2013 ONA Convention
Building Excellence in Practice: Shed for Success™
October 9-10, 2013 at the Embassy Suites in Norman, Oklahoma

Thursday Events & Activities

Opening Session: Keynote
8:30 a.m. – 11:00 a.m.
12:30 p.m. – 1:45 p.m.
Kathy Dempsey, RN, CSP
Shed or You’re Dead™: How to Stay Alive & Thrive in the Midst of Turbulent Healthcare Change
(Survival Guide Shed or You’re Dead™ for Healthcare Professionals by Kathy Dempsey, RN, CSP (for the first 250 registrants))
Truly unique experiences make Kathy Dempsey one of the most sought after speakers and facilitators on issues of change, communication, and organizational development. Best known for her creative, unique and innovative approach, Kathy’s presentations are engaging, highly interactive and packed full of content and fun!
Kathy is President of KeepShedding! Inc., a company that helps individuals and organizations grow by “shedding their skin.” She ignites groups by helping them visualize the possibilities!
Her most recent book, Shed or You’re Dead™: 31 Unconventional Strategies for Change and Growth is the recipient of a Writer’s Digest International Book Award. She is also a contributing author to the best selling Chicken Soup for the Soul series in addition to co-authoring two books, Irresistible Leadership and Thriving in the Midst of Change.
Kathy was responsible for strategically leading Memorial Health Care System’s organizational development efforts to become one of the top 100 hospitals in America!
Kathy is also the Founder of the Keep Shedding Educational Foundation which sends African AIDS orphans to school. The Georgia Speakers Association voted Kathy as the Showcase Speaker of the Year and its 2002 Master of Influence Honoree. Bob Pike’s Creative Training Techniques International also named her the Trainer of the Year. Kathy is the Past President of the National Speakers Association Mid-Atlantic Chapter.

Awards Luncheon
11:30 a.m. – 12:15 p.m.
Please Join us as we celebrate some of our most accomplished members. The Membership Campaign Winners will be announced and a new challenge issued!

Breakouts
2:00 p.m. – 3:15 p.m.
Stillwater Medical Center
How they incorporated Keep Shedding
Norman Dialysis Clinic
Disaster Response when El Reno Clinic was destroyed

Help us support elected officials and candidates that support nurses, nursing and nursing issues such as:
• RN and APRN Scope of Practice
• Public Health
• Access to care
• Nursing Workforce

Healthcare for all Oklahomans is at risk!
ONA PAC NEEDS YOU!!!!
Make a contribution to the ONA PAC
Help us support elected officials and candidates who support nurses, nursing and nursing issues!

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Oklahoma Nurse Editorial Guidelines and Due Dates

**Submit Information for “The Oklahoma Nurse”**

View online: [http://www.oklahomanurses.org/displaycommon.cfm?an=1&subarticlenbr=137](http://www.oklahomanurses.org/displaycommon.cfm?an=1&subarticlenbr=137)

Manuscripts are due on the second Monday of January, April, July, and October for consideration of publication in the following respective issue. Below, please read the revised submission guidelines.

- Include: Suggested title, authors, author affiliation, ONA membership status, and appropriate references pertaining to the content of the article.
- Sub-headings are expected where indicated and tables/illustrations are encouraged to summarize key points as appropriate.
- Photographs should be of clear quality and in a digital format with appropriate resolution for printing.
- Email images with the correct name(s), place/event, date, and descriptions.

**Space limits:** Due to space limitations, the following lengths are strongly recommended. While ONA will make every effort to publish articles in their entirety, ONA reserves all editing rights prior to publication.

- Feature articles: 900 to 750 words preferred, exceptions may be granted to 1,500 word max.
- Research articles: 1,000 to 1,500 words; exceptions may be granted to 2,000 words max.
- Regular Reports: 500 words (Executive Director, President)

All other submissions: 250 to 500 words, content dependent, please include a clarifying statement if you are submitting an article exceeding these guidelines, such as special report on Mortality or Board of Nursing Annual Report.

The Oklahoma Nurses Association thanks you in advance for your contributions to our official quarterly publication. As always your support is appreciated. If you have any questions, please respond via email or phone to the office.

**Thanks for making Nursing Positively Possible!**

**Published by:**

Arthur L. Davis Publishing Agency, Inc.
President’s Message

Oklahoma Tornado Relief for Nurses
Cindy Lyons, MSN, RN

On behalf of Oklahoma nurses, appreciation is extended across the state, region and nation for the outpouring of support and contributions received by Oklahoma Nurses Foundation (ONF) and American Nurses Foundation (ANF) to assist nurses affected by the devastating May 2013 tornados. Donations have been received by individual nurses from across the country, as well as state nurses’ associations, hospitals and other organizations such as Arthur L. Davis Publishing, and have surpassed $15,000! The outpouring of generosity has been tremendous – thank you!

Not only have nurses given financial donations, but many have shared their time and skills by serving on the “front lines” with the Red Cross and Medical Reserve Corps (MRC). As the tornadoes’ devastation was broadcast nationally, the Oklahoma Nurses Association (ONA) received many inquiries related to how nurses could volunteer to assist with relief efforts; referrals were made to the Red Cross and the MRC. Thank you to all who have, and continue to, volunteer through the Red Cross and MRC!

Nurses demonstrate the spirit of giving on a daily basis. Stories of this giving spirit abound following a disaster. One such story is that of Devyn Denton, RN. Through Devyn’s contacts with Emerging Nurses and other ONA colleagues, she was able to rally immediate assistance for nurses affected by the tornados with essential items, such as food and clothing, and professional items (scrubs, stethoscopes, etc.) lost in the destruction. Individual contributions make a difference – thank you Devyn.

How can you make a difference? Tax deductible donations are still being accepted by the ONF Tornado Relief Fund; visit the ONA website at: oklahomanurses.org to contribute.

If you are able to give of your time and skills, the Red Cross and MRC continue to seek volunteer nurses and offer training on a regular basis. Many Oklahoma hospitals, churches and local charities have established opportunities for volunteerism, too. Join the effort. Your giving spirit is appreciated! •

Kindest regards,
Cindy

Executive Director’s Report

Isn’t it Time You Got Involved!

Jane Nelson, CAE
Executive Director,
Oklahoma Nurses Association
Ona.ev@oklahomanurses.org

In nursing school you learned about the nurse practice act and how it was important to make sure that you practiced within the realm of your nursing license. You probably walked away from the discussion feeling secure about the practice of nursing. Nursing owns the “nurse practice act” so nurses would be the only ones able to change it; and any changes would be lead by the regulatory board over nursing – The Oklahoma Board of Nursing.

The perception that nurses are the only group to be able to open the nurse practice act is far from reality. Any Legislator, individual, or group out there can propose changes to the “nurse practice act.” Who, What is out there that will protect the “nurse practice act”? The answer is the Oklahoma Nurses Association (ONA). ONA has two registered lobbyists, one on staff and one contract. Two other nursing groups: Oklahoma Nurse Practitioners and the Oklahoma Association of Nurse Anesthetists contract with lobbyists. These two groups tend to only focus on issues that pertain to practice issues specific to them.

ONA works on issues for all nurses especially those that advance nursing and the profession and includes issues such as funding for health care, access to health and behavioral health care, nursing workforce, safety issues and many more issues.

What if ONA weren’t around because nurses – you included – didn’t join…who would do this for the nursing profession? Who would protect and advance nursing practice? Who would look out legislatively for patients? Think about it. Without you ONA is nothing.

ONA can’t do this alone…it takes the members – the only focus on issues that pertain to practice issues specific to them. ONA has lobbyists, one on staff and one contract. Two other nursing groups: Oklahoma Nurse Practitioners and the Oklahoma Association of Nurse Anesthetists contract with lobbyists. These two groups tend to only focus on issues that pertain to practice issues specific to them.

Join us for a pre-conference ethics workshop, and educational offering covering social media in healthcare, multistate licensure, administrative programs and many more.

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Embassy Suites Norman Hotel & Conference Center
2501 Conference Drive • Norman, OK

The Oklahoma Nurse • Page 3

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INTEGRIS Cancer Institute has one of only 10 proton therapy cancer campuses in America.

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INTEGRIS Baptist Medical Center was named #1 hospital in Oklahoma City by U.S. News & World Report Best Hospitals by Metro Area, for two consecutive years.

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inTEGRISOK.jobs

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ONA can’t do this alone…it takes the members of the Oklahoma Nurses Association to get involved by contacting legislators, serving as Nurse of the Day and coming to the our day at the Capitol. As a nurse, it is your job to practice nursing in whatever setting you have chosen and it is ONA’s job is to represent you at Table – be it the Capitol or the other entities. Because if you are not at the Table…you’re on the Menu!

By joining ONA and getting involved in it, you will have a voice to improve health care outcomes in Oklahoma ranging from health care in our schools to safety procedures in our hospitals, nursing homes and other healthcare settings. We have a number of ways to for you to connect. Want to try us out, come to the ONA Convention, October 9 and 10 in Norman to see what we are all about. In addition we have local communities for you to connect with other nurses – geographically or with a special interest group such as the Emerging Nurses. This group is for newly licensed nurses with five or less years of experience. If you have an idea for a special interest group, please call or email me so that we can discuss it.

Now is time to get involved! Involved with your professional organization, your nursing practice and your community. What are you waiting for!!! •
Retention and Success of Culturally Diverse Nursing Students

One of the major issues facing the nursing profession today is increasing the ethnic diversity of the nursing workforce (Institute of Medicine, 2010). The United States population is quickly becoming a nation of minorities (Sullivan Commission, 2004) and the nursing population must adapt in order to provide high-quality, culturally competent care. Oklahoma's most recent population statistics indicate a dire need to focus culturally competent care. Oklahoma's most recent population statistics indicate a dire need to focus culturally competent care. Oklahoma’s most recent population statistics indicate a dire need to focus culturally competent care. Oklahoma’s most recent population statistics indicate a dire need to focus culturally competent care. Oklahoma’s most recent population statistics indicate a dire need to focus culturally competent care. Oklahoma’s most recent population statistics indicate a dire need to focus culturally competent care. 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Retention and Success of Culturally Diverse Nursing Students continued on page 5

Table 1

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<tr>
<td>White</td>
<td>66.2</td>
<td>89.2</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>8.9</td>
<td>6.5</td>
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<td>Asian/Pacific Islander</td>
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<tr>
<td>Hispanic</td>
<td>9.2</td>
<td>0</td>
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<tr>
<td>Other (2 or more races)</td>
<td>5.7</td>
<td>0.7</td>
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With greater emphasis being placed on increasing the ethnic diversity of the nursing workforce, nursing programs are being encouraged to diversify their student enrollment. This proposal is challenging because culturally diverse students have higher attrition and academic failure rates than Caucasian students. Gilchrist and Rector (2007) report attrition rates as high as 85% for English as a second language (ESL) students. A study by Bosher and Bowles found “a 40% disparity in NCLEX pass rates between ESL and non-ESL students” (Olson, 2012, p. 26). Program accreditation is at risk when rates this high, and more ethnically diverse nurses are not completing education programs.

A conceptual model was developed by Yoder (1996) to describe the “process of responding to ethnically diverse nursing students” (p. 318). It is one of the most comprehensive frameworks used in the discovery of needs and resources for these students. Bridging is described as the most effective educator response and is “characterized by high cultural awareness and high cultural adaptive instructional responses” (p. 319). Any other interaction leads to miscommunication and negative consequences for students. Students suffer feelings of invisibility and isolation when their cultural perspectives are not valued and their needs are not met. A non-tolerant cultural environment, like this, leads to higher attrition rates and academic failure. The underlying hypothesis is that culturally diverse nursing students’ retention and academic success depends on the availability of adequate resources to meet their perceived needs.

Culturally diverse students experience specific barriers to success. These include financial need, perceived discrimination, English proficiency, and cultural tensions. Ethnically diverse students usually need financial assistance for tuition costs and living expenses. Often times, the nursing student is the main income provider for their family, and must balance school, work, and family responsibilities (Amaro et al., 2006; Donnelly et al., 2009a; Taxis, 2006; Veal et al., 2012; Villarruel et al., 2001). The affordability of the nursing program, along with the availability of scholarships, grants, loans, tuition waivers, and work-study assistance play a significant role in their retention and success (Amaro et al., 2006; Clark et al., 2012, 2013).
that held the community of scholars together” (p. 325). It is important that ethnically diverse students build strong relationships with students from multiple cultures, not just their own. Many recommendations were made for the development of a close community: teambuilding activities within cohorts, group assignments, mentorship programs, social activities, ethnic student organizations, and professional relationships. Retention and success are more likely when students have developed supportive peer relationships.

Multicultural training is the best practice for increasing cultural awareness, and acceptance of ethnic minority students, thus improving their retention and success (Clark et al., 2012; Donnelly et al., 2009a; Donnelly et al., 2009b; Gardner, 2005; Villarruel et al., 2001; Yoder, 1995). Multicultural diverse students, for whom English is not the first language, struggle with English proficiency. These students report difficulty with communicating their thoughts in class, understanding exams, and writing with correct grammar and word usage. Many beneficial supports were recommended, depending on the students’ needs and preference: tutoring, mentorship, ESL classes, study skills, test taking strategies, or even social activities (Amaro et al., 2006; Donnelly et al., 2009a; Donnelly et al., 2009b; Gardner, 2005; Sanner et al., 2002; Villarruel et al., 2001). Cultural tensions include a number of different things. Family members may be fearful of the student disregarding their native culture or learning “bad” values by entering the mainstream Anglo education system (Clark et al., 2005). Students’ lack of eye contact, quiet demeanor, or unassertiveness may be misunderstood as them being “lazy” or “dumb” (Amaro et al., 2006; Donnelly et al., 2009a; Sanner et al., 2002; Taxis, 2006; Yoder, 1995). The absence of rituals and multicultural peer relationships can also be a barrier to retention and success (Amaro et al., 2006; Clark et al., 2012; Donnelly et al., 2009a; Gardner, 2005; Sanner et al., 2002; Villarruel et al., 2001).

The key factor to helping ethnically diverse students persevere and succeed is to identify these students early on, assess their individual needs, and provide appropriate supports specific to their greatest needs. Research identifies four best practices: caring behaviors of faculty, students’ own personal strengths, peer support, and multicultural training. Participants in Amaro et al. (2006) report faculty have “an even greater effect on their potential success than (their) families” (p. 253). Students described caring teachers as those who were welcoming, approachable, good listeners, patient, evenhanded, respectful, and helpful. Students interested in their wellbeing, and attentive to their needs (Amaro et al., 2006; Clark et al., 2012; Donnelly et al., 2009a; Gardner, 2005; Sanner et al., 2002; Taxis, 2006; Villarruel et al., 2001; Yoder, 1996). Culturally diverse students desire teachers who exhibit these caring behaviors, not out of obligation, but out of a true desire to help students succeed. Teachers who had developed trusting relationships with students were more able to identify students’ academic struggles, financial needs, or even social disintegration issues, linking them to the specific resources and supports they needed.

Students’ personal strengths were also crucial in aiding in their overall success (Amaro et al., 2006; Donnelly et al., 2009a; Donnelly et al., 2009b; Donnelly et al., 2009c; Gardner, 2005; Veal et al., 2012; Villarruel et al., 2001). Students who had high aspirations and goals, a sense of determination, perseverance and resiliency, a willingness to learn and change, and the ability to balance multiple stressors at one time were most successful throughout the duration of a nursing program. Identifying these characteristics during the admissions process or recognizing students for their dedication and hard work during the program encouraged them to be more successful. Peer support was vital in providing a sense of belonging, acceptance, motivational support, and academic assistance (Amaro et al., 2006; Clark et al., 2012; Donnelly et al., 2009a; Gardner, 2005; Sanner et al., 2002; Taxis, 2006; Veal et al., 2012; Villarruel et al., 2001; Yoder, 1996). Veal et al. (2012) made the statement that “social integration was the fabric
The face of the United States healthcare system is rapidly changing. The Patient Protection and Affordable Care Act (ACA) mandates a revitalization of our national healthcare system, emphasizing a strong primary and public healthcare infrastructure (U.S. Department of Health & Human Services, DHHS, 2010). The focus of client healthcare is shifting away from acute and chronic hospital-based care toward community-based care (Institute of Medicine (IOM), 2009, 2011; National Coalition on Care Coordination, 2010). The IOM (2010) envisions nursing leading this change and advancing the health of the entire nation. Physicians are not predicted to lead this change due to the current critical shortage of public health and primary care physicians (IOM, 2007) and the time needed for physicians to deliver coordinated, center-based services (Stille, Jerant, Bell, Meltzer, & Elmore, 2005).

The ACA contains several mandates of particular importance to the Nursing profession. ACA supported primary healthcare models, Patient-Centered Medical Homes (PCMH) and Accountable Care Organizations (ACO) are all trademarked by client care coordination. Care coordination is a core concept in nursing education; however, under the ACA this nursing role will be expanded (Agency for Healthcare Research and Quality, 2010; DHHS, 2010). Title V, section 5208 mandates the creation of advanced practice Nurse Managed Health Clinics (NMHC) to perform Primary Care Provider (PCP) services in underserved areas (DHHS, 2010). Nursing will be called upon to coordinate collaborative, interdisciplinary community-based care and to act as PCPs to the full extent of their education (IOM, 2010). The expansion of nursing roles under the ACA is rapid and is predicted to lead this change due to the current critical shortage of public health and primary care physicians (IOM, 2007) and the time needed for physicians to deliver coordinated, center-based services (Stille, Jerant, Bell, Meltzer, & Elmore, 2005).

The American Nurses Association (ANA) endorses incorporating inter-professional, collaborative, team-based primary care principles into didactic content and clinical experiences to facilitate development of care coordination competencies (ANA, 2012). Students should be exposed to ACA expanded nursing roles in care coordination, advanced practice, and leadership skills early in their education (ANA, 2012; IOM, 2010; Korda & Eldridge, 2011). The AACN is committed to increasing the community-based nursing workforce. The Centers for Disease Control and Prevention (CDC) funded the AACN to create programs for faculty development in population health concepts and to increase the hands-on community-level experiences needed to prepare nursing students for community practice (AACN, 2013).

The predicted shift from hospital-based to community-based employment has already begun. In 2008, 62.2% of all employed Registered Nurses (RNs) worked in hospitals (American Association of Colleges of Nursing (AACN), 2011). Today, more than 50% of nurses work outside the hospital setting (Benner, Sutphen, Leonhard, & Day, 2010). The Health Resources and Services Administration (2004) estimates a 109% increase in the need for community-based RNs compared to a 36% increased need for hospital RNs by 2020. Schools of Nursing (SON) are entreated to increase the numbers of competently prepared nursing graduates to work in the reformed community-based healthcare environment.

Governmental agencies recommend that SON re-evaluate their curriculums and move away from the traditional primary focus on acute and chronic hospital-based instruction to one which includes more team-focused, community-based practice emphasizing policy, technology, and leadership development programs (IOM, 2009, 2010; Kemp, 2003; Korda & Eldridge, 2011). The IOM (2009, 2011) and the ACA (DHHS, 2010) urge nursing schools to build collaborative relationships between PCMHs and NMHCs to provide nursing students with clinical experiences that demonstrate the principles of community care, leadership, and client care in community settings. Nursing professional organizations echo these recommendations.

References


2013 ONA Convention
Building Excellence in Practice: Shed for Success™
October 9-10, 2013 at the Embassy Suites in Norman, Oklahoma

Tentative Convention Schedule

**Wednesday**
- Registration
- Nursing Practice Session
- Town Hall Discovery Forum
- Luncheon
- House of Delegates

**Events:**
- Oklahoma League for Nursing
- Oklahoma Nurses Foundation Educational Dinner Session
- Meet the ONA Board Reception
- Emerging Nurses Mix & Mingle

**Thursday**
- Exhibits (Table Top)
- Poster Presentations
- Kathy Dempsey, RN: Shed or You’re Dead

**Luncheon & Awards**
- Kathy Dempsey cont. Breakouts
- CE Evaluation

**Registration Online**
www.oklahomanurses.org

**ONA Member & Affiliate Rate**
- House of Delegates (Wed. Only) $75
- Day 2 Convention (Thurs. Only) $150
- Full Convention $185

**ONA Non-Member Rate**
- House of Delegates (Wed. Only) $75
- Day 2 Convention (Thurs. Only) $175
- Full Convention $210

*Early Bird Rates through September 30th*

For more information:
Visit the website at www.OklahomaNurses.org or call (405) 840-3476

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Wednesday Schedule & Events

**Nursing Practice Session**
9:00 a.m. – 11:00 a.m.
Cheryl Peterson, RN, ANA Director of Practice
Focus on ANA’s work around Care Innovation

**Town Hall Discovery Forum**
11:00 a.m. – 12:00 p.m.
Please join us for two open-source sessions

**This is why we call it Convention!**

**House of Delegates**
1:30 p.m. – 4:00 p.m.
ONA’s convention has been the designated annual meeting when regional nursing leaders "convene" in one place to determine the priorities of the organization. Please join us and strengthen the direction of the Oklahoma Nurses Association. Whether you are an observer or Delegate, please plan on attending!

**Oklahoma League for Nursing Annual Meeting & Reception**
4:00 p.m. – 5:00 p.m.

**Meet the ONA Board Reception**
7:30 p.m.

**Oklahoma Nurses Foundation Educational Dinner Session**
5:00 p.m. – 7:30 p.m.

**Emerging Nurses Mix & Mingle**
9:00 p.m.
Official Call to the Delegates
To Attend a Meeting of the ONA House of Delegates in Norman, Oklahoma
Wednesday, October 9, 2013, 1:30 – 4pm.

From— Marie Ahrens, MS, RN, ONA Secretary/Treasurer

This notice constitutes the official call to meeting of the Meeting of the ONA House of Delegates. The House session will be held Wednesday, October 9, 2013. The House of Delegates will convene at 1:30 p.m. adjoining at 4pm. Credentialing closes at 1:15 pm so that we may start promptly at 1:30 p.m. As a result of the work conducted last year at the House of Delegates, this year’s Annual Convention schedule has been changed. Prior to the House, we will have a session focused on current nursing practice issues provided by Cheryl Peterson, RN, ANA Director of Nursing Practice and Policy followed by a Town Hall Discovery Forum. During the Town Hall Discovery Forum, participants will have the opportunity to create and/or select individual issue forums on topics they want to discuss. A registration fee will be assessed for this day, as lunch will also be included. For more details regarding the agenda for the Annual Convention, please see the 2013 Convention schedule. The Agenda, Proposed Bylaws, 2012 Minutes are posted on the ONA website, oklahomanurses.org.

Members of the ONA House of Delegates are elected through a regional election process and have a crucial role in providing direction and support for the work of the state organization. The House of Delegates also provides a courtesy seat to Past ONA Presidents and one registered nurse participant from each organizational affiliate. These delegates come to the House to work towards the growth and improvement of ONA and its constituencies. This requires a professional commitment to the preservation and creative growth of the professional society at all levels of the organization. Such a commitment will benefit the individual delegate, the Association and the nursing profession. The representation for each Regional Nurses Association established for the 2013 House is below.

Each delegate must study the issues thoroughly and is encouraged to participate in Region sponsored meetings prior to the ONA Annual Convention and the Town Hall Discovery Forum held prior to the House on October 9 so that they may engage in open-minded debate, practice active listening and use the extensive resources and collective knowledge made available throughout these meetings to assist them in making informed decisions.

If you are interested in having an issue considered by the ONA House, please submit a reference to be heard using the reference guidelines posted on the website. For more information refer to the Policies and Procedures posted on the website for guidance.

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Call for Poster Abstracts
ONA’s Annual Convention
Embassy Suites, Norman, Oklahoma
October 9-10, 2013

Submissions must be made online and must be received by 5 pm, September 6th. For more information visit the website, www.oklahomanurses.org, or call 405-840-3476.

Theme: Building Excellence in Practice: Shed for Success™

Poster Presentation Submission Guidelines
100-300 words:

Submissions must include:
- Abstract, Title and Cover Sheet in electronic format
- Point of Contact
- Author(s) and credentials
- Note: Authors may submit multiple proposals. This will be a competitive selection process.

Deadline: September 6th, 2013

If your proposal is accepted
- You will be notified generally within two weeks of submission and if accepted asked to present on October 9-10, at the ONA Annual Convention located at the Embassy Suites Hotel in Oklahoma City
- You will be required to complete and sign CNE credentialing forms, which are available online, before October 1, 2013
- Posters will need to be in place before 10:30am
- You are required to staff your poster ONEY during the networking break
- Suggested maximum size of posters: 36” by 48”
- You may receive a 25% discount on your Convention registration

Advertisements
This year ONA members will elect a Vice President, Emerging Nurse Director, Political Activities Director and Practice Director, and three members to serve on the Nominating Committee. This year’s Board candidates are listed below. Board Candidates and Nominating Committee candidates will be listed on the ONA website. Balloting will be conducted online and will be available August 26 - September 27. Please contact the ONA Office to request ballots before September 15. Election results will be announced at the ONA House of Delegates, which will be held as part of the ONA Convention, October 9, 2013.

Vice President

Pamela Spanbauer, BSN, M.ED, RN

Current Position: Executive Director Patient Care Services, Mercy Hospital OKC

Activities: Spanbauer is a member ONA/ANA, the Future of Nursing Education Workgroup Member and served on the BSN in 10 Task Force. In addition she sits on the Physician Manpower Training Commission serving as the Vice Chair, is an Advisory Board Member Nursing Programs, and a Life Lure Oklahoma Board Member

Education: Spanbauer began her nursing career in 1985 upon graduating from OSU-OKC with an Associate Degree in Nursing; she received her BSN from UCO in 1991 and a M.Ed. from UCO in 2000.

Statement on views on nursing and issues facing ONA: I am proud to be a member of the nursing profession. I have been a nurse for 28 years and have seen many changes during my career. We have evolved into a profession that critically thinks and makes a positive impact on the lives of those we care for. With future changes I see nursing as being a major factor in fostering wellness and addressing the many health challenges our patients deal with. I look forward to working with others to advance our profession and provide nursing with the tools they need to be successful.

Emerging Nurse Director

Megan Hartsock, BSN, RN


Activities: ONA/ANA Member and is the current ONA Nominating Committee Chair and an Emerging Nurse founding member serving as its Vice President.

Education: Hartsock is a graduate of the University of Central Oklahoma with a Bachelors of Science in Nursing in 2010. She is currently working on her Doctorate of Nursing Practice at Oklahoma at Oklahoma City University.

Statement on views on nursing and issues facing ONA: Nursing is a wonderful profession full of caring and passionate individuals. I have been enthusiastic about Emerging Nurses from the beginning. It is a way to bridge the gap between the experienced nurse and the new nurses. I cannot think of a better way to support nurses through collaboration and devotion to the Oklahoma Nurses Association.

Practice Director (listed alphabetically)

Gary Lawrence, PhD, RN

Current Position: Director of Nursing for the Cherokee Nation Health Services Authority, Tahilna, Oklahoma

Activities: ONA/ANA Member, House of Delegates Delegate from Region 3. In addition Lawrence is a member of the Oklahoma Native American EMSS, National Native American EMSS, Oklahoma State Firefighters Association, Oklahoma Organization of Nurse Executives, Sigma Theta Tau, National Coalition of Ethnic Minority Nurses Association, and the Emerging Nurses Association.

Education: Lawrence first attended Kiamichi Area Vo-Tech from 1985 to 1990 receiving his EMT Basic 1985, Licensed Practical Nurse 1986, EMT Intermediate 1988, EMT Paramedic 1990. In addition he attended Carl Albert State College, and obtained an AAS in Nursing in 2001, AA in Psychology/Sociology in 2002, and an AS in Allied Health in 2003. He received his BSN from Northeastern State University in 2004 and his Masters of Science in Nursing Education in 2006 and a PhD-Nursing in 2012 from the University of Oklahoma

Statement on views on nursing and issues facing ONA: The major issues I see facing nursing in Oklahoma is the availability of quality nursing faculty. An emphasis needs to be placed on increasing compensation for educators if we are to overcome this shortage. One other issue is nurses being able to practice to the full extent of their training. This issue seems like it is going backward instead of forward. These two issues are major contributors to the healthcare access issues we are having along with the looming affordable care act and must be addressed.

LeAnne McWhirt, MSN, APRN

Current Position: Clinical coordinator EASTAR Wound & Hyperbaric Center Muskogee, OK

Activities: ONA/ANA member and serves on the EASTAR Health & Wellness Committee Employee Satisfaction Committee.

She has written articles for ONA, was a Poster Presenter at the WOCN conference, participated in the Wound Symposium for health care professionals. In addition she serves as member of the Health And Wellness Committee for the City of Muskogee, has taught Colors Class to the Army Corp of Engineers and has participated in Disaster Preparation with VAMC.

Education: McWhirt attended Connors State College Muskogee, receiving her ADN in 2000, completed her BSN in 2008 at Oklahoma Wesleyan University and holds a AGNP MSN from George Washington University 2013

Statement on views on nursing and issues facing ONA: As a current member of the ONA Board of Directors I have participated in decision making regarding changes that affect nurses across Oklahoma. This honor and responsibility is very humbling and one in which I do not take lightly. The past two years have been enlightening and educational. I am dedicated to continuing this passion for the upcoming two-year term as your Practice Director. There is much work to be done, and my recent experience has set the stage for a successful future.

Lynn Sandoval, MS, RN, CNE

Current Position: Executive Director, Surgical Services Mercy Hospital Oklahoma City

Activities: Sandoval is currently serving as the ONA Practice Director and sits on the ONA Board of Directors. She is a member of ONA Region 1 member, Sigma Theta Tau International (STT), the Association of PeriOperative Registered Nurses (AORN), Oklahoma Organization of Nurse Executives (OONE) and St. Gregory’s University Nursing Program Advisory Council Volunteer. Since 2006 she has volunteered in the Oklahoma Memorial Marathon Medical Tent

Education: Sandoval obtained her BSN from the University of Oklahoma in 1986 and a MS from Southern Nazarene University in 2009. She is also became a Board Certified Nurse Executive in 2009

Statement on views on nursing and issues facing ONA: As a current member of the ONA Board of Directors I have participated in decision making regarding changes that affect nurses across Oklahoma. This honor and responsibility is very humbling and one in which I do not take lightly. The past two years have been enlightening and educational. I am dedicated to continuing this passion for the upcoming two-year term as your Practice Director. There is much work to be done, and my recent experience has set the stage for a successful future.

Political Activities Director

Rhonda Lawes, MS, RN

Current Position: Assistant Professor, University of Oklahoma College of Nursing, Tulsa

Activities: Lawes is currently serving on the the ONA Political Activities Director and sits on the ONA Board of Directors. She is an RNCV and in in the past served in the OLN Consultant for the Oklahoma Nursing Student Association.

Education: She received her BSN from Southern Nazarene University in 1968 and her MS from the University of Oklahoma, Tulsa Oklahoma in 1995

Statement on views on nursing and issues facing ONA: With the pace of life, political activities can become something that we look to someone else to take care of or to impact for us. This is a pivotal time for our country and the profession of nursing. If elected to serve as the Political Activities Director for a second term, I will continue to find additional ways to engage members that match with their lifestyles allowing more nurses to have a voice in key decisions. I would like to evaluate and add additional “on-ramps for political involvement” by utilizing social networking, user-friendly technology, and member’s input. I would also like to strengthen the transition between graduating nurses and becoming ONA members. ONA has already established consistent communication regarding key political decisions and the goal would be to continue to build on this foundation and means of communicating important topics to our members by exploring new ways to utilize technology to increase the effectiveness of ONA engagement of the members.*
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Public Health • Access to care • Nursing Workforce
Healthcare for all Oklahomans is at risk!

To enter the ONAPAC Drawing complete the form below and make a $5 contribution to the ONAPAC for a chance to win an I-Pad mini. For every $5 you will receive an opportunity; every $25 contribution have 6 opportunities and for every $100 you will have 25 opportunities to win an I-Pad mini.

The winner of the I-Pad mini will be announced once we have raised $1000.

Yes, I want to be a member of the ONAPAC and enter to win an I-Pad!

I understand that the ONAPAC solicits personal contributions to provide financial assistance to political candidates who support the issues important to the ONA according to the ONA Bylaws. ONA PAC contributions do not have any implications to an ONA membership. Enclosed is my contribution of $______ to the ONAPAC, which entitles me to a one-year membership.

Name _____________________________
Address ____________________________
City __________________ State ________
Phone ______________________________

Contribution Statement Required by the Texas Constitution: I hereby certify that the contribution is from my personal property. This is not a corporate check. I have not, directly or indirectly, been compensated for the contribution.

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Address ____________________________
City __________________ State ________
Phone ______________________________

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RECOGNIZING EXCELLENCE IN NURSING...

The Oklahoma Nurses Association has many members whose outstanding contributions should be recognized. The following award categories have been established to recognize excellence in Oklahoma Nursing:

EXCELLENCE IN NURSING

NURSING RESEARCH AWARD

NURSING IMPACT ON PUBLIC POLICY AWARD

NIGHTINGALE AWARD OF EXCELLENCE

FRIEND OF NURSING AWARD

EXCELLENCE IN THE WORKPLACE ENVIRONMENT

ELIGIBILITY

Nominees for ONA awards must meet specific criteria. These individuals must be ONA members, except for the Friend of Nursing Award, which is given to a non-nurse or for the WPA Excellence in the Workplace, which is presented to organizations. Members of the ONA Board of Directors and the Awards Selection Committee are not eligible for ONA awards during the period in which they serve in these capacities.

PROCEDURE AND GENERAL INFORMATION

1. Nominations may be submitted by an individual, association, committees, regional nurses associations, nursing education programs, organized nursing services or the Oklahoma Board of Nursing.
2. Nominees Practice area may be in any service setting: education, primary care, legal, consulting, nurse entrepreneur, public policy, or any area in which professional nurses practice.
3. All nominations must be submitted on the appropriate Nomination Form and all requested information must be provided.
4. Materials required for nominations include the following:
   a. completed nomination form
   b. nominator’s narrative statement (described below)
   c. brief curriculum vitae and any additional pertinent information (not required for the Friend of Nursing award nominations)
   d. two letters supporting the nomination, such as a supervisor or colleague

5. The narrative statement should detail the accomplishments of the nominee and be presented concisely. It is this narrative statement, which is weighed most heavily in the selection process.
6. Nominations and attached materials will be treated in a confidential manner.
7. Incomplete nominations will be declined.
8. Awards will be presented at the ONA convention on Thursday, October 10th. Recipients will be invited to attend the presentation of the award. If, because of extenuating circumstances, a recipient cannot be present, the presentation will be made in absentia.

DEADLINE FOR SUBMISSION

The deadline for submission of nominations is September 6th, 2013. Mail completed forms and supporting materials to: Awards Selection Committee Oklahoma Nurses Association 6414 N. Santa Fe, Suite A Oklahoma City, Oklahoma 73116

NURSING IMPACT ON PUBLIC POLICY

Nursing Impact On Public Policy Award honors the nurse, whose activities are above and beyond those of the general nursing community to further the political presence of nursing and/or to accomplish positive public policy for the nursing profession.

NIGHTINGALE AWARD OF EXCELLENCE

The Nightingale Award of Excellence is conferred on an ONA member who during their career has:
- Demonstrated innovative strategies so as to fulfill job responsibilities and/or role responsibilities in their professional role and within the community they work and live.
- Consistently surpass expectations of a professional nurse; thus enhancing the image of nursing as a profession.
- Demonstrates sustained and substantial contribution to the Oklahoma Nurses Association.
- Served as a role model of consistent excellence in their area of practice.

Other professional behaviors, such as mentoring, advocacy, research conduction or utilization, publications and presentations should also be demonstrated throughout his/her career.

FRIEND OF NURSING

The Friend of Nursing Award is conferred on non-nurses who have rendered valuable assistance to the nursing profession. Their contributions and assistance are of statewide significance to nursing.

EXCELLENCE IN THE WORKPLACE ENVIRONMENT

The Excellence in the Workplace Environment Award is presented to organizations that have developed positive work environments. These organizations must have developed an innovative, unique and creative approach that utilizes nursing theory and knowledge/skills in any practice setting: Administration, Education, and/or Direct Patient Care. The recipient should be recognized by peers as a role model of consistently high quality nursing practice and as one who enhances the image of professional nursing by creating an environment promoting professional autonomy and control over nursing practice.

NURSING RESEARCH AWARD

The Nursing Research Award recipient is a nurse who has made a significant impact on nursing practice through the use of research as a basis for practice innovation. Significant impact on nursing practice means that the nurse has contributed to the creation of new nursing knowledge through research findings; and has improved or created a plan for improving clinical nursing practice and/or patient outcomes in response to the findings.

- Demonstrated innovative strategies so as to fulfill job responsibilities and/or role responsibilities in their professional role and within the community they work and live.
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These 15 tips adapted from Diane Lang, psychotherapist, author and positive living speaker, if followed, allegedly make for happier workers.

Show your appreciation when they are working particularly hard.

Dedicate a week honoring nurses who have ever: “cleaned out an entire Pizza Hut just by talking shop with your co-workers…complimented a stranger on their lovely veins (or merely ogled from afar)…proven your ability of identifying C-diff at a distance, using only your nose…defined ‘medication error’ as ‘I should have taken the Ativan myself!’ had your scrubs seized by the CDC as the most terrifying thing they’ve ever seen, this week is for you!” (K. Buxman RN)

Show nurses you care by paying attention to their daily work and achievements.

Incultate. To take coffee intravenously when you are running late.

Osteoporosis: A degenerate disease.

Dopeler Effect: The tendency of bad ideas to always feel obligated to make up a physical ailment to work today…my…uhh…leg fell off…uhh…but it to work today…my…uhh…leg fell off…uhh…but it should be reattached in time for work tomorrow. I always feel obligated to make up a physical ailment when I call in for a mental health day.” (Nurstoons, Carl Elbing, 2007)

Free time can be even more important that money or raises.

Nurse: “Hello…I’m not going to be able to come to work today…my…uhh…leg fell off…uhh…but it should be reattached in time for work tomorrow. I always feel obligated to make up a physical ailment when I call in for a mental health day.” (Nurstoons, Carl Elbing, 2007)

Nurses are happier when their basic needs are met, so support health and wellness initiatives at work.

Don’t micromanage.

Manager: We need to use research to guide patient care. Nurse: I do! Today I performed inductive qualitative research on pain management using a convenience sample of available RNs in ICU. Manager: In other words, you asked Donna what to do… Nurse: “Exactly.” Manager: “That’s NOT research.” (Nurstoons, Carl Elbing, 2007)

Have weekly meetings to discuss good news.

We’d been called in for an emergency bowel obstruction. Our scrub nurse had some bad gas – don’t ever trust the cafeteria’s tacos! In the middle of the procedure, the surgeon starts freaking out. “I nicked the bowel! Don’t you smell that?” He ran the bowel over and over before he was finally satisfied that it was intact, and he closed. Afterward, when I talked to the scrub nurse about it, she said, “What was I going to do – tell him I farted?” (Karyn Buxman RN)

You can never say “thank you” too often.

“Friendship is born at that moment when one person says to another: “What! You too? I thought I was the only one.” (C.S.Lewis)

“Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.” (Mary Anne Radmacher)

Praise workers.

“Promise me you’ll always remember: You’re braver than you believe, and stronger than you think.” (A.A. Milne)

Take time to laugh for it is the key to happiness. •

A healthy environment includes good lighting, plenty of natural sunlight, plants, plenty of fresh water, etc.

Sign for posting when something is broke: “DANGER, Do not touch. Not only will this kill you it will hurt the whole time you are dying.” (Email 2013)

Allow short breaks where they can get up, stretch and take a break from the computer so they can refresh.

Practice up on how to walk like a zombie. Dial 911 and tell them you’re returning their call. Make up a language and ask people for directions. When someone says “have a nice day,” tell them you have other plans. (Author Unknown)

Encourage vacations. Workers will return happier, refreshed and motivated.

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tim@tulsalawcenter.com
The City of Tulsa, Tulsa Police Department, the Oklahoma Regional Community Policing Institute (ORCPI), the Oklahoma Chiefs of Police Foundation, the Oklahoma Coalition Against Domestic Violence and Sexual Assault, the Oklahoma Office of Attorney General and the Oklahoma District Attorney’s Council present this training relating to Sexual Assault Response Teams (SARTs) on sexual assault response.

About the Course and Who Should Attend
This training covers “how to” develop, coordinate, manage and sustain a community-wide Sexual Assault Response Team. The presentation covers the roles of advocacy, law enforcement, prosecution and Sexual Assault Nurse Examiners (SANE) and covers topics from first disclosure to voir dire. Participants engage in team problem solving activities throughout the program. This training is open to the public and is ideal for SART teams or members of a multidisciplinary response to sexual assault, or individuals who wish to learn more about SART teams and their effectiveness.

This course is certified for the following:
- 8 hours of CLEET credit including 2 mental health credit hours.
- 8 hours of CDSVRP CEUs.
- 8 hours of RN Continuing Education through the California Board of Nursing, Provider # CEP 15357.

Cost
Registration is free of charge. Space is limited, pre-registration is required.

Dates and Locations - All classes are 8am - 5pm
- RESCHEDULED/NEW DATE July 22, 2013 - Chickasha, OK
  Canadian Valley Tech Center
- August 14, 2013 - Idabel, OK, Kiamichi Technology Center
- RESCHEDULED/NEW DATE September 19, 2013 - Omega, OK (Near Watonga), Chisolm Trail Technology Center
- RESCHEDULED/NEW DATE October 17, 2013 - Stigler, OK
  Kiamichi Technology Center
- November 13, 2013 - Lawton, OK, Great Plains Technology Center
- December 11, 2013 - Shawnee, OK
  Gordon Cooper Technology Center

Sexual Assault Response Team (SART) Trainings

Registration:
To enroll please complete the registration form below and return it to ORCPI via mail, email, or fax. Please print legibly or type.

Date and Location:
Name:
Job Title:
Organization:
Organization Address:
City, State, Zip:
Phone:
Fax:
Email (Required):

Submit Registration to:
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enrollment@ORCPI.com
Fax 405-671-8745
Phone 405-671-8742

★

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Saint Francis is an AA-EOE
Once again it has taken a tragedy, this time at an elementary school, to restart a national dialogue about the need for better access to mental health services, including early assessment and treatment.

And following Sandy Hook, President Obama took a number of steps to support a vital mental health care system, as well as develop well thought out policies that don’t further stigmatize persons with psychiatric and mental illness.

Yet another publicized and distressing incidents are happening with a backdrop of very inadequate access to mental health services,” said Beth Phoenix, PhD, RN, CNS, president of the American Psychiatric Nurses Association (APNA), an organizational affiliate of ANA. “Less than half of even seriously mentally ill patients get treated in any given year.”

In a call to action led by ANA and signed on by nearly 50 nursing organizations nationwide, including APNA, the American Nurses Association (ANA) and the American Academy of Nurse Practitioners (APNP), nurses are over 50 and will be retiring. It will take at least five years that there has been a degradation of services, which has led to reduced jobs in this field. And psychiatric nurses have been hit really hard.

“The American Nurses Association (ANA) and psychiatric and mental health nurse experts are now hoping that public attention on this issue will not wane. Moreover, they want policymakers, health care professionals and other key stakeholders to take concrete steps to support a vital mental health care system, as well as develop well thought out policies that don’t further stigmatize persons with psychiatric and mental illness.

And while mental health nurse experts welcome the mental health parity regulations and is proposing preventive care. He also is pushing for finalization of the White House on efforts to boost mental health care-related measures being introduced in the 6th and 7th, because many psychiatric and mental health nurses are over 50 and will be retiring. It will take time to build the workforce again, like turning the Titanic. But we won’t be able to respond effectively to people’s needs if our workforce keeps eroding.”

In terms of ANA efforts, the association has a long record of advocating for more federal funding to help nurses advance their education, and last year worked with other nursing organizations and the White House on efforts to boost mental health services to military personnel and their families.

ANA also is monitoring a range of mental health care-related measures being introduced by individual federal lawmakers to determine if they are good policy and can gain traction in Congress, according to ANA Senior Political Action Specialist Jerome Mayer. And the association provided testimony Feb. 12 to a U.S. Senate Judiciary subcommittee looking at proposals to reduce gun violence. In that statement, ANA notes that any serious attempt to take on the issue of gun violence must also address the state of mental health in our country.

“From its sheer stigma to a lack of education and funding, many of those suffering from mental illnesses slip through the cracks...ANA urges Congress to look at new ways to address these issues and renew a commitment to betttering the mental health of the American people,” according to the ANA statement.

Fortunately, ANA, APNA and other key stakeholders were instrumental in winning new coding and improved reimbursement policies for many psychiatric and mental health services, including those provided by APRNs, beginning in January.

And following Sandy Hook, President Obama called for strengthening efforts around mental health care, particularly those that focus on preventive care. He also is pushing for finalization of the mental health parity regulations and is proposing that $50 million go toward training mental health professionals who can work with young persons in the community and in schools.

Given ongoing budget debates, Rice said he believes that “money will not flood in and that it will take a significant amount of time and hard work to bring the mental health care system to where it needs to be.”

In the meantime, he said the “six million eyes and six million ears of nurses on the frontlines” in various settings around the country must help meet the needs of persons with psychiatric and mental illness.

“People share with nurses what they don’t share with other people,” Beeber said. “So nurses are well-positioned to provide that holistic care and screen for mental and psychiatric disorders.”

However they must be adequately prepared with certain competencies, such as those developed by AAN, to be effective.

“We need to prepare nurses better so they see no division between providing psychiatric care and physical care,” contended Kane, who received the 2012 Hildegard Peplau Award from ANA. “Just like in high school, where music and arts seems extraneous, mental health is not valued except in these crisis situations. I believe that psychiatric care is an essential service, and see the role of nurses as essential in providing that care.”

And to help reduce stigma, all nurses must know – and communicate to others – that people can be treated successfully and recover their functional abilities, much like those with other chronic illnesses, Rice added.

Kane lives and works in Virginia. It’s the state of another tragic event, where 32 people were shot dead and 17 wounded at Virginia Tech in 2008.

“We had great expectations that a lot would change in Virginia after that,” Kane said. “But nothing changed.”

Yet, she said, she still has great hopes the ACA will help change that pattern.

Her optimism may be justified. On Feb. 20, the federal government issued a final rule requiring that mental health and substance abuse services be covered as essential health benefits under the health care reform law. This change is expected to help 62 million more Americans gain mental health coverage.

Susan Trossman is the senior reporter for The American Nurse.
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American Nurses Foundation Announces New Scholarship Fund Supported by Grant from Fresenius Kabi

Adam Sachs
Communications/Public Relations
American Nurses Association

SILVER SPRING, MD – The American Nurses Foundation (ANF) announced the creation of The Fresenius Kabi American Nurse Scholarship Fund, established with a $30,000 grant from Fresenius Kabi, a health care company. The fund is supported through proceeds from the sale of *The American Nurse: Photographs and Interviews* by Carolyn Jones, a 2012 book presented by Fresenius Kabi, and published by Welcome Books that features black and white photographs and interviews with nurses.

The grant is part of a multi-year commitment by Fresenius Kabi to support the Foundation’s nursing scholarship and educational programs. The first award from the fund was presented during National Nurses Week (May 6 – 12, 2013) to Children’s Hospital in Washington, D.C., to support the hospital’s inaugural Nursing Scholarly Activity Program. Additional awards will be made in 2013 to support undergraduate and master’s nursing student scholarships. These scholarships will be awarded through partnerships with state nurses associations and professional nursing organizations.

“The American Nurse captures what is truly magnificent and essential about nurses,” said Foundation Chairperson Joyce Fitzpatrick, PhD, MBA, RN, FAAN, FNAP. “In the hands of photojournalist Carolyn Jones, Fresenius Kabi’s desire to pay tribute to nurses has been transformed into art and a blueprint for how health care can be transformed by the power of nursing – our mission at the Foundation. We are honored to use proceeds from this important book to help nurses pursue further education.”

“Fresenius Kabi is pleased to help advance the education and professionalism of nursing students across the United States through support for this new scholarship fund,” said Rhonda Collins, MSN, RN, vice president, infusion technology, at Fresenius Kabi USA. “That we are able to do so through the success of The American Nurse project makes it even more gratifying.”

About the American Nurses Foundation

The American Nurses Foundation is the charitable and philanthropic arm of the American Nurses Association (ANA), the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The Foundation supports ANA programs which promote the welfare and well-being of nurses, advancing the nursing profession, thereby enhancing the health of the public.

About Fresenius Kabi

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