identify Shared Values

Shared values are what engender trust and link high-performance teams together. Of all the factors that can derail a team's efforts to achieve results, that of values differences is the most fundamental. Values shape our relationships, our behaviors, our choices, and our sense of who we are. The more positive our values, the more positive our actions. Agreement at the values level is what brings commitment to the team's vision, mission and goals. For any team to function well there must be a commonly shared set of assumptions, expectations and priorities that arise out of organizational values.

3. Link and Integrate Strategic Initiatives

It is almost impossible to create and sustain a high performance team if the team fails to link and integrate its strategic initiatives with its mission, vision, values, external environment, people systems and management practices. The alignment of all these key elements in the face of differences creates synergies that are far more productive than the sum of the parts. This is an essential prerequisite for achieving higher performance. After this alignment has been accomplished, the team gains the potential inherent in leveraging diversity and a culture of cooperation, shared meaning, creativity and effectiveness.

4. Unleashing Synergy: Aligning the Strengths of the Team

High-performance nursing teams do not just happen. They evolve over time and require people who possess certain talents, a wide range of diversity skills, and a common vision. These teams attract, hire and select team members who have a passion for what they do, are able to keep lines of communication open, share responsibilities and results, and most importantly know how to work shoulder to shoulder with others. They take time to listen and learn about each team member's interests, skills, strengths, hopes and dreams. They think and act like a team while optimizing and aligning their strengths toward the vision, mission and goals of the team. These are the kinds of nurses you want on your team—nurses with the inclination and skills to be team players.

5. Collectively Shaping Group Culture through Establishing Team Norms

Norms express intentions; they help team members agree on how they'd like to get along before situations emerge that might otherwise prevent them from getting along. Furthermore, norms provide a context for discussing grievances about team behavior, thereby preventing tensions from mounting and frustrations from festering. Norm setting gives team members an opportunity to express what's important to them and to learn what's important to their teammates. The effective team reflects on the experiences and values of all its members. They gather frequently to listen to each other, sharing stories and lessons learned. They make room for the richness of the totality and they help team members grow and increase their input.

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 commitment to 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 a different approach to the team. Others try to ignore misunderstandings, hoping that the disagreement will just go away. In fact, teams cannot achieve their highest performance without raising differences in perspectives and having disagreements. These differences are needed to foster the creative tension that, when worked through, enables teams to break through barriers and exceed expectations. The challenge is not to suppress those differences but rather to address them in ways that provide the opportunity for new thinking and ideas. Respect for differences goes a long way toward building good will and extending cooperation.

9. Seamless Team Collaboration

We are living in a time in which there are no real limits to the possibilities for cooperation and collaboration in nursing. Team collaboration is no longer an option; it is a fact of life in today's healthcare settings. The complexity of tasks and the interdependence of functions make it crucial that nurses work well shoulder to shoulder with one another. Seamless collaboration creates exceptional results, delights consumers, and brings joy to the team. It involves a meticulous understanding of and attention to consumer's desires…smooth and accurate pass-offs from nurse to nurse and function to function … a shared focus on doing the right thing right … a common commitment to show they care.

Conclusion

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 informs the next—to allow for mistakes, to deal with obstacles, and to identify new opportunities along the way. It takes both patience and a sense of urgency to achieve a successful outcome: patience to position all the right elements (the nine strategies) and urgency for execution.

To succeed and thrive on this journey into the future of nursing, you must be committed to the potential of all people on the team and the positive power of their combined efforts. Above all, you must be courageous and passionate to find a way to strengthen the power and voice of the team members as catalysts for change. I celebrate those of you already on the journey, and I welcome and applaud those of you bold enough to start.

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 address is www.wealthindiversity.com.

New School Entry Immunization Requirements Effective August 2008

The Immunization Program at the Vermont Department of Health and Vermont health care providers work closely together to reduce the occurrence of vaccine-preventable disease. In an effort to continue to prevent the introduction and transmission of vaccine preventable diseases in the school setting the Health Department recently updated the school entry immunization requirements.

The new requirements apply to all students entering kindergarten and 7th grade and to any student newly enrolling into a school, regardless of grade. For the latter, students must meet the same requirements as for kindergarten (for students entering grade 1-6) or the 7th grade (for students entering grade 8-12). The new requirements also apply to students enrolling into a post-secondary school, though specific schools and students are not required to comply. For questions on the latter, please contact the Immunization Program.

New Immunization Requirements

In accordance with ACIP recommendations on the scheduling of vaccinations and on minimal intervals between doses, allowing for the ACIP-approved four-day grace period:

Students entering kindergarten will be required to have received the following:

- 5 DTaP – 4 if the 4th dose was given on/after the 4th birthday
- 4 Polio – 3 if the 3rd dose was given on/after the 4th birthday
- 2 Measles
- 2 Mumps
- 2 Rubella
- 3 Hepatitis B
- 2 Varicella – waived if the parent of guardian presents a Department-supplied form indicating the student has a history of disease

Students entering 7th grade will be required to have received **all of the above and the following:**

- 1 Meningococcal conjugate vaccine (only for students attending residential-based schools such as boarding schools who live at these facilities)
- 1 Tdap booster

Students entering a post-secondary school will be required to have received the following:

- 1 Tdap/Td booster administered within the past 10 years
- 2 Measles
- 2 Mumps
- 2 Rubella
- 3 Hepatitis B
- 1 Meningococcal conjugate vaccine (only for first year students living in dormitories)
- 2 Varicella – waived if a student presents a Department-supplied form indicating a history of disease

Vermont law allows parents and students to exempt out of vaccinations for medical, religious or moral reasons. However, the appropriate form must be provided to claim an exemption. This form is available at schools or through the Immunization Program. The American Academy of Pediatrics has developed information that can provide the context for a discussion about the importance of immunizations, and the risks associated with the decision not to immunize.

To obtain this form, or for more information please call the Immunization Program at (802)863-7638 or (800)464-4343 (ext. 7638). To view the new immunization regulations, please visit the following website:
http://healthvermont.gov/hc/imm/index.aspx

The *Infectious Disease Bulletin* can be viewed at:
http://healthvermont.gov/pubs/IDB/index.aspx
For questions & comments, please contact Mary Spayne at (802)863-7240

Green Mountain Care Programs Offer Comprehensive, Quality Health Coverage

Family of Programs Include More Options, Make It Easier to Enroll

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, check ups, 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.

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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.

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The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 54 constituent member nurses associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

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.

Personal & Financial Health

Lateral Violence And Bullying In The Workplace

I. STATEMENT OF POSITION

Lateral violence and bullying has been extensively reported and documented 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 retention of quality staff. Horizontal violence and bullying should never be considered normally related to socialization in nursing nor accepted in professional relationships. It is the position of the CENTER for American Nurses (The CENTER) that there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.

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 appropriate policies, codes of conduct and educational programs to eliminate disruptive behavior from the workplace. The CENTER also provides the Registered Nurse with guidance in managing disruptive behavior to include lateral violence and bullying in the workplace.

III. DEFINITIONS

Bullying and lateral violence represent two types of disruptive behavior in the workplace.

Bullying is an "offensive abusive, intimidating, malicious or insulting behavior, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress. Bullying is behavior which is generally persistent, systematic and ongoing" (Task Force on the Prevention of Workplace Bullying, 2001, p. 10). Bullying is associated with a perpetrator at a higher level or authority gradient, for example, nursing supervisor to staff nurse (CENTER for American Nurses, 2007).

Lateral violence (Griffin, 2004; Rowell, 2007; Stanley, Martin, Michel, Welton, & Nemeth, 2007), horizontal violence (Dunn, 2003; Farrell, 1997; Hastie, 2002; Longo & Sherman, 2007) and horizontal hostility (Bartholomew, 2006; Thomas, 2003) are terms used to describe the physical, verbal or emotional abuse of an employee. Within nursing, lateral violence has been defined as nurse to nurse aggression. This violence can be manifested in verbal or nonverbal behaviors. The ten most common forms of lateral violence in nursing are: "non-verbal innuendo," "verbal affront," "undermining activities," "withholding information," "sabotage," "infighting," "scapegoating," "backstabbing," "failure to respect privacy," and "broken confidences" (Griffin, 2004).

Disruptive Behavior is behavior that interferes with effective communication among healthcare providers and negatively impacts performance and outcomes. This type of behavior is not supportive of a culture of safety.

Culture of Safety is characterized by open and respectful communication among all members of the healthcare team in order to provide safe patient care. It is a culture that supports "organizational commitment to continually seeking to improve safety" (Institute of Medicine, 2007, p. 15).

Workplace bullying "Workplace bullying is repeated 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 undermining the individual's right to dignity at work." (Task Force on the Prevention of Workplace Bullying, 2001, p. 5).

Verbal abuse—a disruptive form of behavior involving verbal communication that is associated with horizontal violence and bullying. Cox described verbal abuse as "any communication a nurse perceives to be a harsh, condemnatory attack upon herself or himself professionally or personally" (1991a, p. 32). Such abuse can include: silence, backbiting, gossip, and passive aggressive behavior (Rowe and Sherlock 2005 p. 243).

IV. HISTORY

The culture of the healthcare setting has been historically populated by images of the nurse as a "handmaiden" in a patriarchal environment (Kelly, 2006, p.23). The balance of power has not been in the nurse's favor. Organizations fashioned to be hierarchical have not fostered a culture of professional collegiality, nor have they advanced the role of nursing. Too often, nurses have acquiesced to a victim mentality that only facilitates a sense of powerlessness. Nurses have reported concern about the lack of action taken by supervisors in addressing horizontal violence in the workplace (Farrell, 1997; Stanley et al., 2007).

While not directly addressing bullying or horizontal violence, Kramer (1974) described the "reality shock" occurring for new graduates when they encountered differences in their perception of what nursing could be and the actual reality of the workplace. Kramer suggested that "reality shock" can manifest as hopelessness and dissatisfaction, which is a prelude to conflict in the workplace (p. 9). Today, bullying is an international phenomenon not limited to the healthcare arena, and abuse can also occur between professions. The phrase "nurses eat their young," has been used to describe the negative behaviors directed toward new nurses (Rowe & Sherlock, 2005). Griffin (2004) described the vulnerability of newly licensed nurses as they are socialized into the nursing workforce; lateral violence affected their perception of whether to remain in their current position.

Sofield and Salmond (2003) found that primarily physicians, then patients, and patients' families were responsible for most of the verbal abuse towards nurses. One-third of respondents expressed they would consider resignation in response to verbal abuse; it was concluded that nurses lacked the skills to deal with the verbal abuse and perceived themselves as powerless to change organizational response (Sofield & Salmond, 2003). Cox found the most frequent source of verbal abuse was physicians, and in descending order patients, families and peers, supervisors and subordinates (1991). The turnover attributed to verbal abuse was 24 percent for staff nurses and 25 percent for nurse managers (Cox, 1991b) Cook, Green and Topp (2001) found that perioperative nurses encountered verbal abuse by physicians. However, Rowe and Sherlock (2005) reported that nurses in particular were the most frequent source of verbal abuse towards other nurses. Patients' families were the second most frequent source, followed by physicians and then patients (Rowe & Sherlock, 2005).

In 2004, The Institute for Safe Medication Practices published a survey on workplace intimidation. Almost half of the 2,095 respondents, which included nurses, pharmacists and other providers, recalled being verbally abused when contacting physicians to question or clarify medication prescriptions; intimidation had played a role in either not questioning a concerning order or seeking ways not to directly confront the prescribers. While physicians and prescribers used intimidating behaviors, however they were not the only intimidating healthcare providers (Institute for Safe Medication Practices, 2004a).

In a hostile environment, communication is hindered and this can affect quality of care and patient safety (Joint Commission on Accreditation of Healthcare Organizations, 2002). Healthcare providers report intimidation does alter communication and negatively impacts patient care and safety (Institute for Safe Medication Practices, 2004). Healthcare professionals facing intimidation may sometimes choose to abdicate their advocacy role to avoid intimidating behaviors, impacting patient safety. The Institute for Safe Medication Practices survey (2004) revealed that more experienced nurses were more likely to encounter intimidating behaviors; differences in intimidating encounters were not appreciably different in terms of gender but females were more likely to ask another colleague to talk with the intimidator for them. The organization's effectiveness in handling intimidation was viewed less favorably by those nurses and pharmacists with more years of practice in that facility (Institute for Safe Medication Practices, 2004a)

V. IMPLICATIONS OF NOT MANAGING LATERAL VIOLENCE AND BULLYING

Conflict in the workplace results in serious negative outcomes for registered nurses and other healthcare professionals, organizations, and patients. The Joint Commission (2007) acknowledges that unresolved conflict 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.

VI. ORGANIZATIONS' RESPONSE TO DISRUPTIVE BEHAVIOR

A number of nursing organizations have issued statements regarding the detrimental effect of disruptive behavior on both patients and nurses and have called for solutions to address the problem (American Association of Critical-Care Nurses, 2004; AORN, 2003, 2007; International Council of Nurses, 2006; National Student Nurses Association, 2006). The American Nurses Association *Code of Ethics for Nurses* speaks to "improving health care environments and conditions of employment conducive to the provision of quality health care" (American Nurses Association, 2001, p. 20). Additionally, the Joint Commission (2007) has proposed a revision in its standards for disruptive behavior, identifying manifestations of abuse and violence in the workplace and providing avenues for ending this phenomenon which will take effect in 2009. It is imperative, then, that definitive action be taken to address the problem of workplace violence and its impact on health professionals and patients.

The development of zero tolerance for abuse in the work place is a recommended strategy to address disruptive behaviors (American Association of Critical-Care Nurses, 2004; Institute for Safe Medication Practices, 2004b; Ramos, 2006; Tabone, 2001).

VII. SUPPORTIVE MATERIAL: EVIDENCE-BASED & BEST PRACTICES SOLUTIONS

Nursing recognizes the need for cultural change to eliminate the effects of disruptive behavior including lateral violence and bullying at the personal, organizational, national and international levels. Suggested improvements include interdisciplinary collaboration, communication and opportunities for education and training to address disruptive behavior by physicians (Rosenstein, 2002). In a cognitive rehearsal strategy proposed by Griffin (2004), nurses were taught to delay automatic thoughts, and respond differently through empowerment strategies to address lateral violence.

Gerardi (2004) described the use of mediation techniques to identify conflict early and develop a plan to resolve it by listening, reframing the concerns raised, identifying commonalities and clearly defining decisions. Developing a critical mass of diverse professionals trained in conflict management can not only reduce lateral violence and bullying, but it can also assist with other potential conflict situations, such as, error disclosure issues and process reviews.

The Institute of Safe Medication Practices (2004b) suggested organizational strategies: development of a multidisciplinary group that will survey staff about behaviors, develop educational opportunities, establish a standard method for collaborative communication and zero tolerance for intimidation, in addition to being models for and rewarding positive behaviors.

VIII. SUMMARY

The CENTER for American Nurses recognizes that lateral violence and bullying in the workplace is a serious problem. It is imperative that the profession of nursing address this problem to improve the recruitment and retention of nurses. The efforts to improve patient care are inextricably linked to the work environment of nurses (Institute of Medicine, 2004). Disruptive behaviors of healthcare providers are not conducive to a culture of safety. The evidence is clear that disruptive behaviors such

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as lateral violence and bullying are serious problems that negatively impact the work environment of nurses. This problem is broad reaching and has clear implications in the current and future projected shortage of nurses, as well as the safety and quality of patient care. 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 the following strategies to eliminate disruptive behavior (lateral violence and bullying):

Nurses

- Nurses and nurse leaders, managers and supervisors adopt and model professional ethical behavior.
- Recognize and appropriately address bullying and disruptive behavior in the workplace through enhanced conflict management and conflict resolution.
- Reflect on your own behavior and communicate respectfully with each other.
- Participate in collaborative interdisciplinary initiatives to prevent abuse.
- Work to ensure the mission, vision and values of their workplaces that are reflective of the Code of Ethics for Nurses (American Nurses Association, 2001) and standards set by the profession, in order to eliminate disruptive behavior (lateral violence and bullying).

Employers/Healthcare Organizations

- Implement zero tolerance policies that address disruptive behaviors (lateral violence and bullying) and indicate such behaviors will not be tolerated. The organizations should adopt zero tolerance policies that include appropriate investigation and due process necessary to provide adequate safeguards to nurses and others who are accused of lateral violence or bullying. (See appendix for sample policy).
- Promote a Culture of Safety that encourages open and respectful communication among all healthcare providers and staff (The Joint Commission, 2007).
- Provide support to any individual impacted by lateral violence and/or bullying.
- Provide education and counseling to victims and the perpetrators of horizontal violence and bullying.

Nursing Continuing Education and Academic Programs

- Disseminate information to nurses and students that address conflict and provide information about how to change disruptive behavior in the workplace.
- Implement continuing education programs related to bullying and lateral violence and interventions to address such behaviors.
- Develop educational programs regarding bullying and strategies on how to recognize and address such disruptive behavior.
- Develop and implement curricula that educate nursing students on the incidence of disruptive behaviors including lateral violence and bullying, along with steps to take to eradicate this behavior.

Nursing Research

- Continue to research the contributing factors and the process of lateral violence and bullying behaviors.
- Build on previous and current studies while seeking to explore innovative interventions on how to eliminate manifestations of disruptive behaviors.
- Evaluate the efficacy of promising strategies in eliminating disruptive behaviors (lateral violence and bullying) from the workplace.

The CENTER as a Nursing Policy Maker

- Support policy, development of legislation, regulations and standards that promote a culture of safety for patient care and discourage all forms of disruptive behavior, including lateral violence and bullying.
- Continue its work to assure that nurses influence legislative initiatives, accreditation standards and policies through active participation in the policy process (International Council of Nurses, 2000).

XI. CONCLUSION

The CENTER for American Nurses maintains there is no place for lateral violence or bullying in professional practice environments. Bullying, lateral violence and all forms of disruptive behaviors have a negative impact on the retention of nursing staff and the quality and safety of patient care. Nurses, individually and collectively, must enhance their knowledge and skills in managing conflict and promote work place policies to eliminate bullying and lateral violence. It is imperative that health care organizations and health care professionals approach the elimination of lateral violence and or 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 discrimination, retaliation, or termination for reporting concerns to their supervisor or to the administration of the _____ (Hospital or Health Care System).

Upon any report of alleged abusive behavior _____ (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 when employees, contracted individuals, or 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)

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Additional Resources

The Workplace Bullying Institute www.bullyinginstitute.org

Bully Busters www.bullyinginstitute.org

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

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

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

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 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 into a down 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 investors to shift their money 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

Personal & Financial Health

Mutual Fund Investing cont. from 10

determine what bond funds you may want. Short-term government or corporate bond funds will be the safest and return the least.

Index Funds

Noted financial journalist Beth Kobliner has written for *WISERWoman* 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 (& Wiser) investor should also understand the broader range of mutual funds.

• Long-term corporate or government funds will be riskier and have a higher 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 appreciation. These tend to have lower returns and risk. Many funds seek both growth and income, and have a corresponding array of return/risk profiles.

• Stock Fund Investment Styles

The term "growth" also applies to the final way in which mutual funds differ, i.e. **investment style**. Growth funds invest primarily in growth stocks. These are the stocks of companies which have higher rates of earnings growth than average. Examples of such stocks would be technology or drug stocks.

On the other hand, **value funds** invest in stocks that have slower, but generally more predictable, growth rates. Examples might be financial or utility companies. In general, growth funds tend to be riskier and have higher returns and value funds tend to be less risky with lower returns.

Mutual Fund Terms

Equity—Investments in the stock market.

Growth funds—Mutual funds that invest primarily in stocks that are focused on increasing the value or price of the stock as the primary goal.

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. Over the long term, value investing has outperformed growth funds in which companies reinvest profits in their businesses to allow them to grow.

The Center for American Nurses, established in 2003, offers tools, services, and strategies designed to make nurses their own best advocate in their practice environments. Through research, education, and advocacy, the Center offers resources to more than 44,000 nurses, visit 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, Chi or Qi, élan vital, or vitality.

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 statements are complaints from these same 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 the meaning of burn-out is 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 self-image, and bodily manifestations (head aches, muscle pain).

So, what is your health energy state as we move into Spring? Are you at risk for burn-out? Are you already there?

Fatigue has been described as an unpleasant, subjective symptom with a multi-dimensionality rendering it difficult to define and to measure. One nursing study defines fatigue as persisting distress and decreased functional status related to a decrease in energy (Pickard-Holley, 1991). Fatigue may be viewed as an experience opposite to positive life energy or vitality. It has been argued that fatigue is a symptom of an alteration in human life force energy (Paterson, Canam, Joachim, Thorne, 2003). So where is our energy?

Health energy, conceptualized by Western thought as vitality, may be characterized as liveliness or an abundant physical and mental energy usually combined with a wholehearted and joyous approach to situations and activities. Vitality, a positive subjective feeling of aliveness and well-being, has been hypothesized to "reflect organismic well-being and thus should co-vary with both psychological and somatic factors that impact the energy available to the self" (Ryan and Frederick, 1997, p. 530). The dictionary (Merriam-Webster, 2002, p. 1317) defines it as: "1. the peculiarity distinguishing the living from the non-living; the capacity to live and develop and 2. power of enduring; lively, an animated character." Eastern healing modalities, such as Traditional Chinese Medicine (TCM) where meridian theory/acupuncture are rooted, call this vitality or life energy, Qi or Chi. Qi fills the whole cosmos; it is seen as the origin of all life and things which are infused with this invisible life resource. Qi is often characterized as "the one essential thing" and is central to health and healing (Jahnke R, 2002 and Kaptchuk T, 2000).

Human energy can be conceptualized as power or potential power (Becker, 1985). How does this relate to the energy of the human spirit that enables health and well-being? Do we feed our life force (Qi) in the same manner that we feed our body? What role does the human will and the mind play in this life force? How can nurses and others intervene in the area of energy medicine when we do not have the language to understand life force (Qi) in the context of American culture? It seems valuable to examine the balance of life force energy by querying those who are "well" in addition to those who are ill. Attention to vitality and balance in our life force gives opportunity for formulating effective preventive choices and actions that have not been discovered.

Nursing has investigated notions of energy as it relates to health and wellness (Kreiger D, 1979 and Rodgers M, 1990) and many advocate hands-on therapies such as healing touch. Psychology once only concerned with psychopathology has turned towards preventative investigations into vitality as a construct in human wellness (Cowen E, 1991) as it relates to subjective well-being and human potential (Ryan R and Deci, 2001), and happiness (Ryan R, Huta V, and Deci E, 2008).

So what approaches might we consider to restore and sustain vitality? Reiki, healing touch, therapeutic touch, many types of physical movement, any type of massage/ body work, and a diversity of spiritual meditative practices offer approaches to invigorating our inner energies for well-being and healing. Qigong, Tai Chi, and yoga are also modalities that address your whole-person energies. These offer more than the usual "fuel in the tank" and "calorie burning or low carb/low trans fat" diet and exercise programs that most of us fail to enjoy. Check them out! What else might you consider as you seek to maintain and nourish your vitality? When was the last time you did something that you truly enjoyed and left you with that "peaceful, easy feeling" of subjective vitality?

As caring professionals do we all take for granted our health, vitality, Qi, or élan vital? We often keep going until fatigue or other acute symptoms engulf us. Think about the old proverb "you don't miss the water until the well runs dry" or Joni Mitchell's song about, "Don't it always seem to go, that you don't know what you've got 'till it's gone?" (Mitchell, 1969). You are no longer unaware! My challenge to you, dear reader, is to consider what you can do to foster your own healing energy. This boils down to investments in self care—yes, back to personal leadership again! If we don't maintain our vitality, who will? Please, don't burn yourself out!

Web links:

Stress reduction strategies: http://ya-hink-web1.healthink.com/vitality/vod/ShowArticle.asp?ID=15

Walking for fitness: http://ya-hink-web1.healthink.com/vitality/vod/ShowArticle.asp?ID=21

The Healing Touch http://www.ncbi.nlm.nih.gov/sites/

Selected References

Ekstedt, M. & Fagerberg, I. (2005). Lived experiences of the time preceding burnout. Journal of Advanced Nursing, 49(1), 59-67.

Jahnke, R. (2002). The healing promise of Qi: Creating extraordinary wellness through Qigong and Tai Chi. Chicago, IL: Contemporary Books.

Kreiger, D. (1979). The therapeutic touch: How to use your hands to help or to heal. New York, NY: Prentice Hall Press.

Ryan, R., & Deci, E. (2001). On happiness and human potentials. Annual Review of Psychology, 52, 141-166.

Ryan, R., & Frederick, C. (1997). On energy, personality and health: Subjective vitality as a dynamic reflection of well-being. Journal of Personality, 65(3), 529-565.

Ryan, R., Huta, V., & Deci, E. (2008). Living well: A self determination theory. Journal of Happiness Studies, 9, 139-170.

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

_____

_____

_____

_____

_____

_____

Continuing Education Opportunities

Upcoming Educational Opportunities

The following educational events are sponsored by the University of Vermont.
For more information contact:
Continuing Medical Education
128 Lakeside Avenue, Suite 100
Burlington, VT 05401
(802) 656-2292
http://cme.uvm.edu

Women's Health Issues Conference
May 7-9, 2008
Sheraton Hotel and Conference Center
Burlington, VT

Child Psychiatry for the Primary Care Clinician
June 5-6, 2008
Wyndham Portland Airport Hotel
South Portland, ME

Vermont Family Medicine Review Course
June 10-13, 2008
Sheraton Hotel and Conference Center
Burlington, VT

Advanced Dermatology for the Primary Care Physician
September 4-7, 2008
The Inn at Essex
Essex Junction, VT

6th Annual Northern New England Critical Care Conference
September 18-20, 2008
Stoweflake Conference Center
Stowe, VT

Dementia & Neuropsychiatry Conference
An Update for Neurologists, Psychiatrists, Geriatricians, and Primary Care Providers
September 19-21, 2008
Hilton Hotel
Burlington, VT

General News

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 Moffatt, 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 the 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 recommendations:

1. Enforce existing legislation, i.e., nursing home residents to be informed they can utilize 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 include 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 began January 8, 2008.

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

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.

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:

9-10:30am	Introduction to reflective practice
11-12:30pm	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
3pm-4:30pm	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:
VtADE members: $60
Non-members: $70
Includes Break and Luncheon

Please make checks payable to VtADE and forward completed registration by mail to:

VtADE
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

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 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 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:
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

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* ○
Work ○

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

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
vtnurse@prodigy.net
www.vsna-inc.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

_____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: 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 28.7

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

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.

NEW MEMBERS

District I
Jennifer Botelho
Phyllis Hall
Celeste Kane-Stebbins
Lori Koshowski
Judy Stilwell
Martha Stromme

District II
Dr. Patricia Archbold
Beverly Flye
Mary Furr
Nancy Marth

District III
Michelle Wade
Karen L. Wu

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 Birnn, Peg Gagne, and Fran Keeler. The following offices are vacant: President, Vice President and Director. VSNA members wishing to be placed in nomination should call a member of the Nominating Committee or the VSNA office at 651-8886.

June Benoit gave an excellent update on the VSNA and our relationship with the ANA and CAN.

Marcia Bosek, Lorri Welch, Judy Cohen and Martha Jo Hebert volunteered to work on District I By-Laws and will bring them to the group for discussion.

Judy Cohen announced that Christopher Johns will be speaking at a conference at UVM on June 6, 2008. The UVM Nursing Department is partnering with the UVM Humanities Department, and the VSNA Foundation, to present this world renowned expert on reflective practice. His talk is free, and is open to all nurses and other interested people. The VSNA Board of Directors is encouraging members from all Districts to attend. Our goal is to have an Annual Meeting and dinner, at UVM, following the conference.

Lorri Welch discussed a community project, preparing and serving a meal to a group, by VSNA members. Lorri will contact the Salvation Army regarding this intention.

The group congratulated Sharonlee Trefry on her successful application for a $500 grant to help support children with AD.

District II and III also have vacancies in their office ranks. This writer will be having meetings with members in each of these groups to form Nominating Committees and to develop slates of officers for voting purposes.

Several professional groups report a decline in membership. This issue was discussed at length at ANA national meetings that June Benoit and I attended. Several CMA groups (Constituent Member Associations), the state branches of the ANA such as VSNA, suggested ways of encouraging attendance at meetings and gaining new memberships. Some of the suggestions included partnering with other professional groups with similar interests, combining District meetings, and combining District meetings at the Annual Meetings or Conventions. Encouraging VSNA membership is the main goal of the organization this year. We would like to hear any ideas from current or prospective members. My email is vtnurse@prodigy.net.

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.

ANA/VSNA News

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.

Showtime is working on a new dark comedy with Emmy nominated Edie 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, will be shot 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 nursing. 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/HomepageCategory/NursingInsider/ShowtimetoReleaseDarkComedy.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	12/31/08
Alan Weiss, Public Member	12/31/09
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
Jeanine Carr, RN	12/31/12

Deborah Markowitz, Secretary of State
Christopher Winters, Director, Office of Professional Regulation
Kevin Leahy, Board Counsel
Mary L. Botter, PhD, RN, Executive Director
Elizabeth Hansen, RN, MSN, Program Coordinator
Nancy Morin, Administrative Assistant
Aprille Morrison, Administrative Assistant
Sandra Swenson, Administrative Assistant

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 Mellen 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.

Jeanine Carr, RN, PhD—Governor Douglas appointed Jeanine Carr to the Board of Nursing effective January 1, 2008. Jeanine 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. Jeanine 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;
- Complaint forms, and
- Annual reports.

Site Address: www.sec.state.vt.us or
www.vt professionals.org

Specialty Organizations

Clinical Coaching Workshop: developing competence & critical thinking

A two day workshop focused on the principles, tools and techniques that support experiential learning —advanced teaching/learning, communication, and interpersonal skills. This workshop provides a multidisciplinary approach to advanced, evidence-based programs and tools

Part I - Core Education for Coaching or Precepting in the clinical setting

Objectives: On completion of this program, the participant will be able to:

1. Advocate for the resources needed to precept or coach 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/intern/orientee 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, VSNA Executive Director; Bev Partington & 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	$150
Reduced fee for VNIP Research Project Sites	~~$ 30~~ No Fee!
Out-of-state	$280

***SPECIAL OFFER:* We are able to offer 2 scholarships for each VT HC Agency for each of these workshops!**

***Use it or loose it!* Please mail or e-mail your registration ASAP to enroll for your date/location of choice!**

A pre-assignment will be mailed with confirmation of your registration – please be sure to provide your mailing address!

Refund policy: Registration fee (minus $30 administrative charge) will be refunded or attendance transferred to another session if cancellation notice is received with 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

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Clinical Coaching Workshop: developing competence & critical thinking

Registration Form: We will be mailing a pre-assignment to you. Please give an address that ensures prompt delivery.

Name: _____ Phone:_____

e-mail address _____

Facility of employment _____

Mailing Address: _____

Registration fee:

Vermont resident and/or employed		**$150**
Reduced fee for VNIP Research Project Sites	**~~$ 30~~**	**No Fee!**
Out-of-state		**$280**
Scholarship applicant (check here)		**____**

***** Amount Enclosed _____**

Limited scholarships are available for VT employed staff, if applying for scholarship, place an X in on the "Amount" line

Refund policy: Registration fee will be refunded or attendance transferred to another session if cancellation notice is sent with at least 48 hours notice. Scholarship recipients will be billed for registration fee for "no shows" without notification.

I plan to attend the Preceptor Workshop on: (check one)

- ❑ **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**

Please fill in all the requested information

Specialty area: (circle one) ICU CCU NICU OR/PACU Pysch
Med/Surg Emergency Maternal-Child Health Educator/Manager
Pharmacy Radiology Long Term Care Home Care Public Health
Respiratory Other _____
Registered nurse: (circle one) Yes No Other license - _____

Gender M F Age range – 20s 30s 40s 50s 60s + Ethnic Background _____

This information is required for federal grant funding reports. It will be used only in aggregate data reporting (% of attendees)

Space is limited! Please register early to assure your ability to go on the date of your choice

Mailing address: VT Nurses In Partnership, Inc (VNIP), 289 County Road, Windsor, VT 05089

For questions: call 802-674-7069 or e-mail: susan.motschman@hitchcock.org
Fax: 802-674-7155 - c/o Susan Motschman, VNIP

VNIP Selected for Prestigious Award

VNIP, 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!