Montana Nurses Association continues to accomplish successful gains in advocating for professional nursing and health care for our state and nation. Many MNA members have contributed to our work at both the state and national level. It is clear that professional nurses not only value the care they provide, but also embrace an intrinsic responsibility to advocate on behalf of the profession itself and the populations for which they serve. Nurses are leading positive change and professional progression through their work environments, the communities in which they live, and the country. In recent articles, I have offered ideas for the many avenues that nurses can engage professional advocacy and encouraged all nurses to use their voice to make a difference. Rules are made by those who show up and we need nurses at all the decision making tables.

It is now time to recognize those who advocate for our profession and those making a difference through their efforts at all levels. Montana Nurses Association is preparing for convention and currently collecting submissions for state award recognition. Please consider your colleagues and all nurses you know who are taking bold steps to provoke change and advancement of our professional work. Help our Association recognize our outstanding nursing professionals by submitting a nomination for one of the following state awards:

**Political Nurse Leadership Award – founded in honor of Mary Munger, RN**

This award recognizes a member who has made significant contributions to nursing practice and health policy through political and legislative activity. A candidate must:
- Promote the nursing profession in political and health care arenas,
- Advance the knowledge of nurses, politicians, and policy makers concerning nursing and health care issues,
- Demonstrates political leadership at the district, state, or national levels,
- Serve as a mentor and role model to other nurses in the political process,
- Seek opportunities to advance Nursing’s legislative agenda through grassroots activity.

**Distinguished Nurse of the Year Award – founded in honor of Trudy Malone, RN**

This award recognizes a member of MNA for outstanding contributions made to professional nursing. A candidate must:
- Demonstrate dynamic leadership in promoting excellence in nursing,
- Demonstrate the knowledge of current issues in relation to the goals of the nursing profession,
- Show a keen awareness and commitment to professional nursing ethics,
- Initiate positive action toward the improvement of patient care,
- Demonstrate the ability to work well with other members of the health care team.

**MNA Award for Excellence for Advanced Practice Registered Nurse of the Year –**

This award recognizes an APRN who has demonstrated excellence in their practice specialty area and who has made significant contributions to health care and the professional growth of APRNs. A candidate must:
- Demonstrate excellence as an APRN and as a role model for other APRNs and the nursing profession in general,
- Be involved as a preceptor, educator, advocate, in the political arena, etc.,
- Have made a significant contribution to the improvement of health care for individuals, families or communities,
- Be creative in his/her approach to nursing care,
- Have a positive effect on clients and on colleagues,
- Utilize current research in practice.

**Economic & General Welfare Achievement Award –**

This award recognizes nurses at the local unit level who have influenced their work setting through collective bargaining activities. A candidate must:
- Demonstrate commitment to professional nursing via individual practice competency and continuing educational growth,
- Use contract language to define, monitor, and enhance nursing practice in the work environment,
- Function as an active leader within the local unit through past or present elected office and committee participation.

**MNA Historian Award –**

This award recognizes an MNA member who has demonstrated a consistent, distinct interest in nursing history. A candidate must:
- Participate in preservation of historical nursing documents,
- Participate in the development of historical nursing documents,
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Workplace violence is violence or the threat of violence against workers. It can occur in any workplace and can range from threats and verbal abuse to physical assaults and homicide. Workplace violence is one of the leading causes of job-related deaths. However, it manifests itself, workplace violence is a growing concern for all nurses, and certainly an issue for nurses involved in the Montana Nurses Association.

According to the Occupational Safety and Health Administration (OSHA), some two million American workers are victims of workplace violence each year. Workplace violence can strike anywhere, and no one is immune. Some workers, however, are at higher risk than others.

Some workers, however, are at higher risk than others.

The Montana Nurses Association is proposing to address the growing problem of violence in the health care setting. It recognizes the increasing levels of violence that nurses and other health care providers are facing on the job. Laws are needed to protect the many health care professionals who work tirelessly to ensure the care of all residents in the state of Montana.

Montana Nurses Association supported a bill in the last legislative session that would address this problem, but the bill did not make it out of committee. In fact, this happened in the last two legislative sessions. We need to start preparing for the next legislative session in 2015 so that MNA can get a workplace violence bill passed that would make assaulting a health care professional performing his or her duties a felony.

MNA’s slogan is "No More Silence, No More Violence". As President of MNA, I encourage all nurses in the state of Montana to talk to their local representatives and senators and ask them to vote for and pass this type of legislation in 2015 to protect all health care workers.
August, September, October 2013

2013 Honors and Awards

Montana Nurses Association is pleased to announce that Theresa (Polly) Troutman MSN, RN-BC, has been appointed to ANCC as an Accreditation Appraiser. Polly will be working as a member of a team evaluating applicants for accreditation as providers and/or approvers of educational programs. Her volunteerism as a peer reviewer on the MNA’s Continuing Education Council has led Polly to this respected leadership position. Congratulations, Polly!

Kim A. Powell, APRN, ACNP-BC, has been awarded the AANP State Fellow for Nurse Practitioner Advocate. This award recognizes the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of the NP. Kim is Immediate Past President of Montana Nurses Association and has been a leader in advocating for professional nursing in Montana.

Sharon Sweeney Fee, PhD, RN, has recently been appointed to the Montana Board of Nursing by Governor Bullock. Sharon has been a long standing member of her state Associations including Arizona and Montana; has been active at the national level as a member of the ANCC Commission on Accreditation and Director of Continuing Education at MNA. Pam has been invited to be a Fellow in the American Academy of Nursing and will be formally inducted in October, 2013. This is an extremely prestigious honor and reflects Pam’s dedication to the field of nursing and continuing nursing education. Read more about Academy Fellows at: http://www.aannet.org/fellows.

Welcome, Kimberly Kralicek Opie to MNA

What an exciting time to start a new job! With a new edition of the Pulse and preparing for Convention, it is a great way to get acquainted with my new duties and the MNA family. I look forward to this journey and all the challenges that will come with it. I recently married Mike, my best friend from kindergarten, and I have two wonderful boys, Cameron, 9 and Caeddyn, 3. During the school year, we can be found at various Cub Scout events with Cameron, attending hockey games, and playing in the Montana winter snow. During the summer, we are busy attending Caeddyn’s T-Ball games, going to local Brewers baseball games, and enjoying the great outdoors.

Welcome, Kimberly Kralicek Opie to MNA

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CLINICAL QUALITY DIRECTOR

This position will provide clinical leadership and advance training and development programs to support improved health outcomes through patient-centered, team-based primary care. BSN or FNP, previous management experience preferred.

To apply, please send your resume, letter of interest, and references to Lander County, cconley@chlor.org or 300 S Main St, Livingston, MT, 59047.

This organization is an equal opportunity employer and provider.

RIMROCK FOUNDATION

Leading Quality Addiction Treatment in the Northern Rockies

Where new beginnings start every day.

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We are seeking a full-time Registered Nurse for our 12-bed detoxification unit. Experience in addictions or psychiatric nursing is preferred. This position will be a combination of 12 hour day and night shifts.

We offer a competitive salary and benefit package.

Rimrock Foundation is an equal employment opportunity employer.

Please submit a resume to: RIMROCK Foundation, 1231 North 29th Street, Billings MT 59101

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NOW HIRING

Clinical Nurse Leader, FPMHNP

Rimrock Foundation, 1231 North 29th Street, Billings MT 59101

We are looking for a Clinical Nurse Leader to provide leadership and direction to our 12-bed detoxification unit. Experience in addictions or psychiatric nursing is preferred. This position will be a combination of 12 hour day and night shifts. We offer a competitive salary and benefit package. Rimrock Foundation is an equal employment opportunity employer.

Please submit a resume to: RIMROCK Foundation, 1231 North 29th Street, Billings MT 59101

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Montana Nurses Association Pulse Page 3

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• Doctor of Nursing Practice (DNP) Family Nurse Practitioner (FNP) specialty
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1400 29th St. S., Great Falls, MT 59405
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applications to:

For more information on our current job openings, visit www.gfclinic.com or send completed applications to:

Great Falls Clinic c/o Human Resources
1400 29th St. S., Great Falls, MT 59405
www.gfclinic.com • 406-454-2171

The Great Falls Clinic is one of Montana’s most comprehensive and long standing healthcare providers. We are currently seeking RNs and LPNs to embrace our commitment to provide patients with highest quality, patient-centered healthcare to work in our Medical Center, Surgery Center, and Clinic.

The Great Falls Clinic is a cohesive team of providers and clinical/support staff that is strong and looking to grow. The Great Falls Clinic offers:

- Competitive salary
- Comprehensive package of insurance and retirement benefits
- Career development and promotion opportunities
- An opportunity to work on a team with highly trained physicians and healthcare professionals

Montana State RN and/or LPN License is required.

For more information on our current job openings, visit www.gfclinic.com or send completed applications to:

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Montana Nurses Association
20 Old Montana State Hwy – Montana City, MT
Phone 406-442-6710 – Fax 406-442-1841

Leadership at all Levels

AWARD NOMINATION FORM

NOMINATIONS DEADLINE: Received no later than September 13, 2013

☐ POLITICAL NURSE LEADERSHIP: FOUNDED IN HONOR OF MARY MUNGER, RN
☐ DISTINGUISHED NURSE OF THE YEAR: FOUNDED IN HONOR OF TRUDY MALONE, RN
☐ EXCELLENCE FOR ADVANCED PRACTICE REGISTERED NURSE OF THE YEAR
☐ PROMOTION of NURSING EXCELLENCE IN MEDIA ARTS: FOUNDED IN HONOR OF LYNN HEBERT
☐ EXCELLENCE IN NURSING EDUCATION: FOUNDED IN HONOR OF PEGGY MUSSEHL, RN (CONTINUING EDUCATION) AND ANNA SHANNON, RN (FORMAL EDUCATION)
☐ ECONOMIC & GENERAL WELFARE COUNCIL&E(GW) ACHIEVEMENT: FOUNDED IN HONOR OF EILEEN ROBBINS, RN
☐ MNA HISTORIAN
☐ FRIEND OF NURSING (non-RN. Not required to be current MNA Member): FOUNDED IN HONOR OF BARBARA BOOHER
☐ ADVANCED PRACTICE REGISTERED NURSE ADVOCATE OF THE YEAR (non-RN. Not required to be current MNA)

NOMINEE

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PERSON (GROUP) SUBMITTING NOMINATION

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Group Affiliation
(if group is making nomination)

NOMINATIONS PROCEDURE

1. Nominee must be a current member of MNA unless otherwise stated on the above award list.
2. Nominations must be submitted on this form and emailed to kim@mtnurses.org. Form is available on our website. http://www.mtnurses.org/. If necessary, forms may be mailed to Montana Nurses Association, 20 Old Montana State Highway, Montana City, MT 59634. Forms must be received no later than September 13, 2013.
3. If you are submitting more than one nomination, each nomination must be submitted on separate forms with the applicable award checked.

NOMINATION STATEMENTS
(submit on separate sheet if necessary)

1. Describe nominee's activities on a national, state, district, & other leadership involvement in or on behalf of the nursing profession.

2. Describe nominee's accomplishments relevant to the award to be considered.

OFFICE USE ONLY

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<td>9:00-10:00 AM</td>
<td>Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC Preceptors: Leaders in Supporting Professional Growth</td>
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<td>Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC Rules of Preceptors: Challenges and Situational Analysis</td>
<td>Janet Campana, MSN, APRN Chronic Management of Systolic Heart Failure</td>
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<td>11:25-12:25 PM</td>
<td>Sandy Kunz, PhD, PHCN-BC Progression in Nursing: Updates on the BSN Education Initiative and the Intersection with Practice</td>
<td>Jennifer Flynn, BA, and PA licensed insurance agent Protecting Your Practice: Liability Issues affecting Nurses</td>
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<td>Sandy Kunz, PhD, PHCN-BC The Doctor of Nursing Practice Degree (DNP): Expectations, Issues, and the Future</td>
<td>Daylyn Porter, RNC PURPLE Montana Leading and Advocacy in Community Health: Preventing Shaken Baby Syndrome</td>
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<td>Barbara Eckstein, APRN, BC FNP Sexually Transmitted Diseases, the silent epidemic of our youth</td>
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<td>Amy Clary, PhD Healthcare Reform: Implementation Issues and Challenges</td>
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<td>9:10-10:10 AM</td>
<td>Shannon Holland , RN, MSN, CENP Strategies to Support Frontline Nurses in Becoming Leaders</td>
<td>MASN –Sue Buswell, MSN, RN, NSCN EPI Peds in Schools</td>
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<td>Scott Catey, J.D., Ph.D Intended Consequences: Protecting Community and Public Health through Rape Mitigation in Prison</td>
<td>Patrick Trammel, J.D. Myths and Realities of Hospice Care</td>
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<td>Cynthia Gustafson, PhD, RN How to Use Board of Nursing Regulations to be A Nurse Leader</td>
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<td>Pam Dickerson, PhD, RN-BC Leading Through Education: Developing Meaningful Learning Activities</td>
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<td>Shawn Paul &amp; Leanne Vreeland Workplace Violence Prevention in a HealthCare Setting</td>
<td>Deborah Lee, BSN, RN-BC CARDIAC REHAB: What is it and how it can help prevent readmissions</td>
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Total Contact Hours: 13.2
Excellence in Nursing Education Award – founded in honor of Peggy Mussehl, RN, (Continuing Education), and Anna Shannon, RN, (Formal Education)

This award recognizes a member(s) of MNA for professional nurse contributions in the field of either formal education and/or continuing education. A candidate must:

• Have significant involvement and commitment to advancing nursing education,
• Expand the body of nursing knowledge through research or other scholarly activities,
• Challenge learner to achieve optimal level of accomplishment.

MNA Award for Excellence in Advanced Practice Registered Nurse Advocate of the Year –

This award recognizes a non-APRN in Montana who has made a significant contribution to the state of health care and/or the practice of APRNs in Montana. A candidate must be:

• Community leader who has made a significant contribution to individuals, families communities and the health care system,
• Individual who has had a positive impact on the professional growth of APRNs.

Friend of Nursing Award – founded in honor of Barbara Booser

This award recognizes a non-nurse who has advocated for and/or significantly advanced nursing in Montana. The candidate must:

• Show significant long-term contributions made by a non-nurse to Montana’s professional nursing community,
• Facilitate significant accomplishments for the Association,
• Play a key role in assisting major successes within the professional nursing community.

Promotion of Nursing Excellence in Media Arts – founded in honor of Lynn Hebert

This award recognizes a member of MNA for contributions in the field of journalism. The candidate must:

• Significantly contribute to news print publication(s) of timely articles and/or photographs regarding nurses/nursing;
• Actively contribute to the promotion of excellence in nursing through any or all media modes.

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Summer Labor Update!
July 2013

Robin Haux and Amy Hauschild, BSN, RN

Over the past few months, we have been busy with contract negotiations all across the state! Ongoing contract negotiations include St. James Health Care (Butte), City of Butte/Silver Bow County, Montana State University (Bozeman), and Sweet Medical Center (Chinook), which after a successful organizing campaign is bargaining their first contract! Our future negotiations scheduled in upcoming months are Community Hospital of Anaconda, St. John’s Lutheran Hospital (Libby), Missoula County, Holy Rosary Health Care (Miles City), and our four State of Montana contracts which are Montana State Hospital (Warm Springs), Montana Chemical Dependency Center, and Department of Public Health and Human Services (Helena). Your Labor Representatives continue to strive to better the collective bargaining agreements for our members across Montana.

During the 2013 Legislative session, the public employee unions and the Bullock administration were able to reach a pay raise agreement in June for all of the State of Montana contracts. Our state employed nurses will receive a 3 percent pay raise in July of 2013 and a 5 percent increase in November of 2014. This pay agreement also provides that nurse members of the state's self-insurance pool won’t see out-of-pocket increases in health insurance premiums before January 2015.

Nurses at Cascade County (Great Falls), Clark Fork Valley Hospital (Plains), Partners in Home Care (Missoula), and Community Medical Center (Missoula) have all recently negotiated and ratified successor contracts! Each unit was able to strengthen their contract language, increase their wages, and improve and build unity within each of the local units. Your Labor staff truly enjoyed seeing how our nurses support and encourage each other. Contract negotiations can be stressful, and your negotiations team depends on your support. With each contract, we strengthen the agreement and we also strengthen our union and collectively strengthen professional nursing in Montana.

One particular local unit successfully utilized the Interest Based Bargaining (IBB) process during their language negotiations. Nurses at Community Medical Center in Missoula were able to bargain with their employer and work together to create fresh language that benefits both the nurses and the facility. When we reached economic negotiations, and after a few attempts on our own, both parties chose to enlist assistance from the Federal Mediation and Conciliation Service (FMCS), who provided a mediator.

The Benefits of Mediation
Robin Haux and Amy Hauschild, BSN R.N.

The Federal Mediation and Conciliation Service (FMCS) was created in 1947 and is an independent federal agency whose mission is to promote and preserve labor-management peace and cooperation. It provides mediation and conflict resolution services to industries, government agencies and communities throughout the nation and in Montana. At MNA, we have utilized the FMCS for IBB facilitation and mediation, as occurred with Community Medical Center. Collective bargaining mediation is a voluntary process which occurs when a neutral third party mediator assists the two sides in reaching an agreement. A common misconception of collective bargaining mediation is that negotiations have failed. This is absolutely false. What it actually means is that the parties to the negotiations are using a tried and true resource available to them to improve their bargaining and to create an environment in which individuals are more likely to be receptive. Mediation can be an integral part of the collective bargaining process and can be invaluable to the bargaining process prior to a final offer hitting the table.

A mediator can help to improve the bargaining process in a number of ways:

1. It can help establish ground rules and realistic expectations.
2. Help to clarify issues and differences. Mediators are trained to deal with interests rather than positions. This training can help to point out that both parties desire a similar outcome. When the parties understand the underlying interests, they can begin to identify and agree to solutions.
3. Help the parties to define a problem. The mediator can help the parties to fully explore and understand long and short-term alternatives to proposed solutions.
4. Generate new options.
5. Help to improve communications, which is usually the greatest impediment to successful bargaining. The FMCS mediators can offer a number of ways and solutions to deal with communication issues.

Nurses at Community Medical Center were able to work through the collective bargaining process and successfully utilize the resources provided by the FMCS to reach an agreement. Both parties felt proud of the agreement reached and the stronger and respectful relationships developed along the way.

Please contact robin@mtnurses.org or ahauschild@mtnurses.org for more information on the Federal Mediation and Conciliation Service.
You are a new local union officer/unit rep and a member approaches you with a complaint about his/her manager. What do you do? Tell the member you’ll get back to him/her and forget to follow up because hey, it’s summertime and you’re busy in your garden? Or without listening to the complaint and conducting an investigation, do you immediately file a grievance with the employer? While we all may be tempted to lose ourselves between rows of spinach or to slap down a grievance on our “favorite” manager’s desk; as a grievance officer, it is your duty to fairly represent all nurses covered by your collective bargaining agreement. Proper handling of grievances is perhaps the most important job you will perform in your new role. Here are just a few things to get you started:

1. **Know your contract.** You are not expected to memorize every Article; however, you should be familiar with the language and where to find it.

2. **Know your grievance timelines.** How many days do you have to file? Are they working days or calendar days? This is extremely important! If you miss a filing deadline, you have already lost.

3. **Proper investigation is key.** Remember the 5 Ws: who, what, when, where, why? Ask any experienced grievance officer and they will tell you that information comes out over time and may change as you ask more questions. Ask. Listen. Write it down.

You’ve investigated the complaint and believe a grievance should be filed – now what do you do? If you haven’t done so already, contact your state MNA field representative. It is important that he/she is aware of grievances being filed at your facility. Your representative can assist you in writing the grievance as well. Grievances can be won or lost based on how they are written. Here are a few tips to writing a proper grievance:

1. **Use the proper form.**

2. **Be brief.** A sentence or two outlining the incident leading to the grievance is sufficient. Avoid feelings – keep to the FACTS.

3. **Cite the Article/s in the contract that has been violated.** Don’t limit them. An example statement is: “Including but not limited to Article 4.1 Discipline of the Collective Bargaining Agreement.”

4. **The Remedy.** Again don’t limit it. If it’s disciplinary, the remedy may be to rescind the discipline and remove any reference of the discipline from the affected employee’s personnel file. The term “make the grievant whole or the statement ‘included, but not limited to...’ will cover any lost wages, benefits, etc. that may have occurred as a result of the disciplinary action.

No two grievances will ever be the same; however you will learn from each one. Discussing the grievance with other officers in your local unit and with your MNA field representative will help guide you in providing the representation your members expect and deserve. If your local unit would like personalized grievance training, please contact me at heather@mtnurses.org or (406)-431-2943.

### A Few Tips for Handling Grievances Like a Pro

**Heather Diehl**

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Hello Union Brothers and Sisters,

It is both an honor and privilege to be able to give you a summary of the AFL-CIO Convention. Lorri Bennett (Anaconda), Vicky Rae Byrd (Helena) and myself, Delayne Gall, Billings, were proud to be the Montana Nurses’ Association Delegates at the 57th Annual AFL-CIO (American Federation of Labor and Congress of Industrial Organizations) Convention held May 9-11 in Billings, MT.

A convention is a great way to network with fellow union brothers and sisters, find out what is going on in other unions, help strengthen the labor movement, and energize or re-energize. During the three days of the conference, we had the opportunity to listen to several speakers, participate in educational break-out sessions, elect new officers and board members, and make resolutions.

On Thursday, the convention hosted Governor Steve Bullock, Pam Bucy – MT Commissioner of Labor; Rep. Chuck Hunter – Minority House Leader; Tim Fox – MT Attorney General, and others. We also heard updates from the MT AFL-CIO Executive Board members and the districts they represent and what is going on in their areas, and received a message from Richard Trumka – President of AFL-CIO. To finish the day, a BBQ/Picnic was hosted by the Greater Yellowstone Central Labor Council. Pam Bucy gave a wonderful talk at the Women’s Leadership Luncheon about equal pay for equal work, how women often underestimate their worth in the workforce, and she also discussed some labor statistics.

On Friday, Senator Jon Tester spoke to the group, addressing concerns of labor in the Bakken Oil Field and the Keystone XL Pipeline. Also speaking to the group were Karen See of the Coalition of Labor Union Women and Secretary of State Linda McCulloch. Chris Cavazos, COPE Director, updated the convention delegates regarding some of the bills that were presented in the recent legislative session and discussed some important gains in the House and Senate.

Executive board and officer elections were held on Friday. Al Ekblad will serve a second term as the Executive Secretary, and Tammy Pilcher was elected as the new President.

Friday night, former MT Governor Brian Schweitzer was the special guest speaker. He continues to support labor and the labor movement, stating that, “If we don’t stand together, they will pick us off one by one.” He reviewed his time in the governors office and discussed his views on the wars, changes in healthcare, and “dirty money.” He even touched on the issue of the opening Senate seat in the 2014 Election.

Overall, this was a great experience, and as I mentioned earlier, we had the opportunity to interact and network with other unions (IBEW, IAFF, MEA-MFT, USW, MPAE, IUOE, etc.) and get to know our brothers and sisters. I hope that more people in the labor workforce will see the great importance of the labor movement and the impact they can have as individuals and as part of an active union body. I look forward to representing MNA again next June at the AFL-CIO COPE Convention.

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Volunteer Opportunities in Continuing Education

Are you interested in exploring volunteer opportunities with MNA? Do you have an interest in continuing education and ongoing professional development for yourself and your colleagues? If so, there are numerous ways you can get involved!

Pamela S. Dickerson
PhD, RN-BC, Director Continuing Education

Volunteer opportunities can use for continuing education experiences. Before these studies can be used, they need to be pilot tested. Pilot testing involves reading an independent study document (typically 15-20 pages in length); completing the post-test questions (typically 10-40); providing feedback about the quality of the study and suggestions for improvement; and reporting how long it took you to complete the study, post-test, and evaluation. This feedback is used to make revisions in the study, if needed, and determine the number of contact hours to be awarded. When you are asked to return the completed materials within two weeks of receiving them. All communication is electronic.

Once a decision is made regarding the number of contact hours that participants taking the study will receive, you are entitled to receive a certificate for that same number of contact hours. This is an excellent opportunity for you to enhance your own professional development while at the same time contributing to the work of MNA in enhancing educational opportunities for Montana nurses.

Becoming a Peer Reviewer

One volunteer opportunity is to become a peer reviewer of activities submitted to MNA for approval or award contact hours or applications submitted for approval as a provider unit for continuing education. Peer reviewers need to meet certain criteria – be a member of MNA, have a minimum of a baccalaureate degree in nursing, and have an active, unencumbered nursing license. It is helpful to have some background in adult education – this can come from patient education, staff development, or teaching in an academic setting.

A peer reviewer works on a team with at least one other reviewer to evaluate continuing education applications against ANCC accreditation program criteria. Education is provided to help you learn the criteria and how to evaluate responses on the application materials. Reviewer input is used to determine the action taken on an application.

Advantages to becoming a peer reviewer are increased knowledge of the criteria for continuing education; awareness of best practices and pitfalls in the educational design, implementation, and evaluation processes, and first-hand experience with the process of updates or changes in criteria. Being a peer reviewer offers you the opportunity to contribute to your association and to the profession.

Volunteer Opportunities in Continuing Education

Becoming a Member of the Council on Continuing Education

Members of MNA are eligible to seek election to a number of leadership positions within the organization, including a position on the Council on Continuing Education. Elections are held each year in conjunction with the MNA Convention. The Council is the governing body for all continuing education activities at MNA. The Council sets policy; determines, monitors, and evaluates goals and quality outcome measures for both the provider and approver units, provides input into educational activities offered by MNA, and leads the accredited approver unit's peer review process. In accordance with requirements from the American Nurses Credentialing Center's Commission on Accreditation, members of the council who serve as peer reviewers are required to have a minimum of a baccalaureate degree in nursing.

After becoming a member of the Council, a member has the additional opportunity of holding an office as a member of the executive committee or council chair. Members are expected to attend two face-to-face meetings per year (May, in conjunction with the annual Approved Provider Update, and October, in conjunction with the MNA annual convention). Additionally, members participate in telephone conference calls and virtual meetings as necessary to conduct the business of the Council. Members have an active role in introducing speakers and providing other support services during MNA-provided educational activities.

Advantages to becoming a Council member include having input into the educational mission of MNA, developing leadership skills by being a leader in a state association, and enhancing your own professional development through interactions with colleagues and involvement in decision-making. For nurses who are certified, many certification boards recognize volunteer leadership at this level as evidence of professional development for certification renewal.

Volunteering can Lead to Additional Opportunities

Polly Troutman, MSN, RN-BC, has served as a member of the Council on Continuing Education and a peer reviewer with the MNA approver unit. This spring, Polly applied and was selected to be an appraiser with the ANCC Accreditation Program. In this role, she will be working as a member of a team to evaluate national and international standards for continuing education – this can come from patient education, staff development, or teaching in an academic setting.

Advantages to becoming a member of the Council include having input into the educational mission of MNA, participating in decision-making, and enhancing your own professional development through interactions with colleagues and involvement in decision-making. For nurses who are certified, many certification boards recognize volunteer leadership at this level as evidence of professional development for certification renewal.
2013 May 13th Provider Update

By T. Polly Troutman, MSN, RN-BC

During the May 2013 Provider Unit Update, as usual, there was a good deal of clarification and information to help Provider Units establish quality Continuing Nursing Education (CNE) and meet the requirements to be an Approved Provider Unit. Pam Dickerson led a lively and engaging day-long education event and discussion regarding a range of topics. There were several key ‘take home’ messages from the May 10th update in Helena, MT.

As of May 1st, the ANCC Accreditation Program requirements for awarding contact hours for CNE have been expanded. The changes are very welcome for nurses in our region, and especially welcome to nurse educators.

- Provider Units can now award contact hours for what was previously considered ‘in-services’. Basically, if it contributes to a nurse’s professional learning and growth and/or it helps the nurse provide better and safer care, then it is CNE.
- Provider Units may now award contact hours for ‘repeat’ courses such as BLS, ACLS, and PALS if the education meets all CNE criteria and requirements.
- There is a caveat to these new changes for nurses practicing in Montana. The Montana Board of Nursing biennial continuing education requirements are not congruent with the new expanded definition. For this reason, the MNA Continuing Education Council is requesting consideration for changes in Board of Nursing rules for satisfying continuing education requirements during license renewal.

The second take home message was the importance of establishing and maintaining quality continuing education. Nurses are experiencing exciting changes in practice and facing challenging issues in our healthcare environment. With these changes and challenges comes great responsibility. Nurse educators provide education that is relevant, meaningful, and applicable to improving patient and community outcomes. This Provider Unit Update focused on how to maintain integrity and quality education to fully meet the qualifications for CNE and to meet the needs of the contemporary nurse’s professional practice.

The last take home message was the amount of contact hours the 29 MNA Approved Provider units offered in 2012. The number was impressive. Based on the data submitted to the MNA, Provider Units offered 5,892.5 contact hours to 33,568 participants. Thank you to all the participants!

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Billings, MT

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Montana Public Health Training Institute
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Thanks to the outstanding efforts of my coworkers, obtaining membership information and becoming a member of the Montana Nurses Association is now easier than ever.

Just go to our website www.mtnurses.org and you will see the new membership tab. Once there, you will find our member packet information which includes a membership application, membership benefits, information on MNA councils, ANA member discounts, and much more. Once you have completed your application, it can either be mailed to MNA or emailed to sherri@mtnurses.org.

If you have any questions about your membership, please give me a call and I would be happy to help. Last but not least, mark your calendars to attend the annual MNA Convention October 2 - 4 in Helena. This is a great opportunity to network with other nurses and obtain valuable continuing education. While attending, sign up to become a member if you haven’t already.

Enjoy the summer and see you at Convention in the fall!

Sherri Dowling, Finance & Membership

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Leadership Surveys – Preliminary Results (May 2013)

Christina Sieloff

In January, 2013, the Nursing Leadership Professional Development Council of the Montana Center to Advance Health through Nursing (www.mtcahn.org) began a major project to plan educational activities for nurses in Montana. First, the Council needed to know what Montana nurses wanted in terms of educational activities. The literature was searched to find an instrument that was developed from a nursing perspective. Although much information was available in the management literature, we could only find one questionnaire whose primary focus was on the staff nurse (Grossman, 2007). We believed that this questionnaire could be slightly modified and used to gather data as to the additional information nurses in Montana would like in terms of leadership.

We began distributing the survey links in January through informal email messages to colleagues, thinking that releasing one at a time might help nurses be more willing to complete the surveys and that this process would spread the word from nurse to nurse. In addition, in March, the Montana Board of Nursing publication had an article about the surveys and also provided the link to the main website (www.mtcahn.org). In April, at the leadership conference, held in collaboration with the Zeta Upsilon Chapter at-Large of Sigma Theta Tau, International, participants completed at least one survey along with the demographic survey. In addition, each group of participants identified the priority area for education plus shared strategies that they thought might be helpful (see table).

Since that time, all surveys have been released through email contacts and the links are posted on the Montana CAHN site. As of the end of May, the information below details the number of questions for each survey as well as the number of participants.

Preliminary findings are:

1) The current system of getting the word out is not sufficient as only 347 surveys have been completed and there are over 18,000 nurses in Montana. Please share the website (www.mtcahn.org) where the survey links are located with nurses you know.

2) average participant:
   - has a baccalaureate degree (56.1%)
   - works in an educational role (37.8%)
   - is from 51-60 years old (31.7%)
   - is female (93.9%)
   - has from 0-5 years of experience in nursing (34.1%)
   - is Caucasian (93.9%)

3) the top five areas where the least information is needed are [nurses identified that they were very comfortable with their knowledge and skills in these areas]
   - ability to explain my rationale for work related decisions (66.7%)
   - demonstrating high critical thinking ability (58.3%)
   - demonstrating the use of the nursing model or framework chosen by the employer OR consistent use of nursing model or framework (58.3%)
   - demonstrating the use of the five stages of the nursing process autonomously (58.3%)
   - demonstrating an assessment of patient acuity OR equivalent in a non-clinic setting (54.5%)

4) the five areas where nurses identified that they were the least comfortable with their knowledge and skills were:
   - challenging others appropriately,
   - giving feedback in a timely and honest fashion,
   - developing new protocols using evidence-based practice OR developing new work processes based on practice,
   - articulating own goals, and
   - capability to disrupt ‘group think’ behaviors.

The results from these surveys will be used to plan future educational activities and conferences. If you have not had time to complete the 12 short surveys [plus the demographic survey], please take a moment to visit the website (www.mtcahn.org) and click on the survey links. Thanks so much for your help.

Reference:


Around the State

ANA Membership Assembly, Washington DC, June, 2013
Lori Chovanak, Executive Director MNA, Representatives: Susan Porrovecchio, Vicki Rae Byrd, Daylyn Porter, Sadie Russell

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Innovation in Graduate Education: Clinical Nurse Leader/Industrial Engineering Partnership to Improve Health Outcomes

Charlene A. Winters, PhD, APRN, ACNS-BC and Sandra W. Kunz, PhD, APRN, PHCNS-BC
College of Nursing, Montana State University, Bozeman MT

The clinical nurse leader (CNL) option offered by Montana State University (MSU) College of Nursing was developed in 2007 in response to landmines in studies and reports citing growing concern about patient safety, quality of health outcomes, and effective use of health care resources across the health and delivery systems. Systems of trained experts for systemic health care reforms and clinical leadership at the point of care (American Association of Colleges of Nursing [AACN], 2007; Institute of Medicine [IOM], 2003; Long, 2004) provided additional impetus for the development of the CNL option at MSU and elsewhere across the United States.

It has long been noted that interprofessional education (IPE) is a tool to achieve (a) linkages between the education system and the health care delivery system, (b) better patient care and health for the public, and (c) a more efficient and affordable health care system. In 2011, MSU College of Nursing faculty collaborated with faculty from the College of Engineering and revised its CNL option to include interprofessional educational experiences with industrial engineering students who were focused on health care delivery systems. According to the World Health Organization (WHO, 2010), IPE “occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve the quality of patient care” (p. 13). The goal of IPE is for students to learn how to function in an interprofessional team and carry this knowledge, skill, and value into their future practice, ultimately improving clinical outcomes, and finance and budgeting. A clinical immersion experience allows students the opportunity to master clinical competencies expected of CNLs. Completion of the professional project provide students the opportunity to work closely with clinical agency partners to address service needs. Courses within the CNL curriculum are taught by faculty from nursing and engineering and provide joint learning activities for CNL and IE graduate students that focus on care quality, safety, efficiency, and improved health outcomes and collaborative scholarship among faculty members. Working together as a CNL course enhanced by collaboration between nurses and industrial engineers is the Management of Clinical Outcomes course taught the semester prior to the clinical immersion course. The course focuses on dynamic leadership, clinical decision-making models, and concepts of value-driven care of clients across the wellness-illness continuum. Nurses in this course extract an actual change challenge issue from their workplace and apply leadership strategies, best practices, and enhanced nursing problem-solving approaches with an increased awareness of system engineering tools from IE partners. The importance of balancing both clinical and economic outcomes and “value” defined as “the health outcomes achieved per dollar spent” (Porter, 2010, p. 2477) is highlighted as nurses explore potential solutions since “good fiscal stewardship is a condition of quality care” (AACN, 2007, p. 9).

Escalation of health care costs and reimbursement models that move from fee-for-service to pay-for-performance establish the need for CNLs to contribute to quality and safety improvements and cost-effective effectiveness. Examples of graduate student quality improvement projects include the reduction of readmission rates for congestive heart failure patients through improved home health management strategies, improved prenatal care uptake by pregnant women through analysis of system challenges that prevent access to care for rural residents; decreased mortality error rates through the examination of the frequency and type of distractions and interruptions on a medical-surgical unit, an incentive-based smoking cessation program to reduce co-occurring conditions, in a population of state employees; and standardization of care protocols for diabetes management of patients with HbA1c > 7 in a busy clinic setting.

Addressing the challenges and opportunities of a complex healthcare environment requires new approaches by interprofessional teams working together as collaborative systems to both identification and population-based problems that reach beyond the scope of a single discipline (IOM, 2005). Engineers skilled in process improvement initiatives are invaluable in the healthcare team when paired with point-of-care CNL partners. This team is well positioned to assess the need for change, design and implement the change, and then evaluate the effectiveness of the change in order to achieve the IOM (2001) call to create a safe, effective, patient-centered, timely, efficient, and equitable 21st century healthcare system.

Information about the Clinical Nurse Leader master’s program at Montana State University is available online at http://www.montana.edu/nursing/academic/cnlp.php

References

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