Nurses Educate Gubernatorial Candidates

The Virginia Nurses Foundation Scholarship is awarded to a selected nursing student attending a RN to BSN program. The scholarship is awarded to a student who exhibits high academic achievement, a commitment to nursing, and strong clinical and leadership abilities.

Award: $2,000.00

Criteria for VNF Scholarship:
1. Cumulative GPA of 3.0 or higher on a 4.0 scale
2. Intent to practice in Virginia
3. Be a Virginia resident licensed as an RN in Virginia

Submit:
- Current resume to include substantiation of criteria 1 and 3.
- Letter from applicant requesting scholarship and why (criterion 2)
- One letter of support from a faculty member of current program where enrolled

Application Deadline: September 8, 2009

Send to: Virginia Nurses Foundation
7113 Three Chopt Road, Suite 204
Richmond, VA 23226

Contact (804) 282-1808 or kmahone@virginianurses.com if you have any further questions.
The State of Nursing in Virginia
by Shirley Gibson, MSHA, RN, President Virginia Nurses Association

It is hard to believe that the 109th Delegate Assembly in October will mark my one year anniversary as president of the Virginia Nurses Association. Of all the things I enjoy about holding this position, nothing is more rewarding that speaking with you, the nurses in Virginia that we serve. I am often asked to speak on the state of nursing in Virginia, and as elections and health reform are top of mind for all of us, I would like to take this opportunity to share the perspective I have as president of the oldest and largest professional association for RN’s in Virginia.

The nursing shortage is still the key priority and message of the VNA. While the economic downturn has caused a temporary “blip” on the supply and demand curve, when the economy improves, research shows there is right now. The challenge we all face is passing on that wisdom to future generations of nurses. Competent workforce in the nursing profession than any time in our history, and as elections and health care reform are top of mind for all of us, I would like to take this opportunity to share the perspective I have as president of the oldest and largest professional association for RN’s in Virginia.

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Delegate Assembly

109th Annual Delegates’ Meeting

On October 17, 2009, the VNA Delegate Assembly will convene in Richmond at the Richmond Marriott Downtown.

Preliminary Agenda

7:30am-8:15 am  Registration and Credentialing  Richmond Marriott
8:15-9:00 am  Coffee and Meet the Candidates
9:00-10:00 am  Delegate Assembly Convenes  • Greetings  • Nominations from floor  • VNA Reports
10:00-11:45 am  Forums  • Bylaws and Resolutions  • Strategic Plan  • Finance
11:45 am  Voting and Lunch
1:00-2:30 pm  Forums: (continued)  • Legislation & Policy Work  • Workplace Advocacy  • Nursing Practice  • Education
2:30-2:45 pm  Break
3:00-4:15 pm  Delegate Assembly Reconvenes  • Nightingale Tribute  • New Business  • Installation of Officers  • Adjourn ◆

Number Of Allotted Delegates Per VNA District

2009 DELEGATE ASSEMBLY

<table>
<thead>
<tr>
<th>District Number</th>
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In accordance with the VNA Bylaws (Article IV, Section 2, Paragraph A) each district shall be entitled to one delegate per twenty-five (25) members and major faction thereof, plus one vote for the District President or alternate. The President assures the correct number of delegates on the date of voting and only the President may substitute alternates. The above figures were based on membership totals as of December 2008.

To vote, each delegate must present their membership card during annual meeting registration. The names of delegates and alternates MUST be received at VNA Headquarters by Tuesday, September 1, 2009, which is forty-five (45) days prior to the annual meeting.

Please call VNA Headquarters if there are any questions or a perceived discrepancy in the number of members and/or delegates.
Delegate Assembly

This ballot is subject to change. Nominations may be made from the floor of the Delegate Assembly.

**Tentative Ballot as of July, 2009**

**President Elect**
- Shirley Gibson, MHSA, RN  District 5

**Vice President**
- Thelma Roach-Serry, RN  District 5

**Treasurer**
- Patti McCue, ScD, MSN, RN, NEA-BC  District 3

**Commissioner on Government Affairs**
- Linda Ault, MSN, RN  District 5

**Commissioner on Policies and Resources**
- Nina Beaman, MS, RNC, CMA  District 7

**Director at Large—New Graduate**
- Jess Keim  District 7
- Sarah Lewis  District 3

**Committee on Nominations**
- Theresa Gaffney, BSN, MPA, RN  District 8
- Pam DeGuzman, MSN, MBA, RN  District 7
- Kathleen Crettier, MSN, RN  District 12

**ANA Delegates**
- Esther Condon, PhD, RN  District 4
- Pam DeGuzman MSN, MBA, RN District 7
- Sallie Eissler, MSN, CPNP, RN  District 8
- Theresa Gaffney, BSN, MPA, RN  District 8
- Jan Garnett, MSN, RN  District 7
- Terri Haller, MIA, MSN, BEA-BC, RN  District 7
- Louise Hileman, MS, RN  District 4
- Ronnette Langhorne, MS, RN  District 10
- Bennie Marshall, EdD, RN  District 4
- Jennifer Matthews, PhD, APRN, BC  District 12
- Sandra Olanitori, MSN, RN  District 4
- Thelma Roach-Serry, RN  District 5
- Beverly Ross, RN, MSN,CS  District 5
- Janice Smith, RN  District 12

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You’re Invited

To A Gala Event for the Virginia Nurses Foundation

Please join us for a fundraising gala to benefit Virginia Nurses Foundation Saturday, October 17, 2009

The Bolling Haxall House
211 East Franklin Street
Richmond, Virginia

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109th Annual Delegate Assembly

**October 16, 2009**

**Registration Form**

Please type or print the following information to ensure proper registration. Complete this form and mail or fax to VNA.*

Your registration defrays costs for refreshments, lunch and materials.

**Name** _______________________________________________________________________________________________

PRINT your name as you wish for it to appear on your name badge.

**Address** _____________________________________________________________________________________________

City, State & Zip Code _______________________________________________________________________________________

**E-Mail** _______________________________________________________________________________________________

**Home Phone** (         ) ______________________________ **Work Phone** (         ) ____________________________

**FRIDAY, OCTOBER 17, 2006**

Please Check one:

- VNA Delegate $50.00 ($100.00 after Oct 5)
- Non-Member $75.00 ($150.00 after Oct 5)
- Non-Delegate/VNA Member $60.00 ($120.00 after Oct 5)
- Students $50.00 ($100.00 after Oct 5)

**Late Fee:** On Site and Registrations postmarked later than October 9, add $10.00

**Refund Policy**

Full refund minus a 25% administration fee if canceled by October 12, 2009. **NO REFUNDS AFTER October 12, 2009.**

Checks and money orders are accepted and preferred. Please make payable to the Virginia Nurses Association.

You may also charge the amounts to your credit card. To do so, please complete the form below. I authorize the Virginia Nurses Association to charge my Master Card/Visa/Discover [circle one] for the above fee for Friday, October 16, 2009.

**My account number is________________________ Expiration Date __________________________**

**Signature________________________ Date________________________**

Security Code_______

On-line Registration is available at www.Virginianurses.com

You can also Copy this form and Fax/Mail it to the address below:

* Virginia Nurses Association: 7113 Three Chopt Road, Suite 204, Richmond, Virginia  23226.

Phone Number: 804-282-2808; Fax Number 804-282-4916.
VNA Education Day

To the best of our knowledge: Improving Care through Performance Improvement, Evidence-Based Practice and Research

Saturday, October 17th
8:30-3:30

7:30-8:30 Registration/Coffee
8:30-8:45 Welcome
8:45-10:15 Plenary Session: Keynote
10:15-10:45 Break
10:45-11:45 Moderated Panel: Cross Talk: Evidence Base Practice
11:45-1:15 Poster Sessions / Lunch
12:15 Lunch Buffet
1:15-2:45 "how to" sessions:
   • Online resources to support Performance Improvement, Evidence Based Practice and Research (AHRQ Health Care Innovations Exchange); Locating Synthesized Evidence; Research Resources From Clinical Question to Publication
   • Documenting outcomes of practice improvements
   • Assessing readiness for Evidence Based Practice
2:45-3:30 Closing
   Award Presentation for posters
   Discuss Next Steps

Notes:

Registration includes CE credit, refreshment breaks and lunch.

Name __________________________________________
E-Mail __________________________________________
Home Phone __________________________

Please Check one:

❑ VNA/VPN/LCVN Member $ 100.00 ($200.00 after Oct 5)
❑ Non-Member $ 150.00 ($300.00 after Oct 5)
❑ RN retiree or Student $ 75.00 ($150.00 after Oct 5)

TOTAL AMOUNT ENCLOSED: $ __________

There will be only a limited amount of space for on-site registration. If you arrive the day of the event without prior registration, we can not guarantee that we will be able to accommodate your attendance and/or lunch.

Refund Policy: Full refund minus a 25% administration fee, if canceled by October 12, 2009.
NO REFUNDS AFTER OCTOBER 12, 2009. Substitutions are encouraged if you find you cannot attend the event.

You may also charge the amount to your credit card. To do so, please complete the form below.

I authorize the Virginia Nurses Association to charge my Master Card/Visa/Discover (circle one) for the above fee for

My account number is __________________________ Expiration Date __________________________
Security code: ______
Signature __________________________________ Date __________________________

You May Copy this Registration Form and Fax or Mail or email it to the VNA.

Virginia Nurses Foundation: 7113 Three Chopt Road, Suite 204, Richmond, Virginia 23226.
Phone Number: 804-282-1808 or 1-800-868-6877; Fax Number 804-282-4916.
EMAIL to admin@virginianurses.com  www.virginianurses.com
VNA Education Day

To the best of our knowledge: Improving care through performance improvement, evidence-based practice and research

Saturday, October 17, 2009
Marriott Hotel
Richmond, Virginia

Abstract Submission Form for Poster Session

Please print or type all information

TITLE: ________________________________________________________________________________________________

PRIMARY AUTHOR/SPEAKER _____________________________________________________________________________
First name MI Last Name Degree
Institution Affiliation ________________________________________________________________________________

Mailing Address _____________________________________________________________________________________
____________________________________________________________________________________________________

Street City State Zip/Postal Code Country
____________________________________________________________________________________________________

Best Contact Telephone       Email Address
Institution where work was done if different from above: _____________________________________________

ADDITIONAL AUTHOR (S)
Name(s) City & State, Institution Affiliation (if different from Primary Author)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Abstract category (check only one):

_____ Performance improvement
_____ Evidence-based practice
_____ Research

INSTRUCTIONS TO AUTHORS

1. All forms and abstracts must be submitted electronically. Paper submissions will NOT be accepted.

2. Deadline for receipt of Poster Session Application and Abstract is SEPTEMBER 15, 2009 by midnight.
   NOTE: LATE SUBMISSIONS CANNOT BE ACCEPTED.

3. Send the following three electronic files:
   a. Poster Application Form
   b. Poster Abstract
   c. Primary Author/Presenter’s Resume or Biographical Sketch

4. Poster Session Presenters will be notified of the VNA Education Day Conference Planning Committee decision by no later than September 22, 2009.

5. Accepted poster session presenters must confirm participation no later than October 1, 2009.

Primary Poster Session presenters will pay a special discounted registration fee of $10 to attend the 2009 VNA Education Day to attend and present their poster.

RULES FOR PREPARATION AND SUBMISSION OF ABSTRACTS

Expenses (e.g., registration, airfare, and lodging) associated with the submission and presentation of an abstract are the responsibility of the presenter.

Submission of an abstract constitutes a commitment by the author(s) to present it if accepted.

ABSTRACT ACCEPTANCE

Abstract review is blinded.

Abstract acceptance/non-acceptance status for poster session presenters will be available by September 22, 2009.

PRESENTATION

Guidelines for poster presentation will be provided to authors of accepted abstracts at the time of acceptance. Posters are limited to a maximum size of …..

THE FOLLOWING MUST BE INCLUDED IN THE ABSTRACT:

ABSTRACT TITLE
An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the presentation.

ABSTRACT TEXT
Describe briefly the project (purpose, methods, actual or expected outcomes). Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated. Abstracts are limited to 250 words.

SUBMIT APPLICATION AND ABSTRACT TO VIA EMAIL TO:
LAUREN GOODLOE
EMAIL ADDRESS: LGOODLOE@MCVH-VCU.EDU
Presenting—$5,000

Shining Star—$2,000

Caring Contributor—$1,000

Hall of Fame—$2,500

Circle of Excellence—$3,500

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\text{PAYMENT OPTIONS:} & \quad \checkmark \text{Check Enclosed} \quad \checkmark \text{MasterCard/Visa} \\
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\[ \text{TURNAMENT SPONSORSHIPS} \]

Please contact Doran Hutchinson at 804.212.1692 or e-mail her at doran.hutchinson@vhca.org.

\[ \text{Return this completed form by fax to 804.353.3098 with credit card information:} \]

\[ \text{Or Mail along with payment to the Virginia Health Care Association 2112 West Laburnum Avenue, Suite 206, Richmond, VA 23227:} \]

\[ \text{Or Register on-line at www.vhca.org} \]

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Nurse Educators as Specialists in Nursing Professional Development

By Jennifer Matthews, Ph.D, RN, ACNS
Commissioner on Nursing Education

As part of professional practice, nurses continue lifelong expansion of knowledge and competency through education and reflective practice. The initial education is in a formal academic setting with professors, textbooks, and a targeted curriculum. Post-NCLEX success allows the next level of education as the nurse becomes a licensed registered nurse (LRN) and organization of knowledge and skills into a meaningful choreography that results in a seasoned professional nurse. Nurses become expert ICDs in the academic walls, learning and education should be guided by nurses who follow the guidelines from the specialty of Nursing Professional Development (NPD). As in other specialties, there are documents and research which inform the practitioner on how to practice NPD and provides measurement criteria.

The Nurse Educator is guided by Scope and Standards of Practice. In partnership with the American Nurses Association (ANA), a workgroup from the National Network for Staff Development, Organizational Learning (NNSDO) and other interested professionals completed a draft of the sixth edition of the Scope and Standards for Nursing Professional Development. This draft edition was posted for public review and comment at ANA’s website www.nursingworld.org. The target date for publication is most likely by late 2009 after the working group considered the comments and finalized the document and then submits the work to the ANA two-step review process.

The workgroup consists of members of the NNSDO; undertaking was part of their purpose to evolve the scope and standards for this specialty. According to ANA’s Nursing: Scope and Standards of Practice (2004), there are six standards of practice that house 59 measurement criteria and ten standards of professional performance for nursing professional development that include 74 measurement criteria; the criteria are outcomes-based. Presented in this article is general information about the changes and criteria proposed for this new scope and standards document, citing the draft posted on the ANA website and accessed July 12, 2009.

The workgroup realized there was a greater need to focus on the domain of staff development through the specialist’s qualifications and leadership. The workgroup, reflecting on rapidly shifting events in the healthcare environment, emphasizes proactive positioning of the NPD specialist in the organization’s structures and processes to provide leadership and that the specialist be forward thinking when analyzing trends. Adding to the staff development are components of the nurse specialist involvement in program/project management, competency assessment, measurement, evidence based practice (EBP), and development and coordination of excellence initiatives (ANA, Scopes & Standards, p. 3), all designed to enhance staff performance and professional development. A new NPD Systems Model is conceptualized:

The model elements account for the environment of practice, activities of the nurse specialist in professional development informed by evidenced-based practice and practice-based evidence, with the outcomes of protection of the public and provision of quality care through the hands of staff professionals who are competent in their skills and practice. Briefly the activities of the nurse specialist in professional development are:

• orientation for those new to the organization
• competency program assessment of staff skills to enhance performance in practice
• in-service education to assist individuals to increase skills in their job functions
• continuing education to augment and enrich nurses’ knowledge, skills, and attitudes
• career development/role transition to identify and develop strategies to enable nurses to navigate roles during changing developmental stages in a nurse’s career
• research/scholarship participation to conduct, encourage, or disseminate its aspects
• academic partnership liaison to teach, coordinate, and/or advise organization nurses.

These activities occur in a variety of environments and practice settings such as: hospitals, long term care facilities, academic institutions, public health, and outpatient/community-clinic settings. Methods of education can include virtual environments, in-service education to assist individuals in increasing skills in their job functions, continuing education to augment and enrich nurses’ knowledge, skills, and attitudes. Career development/role transition to identify and develop strategies to enable nurses to navigate roles during changing developmental stages in a nurse’s career. Research/scholarship participation to conduct, encourage, or disseminate its aspects. Academic partnership liaison to teach, coordinate, and/or advise organization nurses. The new scope and standards of practice are designed to enhance performance in practice.

Working within the scope and standards, the nurse professional development specialist is a licensed registered nurse with a graduate degree in nursing. Ideally, due to escalating complexities in the practice environment, the Director or Chief of professional development should be academically prepared at the doctoral level in nursing or education (ANA draft, 2009, p. 11). Minimally, the administrator should have a master’s degree and experience in education and administration principles. To demonstrate competency as an expert in nursing professional development, certification is available to the nurse. The certification exam is a venture between the American Nurses Credentialing Center (ANCC) and NNSDO (see ANCC, 2008) and is for the nurse in professional development practice who provides non-academic learning activities intended to build on the educational and experiential bases of professional nurses and other personnel who assist in providing nursing care. The exam addresses content from the scope and standards of NPD practice.

The current work, there is a notable expansion of the scope of practice: the format is the template established by ANA’s Nursing: Scope and Standards of Practice (ANA, 2004). There are six standards of practice that house 59 measurement criteria and ten standards of professional performance for nursing professional development that include 74 measurement criteria; the criteria are outcomes-based. Presented in this article is general information about the changes and criteria proposed for this new scope and standards document, citing the draft posted on the ANA website and accessed July 12, 2009. The workgroup realized there was a greater need to focus on the domain of staff development through the specialist’s qualifications and leadership. The workgroup, reflecting on rapidly shifting events in the healthcare environment, emphasizes proactive positioning of the NPD specialist in the organization’s structures and processes to provide leadership and that the specialist be forward thinking when analyzing trends. Adding to the staff development are components of the workgroup, reflecting on rapidly shifting events in the healthcare environment, emphasizes proactive positioning of the NPD specialist in the organization’s structures and processes to provide leadership and that the specialist be forward thinking when analyzing trends. Adding to the staff development are components of the nurse specialist involvement in program/project management, competency assessment, measurement, evidence based practice (EBP), and development and coordination of excellence initiatives (ANA, Scopes & Standards, p. 3), all designed to enhance staff performance and professional development. A new NPD Systems Model is conceptualized:

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Another group of nurse educators who address nursing professional development, throws a wider net by including educators in academic and non-academic settings. This organization, the Professional Nurse Educators Group (PNEG), is a virtual network of educators from all over the United States, dedicated to the lifelong learning of professional nurses. This network is open to all nurse educators as specialists continued on page 9

Nurse Educators as Specialists continued on page 9
Commissioner on Workforce Issues

I had the fabulous opportunity to attend Lead Summit 2009, Center for American Nurses at Disney’s Contemporary Resort, in Orlando Florida. This was one of the best conferences I have attended. I will speak to although all presentations were excellent, take aways the pre-conference workshop, # Skills for Conflict—Competent Nurses, “Moving from Avoidance to Engagement” by Debra Gerard, RN, MPH, JD and Phyllis Beck Kritek, RN, PhD, FAAN both were outstanding speakers!

Objectives were:

• Describe the meaning of conflict competency
• Identify internal and external factors shaping Nursing’s call to address conflict in the workplace
• Differentiate conflict avoidance and conflict engagement
• Explore ways to create a non-adversarial mindset for conflict engagement
• Integrate and practice non-adversarial mindset and basic conflict engagement skills

This presentation was very timely as most of us are already aware that conflict and patient safety is now a Joint Commission Leadership 2009 Standard. Take away points:

Some will say I don't have the time to engage in conflict resolution, perhaps they don't know how, or there is fear of what could happen to you personally and professionally. The risk to us and our patients is too great not to take action, learn and confront negative behaviors.

Kathy Tagnesi

On June 13th “The Magic of Engagement” continued with our membership Council Business Meeting which I attended as a voting delegate. Then, work continues on the revision of VNA’s “Workplace Advocacy Guide for Nurses.” If there is an interest to assist in the updating of the guide, please notify me at KathyTagnesi@valleyhealthlink.com.

Yours in Nursing,
Kathy Tagnesi

Nurse Educators as Specialists (continued from page 8)

educators in the field. Members include faculty from nursing schools, continuing nursing education professionals, entrepreneurs and nursing staff development professionals. Information about this organization is at http://www.pneg.org/; PNEG is an outgrowth of the American Nurses Association’s Council on Continuing Education (later Professional Development). The organization continues to sponsor conferences and provides support to nurse educators.

Society is fortunate to have a highly functioning and competent profession of nursing to address their health care needs and to provide individualized care for its citizens in any setting. Society and the profession owe educators—beginning with those in primary school, through the collegiate settings, and those in practice settings—a great deal of thanks and appreciation for the foundations laid and for the expansion of knowledge and skills in the art and science of nursing. The nurse educator post-licensure assists the evolution of practice for individual practitioners so each can attain the highest goals in competence in advanced skills as well as the personal and career goals of the nurse.

Take a minute today and thank your Nurse Educators!!

ANA, 2004 ANA’s Nursing: Scope and Standards of Practice

Supporting Each Other

Diane Walker, RN, MSN, FNPN-BC
President, Virginia Council of Nurse Practitioners

As the advanced practice nurses of this state work together in order to be able to practice to the fullest extent of our education and competence, we need the help of all nurses! How can you help to remove the barriers to nurse practitioners practicing within the scope of their education and experience? The information that follows will outline the current barriers to nurse practitioner practice and describe how you can help.

Nurse practitioners are registered nurses, who have earned either a masters or doctoral degree in nursing. The Joint Boards of Nursing and Medicine regulate the practice of nurse practitioners. Nurse practitioners include Certified Nurse Midwives (CNMs) and Certified Registered Nurse Anesthetists (CRNAs).

Nurse practitioners provide a broad range of services that includes diagnosis and treatment of acute and chronic illness, coordination of care and health promotion. We prescribe medications, order laboratory and diagnostic tests, and provide care in a variety of settings including primary care, acute care and specialty care. There are approximately 5,800 nurse practitioners in the Commonwealth.

The Virginia Council of Nurse Practitioners (VCNP) is a Council of the Virginia Nurses Association and is a professional organization for nurse practitioners. Similarly, the professional organization for CNMs and CRNAs are the Virginia Chapter, American College of Nurse Midwives and the Virginia Association of Nurse Anesthetists, respectively. Nurse practitioners are nurses first.

Working together, all nurses are a stronger voice and are able to practice to the fullest extent of our education and competence. Let’s make full use of the valuable resource that nurse practitioners are for providing health care!

This publication circulates to 90,000 nurses in the Commonwealth. If each of you would lend your voice by helping us expand access to care for all Virginians by removing the barriers that our current scope of practice imposes, that groundswell would make an appreciable difference in our legislative efforts. Please let your elected state delegate and senator know that you support us. Together, we are a powerful voice for patient care.

VNA. An example of that support is the resolution that was passed at last year’s VNA Delegate Assembly that supported the recommendations of the Governor’s Health Reform Commission to us to expand the scope of practice.

The recommendations from the Governor’s Commission recognized that in the face of projected shortages of physicians, scope of practice for nurse practitioners needs to be expanded.

Unfortunately, nurse practitioners’ current scope of practice creates barriers. For example, in order for a nurse practitioner to practice, she needs to have a supervising physician. In addition, our scope of practice for prescriptive authority states that a physician must “regularly practice” in the same setting as the nurse practitioner.

In underserved areas of Virginia especially, as our population is growing and our physician base is shrinking, access to care becomes increasingly difficult to accomplish. The June 2009 Virginia Health Scorecard reported that an estimated 8.6% of Virginians lack a primary care provider. Care is being delayed due to cost and accessibility.

Nurse practitioners believe that changes in the laws regulating our practice will help to ease the delays in health care for Virginians. We provide high quality, cost effective care. It is time for our laws and regulations to accurately reflect our education and competence. Let’s make full use of the valuable resource that nurse practitioners are for providing health care!
Seven of Ten Nurses Report Insufficient Staffing

**Poll Indicates That Staffing Problems Driving Nurses from Positions**

SILVER SPRING, MD—More than seven in ten nurses said that staffing on their unit is shift is insufficient, and more than half said they are currently considering leaving their position, according to an American Nurses Association (ANA) online poll that drew more than 15,000 responses.

The poll, which has been posted on ANA's Safe Staffing Saves Lives Campaign Web site (www.SafeStaffingSavesLives.org) since March 2008, showed that about 7,900 of the 15,000 respondents said they are considering leaving their position. About 42%, or 6,300 of the 15,000 respondents, said the reason they would leave is associated with staffing on their units.

Nearly two-thirds said they must perform non-nursing duties for which they are not adequately trained. More than one in three nurses reported that they know a nurse on their unit who left direct care nursing due to concerns about unsafe staffing.

"These results confirm what we have long been hearing from registered nurses: that unsafe staffing on their units is their top concern," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "Nurses take our profession's Code of Ethics very seriously. When obligations to our patients are compromised because there are not enough nurses on hospital units to provide the highest quality of care, registered nurses are understandably frustrated. ANA has a long track record of advocating for safe staffing conditions for the nation's 2.9 million registered nurses."

In 2007, ANA launched its “Safe Staffing Saves Lives” grassroots campaign calling for sufficient nurse staffing levels in healthcare facilities and supporting staffing legislation ANA crafted with members of Congress. Known as “The Registered Nurse Safe Staffing Act,” the legislation is expected to be re-introduced in Congress later this year.

The legislation would require hospitals to develop nurse staffing plans, with input from direct-care nurses, for each care unit and work shift, based on factors such as patient acuity, number of patients, nurse skill mix and experience and available resources, such as support staff and technology.

Seven states have passed nurse safe staffing legislation that closely resembles ANA's model, including five states since 2008.

The online poll also revealed that nurses are in a severe time crunch during their work hours. Nearly one-quarter said their work schedule rarely allows them to take a full meal break—which translates into a full meal break less than one time per month. Nearly two-thirds said they must perform non-nursing activities daily, such as delivering meals, transporting patients and making pharmacy runs, in addition to nursing duties for which they are trained.

"The staffing issue is not only about ensuring there are enough nurses to properly care for patients, but about employing sufficient support staff so nurses can do the vital work with patients that they are trained to do," said ANA President Patton. "Anything that takes away from that potentially can result in declines in the quality of care and safety for patients."

The survey also showed that:

- More than half (51.6%) said the quality of care on their unit had declined in the past year.
- Nearly half (49.5%) would not feel confident having someone close to them receive care in the facility in which they work.
- Nearly one-quarter (23.9%) said they were considering leaving nursing altogether.
- Of those taking the survey, 83.6% said they work at a hospital, and 75.8% said they work full-time. Nearly 75% identified themselves as a "staff nurse.")

Experience levels were broadly distributed, with about 35% reporting less than 15 years experience and 45% reporting more than 15 years.

Results to some of the poll questions can be found here: http://www.safestaffingsaveslives.org/WhatsANADoing/PollResults.aspx

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By Mary Duggan, Chair Government Relations Committee Virginia Council of Nurse Practitioners

Each year the American Academy of Nurse Practitioners (AANP) awards a Nurse Practitioner and a Nurse Practitioner Advocate award to recipients in each state. This year the Nurse Practitioner State Award for Excellence was given to Teresa Gardner. Theresa serves as the Nurse Practitioner and Executive Director of the Health Wagon in the coal mining town of Clincho, Virginia where she manages a Free Mobile Health Clinic serving an indigent population. She is the coordinator of the Remote Area Medical Health Expedition, the largest health care outreach in the United States. She is responsible for bringing Telemedicine Consultations to the Clincho site with University of Virginia specialties, which have performed more consultations via teledmedicine than any other provider in Virginia. She also initiated KEEP (Kidney Early Detection and Evaluation Program) screenings. Additionally, she introduced American Breast Cancer Foundation into the area, providing over 1000 free mammograms to women in need. Teresa is also a preceptor and mentor for students at the University of Virginia, Mountain Empire Community College and East Tennessee State University.

The Nurse Practitioner Advocate State Award for Excellence was given to Leslie Herdegen Rohrer. Unfortunately Leslie passed away in November before she was able to accept the award. Leslie served as the lobbyist for the Virginia Council of Nurse Practitioners (VCNP) for over 20 years. Her experience and knowledge of the legislature and the legislative process was highly regarded among her colleagues and members of the legislative and executive branches of the Commonwealth. In her words, “My background serving those with disabilities or struggling with poverty has given me a unique understanding of related public policy issues. I am committed to empowering organizations. I like to help them use their own grassroots power to accomplish their legislative and regulatory goals in a cost-effective manner.” As one influential legislator stated when speaking to his colleagues about Leslie from the Senate floor, “What courage she has! She can stand in the face of extreme adversity and not blink. God bless her work and continued health.” During her time as the lobbyist for VCNP, she successfully lobbied for removal of barriers to practice for NPs, including increases in prescriptive authority for Schedules II-VI without restrictions and a comprehensive NP signature and certification bill, the first omnibus signature bill for NPs in the USA. SIGNS AND SYMPTOMS OF COPING STRATEGIES

In some instances, coping strategies may become dysfunctional and lead to negative consequences for individuals, families, or communities. These consequences can include increased stress, anxiety, depression, substance abuse, and even suicide. It is important to identify and address these negative outcomes in order to provide effective support and intervention. Strategies that can help individuals and families manage stress and improve mental health include: regular exercise, healthy eating, sufficient sleep, social support, and relaxation techniques. Additionally, seeking professional help from a therapist or counselor can be beneficial in managing stress and promoting mental health.

In a sometimes unsettling political environment, Leslie embodied what is good and right about the political and legislative process. She exhibited high values and integrity in her life and in her actions as a lobbyist and advocate.

The recipients were recognized for their achievements during the 2009 AANP National Conference June 17th at the Gaylord Opryland Convention Center in Nashville, Tennessee. Mary Duggan, chair of the VCNP Government Relations Committee accepted the award for Ms Herdegen Rohrer.

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Teresa Gardner receives the Nurse Practitioner State Award for Excellence.

Mary Duggan, chair of the VCNP Government Relations Committee accepts the Nurse Practitioner Advocate State Award for Excellence, in behalf of Leslie Herdegen-Rohrer, who passed away in November, 2008.

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Results to some of the poll questions can be found here: http://www.safestaffingsaveslives.org/WhatsANADoing/PollResults.aspx

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Practice Information

AANP 2009 State Awards for Excellence

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Continuing Education

Welcome!

Welcome to Debbie Coats, our new CEA staff contact person. Debbie began working at the VNA with Tina DeGuzman in June. Tina has accepted a new position and we will miss her. Debbie has already begun working with our approvers, providers and CE committee reviewers. She is available via email at dcoats@virginianurses.com or can be reached at 800-868-6877.

When not working with the VNA, Debbie represents Hanover County on the County Board of Supervisors. She brings great organizational and communication skills to the Continuing Education portion of the VNA.

Debbie Coats

Continuing Education (CEP) Committee Update

The CEP Committee is announcing a new tutorial explaining the CEP application form and process has been developed.

The tutorial is available on the VNA website. Over the past year the committee has received a number of applications that were either not complete or needed extensive revision. With changes in leadership in districts and Councils the CEP committee felt the need to develop a tutorial. This will allow busy nurses planners to have access to the information they need to complete the CEP application.

The CEP committee is made up of nurses who volunteer their time to help ensure that continuing education programs meet the ANCC Accreditation Program standards. The committee has added several new members from around the state who will help facilitate more timely reviews and offer better access to nurse planners.

I would like to thank each of the committee members for their efforts this year and look forward to a productive year ahead.

Woody B. Hanes
Continuing Education Provider Committee Chair
In 2007, the Virginia Nurses Association (VNA) Committee on Ethics and Human Rights invited registered nurses to participate in a survey about their ethical concerns. 61 Registered Nurses completed the 2007-2008 Ethics Survey of Virginia Nurses printed in Virginia Nurses Today (VNT). The majority of respondents were women between the ages of 50-59 years of age. Respondents reported a variety of roles in their practice setting with the majority practicing in the role of staff nurse. Other roles included: educator, (10%); nurse manager or supervisor, (10%); nurse practitioner or clinical nurse specialist, (8%); patient care manager or nurse case manager, (7%); public health nurse, (5%); school nurse, (3%); and consultant or administrator/Vice President of nursing services, (2%). Reported years of experience as a practicing nurse ranged from one year to greater than forty years with the greatest number, (23%) of participants practicing for 31-35 years. The majority, (66%) of respondents reported full-time employment status; and 57% practiced in a hospital setting. The educational background of respondents ranged from Diploma in Nursing to Doctoral Degrees in Nursing with additional degrees in Social Work, English, Public Administration, Clinical Psychology and Bioethics. The majority, (36%) of respondents hold a Baccalaureate Degree in Nursing, with 23% holding a Master’s Degree in Nursing.

When asked about frequency of confrontation with ethical issues in clinical practice, 43% reported that they experience ethical problems in practice sometimes – monthly. Ten percent of nurses reported an ethical issue confronted in practice, with 39% that they had resigned from their position due to ethical issues. Seventy five percent of respondents reported having an ethics committee active in their place of practice, while 23% reported no ethics committee in their place of practice. Of those who reported having an ethics committee in their place of practice, 68% reported that the committee consists of a multi-disciplinary team, with a nurse as a member of the multi-disciplinary team. Thirty-eight percent of those who reported having an ethics committee in place at their place of practice have policies that allow nurses to request that the ethics committee be convened.

Respondents reported that support for ethical issues is available from a variety of sources that include: an ethics committee, library/resources, consultation with a lawyer/chaplain/social worker, and ethics committee literature/library. Eight percent reported that there is no support available for ethical issues in their place of practice.

When asked to identify and rank the top three ethical issues and ethical dilemmas, respondents ranked working in situations where cost containment affects delivery of safe and effective care as the greatest ethical issue of concern in practice. Early discharge of fragile patients without adequate support at home or elsewhere ranked second, and ranked third was knowing how to handle unethical, illegal and incompetent practices. Other areas of concern included following orders to administer futile care, discharge of fragile patients without adequate discharge planning, and the implementation of Advanced Directives.

Complementary and Alternative Health

Consciousness Studies Have a New Home in Northern Virginia

Virginia nurses interested in alternative and complementary medicine have a new resource. The George Mason University Center for Consciousness and Transformation opened on the Fairfax campus in January, 2009. The new Center’s Senior Fellow, Mark Thurston, Ph.D., has authored numerous books related to transpersonal psychology, personal spirituality, and mind-body approaches, respondents to health and wellness. In the past 30 years he has presented workshops and classes in 125 cities and 12 countries related to these themes. Many of these programs have been under the auspices of a non-profit educational organization, the Association for Research and Enlightenment, which for nearly 80 years has been an advocate for holistic approaches to health and wellness. Since joining the faculty at George Mason University, Dr. Thurston’s teaching focus has been courses related to consciousness, mindfulness, conflict transformation, meaning and life purpose. This new teaching and research Center was founded through a $10 million gift from The de Laski Family Foundation to New Century College at Mason.

While the majority, (60%) of respondents reported familiarity with the American Nurses Association (ANA) Code of Ethics for Nurses, 15% reported that they were not familiar with the ANA Code of Ethics for Nurses or only vaguely familiar. Respondents reported that the most effective ways for the VNA to assist them with ethical concerns were through educational programs, workplace advocacy, and web-based resources. The survey results reflected input from a small sample that may not be representative of the larger population of registered nurses in Virginia.

Note:

Any registered nurse who would like to complete the Ethics Survey online may do so by logging on to the survey link on the VNA website, www.virginianurses.com.

Authors:

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Kathryn M. Ganske, PhD, RN, member VNA Ethics Committee and Director and Associate Professor at Shenandoah University; kiganske@su.edu

Online information about the center can be found at http://cct.gmu.edu. Or you can contact the center’s program manager Stacey Guenther at 703-993-5049. She supervises an array of educational and cultural events sponsored by the center, many of which are open to professional and lay audiences outside of the university. The center’s email is infocct@gmu.edu.
Power Dynamics, Health Policy, and Politics

Joyce Hahn, PhD, APRN, NEA-BC
Assistant Dean, George Mason University, School of Nursing

Beginning on July 1, 2009, Virginia state employees are now able to blow the whistle to report wrongdoing or abuse in their agencies, other state agencies, or independent contractors of state agencies. This Act affects nurses employed in state hospitals, training centers, and health departments.

Whistle blowers are employees who witness or have evidence of violations of federal or state laws or regulations and who report the violations to their superiors, an agent of the employer, or other authorities. The Act provides that employers may not discharge, threaten, or discriminate against whistle blowers. In addition, employers must post broadly notices about the Act.

The Act also establishes a “Fraud and Abuse Whistle Blower Reward Fund” to which the General Assembly may appropriate money. The Fund shall be used solely to reward persons who have disclosed information of wrongdoing or abuse.

Now front and center in the public’s minds, health care policy issues were influential topics during the Presidential primary debates and primary elections last year. National attention has turned once again to the dilemma of the rising number of uninsured Americans. As the staggering number of 45 million uninsured Americans increases daily (The Henry J. Kaiser Foundation, 2008), the effects are felt in emergency rooms and through rising health insurance premiums, overcrowded health departments, and dwindling community resources for discharge planning.

Nurses are in the unique position to assume a grassroots advocacy role and stimulate a change in the health care system. The task is to convert daily clinical issues into policy issues. Nurses are experts in providing clinical care and can move into the role of policy advocate to effect change. Acting in an advocacy role will bring a dimension to professional practice, offering the satisfying reward of an improved health care system for patients (Abood, 2007).

The Legacy of Political Advocacy

Nurses have a legacy of political advocacy. Nursing pioneers Florence Nightingale and Lillian Ward understood the use of power, how to develop policy, and how to move it through the political system. These two women lived in a society ruled by men, yet they persevered and changed the system. Two outstanding examples of political advocacy, they exemplify how the power of one can educate, inform, and change policy.

Florence Nightingale was born to an upper-class English family and understood the power and influence of money and name recognition. A firm believer in sanitation to reduce infection, Florence proposed hand washing would decrease the spread of infection. Her family status gave her access to political figures and she was able to push through the English Parliament her request for soap to be sent to the soldiers fighting in the Crimean War (Strachey, 1918).

Lillian Ward was a nurse with pediatric visioning. As one of the nation’s first public health nurses, she strongly advocated for the first school nurse role in 1902 and is credited with inventing outdoor playgrounds. Children had been playing inside buildings until Lillian’s advocacy resulted in the first outdoor playground built at the Henry Street Settlement in New York in 1898. The initiation of a cheap milk program in schools and free hinch in 1908 also is linked to her advocacy (Jewish Women’s Archive, 2009).

Moving Toward Political Advocacy

A basic understanding of the 3 Ps (power, policy, and politics) is necessary as a foundation to the discussion of political advocacy. Politics, when broadly defined, is the process by which groups of people make decisions that have the ability to influence events (American Nurses Credentialing Center [ANCC], 2006). Political campaigns, state and federal candidates, and the political institutions of Congress and the Presidency of the United States are the images that come to mind in a discussion of politics. While politics can have negative connotations, collective political power (e.g., coalitions or other special interest groups) can have a positive impact on the policy-making decisions that lead to crafting laws of the land. Power is complex and can be derived from many sources. Inherent to the term is the notion of action and mobilizing forces to move toward change. Within the complexity of power are several types, including legitimate power, personal power, reward power, coercive power, referent power, and expert power (ANCC, 2006; Sullivan & Decker, 2005) (see Figure 1). These types of power can be complementary and a leader can exhibit more than one base of power. Nurses own the largest power base in politics, known as the power of numbers. The last National Sample Survey of Registered Nurses (U.S. Department of Health and Human Services, 2004) reported 2.9 million registered nurses in the United States. Imagine the impact the profession could have on health policy if each nurse would become politically astute, involved in advocacy, and vote!

According to Roussell (2006), policy can be both an entity and a process. As an entity, policy is the formal documented directives, including regulations, rules, and laws of government administrations. For example, each board of nursing provides the

(continued on page 15)
regulations for the practice of nursing within the state. Policy as a process involves agenda setting, and is where the most impact can be made by special-interest groups. This agenda-setting process is described as the “window of opportunity” by Longest (2006, p. 163). It is at this point that formal lobbying activities can make the most impact. Political action committees (PACs) supported by professional organizations are paid to represent and introduce the agenda in the political arena. The governmental response is to bring bills to the floor of Congress to enact laws, rules, regulations, and programs.

Beginning Steps Toward Political Advocacy

The easiest first step is to network with peers to share ideas and concerns. Belonging to a professional practice organization on a state or national level provides the opportunity to learn the issues and participate as a group or coalition, or in support of a PAC. Joining a nursing legislative coalition proves there is power in numbers.

Nurses should develop a relationship with federal and state legislators, contacting their assemblyman, congressmen, and senator by phone or email. They should introduce themselves as nurses in their home district and offer to be a resource on nursing and health care issues, mentioning a specific area of policy concern, such as the nursing shortage, universal health care coverage, or the rising number of uninsured patients and the impact on their facility. Nurses should share their stories as experts who are living the stories. The legislative aide is the resource person and the direct line to the legislator as well as the likely first point of contact with him or her. As constituents and nurses, professionals have personal, expert, legitimate, and referent power.

An easy way to be a political advocate and gain entry to the political arena is to start a letter writing campaign by enlisting colleagues to email or write letters to legislators. Professional practice organizations, such as the American Nurses Association, have template letters available. Government relations sections can be found on their Web sites. After researching the candidates and the issues, nurses should take the leap by working on a local, state, or national election campaign for a chosen candidate.

A Nursing Coalition Success Story

The Legislative Coalition of Virginia Nurses was formed in 1996 under Virginia Nurses Association leadership. The Legislative Coalition of Virginia Nurses (2008). An early consensus decision among the members was for nurses to speak with one voice. Nurse members are individual or professional specialty groups, such as the Academy of Medical-Surgical Nursing, American Academy of Nurse Midwives, The American Psychiatric Nurses Association, National Association of Pediatric Nurse Practitioners Richmond Area, Virginia Association of Nurse Anesthetists, Virginia Association of School Nurses, Virginia Council of Peri-Operative Nurses, Virginia Emergency Nurses Association, Virginia Organization of Nurse Executives, Virginia Board of Nursing, American Nephrology Nurses Association of Virginia, and individual nurses of the Commonwealth of Virginia. Increased collaboration among the nursing organizations has led to legislative successes, such as expanded prescriptive authority for advanced practice nurses, workforce data collection by the Virginia Board of Nursing, third-party reimbursement for nurse midwives, involvement of nurses in policy work (Health Reform Commission, Regulatory Reform Commission), and the pay raise for nursing faculty in state universities, regional legislative receptions, establishment of key contacts with legislators, and effective grassroots advocacy. Coalition members attend monthly meetings to become educated on the issues by lobbyists and other speakers. Grassroots advocacy occurs with telephone calls, emails, and visits to local legislative leaders to educate them on the nursing issues. Their work proved that a loud collective voice gets attention.

Conclusion

Nurses are impacted by the policy and politics of the health care arena, including the laws and regulations that govern practice, the nursing shortage, the rise in the uninsured patient population, and the consumer view of our profession. They know the problems and need to be involved with crafting the solutions. Becoming an advocate for the nursing profession and our patients is one way to become involved. It can begin as easily as starting a conversation with a colleague or going to a Web site (see Figure 2) to become educated on the issues. Maybe more nurses will decide to run for office in order to make a difference.

References


Figure 1. Types of Power

Legitimate power—The leader’s right or authority to make requests based on authority within an organizational structure.

Personal power—Power inherent to the leader’s credibility, reputation, experience, or control of resources and information.

Expert power—Power based on the leader’s expertise or knowledge.

Referent power—This is power based on the leadership characteristics that appeal to others such as admiration.

Coercive power—Power that allows the leader to punish others for noncompliance.

Reward power—Power when the leader can compensate in some way. Compensation need not be monetary.

**Law Revised to Enhance Health Care Decision-Making Rights**

by Nathan A. Kottkamp, Stephen D. Rosenthal and Susan C. Ward, June 1, 2009

For nearly two decades, all adults in Virginia have had the right to make their health care wishes known in documents called advance directives, in which they explain the health care they do or do not want in case they later cannot make their own health care decisions. These documents have taken two key forms:

- The designation of an agent to make decisions for him when he cannot. This means that, with an agent, individuals can give instructions about their future health care, including mental health care.

**New options and rights**

- Under the expanded law, an individual can give instructions in his advance directive about all forms of health care (not just end-of-life care as is currently the case) even if he has not named an agent to make decisions for him when he cannot make them for himself. This means that, with an advance directive, a person can now express his choices about mental health care, health care facility admission, maintenance treatments such as dialysis and insulin treatment, or any other health care. (§§ 54.1-2983 and 54.1-2984)

- In the interest of both public and patient safety, the revised law makes it clear that an advance directive cannot override laws authorizing immediate custody of individuals who may be at risk of harming themselves or others or judicial orders authorizing certain aspects of mental health care and treatment. (§ 54.1-2983.3)

- It has always been the case in Virginia that advance directives take effect only when a patient is determined to be incompetent of making informed decisions as determined by his own physician and a second physician upon personal examination of the patient. The revised law makes it clear that a second physician be one who is not involved in the patient’s care, unless such independent second physician consents. Also, to ensure that decisions of those patients who regain their ability to make informed decisions for themselves are honored, the revised law provides that a determination of a patient’s regained capacity for decision-making requires only one physician to document the finding in writing. (§ 54.1-2983.2)

- Generally, Virginia’s law does not authorize any treatment under an advance directive that the patient’s provider and decision-maker know the patient does not want. However, in recognition of the fact that a patient’s condition may cause him to say things he either does not mean or that are inconsistent with his previous statements, the expanded law creates two limited exceptions to this policy, allowing the patient’s previously expressed wishes to be carried out in the event the patient’s symptoms have advanced to the point that an agent is needed to make decisions for himself. (§ 54.1-2983.2)

- First, an individual may make certain choices in his advance directive that are binding, even if he himself is capable of making decisions at that time. Specifically, if the patient, while he has lost his capacity to make decisions for himself, provides an agent to make decisions and the agent agrees to honor the choices in the patient’s advance directive, the agent whom he has named has the authority to make decisions for him when he cannot make them for himself. This provides an opportunity for an individual with recurring mental illness or dementia—or any other condition that intermittently affects a person’s health—judgment or ability to understand circumstances to direct that he wants his advance directive enforced even if he is later incapable of making such decisions himself or in the event his physician also must sign those particular instructions in the advance directive, verifying that the individual understands this decision. Even then, the treatment must be medically appropriate and cannot involve withholding or withdrawing life-prolonging procedures.

- The second exception prevents decision-making stalemates. Specifically, before the revisions, there was no mechanism for situations in which a patient was not capable of making decisions, but his physician also must sign those particular instructions in the advance directive. For example, if an individual who has lost his capacity to make decisions for himself chooses to make decisions as determined by his own physician and a second physician be one who is not involved in the patient’s care, unless such independent second physician consents. Also, to ensure that decisions of those patients who regain their ability to make informed decisions for themselves are honored, the revised law provides that a determination of a patient’s regained capacity for decision-making requires only one physician to document the finding in writing. (§ 54.1-2983.2)

- The revised law allows the patient’s agent or other decision-maker to authorize the recommended treatment even if the patient objects to those choices later during a time that he otherwise objects to them. If an individual objects to the recommendations in his advance directive that are binding, even if he himself is capable of making decisions at that time. Specifically, if the patient, while he has lost his capacity to make decisions for himself, provides an agent to make decisions and the agent agrees to honor the choices in the patient’s advance directive, the agent whom he has named has the authority to make decisions for him when he cannot make them for himself. This provides an opportunity for an individual with recurring mental illness or dementia—or any other condition that intermittently affects a person’s health—judgment or ability to understand circumstances to direct that he wants his advance directive enforced even if he is later incapable of making such decisions himself or in the event his physician also must sign those particular instructions in the advance directive, verifying that the individual understands this decision. Even then, the treatment must be medically appropriate and cannot involve withholding or withdrawing life-prolonging procedures.

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In Memoriam

Theresa Fernandez

Terry died March 1, 2009 in Richmond. She taught psychiatric nursing at the Virginia Commonwealth University School of Nursing from 1973 until her retirement in 1991. The University recognized her achievements with its Riese-Melton Award for “outstanding contributions to cross-cultural relations with the nonwhite populations she served and for outstanding service to students, faculty, alumni and the community.”

A colleague, retired professor Barbara Munjas said of Terry, “She was intense and focused, very concerned especially for the underprivileged, the stigmatized and the poor. She was an active person trying to correct some of the injustices around her.” Jay Douglas, Teresa Mullin, Lee Crigler and many others remember Terry for her commitment to the Virginia Nurses Association Peer Assistance for Chemically Dependent Nurses Committee. She served on this Committee for many years beginning when it was first organized in 1983.

News from District 9

Officers of District 9:
President: Lucia Fernandez
Vice President: Evelyn DeGolyer-Croft
Treasurer: Don Tyson
Secretary: Nancy Stikes

Upcoming events:
September: The 20th Annual Legislation Dinner will be held at Augusta Medical Center Campus.
Date: Sept 16th, 2009
Time: 5:30pm Registration
6:00pm Dinner

Further information:
Contact: Arlene Weins, wiensag@emu.edu

District 7—Save The Date!

Joining Forces: Impacting Outcomes!

Presented by: Monticello Chapter AACN, Blue Ridge Chapter AACN, and Shenandoah ENA

Description: JOINT conference between MCAACN, Blue Ridge Chapter, and Shenandoah ENA (Emergency Nurses Association)

When: Monday September 14th dinner program and ALL DAY conference Tuesday September 15th

Where: Augusta Medical Center, Fishersville, VA

Featured speakers include:
Kathleen Vollmann, MSN, CCNS
Suzi Burns, MSN, ACNP, FAAN, FCCM
Dea Mahanes, MSN, CCNS
Denise Thorneby, RN, MS (past President of AACN)
Mary Mannix, CEO of AMC, and more!

Date(s): 9/14/2009-9/15/2009

Contact for more information:
burnsmr2@yahoo.com or kdk6n@virginia.edu

District 12 Update

On June 9, VNA District 12 held their annual summer picnic meeting on the Winchester Medical Center campus. The members enjoyed great food and discussed plans for the 2009-2010 year. The membership voted to nominate Janice Smith and Jennifer Matthews as candidates for VNA Delegates to the ANA convention.

The 2009 election for District 12 officers were tabulated at the picnic with the following results:

Treasurer 2009-2011: Susan Clark
Board of Directors 2009-2011: Kathleen Crettier and Arlene Gavitt

Delegates to Convention 2009:
Juanita Carter, Penny Holt, Marian Newton, Janice Smith, Alternate: Kathleen Crettier

Nominations Committee: Janice Smith and Penny Holt

Current Officers:
President 2008-2010: Carolyn Guinn
Vice President-elect 2009-2010: Marcia Perkins
Secretary 2008-2010: Gilda Gilbert
Board of Directors 2008-2010: Jennifer Matthews and Julie O’Brien

Any questions about membership, meetings or events please contact Carolyn Guinn at cguinn@valleyhealthlink.com or Gilda Gilbert at ggilbert@valleyhealthlink.com or check out our District 12 webpage at www.virginianurses.com.
Welcome New & Returning Members

District 1—Far SouthWest
April Mullins
Jessica Fiano
Mikel Gray
Benita Harris
Kim Leake
Patricia Robinshaw
Amanda Spain
Kirsty H. Stiebns

District 2—New River/ Roanoke
Barbara Ford-Latty
Pamela Hardesty
Mary Kayrouz
Renee Lima
Cindy Regan

District 3—Central Virginia
Donna Spedell
Robert Vink
Sherry Weeks

District 4—Southside
Hampton Roads
Sonja Bass
Lisa Bradshaw
Diane Bride
Maureen Butler
Lisa Copeland
Carol Hrusovsky
Regina Jones
Kimberly Lott
Giovanni Montague

Shore
District 1—Eastern Virginia
Kathleen Varnell
Leslie Martin
Laura Lavold
Joseph Jones
Kathryn Horne
Maria DeWitt

District 5—Richmond Area
Robyn Bartholomew
Cynthia Bilheimer
Tamara Broadnax
Crystal Cooper
Kathleen Connolly
Patrick Coyne
Elise Creekmore
Jackanne Drisko
Pamela Faulkner
Lugene Fernald
Anne Hawkins
Mary Jo Grap
Melissa Hunt
Susan Johnson
Leonora Johnson
Virginia Lipps
JoAnn Maddrey
Kristie Patrick-Austin
Anna Pauli
Kathryn Rannals
Marlene Cruz Rodriguez
Laura Scott
Sarah Storey
India Taylor

District 7—Piedmont Area
Martha Bain

District 8—Northern Virginia
Liz Adams
Samuel Asamaoah
Kimberly Brown
Julia Burgese
Ellen Burgujian
Agnes Burkhard
Rhonda Chun
LaShanda Cobbs
Erika Corry
Karen Dawn
Kimberly Distilli
Mary Duggan
Debra Dunning
Davie Elhardini
Sheila Evans
Michelle Hamrick
Whitney Hodges
Shannon Liedquist
Lisa Lee
Michelle Marx
Elizabeth McFarlane
Carole McNeil
Florence Ann Morgan
Lucretia Johnson
Elizabeth Mutschler
Sophia Russel
Rebecca Thomson

District 9—Mid-Western Area
Robin Broughman
Brian Hersberger
Erica Lewis

District 10—Peninsula Area
Stephanie Benson
Maria DeWitt
Kathryn Horne
Joseph Jones
Laura Lavold
Leslie Martin
Kathleen Varnell

Elizabeth Perry

District 12—Northern Shenandoah Valley
Kayla Jordan
Nancy Lutrell
Rebecca Myers
Jay sandy
Teresa Thomas
Fan Wisor

American Nurses Association Membership Application

Last Name/First Name/Middle Initial
Credentials
Prefered Contact: Home Work
Home Address
Country
City/State/Zip
Home Address
Home Address
Date of Birth
Fax Number
Graduation (Month/Year)
RN License Number/State
E-mail
Member of Collective Bargaining Unit other than UAN? (Please specify)
Employer Address
Employer Name
Employer City/State/Zip Code

Membership Category (check one)
M Full Membership Dues—$244.00
Employed—Full Time
Employed—Part Time
Employed—Part Time
Employed—Part Time
Employed—Part Time

R Reduced Membership Dues—$122.00
Not Employed
Full Time Student
New graduate from basic nursing education program, within six months after graduation (first membership year only).
Not Employed
62 years of age or over and not earning more than Social Security allows
62 years of age or over and not employed
Totally disabled

S Special Membership Dues—$81.00

Choice of Payment (please check)
E-Pay (Monthly Electronic Payment)

Automated Annual Credit Card Payment
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA/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 month’s payment ($20.83); the account designated by the enclosed check will be drafted on or after the 15th each month.

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

Monthly Electronic Deduction Authorization Signature * SEE BELOW

Full Annual Payment
Membership Investment
$20.04 suggested
$20.04 suggested
Total Dues and Contributions

American Nurses Association and the CMA/ANA will charge the $16.00 fee for any returned drafts or chargebacks.

American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization Signature * SEE BELOW

Payroll Deduction
This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Please mail your completed application with your payment to VNA or to:
AMERICAN NURSES ASSOCIATION
Customer and Member Billing P.O. Box 17028 Baltimore, MD 21207-9405

* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount of $10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks.

Printed Name
Amount: $