The theme of the Promise of Nursing 2013 was Honoring Military Nurses. Pictured here is a group of Air Force Nurses with one of their comrades from another branch of service, the Army, during the reception prior to the luncheon at the Arizona Biltmore Resort and Spa on May 3rd.
President’s Message

Teri Wicker, PhD, RN

Pondering this topic for my last President’s Message, nursing leadership stood out in my mind, in particular the concept that “Every Nurse is a Leader.” Nursing presentations and publications consistently send the message that every nurse can be a leader. Over the past three years as president of AzNA, I have been privileged to work alongside amazing nurse leaders all around Arizona, realizing it is not the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels. 

When we describe how we lead and motivate others, we are talking about our leadership style. The most popular leadership style that the nursing profession has subscribed to is transformational leadership, with the most prominent research around its characteristics coming from a model of five key practices of exemplary leadership by Kouzes and Posner (2001). Their work identified five areas of how transformational leaders operate which include: Modeling the Way, Inspiring a Shared Vision, Challenging the Process, Enabling Others and Encouraging the Heart to Succeed.

Leadership style.

The most popular leadership style that the nursing profession has subscribed to is transformational leadership, with the most prominent research around its characteristics coming from a model of five key practices of exemplary leadership by Kouzes and Posner (2001). Their work identified five areas of how transformational leaders operate which include: Modeling the Way, Inspiring a Shared Vision, Challenging the Process, Enabling Others and Encouraging the Heart to Succeed. For every nurse can be a leader, whether it is inherent or developed over time, whether it is the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels.

As we continue to enhance our leadership skills, we are strengthening our ability to change the healthcare environment. Nurses are truly the leaders of healthcare transformation. Whether in the operating room, the emergency department, the hospital ward, or the patient’s home, nurses are at the forefront of providing patient care. Nurses are leaders in their roles, whether it is the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels.

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In this issue of Arizona Nurse, we feature a variety of articles that showcase the leadership roles of nurses in Arizona. From the President’s Message to the AzNA nurses in the field, we see the diverse contributions of nurses in healthcare. Nurses are leaders in their roles, whether it is the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels.

In conclusion, it is important to recognize and celebrate the leadership roles of nurses in Arizona. Nurses are leaders in their roles, whether it is the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels. As we continue to enhance our leadership skills, we are strengthening our ability to change the healthcare environment. Nurses are truly the leaders of healthcare transformation. Whether in the operating room, the emergency department, the hospital ward, or the patient’s home, nurses are at the forefront of providing patient care. Nurses are leaders in their roles, whether it is the role or title that makes a nurse a leader. Whether it is inherent or developed over time, leadership must be encouraged, fostered, and refined in nurses. By utilizing our talents and strengths, and engaging in leadership, there is an opportunity for nurses to demonstrate leadership at all levels.

I hope you enjoy this issue of Arizona Nurse and that it inspires you to continue to lead as nurses in Arizona.

Teri Wicker, PhD, RN
President
Be the Change, Join the Change

Robin Schaeffer, MSN, RN, CNE, Executive Director

How often have you considered the impact you make on your patient, your student, your workplace, your community, your family or your friends? Nursing is not one of those professions that you can just turn off when you leave the workplace. Won’t you agree that your life was changed forever when you entered nursing school and learned how vulnerable life was and how your delivery of care could impact that life? How many stories can you tell of elation and devastation? Do you feel the change in healthcare delivery on the horizon? Have you wondered how that change will affect you? Have you personally been engaged in leading change? If you answered “never” the nursing community is missing a champion. Perhaps you are entrenched in your every day job and have been isolated by the many opportunities to engage in professional work. Perhaps you just don’t know where to find the information that you need. Below are just three examples of nurses making change and an invitation to become engaged!

1. Nurses are proven leaders and we have been given a once in a lifetime opportunity to show the nation that we can be part of the answer to our broken healthcare system. The introduction of the Institute of Medicine (IOM) report: The Future of Nursing: Leading Change, Advancing Health in 2010 outlined a blueprint for change that is being implemented by each state. The Arizona Action Coalition (AZAC) is the vehicle for that implementation plan. Did you attend the launch event of the AZAC on June 21st? If not, you are encouraged to join this initiative that is working on issues such as future jobs for nurses, and leadership succession planning.

Executive Director’s Report continued on page 4

Commit to making a greater impact.

Fast-track your career with one of Chamberlain’s CCNE accredited advanced nursing degrees. RNs, you can complete your BSN in as few as three semesters. Or go further by completing the Master of Science in Nursing degree program in just two years. These flexible, online programs are supported with faculty focused on student success. Make a greater impact with an advanced degree from Chamberlain.
Starting your career as a new graduate nurse can be difficult. You’ve just finished school, written papers, and all of sudden you’re thrown out into the real world of nursing. At Scottsdale Healthcare, we believe that those first few years are critical to developing the knowledge and skills to become a competent and confident nurse. This is why we have developed the New Graduate Nurse Fellowship program. The program is designed to support the professional growth and development of each individual nurse, while also helping them become part of the Scottsdale Healthcare team. One of the biggest components of the Nurse Fellowship program is research, writing, and implementing an evidence-based project.

Contrary to a nursing school, where the grade is the outcome, goals of the Scottsdale Healthcare New Graduate Nurse Fellowship aim to improve patient care, nursing, and Scottsdale Healthcare as a system. The cohort of July 2011 researched, wrote, presented, and implemented the following evidenced-based project on falls with injury.

Falls with injury remain one of the largest concerns for hospitals on a national level. Falls with injury can cause unnecessary harm to patients especially if no precautions are in place to prevent their occurrences. Stevens et al. (2006) estimated that “direct medical care costs (inpatient, emergency department, and outpatient settings) for fatal and nonfatal falls among persons older than 65 years.” Landro reported the costs of treating fall-related injuries in hospitalized patients equal to $1.08 billion annually or approximately $15,000 to $30,000 per fall” (Landro, 2005). Scottsdale Healthcare values the safety of all patients but despite safety precautions being placed, falls have not shown significant improvement since the Morse Fall Risk Assessment tool was implemented two years ago. The Morse Fall Risk Assessment tool consists of six items reflecting risk factors for falling: (i) history of falling, (ii) secondary diagnosis, (iii) ambulatory aids, (iv) intravenous therapy, (v) type of gait and (vi) mental status. The total score ranges between zero and 125. (Schwendimann, R, De Gestt, S., Milisen, K, 2006). These six values lead nurses to distinguish which patients are at a high risk for falls and can provide them with a list of possible interventions to prevent a possible fall. Since these interventions have been in place a proper evaluation to determine their impact has never been done. Evaluation of the tool and the project for the new fellowship program will provide information as to whether the tool has been a reliable and valid factor in predicting and preventing falls with injury in the Scottsdale Healthcare Organization.

Scottsdale Healthcare New Graduate Scholars chose to evaluate the current tool, Morse Fall Risk Assessment tool, and based on the evidence create a standard of universal fall precautions on all patients. After reviewing 100 charts of patients who fell and did not fall, the data showed that 35 patients who rated the tool at a low risk for fall fell and 18 patients who were rated at high risk of falling did not fall. Based on the evidence of universal fall precautions the scholars decided to compare patients admitted to hospital on a specific day. To evaluate the non-fall population, 100 patients from a non-profit hospital over a three month period, with one floor placed on universal fall precautions. The universal fall precautions included: familiarize the patient to the environment, have the patient demonstrate call light use, keep the patient’s personal possessions within patient reach (examples call light, telephone, television remote, unial, etc.), have sturdy handrails in patient bathrooms, room and hallway, place hospital bed brakes locked, keep non-slip, well-fitting footwear on patient, utilize night light or supplemental lighting, keep floor surfaces clean and dry, checking room for environmental and hazardous concerns, keep patient care areas uncluttered, and communicate patient falls risk to all patient, family, and caregivers. The second component of the universal fall precautions is hourly rounding. Hourly rounding consists of an assessment of pain level, offering toileting assistance, re-positioning and comfort, water refreshed and offered, temperature of room, asking the final question, “Is there anything else I can do for you?” and making arrangements for time to return. Once a shift, the charge nurse or a dedicated staff member would stop into every room with a check list evaluating whether the universal fall precautions and hourly rounding were being done. The project is still going on and has been showing significant success; for example during the implementation phase in the project, it was reported that on one of the floors selected there was not a single fall in the three month time frame using the universal fall precautions. Showing such success the Fellowship nurses are eager to continue research and improve the fall prevention program at Scottsdale Healthcare.

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to Act, and Encouraging the Heart. Many of these characteristics are practiced everyday by all nurses as they lead patient care, mentor and guide their peers, recognizing the work of others, or share their vision for an idea or project that could better the workplace. A large body of nursing research, including a study I recently concluded, shows that the strongest transformational leadership characteristics that nurses have is Enabling Others to Act. As nurses, our preferred way of leading is to empower others. I believe this speaks volumes for our profession as we strive to be autonomous and work in interdisciplinary teams. I encourage you to read more about leadership styles in an effort to evaluate how you lead and how you want to grow as a leader. There are numerous opportunities for nurses to learn and practice these leadership characteristics. By becoming a good role model builds respect and admiration which leads to trust and others wanting to follow; engaging in team work encourages enthusiasm in your peers; or put your ideas into effect to improve your work environment.

Kouzes JM, Posner BJ. The five practices of exemplary leadership. 2nd ed. San Francisco, CA: Pfeiffer, 2011.

Border Health Chapter Updates AzNA’s Policy on Border Health Care

Marylyn Morris McEwen, PhD, PHCNS-BC, FAAN

Nurses are key to promoting health and addressing health disparities experienced among persons who reside in the Arizona-Mexico border region. In response to these challenges, AzNA Chapter 18 Border Health Nurses/Enfermera de Salud Fronteriza was inaugurated in May 2012. The purpose of Chapter 18 is to:
• promote nurses in all professional relationships to advocate and practice with compassion and respect for the inherent dignity, worth, and uniqueness for every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems within the Arizona region of the U.S.-Mexico border and,
• foster and advance nursing leaders to engage in political advocacy that addresses the wide-ranging social, economic and political issues that contribute to the health of documented and undocumented persons within the Arizona region of the U.S.-Mexico border.

To advance the profession, promote health among the residents of the AZ-Mexico border region and engage in political advocacy, our first activity was to update the AzNA Position Statement on Border Health Care (2001). The revised Position Statement supports the call for the delivery of dignified and humane care to all people who reside within the AZ border region. Secondly, to respond to social and political issues that contribute to the health of migrants Chapter 18 spear-headed a medical supply drive for the Migrant First Aid Station in Nogales, Sonora, Mexico. Last year, volunteers at the First Aid Station provided care to 2,442 migrants for dehydration, severely blistered feet and other health care issues. Chapter 18 donated supplies and $100.00 and in collaboration with The University of Arizona Student Nurses Organization and Pima Community College Nursing Program we made an impressive contribution. Future activities include knowledge development and dissemination of border health issues. If you are interested in joining Chapter 18, please contact mmcewen@nursing.arizona.edu.

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AzNA Membership Application and Information
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Nurses Charge Capitol Hill
Robin Schaeffer, Sandy Thompson and Carol Stevens on the steps of Capitol Hill at ANA Lobby Day in Washington DC.

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AzNA Membership Votes in Historical Bylaws Changes

Sandy Thompson, MSN, RN
Secretary, Arizona Nurses Association

On May 15, 2013, voting members made historic changes to the Arizona Nurses Association bylaws. The process began shortly after the 2012 American Nurses Association (ANA) House of Delegates meeting, when transformational bylaws were passed to make radical changes within the American Nurses Association. ANA leadership realized that its structures and practices were becoming irrelevant and, without radical changes, the association would as well. Key changes to move ANA forward as a more efficient, meaningful organization to its members included the following:

- Changing the governing structure of ANA by replacing the 700-plus member House of Delegates with a smaller Membership Assembly.
- Reducing the size of the ANA Board of Directors from 15 to 9 members (effective June 2014).
- Dissolution of the Constituent Assembly and the Congress on Nursing Practice and Economics.
- Creation of shorter-term opportunities for nurses to serve on ad hoc “Professional Issues Panels” that address specific and sometimes urgent issues important to nurses.

Following passage of the ANA Transformational bylaws, the discussion carried forward within AZNA Board of Directors. An analysis of our association revealed that AzNA faced challenges similar to those of ANA: outdated, less efficient government structure; membership challenges, decreased member participation; revenue challenges; and competition with other professional organizations.

The Board quickly realized that AzNA was also at risk of becoming irrelevant; as such, the process to make bold transformative changes within our state association began. The Board worked in collaboration with the elected Bylaws committee to recommend amendments that would make our association more relevant and sustainable. The key objectives were:

- Create a more nimble, streamlined governance structure.
- Increase 1st year membership renewal by improving our value proposition.
- Increase opportunities for member engagement.
- Forge partnerships and shared resources.
- Increase networking to fulfill professional voids.

Feedback was obtained from potentially affected Board members, as well as the Communications Committee, the Membership Committee, and the Appointments and Nominations Committee. A call to AZNA members to submit Bylaws changes was also distributed. The proposed changes were vetted between the Board and the Bylaws Committee over the course of several months. A small group of engaged members was convened to obtain feedback, identify areas of concern, and make adjustments as needed. The culmination of the proposed amendments were then sent to AzNA members and a webinar was held on April 17, 2013 to discuss the intent of the proposed amendments; this webinar was also posted on AzNA’s website for viewing by members who could not attend. Finally, the proposed amendments were brought to the membership for discussion and voting at a special meeting on Wednesday, May 15, 2013. Proposed bylaws changes included:

- Replacing references to the retired ANA House of Delegates with the new ANA Membership Assembly model language. Membership Assembly representatives for AzNA will consist of one Board member and one representative elected from the membership, which will increase member exposure to the national work of ANA.
- Reduction of the AzNA Board from 11 to 10 positions. Retained offices: President; Vice President; Treasurer, Secretary and Governmental Affairs Officer. Eliminated: 2nd Vice President, Director of Membership, Director of Communications, Director of Continuing Education, Director-at-Large, and Director of Appointments & Nominations. The philosophy behind this change was to morph the Board of Directors from that of its current “operational” model to more of a streamlined governance structure that will be able to make decisions in a more timely and agile fashion to meet the operational needs of the association.
- The previous past president will become an ex-officio member of the Board in order to provide valuable insight and improved deliberation of the subsequently elected Board.
- Board member term limits of 2 years are created for each position, with a maximum of 2 terms per role and 8 years in total.
- Eliminating the Professional Issues Steering Committee (PISC) as an elected committee, while retaining the Bylaws Committee and the Appointments & Nominations Committee.
- Establishing a mechanism whereby AzNA members may participate on Board-appointed Ad hoc/expert panels according to their respective subject matter expertise, thereby increasing member participation in their state association.
- The following appointed committees will be continued: Public Policy Committee, Finance Committee, and Continuing Education Committee.

The establishment of options to conduct business through more current mechanisms, leveraging technology to meet the needs of the association.

- Elimination of the Chapter Presidents Council and providing the opportunity for more meaningful and realistic mechanisms for Chapter Presidents communication.

Members from across the state came together to discuss and vote on the proposed changes: 39 members in Tempe, 4 in Prescott and 9 in Tucson. Under the oversight of an official parliamentarian, these members demonstrated courageous vision in approving the passage of over 100 amendments to the AzNA Bylaws, taking our association forward into the future.

So what will this mean to AzNA members? You can expect a more meaningful membership experience. This may be accomplished by your participation in issues more relevant to you through shorter term commitments. As a result, there will be a quicker turnaround time in response to professional issues. We will all have a more broad opportunity to advance the profession of nursing. And you can have more confidence in the longevity of our association because we have strengthened its financial security.

You can expect to see more visionary work coming from your Board of Directors in the next few months relative to AzNA’s strategic pillars and the strategic initiatives that will carry us forward.

A special thank you goes out to the members of the Bylaws Committee, who spent countless hours reviewing, discussing, and providing feedback on these historic Bylaws amendments:

- Victoria Voit, MSN, RN (Chair)
- Cheryl Koot, EdD, RN
- Connie Appell, RN, MSN, CEN
- Loretta Craig, BSN, RN
- Virginia Goldner, DM, RN
- Vicki Hansen, RN, MS

On behalf of the Board of Directors, I would also like to thank all of our members who took the time to participate in the AzNA Bylaws process and who had the faith in your elected leaders to make such bold changes. We truly believe that these changes will strengthen our association and our ability to fulfill our mission. “To advance and promote professional nursing in Arizona.”

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For Faculty positions—Current license as an RN in Arizona; Doctoral preparation is preferred. MS in Nursing is required; 2 years of clinical experience is required. Prior teaching experience is preferred.

The previous past president will become an ex-officio member of the Board in order to provide valuable insight and improved deliberation of the subsequently elected Board.

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Awards for first and second place along with the “Most Honest” were given at the luncheon directly following the tournament. Joyce Rolles (right) a AzNF Trustee led the team that won the “Most Honest” award. There were also wonderful raffle prizes given out at the Luncheon.

One of the foursomes at the 2nd Annual AzNF Open Golf Tournament that was held at the Orange Tree Golf Resort on June 1. It was a beautiful sunny day where all had a great time!

Mark your calendars for the 3rd Annual AzNF Open on May 31, 2014!

This foursome of Pima Medical Institute’s students, brightened up the course with their colorful socks. Other Pima Medical Students volunteered at the tournament again for the second year in a row.

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Congratulations to the Spring 2013 AzNF Scholarship Winners

Phylicia Amado  
ADN – Pima CC

Jonah and Andrea Beltran  
ADN – Glendale CC

Laura Blank  
Grad-Geri PhD – ASU

Christina Carlson  
BSN – NAU

Amanda Davis  
ADN – Pima CC

Dustin Flueckiger  
BSN/BDG – Brookline

Tiffany Gates  
BSN – U of P

Phillip Heliotes  
ADN – Pima CC

Anjali KC  
ADN – Pima CC

Laura Keto  
BSN – NAU

Mary Jo Marchi  
BSN – American Sentinel

Briana Markle  
BSN – ASU

Jennifer Martiny  
ADN – Pima CC

Shana McCawley  
RN-BSN – ASU

Kelsie McKinley  
BSN – NAU

Tricia Miller  
BSN – U of P

Megan Nichols  
BSN – GCU

Breanna Purtain  
RN-BSN – GCU

Maria Quimba  
Grad-PhD Nrsng Edu – Univ of Northern Colo

Michelle Ray  
ADN – Gateway CC

Briana Ripa  
BSN – Chamberlain

Jennifer Simpson  
Grad-DNP – ASU

Joseph Tebo  
Grad-MSN – ASU

Mandy Valdez  
RN-BSN – GCU

Carla Wren  
ADN – Pima CC

AzNF scholarships are available for nursing students who are enrolled or accepted for enrollment in nursing schools and are committed to nursing practice in Arizona.

Visit www.aznurse.org to apply.
The keynote for the Promise of Nursing was Deedra Zabokrtsky, Lt Col, USAF, NC-BC, SDE Fellow, Magnet Nursing, Scottsdale Healthcare System. She is currently assigned to the Medical Education with Industry Division of the Air Force Institute of Technology. As a recipient of a senior development education equivalency, Colonel Zabokrtsky is the first Air Force nurse to be selected to study characteristics of nursing excellence at a Magnet designated civilian healthcare system. She shared personal stories of the wonderful nurses that she has met during her career in the USAF much to the delight of the audience.

Jessica Sandler an Adult-Geriatric Doctorate of Nursing Practice student at Arizona State University was the AzNF Scholarship Recipient Speaker at the Promise of Nursing and shared her story on why she loves being a nurse.

Sgt. Ian Parkinson of the United States Army enlisted in the Army in 2009 when he was 19. On June 6, 2011 while serving his country in Kandahar, Afghanistan, Ian was wounded by an IED (improvised explosive device) while on foot patrol. He lost both of his legs above the knee. Ian presented his story to the audience and spoke of some of the nurses who helped him recover from his wounds. Ian remembered the names of every nurse who ever helped him along the way even including his Nurse Case Managers. His story was moving and brought the audience to tears. All of the speakers at the 2013 Promise of Nursing made this an event to remember.

Every year the Arizona Nurse’s Foundation hosts the Promise of Nursing. The event is always an exciting time to network and recognize excellence in the profession. I gratefully attended the prestigious event on May 3rd, of this year and it is one I will never forget. The afternoon began with networking, the consumption of great food, and inspiring speeches from scholarship recipients. It ended with a slideshow displaying epic photos of military nurses throughout the decade, and an inspiring video by Johnson & Johnson. One of the speakers, however, took our breath away.

Army Sergeant, Ian Parkinson, provided an amazing personal account of how nurses impact their patient’s and family’s lives in multiple ways through strength, compassion, and dignity. He served in Afghanistan where he suffered a horrific injury following an Improvised Explosive Device (IED) detonation that resulted in the loss of his leg. It was very emotional and humbling to be honored by this war hero! After all, as most of you can attest when nurses get recognized we usually deflect this appreciation and say, “thank you, but we were just doing our job.”

The speech by Ian, was unbelievably moving and will remain with me forever. Spending time to hear the perspectives of such a grateful patient reassured my colleagues and I that our choice of professional is noble, honorable, and meaningful. It is not just saving a patient’s life that makes the difference, but the simple things; spending time with them, keeping a positive attitude, sharing silly or heartwarming stories, and cherishing every moment we spend with those in need. Ian rekindled feelings of dedication to the profession, and hearing his experience as a patient brought tears to every individual in the room. His gratitude reminded us how important our vocation is and that the hope and healing we bring to others is profound. Caring for the sick is very challenging physically, mentally, and emotionally. Being surrounded by a community of nurses who shared their stories was truly touching and inspirational. The Promise of Nursing made me feel like I belonged to the remarkable nursing community and that my presence was not only important but appreciated. Taking a day to refresh and be inspired by what we do was a very powerful experience that I encourage all nurses to enjoy. Being a nurse is extremely fulfilling and participating in this wonderful recognition of the nursing community brought an entire new meaning to my work.
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1) WHEREAS, nursing education programs, through collaboration and partnership, will work together to promote academic progression to ensure a well-educated, diverse nursing workforce to advance health in our state. (AACC, ACCT, AACN, NLN, & N-OAaN: Joint Statement on Academic Progress of Nursing Students and Graduates, 2013)

2) WHEREAS, the ethical duty of the nurse is first and foremost to the patient; it is not to the nurse, nor the educational or health care system (Pierce, 2010).

3) WHEREAS, there is a need for increased education for all nurses because with the increasing complexity of health care, the patient requires a more educated nurse in order to deliver effective and safe care (2010 Policy Statement of Tri-Council Nursing; 2010 IOM Future of Nursing Report; 2013 AZ Education-Practice Collaborative Assumption).

4) WHEREAS, the evidence indicates with higher percentages of BSN RNs there are improved patient outcomes, including decreased patient mortality and decreased failure to rescue rates. (Aiken, 2003, 2008, 2011; Estabrooks, 2005; Friese, 2008; Kutney-Lee 2013; Tourangeau, 2007).

5) WHEREAS, the 2010 IOM Future of Nursing, Leading Change, Advancing Health report recommendation is to increase the percentage of BSN RNs to 80% by 2020 (2010 IOM Future of Nursing Report).

6) WHEREAS, the percentage of BSN RNs in Arizona is currently less than 40%. (Randolph, 2011)

7) WHEREAS, the mission of community colleges includes serving the community needs; contributing to continuous workforce improvement; and meeting the needs of employers in the community. (Maricopa Community Colleges; California Community Colleges; Gonzales, 2012)

THEREFORE BE IT RESOLVED THAT THE ARIZONA NURSES ASSOCIATION WILL SUPPORT:

1. Appointment by AzNA Board of Directors of a special committee to identify strategic initiatives to achieve 80% BSN RNs in Arizona by 2020.
2. Promotion of support for academic progression through strategic initiatives from stakeholders, including but not limited to, legislators; healthcare, business, and education partners; and the community, at large.

References:


Kutney-Lee, A., et al. (2013). An increase in the number of nurses with baccalaureate degrees is linked to lower rates of postsurgery mortality. Health Affairs, 32(3), 579-86.


Description of an AzNA Action Proposal

An action proposal addresses an issue thought to be vital to the work of the Arizona Nurses Association (AzNA). It is brought before the AzNA membership for its consideration in establishing policies and positions which support AzNA and the nursing profession in Arizona. The following action proposal(s) will be voted on at the AzNA 2013 Convention, September 19th and 20th. All AzNA members present at the convention will be asked to cast their vote. If you are not a current member of AzNA, consider joining so that you too can vote on the work of nursing!

ACTION PROPOSAL

SUBJECT: Addressing Gender Equity in Nursing Leadership and Pay

INTRODUCED BY: Lesly Kelly; Carol Moffett, Susan Phillips

EXECUTIVE SUMMARY: Since the passage of the Equal Pay Act in 1963, it has been recognized that a significant gap exists in the compensation for women for equal work compared to their male counterparts. Despite being a female dominated profession, the existence of gender wage gap in the nursing profession is concerning. Moreover, nurse leaders, particularly female nurse executives, are being underdeveloped and not achieving a significant presence on boards and committees where health care decision-making is occurring.

WHEREAS, the nursing profession needs highly qualified nurse leaders to respond to the demands where health care decision-making is occurring.

WHEREAS, nurses are underdeveloped, experiencing high turnover, dissatisfaction, and poor work-life balance, mentorship and succession planning is needed.

WHEREAS, women are underrepresented in senior executive leadership roles, leadership programs for nurses are needed to develop and prepare nurses earlier in their careers for nurse executive positions.

WHEREAS, despite being a female dominated profession, women earn less than their male counterparts for doing equal work, salary levels must be examined for discrepancies and variations.

WHEREAS, reports suggest that fewer women aspire to executive leadership positions for multiple and varied reasons, an infrastructure of support, education and mentoring may inspire more women to seek out executive roles.

THEREFORE LET IT BE RESOLVED THAT THE ARIZONA NURSES ASSOCIATION WILL:

1. Examine the data related to the gender and leadership gap in nursing in Arizona and how it compares nationally and report findings; and

2. Promote activities that raise awareness related to gender equity in nursing leadership and wages by seeking opportunities to engage with the nursing community.

SUGGESTED IMPLEMENTATION ACTIVITIES:

1. Support activities that develop nurses in leadership to succeed in executive nurse leader roles, including supporting the Leadership Action Coalition activities, such as ‘40 Under 40’, and forming a partnership with the Arizona Organization of Nurse Executives (AzONE) as well as other leadership development organizations both internally and externally to nursing; and

2. Promote gender equity in pay by monitoring salary surveys at the state and national level and identifying the factors that are associated with pay discrepancies. When AzNA has identified factors that can be mitigated through organizational or individual actions, strategies will be deployed to address the gap.

References:


DOCTORAL-PREPARED NP Faculty Positions Available
(Master’s preparation for some positions)

The University of Arizona College of Nursing is seeking doctoral prepared NP Faculty to relocate to the Tucson campus to support our educational mission. Visit www.uacareertrack.com for additional information, minimum qualifications and to apply. Review of applications is ongoing until the positions are filled.

To apply, go to: www.uacareertrack.com and refer to job number 49378

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AzNA Public Policy has been guided through this Biennium by two Directors, Ray Kronenbitter and Amy Franciscus. This report summarizes the achievements of the 27 hard working members of the AzNA Public Policy Committee and staff. See the Public Policy section of the AzNA Website at www.aznurse.org for detailed current and archived information.

Between Conventions, Arizona nurses have had two legislatures, redistricting, a general election, two nurse Lobby Days and two APRN Lobby Days. Staff and volunteers have impacted public policy through stakeholder meetings, public testimony, “calls to action” using social media, letter writing campaigns, attendance at rally’s, personal visits to legislators, and service on committees drafting legislation. A special “Targeting” group was activated to communicate with legislators regarding Medicaid Restoration. Negotiations regarding language modifications were regular events with bills which AzNA opposed and with those that had outdated provider language that did not include APRNs.

AzNA worked with many Health Care stakeholders on healthcare public policy issues. Comments were sent to the AZ Board of Nursing and the Department of Health Services as Rules were being revised. Proposed changes in scope of practice for Psychologists, Midwives, and Pharmacists found AzNA at the discussion tables.

In 2012, The Public Policy Committee reviewed over 140 bills. Twenty three supported by AzNA passed and two bills opposed became law.

In 2013, 185 bills and one city ordinance were reviewed. When the Legislature adjourned sine die on June 14th, eight bills supported by AzNA had passed and 14 were awaiting resolution. One bill opposed by AzNA was vetoed and one was pending.

In 2012 The Governor’s budget proposals regarding increased funding for treating the seriously mentally ill (SMI) and reimbursement for Arizona Health Care Cost Containment System (Arizona’s Medicaid program, also known as AHCCCS) individual providers were a centerpiece of Lobby Day and in 2013 her AHCCCS/Medicaid budget proposal has been the lobbying focus of the entire healthcare community. After unique special session called by the Governor, a bi-partisan coalition passed the FY 14 budget including the Governor’s proposal for Medicaid restoration and a hospital assessment.

The Governor’s proposal for Medicaid restoration represents the most significant change in Arizona healthcare since the founding of AHCCCS over thirty years ago. Arizona Nurses were in the thick of the campaign for its passage: standing behind the Governor at rallies and hearings, signing on to publications and social network communications and making hundreds of legislative contacts.

**Adda Alexander Conference on Patient Safety and Quality**

*at The Scottsdale Hilton*  
August 23, 2013  
Registration $125

**Featuring: Ridley Barron**  
of Ridley Barron Ministries

Ridley will share his story of how his family was ravaged by a terrible car accident that took his wife followed by a hospital-induced medication error that took his toddler. Ridley has emerged as a nationally known speaker on topics such as quality of care, survivor guilt, sentinel events and the second victim in hospital errors. www.azoneonline.org.

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2011-2013 Public Policy Biennial Report

Amy Franciscus, JD, RN  
Chair, Public Policy Committee

If you have deep compassion and a strong spirit of innovation, Banner Health is where you can make a dramatic difference in patient care – and the health care field. As a forward-looking nursing professional at Banner Health, you’ll be a key contributor to a nationally recognized, award-winning health care provider that shares your passion for positive change. We invite you to join the visionary leaders that are leveraging innovative technology to define the future of health care. Banner Health has key Nursing needs in the following areas:

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Nurse Fatigue is one of three Action Proposals being addressed by the Arizona Nurses Association Professional Issues Steering Committee (PISC). There is mounting evidence that fatigue has serious consequences for the safety of patients, for nurses while driving, and for the overall well-being and long-term health of the nurse. Fatigue is a complex issue strongly related to sleep adequacy.

In January 2013, a Nurse Fatigue Survey was sent out to all Arizona nurses that specifically targeted nurses who provide direct patient care. More than one thousand nurses from across Arizona responded to the PISC survey identifying work hours, time between shifts, sleep adequacy. Nurses tended to be Baby Boomers (47%), BSN-prepared (42%), and had more than 20 years of nursing experience (37%). Day shift nurses were most commonly represented (71%); with the majority of nurses working 12-hour shifts (69%).

For 80%, there was awareness that his/her ability to concentrate at work was compromised and could lead to errors. These 80% were also aware of experiencing drowsiness while driving. For 28%, drowsiness behind the wheel was experienced at all times.

Over half of the nurses surveyed reported being concerned or seriously concerned about the amount they slept (52%). Most nurses (62%) reported sleeping 6-7 hours between shifts while about 25% reported sleeping only 4-5 hours between shifts. Sleep quality was considered poor or very poor for 33% of nurses and 33% also reported using some form of over the counter or prescription medication to assist with sleep most days of the week.

Nurses need to find ways to dialogue with colleagues and organizations to identify how best to minimize the impact of fatigue. Strategies can include protecting the time and space for sleep and napping (sleep hygiene). Wakefulness can be boosted with bright lighting, and caffeine. Organizations have a responsibility for managing risk and must be cognizant of the impact of 12 hour shifts and expanded hours. We have referenced two articles that address the complexity of fatigue management. In addition the Arizona Nurses Association will be discussing fatigue at the Convention in September and creating a web based training module to bolster nursing and organizational fatigue management.

References
Bringing Evidence-based Practice to the Bedside: What Works?

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Niamh Koch, BS, RN, CCRN
Staff Nurse
Chandler Regional Medical Center Chandler, AZ

*corresponding author

Introduction
When Jeanne Evans, RN, was concerned about the effectiveness of repositioning her patient every two hours to prevent skin breakdown, she wasn’t sure where to go for more information. How about you—if you have questions about your clinical practice, what is your next step? Most nurses indicate that they go to a trusted colleague for verification, but some suggest that this source may not be the most accurate one. Increasingly, health care providers are turning to “evidence-based practice” (EBP) defined as: . . . the conscientious, explicit and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients and in consideration of individuals’ needs and preferences. (Ingersoll, 2000)

With the increased emphasis on cost containment, nurses know that using EBP lets us base care on interventions demonstrated as effective, thus saving money and assuring quality outcomes. However, challenges exist to the use of evidence for practice. To meet these challenges our Research and Evidence-based Nursing Practice Council (REBNPC) looked to the literature for suggestions and this article describes our experience.

Literature Review
Since EBP involves “a process directed toward the transfer of research-based knowledge into nursing practice” (Rogers, 1994), it is important to identify the conditions that are necessary for transfer to occur. Themes identified in the literature regarding barriers to EBP include characteristics of the individual user, the conditions that are necessary for transfer to occur, and the organization and the research itself.

Several early studies established the gap between the generation and use of research findings. The Conduct and Utilization of Research in Nursing (or CURN; Horsley and Crane, 1983) study focused directly upon the skills required for evaluating web-based information sources. As the reimbursement for patient care continues to decrease, it is imperative that nurses rely on methods that are more likely to produce desired results. The changing landscape of health care requires that clinicians, managers and administrators re-focus from learned rituals and habits to bringing evidence-based practice to the bedside. However, there are few formats and strategies that show consistent usefulness for busy practitioners. Our experience in providing Fact Sheets for nurses has opened the door for moving evidence into practice.

With the increased emphasis on cost containment, nurses know that using EBP lets us base care on interventions demonstrated as effective, thus saving money and assuring quality outcomes. However, challenges exist to the use of evidence for practice. To meet these challenges our Research and Evidence-based Nursing Practice Council (REBNPC) looked to the literature for suggestions and this article describes our experience.

Process and Outcomes
We set out to develop and try a Fact Sheet focused on a clinical topic identified by one of our intensive care unit (ICU) managers. The model for our process was Valente’s (2005) work and she very generously provided examples and evaluation tools. We organized the fact sheet into three parts: problem description, literature review, and practice implications. The fact sheet also provided a table explaining levels of evidence and listed referenced used. Our medical librarian helped with literature searches and Council members completed article reviews and formulated the Fact Sheet, which was distributed in hard copy and electronic form.

Two weeks after distribution, staff nurses and respiratory therapists completed a 10-item questionnaire that consisted of 2 sections using Likert-type responses as well as 2 open-ended questions. Evaluation items included ease of reading, relevance and format usefulness, and another section asked about perceptions of effectiveness of the information. Tables 1 and 2 display responses to specific evaluation questions. Staff members viewed the format of the Fact Sheet more positively than its overall effectiveness with tasks that are performed without support from evidence could be outdated and potentially harmful for patients, EBP could be the key to decreasing workload by removing tasks that do not improve patient safety. We found that Fact Sheets provide current evidence in a convenient form for busy patient care providers.

Table 1

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<th>Category</th>
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<tr>
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<tr>
<td>Good way to learn</td>
<td>Agree</td>
<td>31  (81)</td>
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<td>Reference</td>
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<td>33  (87)</td>
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Conclusions
Our results suggest that using a 1 to 2-page summary of evidence effectively increased knowledge about a topic and may benefit patients by aligning practice with demonstrated outcomes. Mick (2008) also identified that lack of support from evidence could be outdated and potentially harmful for patients, EBP could be the key to decreasing workload by removing tasks that do not improve patient safety. We found that Fact Sheets provide current evidence in a convenient form for busy patient care providers.

Since completion of this project our Council has developed and disseminated Fact Sheets related to pain assessment and interventions, hand hygiene, patient/family readiness for discharge, patient positioning following lumbar puncture and a guideline for evaluating web-based information sources. Responses from nurses continue to be positive and we are currently developing methods to encourage others to participate in exploring more topics.

As the reimbursement for patient care continues to decrease, it is imperative that nurses rely on methods that are more likely to produce desired results. The changing landscape of health care requires that clinicians, managers and administrators re-focus from learned rituals and habits to bringing evidence-based practice to the bedside. However, there are few formats and strategies that show consistent usefulness for busy practitioners. Our experience in providing Fact Sheets for nurses has opened the door for moving evidence into practice.

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Welcoming New and Returning Members

3/1/13 – 5/31/13

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Nancy Anderson
Deborah Arvonen
Patricia Baird
Francesca Bouchard
Elizabeth Bryant
Matilde Cangco
Paola Cappa
Kendra Carter
Christina Cavazos
Maria Cook
Mary D’Avello
Diane Davis
Robin De Witt
Sherri Dillman
Susannah DiManno
Loretta Frisby
Deanna Gephart
Peter Gray
Amy Hanford
Cabrera Hilgers
Carolyn Hill
Alysia Iguido
Earl Jacob
Elizabeth Jones
Ralph Josh
Deborah Laverty
Lien Le
Heather Lincoln
Tamika Longboons
Julie Longmire
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Catharine Martinez
Lori McBride
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Laura Monks
Janet Moskop
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Naomi Rogers
Diana Sanchez
Nicole Sheaffer
Christin Sisco
Tausha Steen
Ashley Sutton
Jessica Vasko
Koirtiona Von Rothschild
Amy Ward
Catherine Whitson
Kathryn Wickware
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Sarah Brown
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Christine Grassman
Genieve Gutierrez
Kerithy Halloran
Jennifer Harr
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Michael Marzley
Billie Mason
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Louann Vanfossen

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Lokelani Ahoy
Alerna Arballo
Melody Baldwin
Sandra Crist
Helene Gibson
Nicole Goekler
Gary Goodwill
Eva Juarez
Erika Rascon

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Lindsay Lynch

Chapter 9
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Elizabeth Criss
Angela Hester
Angela Orequeila
Alina Stanca

Chapter 30
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Kelley Brust
Kyla Butler
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Gloria Carroll
Marisa Carter
Ana Cortez
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Liz Davis
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Barbara DuPaul
Christy Erb
Paula Fannin
Holly Frith
Tandra Garvin
Marcelle Hanihan
Nicole Henley
Marlo Howell
Kevin Hughes
Kileen Hughes
Kimberly Iwah
Monette Jackson
Jamie Johnson
Amber Kool
Meleah Krass
Channissa Lavasseur
Valerie Marquez
Anna Mathews
Wendy Michel
Michelle Miller
Mary-Louise Mulcahy
Michael Nebluck
Jessica Nix
Laura Ritner
Mary Rivera
April Robinson
Elida Rosti
Jessica Ruiz
Victoria Sanchez
Roberta Stephenson
Kimyen Tran
Emily Tryon
Margaret Tyson
Andrea Wanlass
Mary Wilson

Chapter 60
Angelita Boloz
Lorraine Kelwood
Tony Yazzie

Members
Celebrating Their
2 Year Anniversary
Marlene Allshouse
Aida Amado
Jessica Aragon
Deborah Baker
Jaime Bentley
Anna Bjorgum
Jennifer Bintson
Linda Chapman
Monica Contreras-Garay
Mary Dominguez
Maria Rosario Evendine
Marlene Gantter
Stacey Gregory
Rea Harris
Corey Hill
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Misty Mangus
Ashley McCabe
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Modern Healthcare Names Northern Arizona Healthcare Top Performing Healthcare System in U.S.—Northern Arizona Healthcare is among the nation’s top performing healthcare systems in the U.S., as reported in Modern Healthcare. The April 15 publication listed Northern Arizona Healthcare (NAH) as being ranked in the top 20 percent of more than 325 healthcare systems and 2200 member hospitals in a recent study by Truven Health Analytics. Congratulations NA Health!

VVMC once again awarded ‘A’ grade for patient safety and quality of care—for the second year in a row, Verde Valley Medical Center (VVMC) has been awarded an ‘A’ grade for patient safety and quality of care by the Leapfrog Group based on 26 different measures of safety. VVMC was recognized by the Leapfrog Group for its demonstrated commitment to the health of its patients through safety, quality of care and positive patient outcomes. Congratulations Verde Valley!

Verde Valley Medical Center Names Maiden CNO/VP—Verde Valley Medical Center (VVMC) recently selected Susanne (Sue) Maiden, R.N., M.B.A., as chief nursing officer (CNO) and vice president of nursing for the organization. Maiden Congratulations Sue!

Anouncing a Research Study on Nurse-to-Nurse Abuse—Are you a new graduate nurse who has been the victim of nurse-to-nurse abuse? This term refers to many types of hostile or aggressive behaviors from one nurse that targets another nurse with the intent of causing distress. Susan Phillips is an Advanced Practice Nurse who is in a doctoral leadership program at the University of Phoenix, School of Advanced Studies. If you are a new graduate nurse with one year of professional experience working in an acute care inpatient medical hospital within Maricopa County, you are invited to participate in this important study. Participation will require an interview that will take approximately one hour at a date and time that is convenient to each nurse’s work schedule. Interviews will take place at the University of Phoenix main campus conveniently located at 1625 W. Fountainhead Parkway in Tempe, AZ. For further information or to be considered as a potential study participant, please contact Susan via email at sphill2@email.phoenix.edu or call her at (480) 216-6311. Please consider taking this opportunity to contribute to the development of healthy hospital work environments.

Correction—in the May issue of the Arizona Nurse some contributors were left off of the “Don’t Skip the SCIP” article on page 6. We would like to extend our apologies to the following contributors to that article, authored by: Susanna Liljenstolpe BA, BSN, RN

Contributors:
Brittany Adams BSN, RN
Amanda Alcanter BSN, RN
McKenzie Lauer BSN, RN
Nic Londeree BSN, RN
Elizabeth Seymour BSN, RN

Save the Date—Nursing Research Festival Leading Change in Healthcare: Science and Innovation at the Bedside Presentations from AZ nurse researchers to highlight their work in research and evidence-based practice. Excellent forum for novice nurse researchers. Please join us for the discussion of these innovative projects! Please contact Kenneth Oja for more information (kenneth.oja@bannerhealth.com)

What: A conference for AZ nurse investigators
When: September 13, 2013

The Arizona Nurses Association hosted the national conference of the Forum of State Nursing Workforce Centers. The focus was on the supply, demand and forecasting for the future of the nursing workforce. Karen Daley, ANA President participated in “The Future of Nursing: Nursing’s Crystal Ball” panel with Bill Lecher, President of the Assembly of Men in Nursing and Linda Burns Bolton, Vice President, Nursing, Chief Nursing Officer and Director of Nursing Research, Cedars-Sinai Medical Center. Session moderator was Kathy Malloch, President, KMLS, LLC., Associate Professor, Arizona State University College of Nursing and Health Innovation and Clinical Consultant, SPI Healthcare, Inc.

Where: Flagstaff Medical Center
Where: Verde Valley Medical Center

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nahealth.com
When our early pioneers were organizing our professional organization, they became more aware that information relevant to the nurses and their practice was not disseminated due to vast distances between the members and meager transportation methods available. The Board Members decided that an annual convention would be one strategy to communicate issues such as safety, long work schedules and lack of benefits. Other important factors for all members to meet were for socialization, gaining knowledge of latest nursing practice, and awareness of ANA’s and other state organizational programs and practice issues.

The first convention was held in Tucson in December 1919; the Graduate Nurses Organizations of the state met to organize the professional organization and elect the leaders for the Arizona State Nurses Association. The 2nd convention was in Phoenix in October, 1920 and the program set the agenda for the following annual conventions for many years.

One day was for the business meeting where members were presented with organizational programs and projects, legislative issues and ANA’s programs. Members were given the opportunity to comment, critique and vote on debatable issues. One day included topics relevant to present day nursing practice. There was a dinner, fun activities, and time for socialization. In 1965 the last annual convention was held; from 1967 the convention became biennial. The conventions have been held in different Arizona cities.

As in the past, a Board Member and a committee plan and determine a theme and speakers for this event. Now we also have the expertise of the staff, Mary Taken, Debby Wood, Carol Coffin and the Executive Director, Robin Schaeffer, RN, MSN, CNE, to coordinate the activities that increase our knowledge of AzNA, ANA programs and nursing practice issues, to recognize outstanding members, meet health care exhibitors and create time for socialization, networking and merriment.
Quick Guide to Nursing Practice

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Learn how to improve team morale and motivation, successfully adapt to change, and deal with project pressures, communicate effectively, and more!

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The University of Arizona Soltwedel Executive Education Center, 1130 E. Helen Street, Room 208, Tucson, Arizona 85721

Spring Session 2013, Tier II
May 8 – June 19, 2013
PHOENIX INDIAN MEDICAL CENTER
4212 N. 16th St., Phoenix, AZ 85016

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www.azblue.com/careers
We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.