The South Carolina Nurse

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SCNA SOUTH CAROLINA NURSES ASSOCIATION

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President's Column

Vicki Green, MSN, APRN, BC

Vicki C. Green

Well….it's been six months since my position was eliminated and I retired from DHEC. I am gradually learning to be a better steward of my time. I suffered from the phenomenon of "retirement brain." I equate it to "pregnancy brain," which many may be more able to identify with. I really struggled to get organized and remember my appointments. Quickly, I discarded my old paper calendar and begin entering every event on my iPhone calendar – with alerts. I highly recommend it.

It may also have had something to do with jumping from work into keeping a 3-yr-old, full-time. It's so much more fun living in the world of a 3-yr-old than remembering appointments or conference calls. It certainly keeps focus on the important things in life - family and church. Eventually, I have managed to level off, regaining control of my brain and keeping one foot in the nursing world.

Good news within the nursing world is the SC Center for Nursing being a finalist for a Robert Woods Johnson Grant. The Center for Nursing, housed in the University of South Carolina, applied for the grant to continue the One Voice One Plan efforts on implementing the IOM Recommendations for the Future of Nursing. If successful in the grant process, the Center will be funded for 2 years to assist two of the four Task Forces with efforts to implement IOM recommendations in SC. Peggy Hewlett, Director of the Center and former Dean of the USC School of Nursing, will be giving an update on One Voice One Plan and the potential grant at the SCNA 2013 Biennial State Convention & 20th Annual APRN Fall Pharmacology Conference.

Many other great topics and speakers are lined up for the convention and conference. Hopefully, you'll be there to hear the update from the Coalition on Access to Health Care and its efforts to allow nurses to function within their full scope of practice. Given the recent TB outbreak in Greenwood County, the presentation on infectious diseases will also be timely.

In regards to the TB Outbreak in Greenwood County, the Senate Medical Affairs committee recently held a hearing on the events of the DHEC TB investigation in Ninety Six, SC. Current DHEC administrators as well as counsel representing the staff that was fired and a parent whose child is being given preventive therapy were interviewed.

Interestingly, many think it's wonderful that DHEC, a big state agency, has been downsized and the new Director is "cleaning house." Of course, there are areas which should be addressed. An agency with thousands of employees is bound to have its slackers, bad attitudes, people promoted without the necessary skill sets, etc. However, there is a diplomatic approach to dealing with these issues, involving two-way communication and maintaining/demanding a certain level of expertise within the agency.

Regardless of public sentiment, there remains much good in SC DHEC. DHEC is a national public health model for merging environmental and clinical/community public health into one agency, demonstrating how both are intertwined and demonstrating how the public's health benefits when they work well together. DHEC also has a centralized system of delivering public health services. Centralizing the system eliminates the county-by-county or district-by-district competition for scarce resources and maximizes brain power – e.g. developing the best policies, procedures and tools to assure they are implemented. Lastly, DHEC has/had a strong infrastructure for public health nursing. Two of SC's previous nursing leaders, Virginia C. Phillips and Lil Mood, are among the most renowned public health nursing leaders in the country.

I do ask myself why I am still so focused on what is happening within DHEC. It must be a result of spending 28 years investing in (and being so passionate about) the benefits of public health and public health nursing. I am grieving for what I lost, but also for what the citizens of

President's Column continued on page 2

CEO Report

Judith Curfman Thompson, IOM
SCNA CEO and Lobbyist

Judith Curfman Thompson

Well, it has happened yet again! August, when I am writing this for October publication, has given all of us a real break in the heat, thus, sending a message to my brain about how much I do love fall and spring! It has been cool enough in Columbia to turn off the AC upstairs and just let the fan bring in the cool air. Should I mention the rain? No, all of SC is well acquainted with the current wet conditions!

What is it about the promise of a season change that inspires us to look forward to different ways of looking at the world? Either it is ingrained in our beings, or we have had certain rhythms of life well drilled into how we look forward and respond to certain stimuli. Fall means meetings, family gatherings, yes, football, and getting back into gear from the "slowness" of summer. Let me assure you that SCNA has not been on "slow" during the past summer months.

The bulk of the preparation for the Convention and Annual Meeting take place in late spring and early summer, as well as being certain that all of the requirements for the life of SCNA are ready to take place at the Annual Meeting.

Let me acknowledge the wonderful work done by SCNA's Chapters in preparing a great line-up of sessions for the CNE program at the Convention. The work done by great volunteers is truly awe inspiring to see go into action each and every year. Special thanks also go to Rosie Robinson who exercises her talents (magic?) at the computer to put everything together for all of us.

So, as we really enter into the fall season, I encourage you to enjoy it, and to remember that your SCNA is always looking for new and better ways to be relevant in your lives as nurses. ONWARD!

Index

SCNA encourages all nurses to ***Celebrate National Nurse Practitioner*** week November 10, 2013 – November 16, 2013. Thanks to all Advanced Practitioners for all that you do for the healthcare in South Carolina!

President's Column continued from page 1

South Carolina have lost in its public health system. I, and others among the 44 public health professionals who left so suddenly with me, wanted to leave the agency as good – or better- than we found it. Unfortunately, we were denied that possibility. There's a saying, "when public health works well, most people don't realize it's there." Well these days, someone would have to be crawling out from under a rock to not know it's there!

Hopefully, changes will be coming in the continuing work of DHEC. Surely the good will prevail. Soon, I *will* convince myself to stop worrying about what is happening at my previous employment, focus on what is good within the world of nursing in SC and really enjoy retirement.

The Care and Concern of SCNA…

is sent to the following members:

Rebecca Burrows at the death of her grandfather, Frank Burrows.

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Fred Astle, as he recovers from surgery.

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Ellen Riddle, as she recovers from surgery.

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Lawrence Eberlin, as he recovers from surgery.

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All SCNA members are encouraged to submit material for publication that is of interest to nurses. The *South Carolina Nurse* also welcomes unsolicited manuscripts written by members. Article submission is preferred in MS Word format and may be up to 1000 words. When sending pictures, please be certain to label them clearly since the editors have no way of knowing who persons in the photos might be. Preferred submission is by email to Rosie@scnurses.org. Please do not embed photos in Word files, but use jpg files. All articles submitted are subject to editing by the *SC Nurse* editorial staff.

SC Nurse Editorial Staff:
Judith Curfman Thompson, Executive Editor
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The Hidden Crime: Human Trafficking

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Modern Slavery in Our Communities

Human trafficking, the movement of people across borders to engage in prostitution or sexual slavery, is a dark part of human behavior as far back as the beginning of recorded history. Human trafficking is on the rise and is a significant global law enforcement and public health issue (Cwikel & Hoban, 2005). Trafficking can victimize males for purposes such as forced labor; however, this article will focus on the much more prevalent problem of the sexual slavery of women and girls.

The International Labor Organization estimates that up to 20.9 million people are toiling as modern slaves around the globe and that 1.2 million children are sold every year. The international police organization, INTERPOL, estimates that sex trafficking generates 19 billion dollars per year (The Somaly Mam Foundation, n.d.). Americans may believe that this is primarily a problem in the developing world. However, the United States has more victims of human trafficking than any other country. In 2009, it was reported that 63 percent of trafficked victims were U.S. citizens (Kotrla, 2010).

Human trafficking is a hidden crime within local communities. Most people would not be able to identify a sex slave, even if they were living in the same community. Modern day sex slaves are of all ages and all social, cultural, economical and religious backgrounds. Techniques used to entrap women and children into the world of sex trafficking include abduction and offers of marriage or employment to desperate people (Cwikel & Hoban, 2005). Over 70 percent of women involved in human trafficking have found themselves victims of at least one of these acts prior to their 18th birthday (Kotrla, 2010).

Human trafficking victims often accept tempting financial offers, but they are almost always fraudulent. The offers usually include sources of employment, often in the restaurant and hotel industries. These victims then find themselves forced into prostitution, earning money only for the trafficker. The victims often find themselves being sent across borders where they may not understand the language. Language barriers, limited knowledge of their rights and fear for their lives keep the victims from attempting to escape the trafficker or from seeking help from authorities (McClain & Garrity, 2011). Victims of human trafficking are subjected to heinous acts, such as rape, beatings and confinement.

Children and teens are at the highest risk of becoming victims of sex trafficking. Traffickers often hunt for children and teens, identifying vulnerable victims and using acts of kindness or concern to groom them into submission. The chains these traffickers place on children "are chains of control, they will be psychological, not iron, but they are chains nonetheless" (Bigham, 2011, p. 9). It is important for parents to know that the most common way traffickers access children is through social networking sites like Facebook. According to Bigham (2011, p. 9), "social networking is the new playground." Children and teens are very trusting of information on the internet and therefore are vulnerable to online solicitation by "friends." In addition, young runaways or "throwaways" – children or teens who have been asked to leave their homes – who are trying to survive on their own are often sexually exploited (Kotrla, 2010). The major reason sex trafficking of minors is such a large problem in the U.S. is because there is a high demand for child pornography and prostitution. These children are not only sexually exploited, they are often victimized by local gangs as well (Chung, 2009).

Sex trafficking is subdivided into two categories: *finesse pimping* and *guerilla pimping*. Finesse pimping uses kindness and psychological games to attract vulnerable individuals; guerilla pimping uses violence, intimidation and aggression to force the victim into slavery. Finesse pimping is typically used against children, whereas guerilla pimping is used more against adults (McClain & Garrity, 2011).

In 2008, Mark Lagon, the director of the U.S. office to monitor and combat human trafficking, stated that "trafficking is motivated by money – a powerful incentive that is, self evidently, the real driver in the economics of sex trafficking and anywhere there is a thriving sex industry exploiters need to generate supply for the ravenous market to consume fellow human beings as sex commodities" (Kotrla, 2010, p. 182).

Global Perspectives

According to the United Nations Office of Drugs and Crime, 700,000 to 2 million women and children are victims of human trafficking yearly, and 2,000 to 6,000 are being trafficked daily; 4 million women and children are trafficked across international borders into the sexual industry every year (Chung, 2009). The majority of people being trafficked are women between the ages of 18 and 24. Asia and the Pacific have the largest number of humans being trafficked yearly, yet the U.S. has the highest number of reported active trafficking victims (Global Initiative of Fight Human Trafficking, 2007). Jamaica, the Netherlands and Japan also have large commercial sex markets (Kotrla, 2010). Often, women and children who are victims of human trafficking do not have passports and they fear deportation; they often find themselves submitting to sexual demands so they can enter a country when they are in breach of their visas (Cwikgel & Hoban, 2005).

The Hidden Crime continued on page 4

The Hidden Crime continued from page 3

The sex industry has become a global operation due primarily to internet advertising. The internet increases demand by allowing sexual predators to browse among a variety of sites and services for sale in the privacy of their homes (Chung, 2009). Demand for male sex services exists; however, the demand for female sex workers prevails because of the long-standing sexualizing of women's bodies and the history of sex tourism aimed at heterosexual men (Cwikel & Hoban, 2005). Sex trafficking generates large profits for the traffickers; it is estimated to be worth more than 9 billion dollars globally per year, making sex trafficking the fastest growing profitable form of organized crime worldwide (Chung, 2009). Another cause of human trafficking is war. Military conflict increases the demand for sex workers. Women are sent by traffickers to places where troops are stationed; brothels are often found in these areas to provide the troops with relaxation and entertainment (Cwikel & Hoban, 2005).

Our Role in Identifying Victims

Nurses in all fields and practices have the responsibility of preventing and controlling this crime. In collaboration with law enforcement, nurses can help identify and recover trafficked victims. Human trafficking is a multi-dimensional threat; it deprives its victims of their right to freedom and is a huge global health problem (Jibril, 2007).

Emergency room (ER) nurses are often the first line in helping with the identification and rescuing of victims of human trafficking. Victims – women and children – come through the ER doors on a daily basis. Educating ER nurses on the warning signs and symptoms of trauma could play a crucial role in the rescue and recovery of victims (Garza, 2007).

As a nurse, it is important to know that human trafficking victims may unwillingly identify themselves. It is the job of the nurse to look for small clues that the victim may be trying to relay. ER nurses should look for bruises, broken bones, headaches, malnutrition, mutilation, hearing loss, visual problems, chronic back problems, and cardiovascular and respiratory problems (Garza, 2007). They should also watch for unconvincing stories and recurring sexually transmitted diseases (STDs). In 2004, the Family Violence Prevention Fund interviewed victims of human trafficking, with research showing that 28 percent of human trafficking victims had come into contact with as least one health care professional and none of these victims were recognized. These were missed opportunities to help and provide victims with information that could one day save their lives (Bigham, 2011).

Nurses must also know when to call for further help or assistance (i.e., social worker, forensics nurse examiner or law enforcement). Forensics nurse examiners are trained to look for clues, warning signs and symptoms of violence and abuse. It is their job to look beyond the surface and investigate anything found to be even minimally suspicious. For example, if a child is brought into the ER by their parent for pelvic pain, the forensics nurse is trained to determine if this benign or if this child has been a victim of foul play or even a victim of human trafficking (Garza, 2007). The forensics nurse looks into the patient's medical history, as well as general information such as if it is always the same person who brings the child in for care. If there are any suspicious behaviors about this person, such as always speaking for the child, never letting the child be alone, helping with suspicious activities such as undressing and toileting when the child is capable of doing this him/herself. This also applies to adults, but often the investigation is focused on the man who calls himself the "husband." It is the job of the forensics nurse examiner to get the suspected victim alone – even for just a moment – to a place where questions can be safely asked. This might be the rest room or a testing area of the facility. It is not done if it cannot be done safely for both the suspected victim as well as the nurse, because it can place the victim at a greater risk of being harmed (Garza, 2007).

Health promotion is also a large part of a nurse's job. When a nurse is helping in the recovery of a victim of human trafficking, the nurse should aid in assessing the victim, planning for the victim and implementing a plan for the victim. It is also important for the nurse to make sure the victim has access to medications and recommended medical treatments. There are a few areas in which nurses can provide individual support and health promotion for victims and families. Outreach work can be done on the streets by providing health and sex education, placing more focus on the dangers of prostitution, HIV/AIDS and STDs (Jibril, 2007).

In addition to physical and sexual abuse, trafficked women and children also suffer from mental health disorders. Advocates for victims of human trafficking stress the need for psychological support for these victims. A study in Nepal found that women who were trafficked and sexually exploited experienced anxiety, depression and post-traumatic stress disorder; this is thought to be because these women have no control over their daily lives, including such routine activities as eating, sleeping and bathing. In addition, they have no decision-making ability concerning sexual partners or the use of condoms or contraception (Hossain, Zimmerman, Abas, Light & Watts, 2010).

Nurses in all settings should be mindful of the incidence of human trafficking and assess women and children accordingly. When suspicious of the situation, nurses can go a long way in intervening in this crime simply by seeking help from an expert. Community-based nurses can promote outreach programs that provide health and sex education to sex workers on the street and in health care settings (Jibril, 2007).

After being rescued, human trafficking victims will need assistance in finding housing, food and clothing, and addressing medical and legal issues to support a new life and avoid turning back to the sex worker lifestyle again. One of the largest problems the U.S. faces is the placement of children who are victims of human trafficking. These children are often returned to the families and homes they originally fled from, or they are placed in a juvenile detention center until further placement can be found. These children often escape and find themselves back on the streets before further placement can be found (Kotrla, 2010).

Services for Victims of Human Trafficking

There are many organizations for victims of human trafficking. One of the most prominent is The Somaly Mam Foundation. Somaly Mam is a Cambodian woman who was a sex slave for many years. Her family suffered greatly from poverty, and she was sold into slavery and prostitution by her grandfather. Somaly Mam was forced to work with many other young girls the same age. One night the girls watched as another child was brutally murdered in front of them for refusing to perform a sexual act. Somaly Mam recognized the extreme danger and decided to escape and to help stop this crime against humanity. At age 21, she was able to free herself from human trafficking and immediately began to organize the Somaly Mam Foundation. This foundation is based in New York and has rescued girls as young as three years old (The Somaly Mam Foundation, n.d.).

The U.S. Government and Human Trafficking

In 2000, the U.S. Congress passed the Trafficking Victims Protection Act (TVPA) funded the Department of State's Office to Monitor and Combat Trafficking in Persons (U.S. Department of State, 2012). In recent years, the Obama administration and former Secretary of State Hillary Clinton brought renewed attention to human trafficking as a human rights issue. A reporting website was initiated to provide a site for organizations and individuals to share information with the State Department on this topic. For more information found on this site, visit www.tipreport@state.gov. Using international law enforcement and web-based tips, the 2012 Trafficking in Persons Report, provides information on the work of national and global agencies. Nations and organizations deploying military combatants and peacekeeping troops, such as the United Nations and the North Atlantic Treaty Organization, have implemented zero-tolerance policies and training for troops. The report cites 41,210 victims identified and 4,239 convictions of traffickers in 2011, numbers that are steadily increasing (U.S. Department of State, 2012).

Summary

As the primary contact in the health care system, nurses can play a role in combating this crime and assisting the victims. Assessment for abuse, neglect, trauma, recurrent sexually transmitted infections (STIs) and fear of a controlling partner is critical. Following up on "red flags" and understanding methods of safe questioning can make the difference between slavery and recovery for victims. Nurses must also know the professional referrals in their areas once a potential victim has been identified. This may be a very dangerous undertaking and must be handled by experienced personnel. Referrals to forensic nurses or physicians, domestic violence professionals or law enforcement may be indicated. Initially, a nurse may want to consult with the agency social worker for guidance.

Human trafficking is a human rights crime. Unfortunately, it is more prevalent in all types of communities than most people suspect. Nurses can be heroes to the victims through understanding of this crime and vigilance in the assessment and care of all people they encounter in their practices.

To learn more or to help with this cause, visit the Somaly Mam Foundation at www.somaly.org or the U.S. Department of State at www.state.gov.

Signals of Abuse

Physical Reactions

- Weakened physical state
- Bruises, cuts or other untreated medical ailments
- Complaints of stomach pain
- Heart palpitations
- Extreme changes in eating patterns

Emotional Reactions

- Loss of memory related to the traumatic event
- Frequent bouts of tearfulness
- Detachment
- Self-blame
- Emotional numbing or emotional response that does not fit the situation
- Flashbacks or nightmares

U.S. Department of State (2012)

WHO Interview Guidelines

1. **Do No Harm.** Until there is evidence to the contrary, treat the individual and her situation as if the potential for harm is extreme. Avoid any interview that will make a situation worse in the short- or long-term.
2. **Assess the Risks.** Learn the risks associated with trafficking and each case before undertaking an interview.
3. **Prepare Referral Information.** Provide information in a woman's native (or local) language about appropriate legal, health, shelter, support and security services.
4. **Select Interpreters and Co-Workers.** Weigh the risks and benefits associated with employing interpreters, co-workers, etc., and develop adequate screening and training methods.
5. **Ensure Anonymity and Confidentiality.** Protect a respondent's identity and confidentiality throughout the entire interview process.
6. **Get Informed Consent.** Respondents must understand: the interview's content and purpose; the information's intended use; the right not to answer questions, terminate the interview and put restrictions on how the information is used.
7. **Listen and Respect.** Recognize that each victim will have different concerns and her concerns may differ from how others might assess them.
8. **Do Not Re-Traumatize.** Avoid questions intended to provoke an emotionally-charged response. Be prepared to respond to a woman's distress and highlight her strengths.
9. **Plan an Emergency Intervention.** Be prepared to respond if a woman says she is in imminent danger.
10. **Put Information to Good Use.** Use information in a way that benefits an individual or advances the development of policies and interventions for trafficked women.

(Zimmerman & Watts, 2003, p. 4)

Human Trafficking: Where Does PA Stand

Pennsylvania has been referred to as a "pass-through" state for human trafficking. With the interstate system that dissects the State in quarters and reaches all corners of the country it is easy to see why this term applies to PA. The Commonwealth can also be considered a "source" state. This means that victims originate from the Commonwealth and that PA is a destination where victims are brought to be exploited.

Recently, Senator Stewart Greenleaf (R-12) introduced Senate Bill 75. This bill will address human trafficking by clearly defining sex and labor trafficking, increasing fines and penalties for trafficking, adding penalties for businesses (this includes license revocation and forfeiture of contracts), creating the Pennsylvania Council for the Prevention of Human Trafficking, increasing training for first responders and expanding resources available to victim service providers.

PSNA Members: Access our Position Paper, Human Trafficking, by visiting PSNA's Member Page at www.nurseinsider.org.

The Hidden Crime continued on page 5

The Hidden Crime continued from page 4

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Human Trafficking PSNA Position Paper

BACKGROUND

Human trafficking of persons is a modern form of slavery that continues throughout the world. Women and children constitute the vast majority of victims of human trafficking. It is estimated that there are 50,000 women and children who are annually trafficked into the United States (Public Law 106-386, 2000). The Declaration of Independence, one of the fundamental documents of the government of the United States, recognizes the right to be free from slavery and, in fact, the United States has outlawed involuntary servitude since 1865. The United States condemns all forms of human trafficking and involuntary servitude, which includes sexual, physical, social and work exploitation (U.S. 106th Congress, 2000; International Labour Organization, 2005).

POSITION

The Pennsylvania State Nurses Association condemns all forms of human trafficking as a violation of basic human rights. In addition, the Pennsylvania State Nurses Association affirms that all nurses are ethically mandated to identify any suspected victims of human trafficking and refer these victims to appropriate sources of assistance that are guaranteed to them by the Victims of Trafficking and Violence Protection Act of 2000.

RATIONALE

Nurses are in a pivotal position to identify possible victims of human trafficking by virtue of their key role in health care delivery systems. Victims of human trafficking may present in various health care settings, particularly in emergency room settings. Trafficked persons often present as victims of physical violence, exhibiting symptoms of chronic stress or trauma. Human trafficking includes "the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs" (Protocol to Prevent, Suppress and Punish Trafficking In Persons, Especially Women and Children, UN 2000).

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ENDURING ECHOES
An Unlikely Candidate: A Southern Belle at Johns Hopkins School of Nursing, 1893-1894

by Dr. Rose B. Cannon

In *The Hammonds of Redcliffe* (New York: Oxford University Press, 1981), a collection of letters edited by Carol Bleser, one has a rare glimpse of the life of a student nurse of the 1890s. Even more remarkable, modern nurses can see, through the eyes of the student, personal characteristics of some of nursing's "great leaders" in the formative years at Johns Hopkins School of Nursing.

Katharine Hammond was a young Southern woman, the daughter of Harry and Emily Hammond of a prominent South Carolina family, who sought a career in nursing in response to her own inclinations and her father's urging. Her life path, though typical of many of her time, provides for nurses today a picture of the struggles many Southern women endured in reconciling issues relative to women's place.

The letters of most interest to nursing history occur in the third generation in the book, during the late 19th century.

Many of them "...paint a vivid picture of the everyday activities of an eminent plantation family that had to adjust as best it could to a new social order" (viii). The section entitled "The Belle" introduces Katharine Hammond and includes letters to many of her family and friends, but especially to her mother. Katharine's life as a student nurse at the Johns Hopkins School of Nursing is covered in detail. Stormy events with Isabel Hampton, the school superintendent, are recounted in Katharine's letters. Katharine's mother, Emily C. Hammond, tries to use these painful situations to induce her daughter to return home to South Carolina. As might be expected, this account of nursing and nurse leaders differs from the laudatory history traditionally found in nursing history texts.

The letter accepting Katharine's application to nursing school, signed by "I.A. Hampton, Supt.," is dated "January 23, 1893" (237). Katharine's arrival in Baltimore is recorded in a letter to her mother on March 7, just two months later (238). In yet another letter, Katharine's father, Harry Hammond, shares with Mrs. Gilman (a family friend in Baltimore) impressions of Miss Hampton as, "...a large hearted and wise woman, [who] would always do the right thing" (248). By April 15, Katharine writes of certain nurses who are evaluating her clinical work, "I got several servings today from Miss Reid and another head nurse – and Miss Dock came in and inspected my work – and there was anything but approval in her look" (253). Katharine vacillates between fear and anxiety that her work will not be acceptable and feelings of satisfaction as she completes each succeeding step through her nursing education. By August, five months into her studies, Katharine writes of a major argument with Miss Hampton over events occurring on night duty. Katharine's comments to her mother are full of exasperation when she figuratively sobs, "I have told you I am sure that Miss Hampton is no lady – she is coarse, high tempered – overbearing arrogant snob [sic]" (259)! In a letter on August 9, seven days after the incident, Katharine relates to her mother her meeting with Miss Hampton in which, "...she dismissed me from the school at first because I would not apologize – took me back without my asking to be taken back" (256).

It is certainly to Katharine's credit that she remained in nursing school as long as she did. The opposing forces of push from her father, and pull from her mother, as well as interspersed comments implying that young women of her status usually do not become nurses are captured throughout the letters.

Katharine was 21 when she left home for nursing school, yet her mother's letters often contain passages as if to one much younger: "... the pangs sometimes almost take my breath away, the overwhelming thought of giving you up, my beloved, beautiful child, my dear, dear little daughter. Everywhere I look, I see you" (241). After the letter about the confrontation with Miss Hampton she writes, "If Miss H. should insist upon an apology, I take it for granted that you will not give it. And then will you come home dear child and be satisfied here after all the adventure and excitement of the last five months" (263)?

There is no uncertainty in any of the letters as to what this mother wants her daughter to do, but her father is more ambivalent. His dreams for her seem wrapped up in what is best for himself and the family, hard pressed for survival in the years after the Civil War. In a letter soon after Katharine arrives at school, he writes, "When you get your diploma, you will go into the female medical college, which will be about ready for you, and when you are through at the finest hospital and training school and medical college in the world, you will go to New York or

London or Paris and become a wealthy Doctoress of Medicine and support us all and pay for the negroes' mules, and sell poor old Jan Danforth a horse on credit and one to Robbin Perry also" (243). And on March 23, "You are doing dreary work – but it is work, honorable work, the hardest thing in the world to find, and work that in the end should make you independent, a still harder thing to be" (246).

This dream fantasy is substantially altered when Harry Hammond receives word of Katharine's letters relating the incidents with Isabel Hampton. Away from home at the time, he writes to his wife, "I presume that the whole thing will end in her return with you and Julia [sister]. That evidently is what she is looking forward to doing" (266). However, Katharine stays on for another year of training, after which her letters reveal that she plans to come home to stay in August of 1894, just six months short of completing her schooling. As the time nears for her return to Redcliffe, her encounters with Miss Nutting seem less threatening to her. On June 20, 1894, she writes to her mother, "When we finish prayers I feel that I must go up and tell Miss Nutting my heart is just breaking to get home, I can't stand it another day. I suppose I feel this more because I know I am never coming back and when I am so crazy to get home at this very minute – it seems cruel that I can't – just because I have been foolish enough to put off my return for six weeks" (283).

Later, when Katharine does not return to her program as scheduled, her suitor, John Sedgwick Billings, writes, "If you are going to stay at home, you should have written to Miss Nutting (made Superintendent of Nurses in 1894, footnote) to that effect..." (287)

In the meantime, Katharine has returned to her work of nursing family and friends in the community, as she had done before going into formal training. But by November, 1894, in a letter written to John Billings, she is asking for advice about returning to school. It is not clear whether she pursues this desire with correspondence to others, but as late as January 3, 1896, Katharine's love for travel and her connections to professional nursing are evident when she considers traveling to Turkey with Clara Barton. She is apparently dissuaded from doing so by an alternative viewpoint on this nurse leader from her suitor, John Billings. In a footnote, Bleser explains that, "...John wrote Katharine of his conversation with his father concerning

Clara Barton's effectiveness as the head of the American National Red Cross." He wrote, "To my surprise he (John Shaw Billings) had no use for her – said she was a humbug and worse and that the medical profession as a whole were down on her" (295). Katharine does not go to Turkey.

The Baltimore years, however, have a lasting effect on Katharine's life. Dr. John Sedgwick Billings, son of Dr. John Shaw Billings, founder of the Index Catalogue and the Index Medicus, becomes her husband on April 20, 1897, in an elaborate Southern style wedding at the family home, Redcliffe. Their son, John Shaw Billings, in his later years, restores Radcliffe to its original grandeur and turns it over to the state of South Carolina, where it is now open to the public.

Bleser (1981) did a superb job in editing this book of letters. She included introductory chapters to each of four sections and ended with an epilogue. The extensive footnotes identify and make the connections between the actors in this fascinating family tale. The story of Katharine's life, first as an unschooled private duty nurse in her Southern community, and later as a student nurse at Johns Hopkins University, is consistently shown within the larger context of family and other relationships. The capturing of the everyday events in the family's life makes it an especially fascinating book.

This volume of letters is a rich source for conceptualizing the practice of late 19th century nursing. Comparisons between nursing in the South (largely rural, occurring in homes, practiced by the untrained), and in the North (practiced in institutions, public health settings, corporation, clinics and private practices) are implicit and explicit in the letters. Analogies are seen between belle/beau and nurse/doctor in the romantic events portrayed. Several of Katharine's suitors are men she nursed before her formal training, and at Johns Hopkins she is courted by Dr. Billings (sometimes within the hospital, against the rules). Their marriage is never strong and often stormy. Later letters reveal a romance between Dr. Billings and his office nurse. Nurse/patient and nurse/doctor romance themes often found in fictional accounts, take on larger dimensions in this real life narrative.

Another concept that is constantly addressed is the tremendous tension between female autonomy and the role of the ideal Southern woman. In the end, Katharine chooses to be first and foremost a "belle" and marries with great pomp at Redcliffe (a picture of her wedding is included in the book). She officially retires from nursing of any kind after marriage. Isolated from professional nurse role models, her life perpetuates traditional family forms. But most importantly, this book provides a view of nursing that is unique and difficult to find in traditional texts. It is also an example of what, I suspect, awaits nurse historians in the undiscovered letters and diaries of less famous families than the Hammonds of South Carolina.

This article was printed in the August, September, October 2013 issue of Georgia Nursing. The article originally appeared in the Bulletin, the newsletter of the American Association for the History of Nursing, Summer 1989/No. 23, pages 5-6.

For background on the Hammond family, especially Katherine's great grandfather, see Faust, Drew G., *James Henry Hammond and the Old South: A Design for Mastery*, Baton Rouge: Louisiana State University Press, 1982.

Chapters

Knowing Your Neighbors

A Brief Overview of Fort Jackson, and Its Behavioral Health Services

David Hodson, EdD, MS, APRN, BC

David Hodson

As many of my colleagues know, I recently was given the opportunity to work in the behavioral health services provided at Fort Jackson. For many of you, you may not be too familiar with Fort Jackson. I would like to take this opportunity to give you a better appreciation or insight into the magnitude of this long-standing military base. I would also like to pay particular attention to the behavioral health services provided by the base. Not all active duty soldiers and their families live on base and many share the neighborhoods which some of you live. Fort Jackson shares the larger community neighborhood of Columbia, South Carolina

Fort Jackson is the largest and most active initial entry training center in the United States Army, training 50% of all soldiers and 80% of the women entering the Army each year. As a result, Fort Jackson provides the Army with trained, disciplined, motivated and physically fit warriors who expound the Army's core values and her focus on teamwork as one of the post's primary mission. In an effort to meet the Army's mission, Fort Jackson trains in excess of 50,000 basic training and advanced individual training soldiers each year. Fort Jackson is home to the US Army's Soldier Support Institute, in addition to the United States Army's Chaplain Center and School, and the Defense Academy for Credibility Assessment.

Fort Jackson consumes more than 52,000 acres, including more than 100 ranges and field training sites and over 1100 buildings. The fort consists of soldiers and civilians with dependent family members in a community that continues to grow in numbers and facilities. More than 3,900 active duty soldiers and 14,000 family members are assigned to the installation making their home here at Fort Jackson.

The Fort employs almost 5,200 civilians, and provides services to more than 36,000 retirees, and their family members. An additional 12,000 students attend classes at the Fort, attending either the Soldier Support Institute, the Chaplain Center and School or the Drill Sergeant School annually.

Since 1917, when fighting men were needed in World War I Fort Jackson has had a proud history of supporting our Army in times of need. That tradition continues to this day as the Fort willingly accepts the challenge related to the war on terrorism and stands ready to accept any additional mission and support of our nation's defense.

1. The Department of Behavioral Health (DBH) is a department within the Moncrief Army Community Hospital (MACH). The mission of the DBH is to ensure the delivery of comprehensive behavioral health and mild traumatic brain injury services of the highest quality to active duty soldiers, family members, retirees, and other service recipients who are eligible for care at MACH. The Department of Behavioral Health is divided into five main service lines and one auxiliary service. Community Mental Health Services (CMHS) provides outpatient behavioral health services to the following personnel: trainees, active duty service members and their families, and other personnel here on temporary duty assignment (TDY) for training. Services include but are not limited to emergency psychiatric screenings; routine in-depth psychiatric assessments; psychological testing; supportive and cognitive behavioral and insight oriented therapy; psychotherapy; command consultations; command directed mental health evaluations; educational briefings; forensic evaluations; security clearances; fitness for duty evaluations; medical evaluation and psychiatric medication management; and group psychotherapy. The reception area has a satellite clinic associated with the Community Mental Health Services located at Fort Jackson for trainees at Reception Battalion 120th. Child Psychiatric Service (CPS) is another satellite clinic, and is located in the Family Health Clinic. It provides diagnostic assessment, medication management and psychotherapy, parental guidance and limited psychological testing for children and adolescents of active duty soldiers.

Social Work Services (SWS) offers individual marital, family, and group therapies to active duty service members and their families stationed within the Fort Jackson area who are in need of assistance in identifying and resolving personal problems. SWS provides commanders with consultative services on family members, which may affect unit combat readiness. The Family Advocacy Program (FAP), which is part of the Social Work Services, provides outpatient services to individuals and family members involved in an alleged and/or substantiated cases of child abuse/neglect and domestic abuse. Services include a 24 hour emergency response service, identification, diagnoses, treatment, counseling, and rehabilitation. FAP also coordinates follow-up care in any additional services warranted for the victims of abuse, offenders and their families.

Joint Behavioral Health Services (JBHS) provides outpatient mental health care and tele-psychiatry services from Fort Jackson to the Dorn VA, and Shaw Air Force Base in addition to Fort Eisenhower in Augusta, Georgia. The services include psychopharmacology, supportive cognitive behavioral insight oriented and group counseling, in addition to in-depth psychiatric assessments and psychological testing.

The Comprehensive Behavioral Health Services (CBHS) tries to bridge the gap across service lines and specialties, facilitating utilization of specialized programs and enhancing the department's patient centered approach to medical care. CBHS service line consists of: 1.Case Management, coordinating and facilitating services and interdisciplinary communication for active duty soldiers and their families. 2. Victory Care Clinic (VCC), which provides in-depth service for active duty soldiers for suspicion of a traumatic brain injury. 3. Re-engineering Systems of the Primary Treatment of Depression and PTSD in the Military (RESPECT-MIL), which allows soldiers to receive evidenced based treatments for depression and/or PTSD in partnership with their primary care provider. 4. Tobacco Cessation, utilizing the evidence based "Quit Smart" Program, combining psychotherapy and medication management to allow participants to break free from nicotine. 5. Tele-Behavioral Health provides patients with easy access to providers and services not otherwise conveniently located through the use of secure video teleconferencing. 6. Inpatient Mental Health Service provides acute care services to active duty service members assigned to or who are in training at Fort Jackson. 7. Combat Stress & Addiction Recovery Program (CSARP) is a unique residential treatment program aimed at providing intensive treatment for soldiers dealing with post deployment issues with or without addiction problems.

The Army is also concerned with the health and welfare of its' providers and has available the Care Provider Support Program (CPSP), which provides ongoing efforts to avoid fatigue and burnout and promote resiliency.

On the base as well, is the Army Substance Abuse Program (ASAP), which provides services to all active duty members stationed at Fort Jackson and surrounding area. Access to the program is through self, command, legal, and or medical referral. This program also coordinates care with DBH providers.

The US Army is committed to maintaining a strong professional workforce with readiness to meet the demands of the nation. By you knowing your neighbor you can also provide support and understanding of the mental health services provided at Fort Jackson. As they say at Fort Jackson "Serving to Heal…Honored to Serve"

All the very best to each of you,
David Hodson

Chapters

Community Public Health Chapter

Susan Clark, RN, MN

Susan Clark

The C/PH Chapter had one meeting via e-mail in February 2013 with 11 members participating. The vacated Vice-Chair position was filled by Michelle Myer for the remaining year of a two-year term. Planning for a workshop to be presented at the 2013 SCNA Convention in October was begun with suggestions that the IOM Report and impact of the Affordable Care Act be considered. Ultimately this topic was chosen to be presented at a general session by Peggy Hewett, Chair of One Voice One Plan. The Chair worked with SCNA staff to identify another speaker for the C/PH Chapter session. Dr. Emillo Perez-Jorge, Lexington Infectious Diseases will present a lecture on Infection Control, Occupational Exposures and Emerging Infections on October 11th .

The Chapter provided a representative on the Convention Planning Committee and the Nominations Committee. It has been very difficult to recruit members to run for our upcoming vacant Chapter offices. Another late request was mailed out to all Chapter members. At the time of this report we have a new write-in candidate for Secretary/Treasurer and the current Vice Chair is willing to continue to serve in this position since we do not have a candidate for this office. It is very difficult to find members who have the time to devote to active roles in the Chapter. We had to cancel meeting in June due to lack of participation by the majority of the Chapter's officers. The Chapter will plan to meet prior to or at the Convention to make future plans for the Chapter.

News from the Nurse Educator Chapter

Brian Conner, PhD, RN, CNE

Brian Conner

Greetings from the Nurse Educator Chapter. For those of us in academia, the fall semester is well underway, while those of you in clinical sites are likely very busy as usual...there is rarely a break in nursing, education, or health care. We continue to have new members joining our chapter this year and we offer a hearty welcome to all! I sincerely hope to see many of you at the 2013 SCNA Biennial State Convention October 10-12 in Columbia. What a great opportunity for us to meet, network, share ideas, ask each other questions, and develop some collaborative relationships.

During the convention, we will have two breakout sessions specifically for nurse educators as well as anyone else interested in our topics. On Thursday morning (10/10) from 8:30-10 am we will feature "Flipping the Classroom: An Alternative to the Classic Lecture." This will be a reprise of the session we held in our May workshop with a couple of new twists. We intend for this to be an interactive session and hope to have some rich discussion about innovative teaching/learning strategies. On Friday afternoon (10/11) from 3:30-5pm we will feature "Igniting the Classroom: Strategies for Improving Learner Outcomes." Again, this workshop will include some of what was presented in May but with several new twists. This one is also intended to be highly interactive and we hope to have a great turn out.

Beyond the convention, I encourage you to access our Google Groups list serve and use it as a place to post questions, offer answers, or just begin a discussion. It is easy to access and is free. Just go to Google, search for Google Groups, then search for SCNA Nurse Educator Chapter. Here is the URL: https://groups.google.com/d/forum/scna-nurseeducator-chapter

I continue to strive for building relationships and connections among our chapter members throughout the state. We all have so much in common and much to offer each other. I also look forward to continuing to work with everyone associated with SCNA. Please don't hesitate to contact me with questions, ideas, or just to chat @ bconner1955@gmail.com

Children and Backpack Safety

by Mikki Chullino, Staff
National Safety Council, Nebraska
Permission to reprint was granted by the Nebraska Nurses Association

Backpacks can be a pain in the neck… back, and shoulders, but by doing your homework you can spare your child a few aches and pains. An improperly sized or poorly packed backpack can cause muscle strain, pain, or loss of blood circulation.

According to the U.S. Consumer Product Safety Commission, in 2010 nearly 28,000 strains, sprains, dislocations, and fractures from backpacks were treated in hospital emergency rooms, physicians' offices, and clinics.

Follow these two quick lessons to make back to school back pain free for your child.

Lesson 1: Fitting a backpack

Select a backpack with two wide, padded shoulder straps to help distribute weight evenly over your child's shoulders and back. Don't allow your child to wear a heavy backpack slung over one shoulder. This uneven weight distribution may lead to pain and tingling in the neck, arms, and hands.

According to the American Occupational Therapy Association (AOTA), the bottom of your child's backpack should rest in the curve of the lower back. It should never rest more than four inches below the child's waistline. A pack that hangs loosely from the back can pull the child backwards and strain muscles. Adjust the shoulder straps so that the pack fits snugly on the child's back between the base of the neck and the lower back.

Select a backpack made of durable but lightweight fabric. Leather or trendy embellishments may look great but can add unnecessary weight to the pack. By reducing the weight of the pack you will decrease the stress put on your child's muscles from carrying a heavy load.

Lesson 2: How to Pack a Backpack

To pack a backpack, arrange the items from heaviest to lightest. Pack the heaviest items closest to your child's back. Make sure that any sharp or pointy objects are away from the body. Arrange the items so they will not slide around in the backpack. Using pockets and side compartments can help distribute weight and keep smaller items from shifting.

The AOTA recommends that a backpack weigh no more than about 10% of child's body weight. This means a student weighing 100 pounds should not wear a backpack heavier than about 10-pounds.

Schedule a weekly time to sit down with your child and clean out any unneeded items from the backpack. Carrying only needed items will cut down on the weight of the pack. Remember, a properly loaded backpack can go a long way to reduce injury.

Do not wait for your child to complain of sore muscles, pain or numbness. If you see red marks on your child's shoulders or a change in posture while wearing the backpack, take action to lighten the unhealthy load.

September 19 is AOTA's National School Backpack Awareness Day. Visit www.aota.org for more information on Backpack Awareness Day activities.

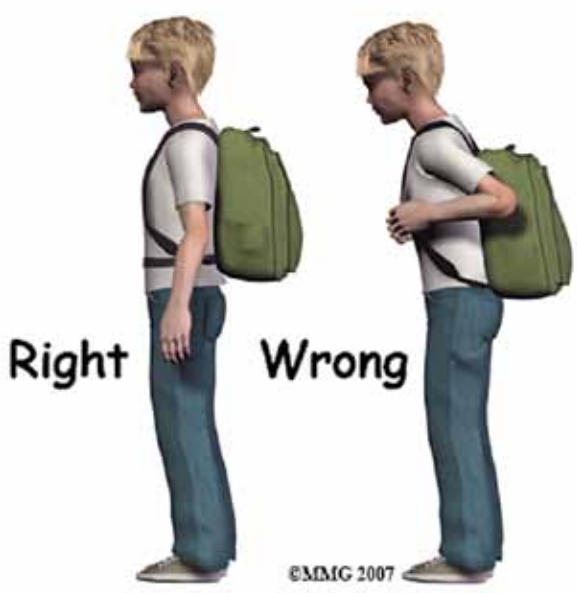


Photo came from this website
http://www.totalperformancept.com/blog/2012/09/05/back-pack-safety/

The South Carolina Coalition on Disruptive Behavior

Have We Conquered Lateral Violence?

Martha Griffin's much cited article, *Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses* – published in 2004 – states that the concept of lateral violence had been discussed in nursing literature for the previous two decades. Now fast forward another decade to the second half of 2013. Over those ten years awareness has grown significantly and programs have been developed to help organizations address such incidences. But, unfortunately, the issue still threatens outcomes for both patients and employees every day.

In 2009 the Joint Commission (TJC) released a standard that requires more than 20,000 accredited health care organizations to create a code of conduct that defines acceptable and unacceptable behaviors. TJC went so far as to name rude language and hostile behavior as "behaviors that undermine a culture of safety."

Furthermore, research efforts around these behaviors have increased dramatically. Kathleen Bartholomew, a lateral violence pioneer and author of the book, *Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other*, remembers that she found less than 200 articles that mentioned lateral or horizontal violence when she first began researching this topic some twelve years ago. Now a quick Google search on "lateral violence" returns more than 600,000 entries.

South Carolina – A Leader

We are excited to report that the South Carolina nursing community is on the forefront of the movement to eliminate disruptive behaviors. Thanks to the efforts of a small group of nursing activists, in 2008 the SC Lateral Violence Task Force was organized. Recently, the name of the group was changed to the "The S.C. Coalition on Disruptive Behavior" (the Coalition) to reflect the broader and more generally accepted definition provided by the Joint Commission.

However, the Coalition's mission and vision remain unchanged – "To equip SC nurses to take a leading role within the healthcare team to achieve a positive workplace environment" and "To create a culture of respect and caring free of disruptive behavior for SC nurses," respectively.

To obtain these goals, the Coalition has engaged in many activities over the past five years, including holding state-wide workshops that included nationally recognized speakers. In addition, the coalition has supported the integration of disruptive behavior training into curricula at nursing schools across the state by providing materials and advice when requested. Also, during this time, members have assembled a vast library of research and training guidelines that is housed under Nursing Resources on the SCNA website for any nurse to use in professional development or during a crisis situation.

The word has spread. Recently, the Nevada Nursing Association reached out to the Coalition for advice and resources as that organization is developing a similar group to serve nurses in that state. Members of the coalition have been acting as "mentors" to support this effort.

None of the Coalition's successful work on behalf of nurses in SC could have been accomplished without the support of a number of organizations. The SC Nurses Association, Upstate AHEC and the USC College of Nursing's Center for Nursing Leadership were all committed from the beginning. Also, healthcare organizations across the state have generously made it possible for their employees to participate on the Coalition and to serve on various committees as needed. In addition, these organizations have sponsored workshops and sent attendees to represent them, assuring knowledge would be taken back to their respective workplaces.

"Using Upstate AHEC's lateral violence training developed with a grant from HRSA as a springboard, Greenville Health Systems has expanded the program over the past five years to increase awareness, advocacy and action around eliminating and preventing disruptive behaviors for all staff members," said Bobbie Rhodes, RN, MS, BSN, Organization Development Consultant with GHS and co-vice chair of the Coalition. "Our organization applauds and fully supports the thought leadership the SC Coalition on Disruptive Behavior brings to the SC Healthcare community."

"The support of the coalition has been valuable," said Sherry Church RN-BC, MSN, MBA, Director Professional Development, Trident Health. "Leading our team members to understand the disruption and ultimate destruction of lateral violence behaviors is a critical initiative at Trident Health."

Upcoming Activities

Over the past year, the Coalition has stepped up its efforts, adding new members from different roles and backgrounds to a gain a broader view across all areas of nursing. In an effort to determine the future needs of the community, the group is conducting a survey of healthcare educators, both in hospitals and in schools of nursing, to determine how prevalent acts of disruptive behavior are in today's institutions and to better understand the resources available to organizations to address incidences of disruptive behavior. Development plans for future community-wide activities will commence once this information is analyzed.

As you can see from the list below, each Coalition member brings a valued perspective based on their unique experiences to this work. We are looking for additional members willing to roll-up their sleeves and help us with this critical effort. If interested in joining the SC Coalition on Disruptive Behaviors, please contact Peggy Dulaney (pdulaney@bellsouth.net) for more information about meetings and responsibilities.

Name	Organization	Title	Professional Area of Focus
Peggy Dulaney, MSN, RN *Chair*	SCNA	Consultant	Nursing Education; Psychiatric-Mental Health Nursing; Organizational Development
Bobbie Rhodes, RN, MS, BSN *Co-Chair*	Greenville Health System	Organization Development Consultant	Professional Development
Ros Squirewell, RN, BSN, MHA *Co-Chair*	Palmetto Health	Nursing Education Specialist	Nursing Education / Professional Development
Glenda Sims, Phd, RN *Associate Degree Nursing Representative*	Fortis College – Columbia	Dean of Nursing	Nursing Education
Currently Vacant *Baccalaureate Nursing Degree Representative*			
Rebecca Morrison, APRN, MSN, FNP-BC *DHEC Representative*	SC DHEC	Nurse Practitioner/ Nurse Consultant	Division of Immunizations
Lauren Bailey *Student Nurse Representative*	SCNA-SC	Student	
Deborah Cox, MBA, MSCM, MT(ASCP)	CoMass Group	Principal	Healthcare Consulting and Training, including Communications, Civility, Disruptive Behaviors, Conflict Management
Dianne Jacobs, MSN, RN	CoMass Group	Principal	Healthcare Consulting and Training, including Communications, Civility, Disruptive Behaviors
Pam Shealy, RN, MEd MS	Palmetto Health Baptist Hospital	ED Nurse	Professional Development
Peggy Sommers, MSN, RN-BC, ONC	Trident Health	Staff Development	Nursing Education/ Professional Development
Jennifer Walker, RN, MSN, CNS	Upstate AHEC	Director of Distance Learning	Nursing Education
Karen Stanley, PHMCNS-BC, RN	Medical University of SC – Retired	Consultant	Psychiatric-Mental Health Nursing
Cindy Wyatt, MSN, RN	Medical University of SC	Staff Nurse	Nursing Ethics

The South Carolina Coalition on Disruptive Behavior

Measuring Communication Competency

The Next Step in Addressing Disruptive Behavior

In June 2008, the Joint Commission issued a Sentinel Event Alert describing "behaviors that undermine a culture of safety." At the heart of this directive was the Commission's conclusion that **communication** is the leading root cause of sentinel events in all categories of healthcare errors.

In the years leading up to this Alert, the nursing profession had begun to shine a "spotlight" on disruptive behaviors caused by poor or inappropriate communication skills. Referred to as lateral or horizontal violence, this issue had plagued the profession for years, but works by academics and experienced nursing professionals such as Martha Griffin and Kathleen Bartholomew, *Teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses. Journal of Continuing Education in Nursing* (2004)[1] and *Ending Nurse to Nurse Hostility: Why Nurses Eat Their Young and Each Other* (2006),[2] respectively, were finally beginning to raise awareness of how pervasive the problem had become.

But despite increased research and explicit regulations, the behaviors continue today. In a 2013 study in the *Journal of Nursing Scholarship,*[3] researchers led by Dr. Wendy Budin of New York University, concluded that the issue is pervasive and that there is a great need to develop interventions to deal with the problems inherent with verbal abuse in the nursing profession.

So why is this such a tough problem to solve? As with most challenges, it is complicated.

First, there is the general assumption that because staff members are adults, they have learned proper communication skills as part of "life lessons" and don't need to be trained to "talk." The reality is that most have basic communication skills that work in normal, everyday situations. But, add tension, stress and conflict – a typical environment in any healthcare organization – compounded by personality traits, family modeling and conflict management styles unique to each individual, and conversations can easily go off track at the first exchange of words.

Second, communication skills are considered "soft skills", thus not as important as technical clinical skills and lower priority for budget dollar commitment. Further complicating this issue is the fact that no one can actually observe himself/herself in the act of speaking to others. Thus, without awareness and training, non-verbal communications such as body language and tone can add to an ineffective communication style.

What do we do? The ideal is to create a culture of civility and safety that supports individual and organizational success. To reach this goal, behavior has to change. To change behavior, awareness and acknowledgement of the problem must be the first steps, followed by a learning program that teaches new, acceptable behavior in a safe environment and gives each participant the support they need to set aside old habits.

As Management guru Stephen Covey concluded, *"We cannot think our way out of situations we have behaved our way into."* We need to "behave" our way to more effective communication skills. Research has shown that teaching a communication model "to pull out of your back pocket" to guide a difficult conversation is the best way to assure an effective approach is used throughout an organization.

To reach this goal, a communication model must be easy to remember and have a degree of flexibility so to adapt to the circumstances. An example of such a model is the DESC[4] where you **describe** your feelings, **express** your feelings or **explore** intent, **specify** what you want to happen and **state** the consequences. In S.C., many hospitals and nursing schools use this model thanks to Lateral Violence training developed by Upstate AHEC in 2007.

Once the basics of DESC, or any such model, is understood, practice becomes the key. Research has found that "adults retain 10 percent of what they read, 20 percent of what they hear, 30 percent of what they see, 50 percent of what they hear and see, 70 percent of what they say, and 80 percent of what they experience personally, 90 percent of what they say and do."[5]

Healthcare has taken this research to heart in regards to technical skills. During the past decade, schools and healthcare institutions have incorporated simulators based on leading-edge technology in their skills labs to give trainees a real world experience as they learn – without the risk of endangering a patient. Data captured during these sessions provides feedback to instructors to determine technical competency.

Now, thanks to the emergence of excellent, and cost-effective, video technology, competency in communication skills also can be determined.

Institutions can now videotape role-play assignments to observe trainees' communication capabilities. Also, during an instructional session using a mannequin simulator, an instructor can record an entire session and provide feedback as to the interpersonal communications used during technical practice. A review of the recording with a trainee provides clear evidence of communication strengths and highlights areas for improvement.

Trainees can use video to practice standard communication protocols such as SBAR or Hand-Offs. The video capability of Smartphones, which are pervasive in today's society, makes practicing privately by recording oneself with a phone's camera easy for most healthcare students and professionals.

For organizations interested in more focused communication training, an online video communications simulator could be employed. Such a software tool provides a safe practice environment for building "muscle memory" for critical communication protocols and also offers instant feedback regarding both verbal and non-verbal communication skills.

Online video communication simulators offer organizations a resource for measuring and demonstrating communication competency, including communication protocols, conflict management capability, and communication requirements of annual safety review process and Joint Commission preparation. Ensuring staff is competent in critical communication skills will prevent something as fundamental *as how we treat each other each day we come to work* from derailing the strategic initiatives vital to healthcare success.

Technology is one of the many reasons that "Nursing is at a Crossroads." We invite you to learn more about how emerging technology is helping to evolve interpersonal communications in today's working environment by attending the 2013 SCNA Biennial State Convention & 20th Annual APRN Fall Conference – October 10-12, 2013.

For more information: https://m360.scnurses.org/frontend/event.aspx?EventId=79055.

Resources

1 Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses. *Journal of Continuing Education in Nursing.* 35(6), 1-7.

2 Kathleen Bartholomew (2006). *Ending Nurse to Nurse Hostility: Why Nurses Eat There Young and Each Other* (HCPro-Book).

3 Verbal abuse from nurse colleagues and work environment of early career registered nurses, Wendy C. Budin RN-BC, PhD, FAAN1,*,Carol S. Brewer RN, PhD, FAAN2, Ying-Yu Chao RN, MS3, Christine Kovner RN, PhD, FAAN4 Journal of Nursing Scholarship,Vol45, Issue 2.

4 Bower, S,&,Bower G. (2004). *Asserting yourself: A practical guide to positive change.* MA: Da Capo Press.

5 Glaser, R. (1983, June). Education and Thinking: The Role of Knowledge. Technical Report No. PDS-6. Pittsburgh, PA: University of Pittsburgh, Learning and Development Center.

Authors

Deborah L. Cox

Deborah Cox

Deborah Cox is co-founder and principal of **CoMass Group LLC**. For more than 25 years, Deborah helped technology companies develop and leverage trusted relationships with key stakeholders, including the investment community, research firms and business and trade media. She has held global positions with both emerging-growth and established enterprise software vendors where she developed cross-functional business processes and trained executives and staff to leverage the power of market influencers through effective dialogue.

To further advance her understanding of relationships and inter-personal communications, in 2011 Deborah completed an M.S. in Conflict Management at Kennesaw State University. Her fieldwork and research focused on workplace conflict, both the underlying causes of internal and external conflicts as well as processes to manage and mitigate the negative impact of disruptive behaviors.

Deborah holds a chemistry degree from the College of Charleston, a certificate of Medical Technology (ASCP) from the Medical University of South Carolina and worked in both research and clinical chemistry for seven years early in her career. She subsequently completed an M.B.A. in Finance and holds a Chartered Financial Analyst certification.

Dianne M. Jacobs

Dianne Jacobs

Dianne Jacobs is co-founder and principal of **CoMass Group LLC**. She has worked in the healthcare field for almost 40 years. Dianne received her BSN from the Medical University of South Carolina and an MSN as a Clinical Nurse Specialist in Psychiatric/Mental Health Nursing from the University of Kentucky. Throughout her career, she has worked in mental health, women's health, nursing education, and continuing education.

While at Upstate Area Health Education Center (AHEC) – a part of the S.C. AHEC system – Dianne co-authored two HRSA-NEPR grants – serving as Program Coordinator for addressing cultural competency in nursing care of the Hispanic patient and Project Director for addressing lateral violence among nurses. Over 7,000 nurses were trained under these grants.

A three time cancer survivor and a nurse, Dianne has a unique perspective of the healing environment and how behavior impacts healing, as well as the culture of safety for any healthcare organization.

Do You Want to Serve Your Fellow Nurses?

Submitted by the PAPIN Steering Committee

The SCNA Peer Assistance Program in Nursing (PAPIN) offers weekly support groups for nurses in recovery from alcohol or drug addiction at eight locations around the state. The groups are led by nurses for nurses and there is no charge to the participants to attend. PAPIN also works to educate nurses and employers about addiction disease and recovery. We try to help nurses who are successful in their recovery to re-enter the workforce and once again share their knowledge and skills as professionals. Statistics show that 1 in 10 nurses have issues with substance use disorders. Think about your work group. There is probably someone with whom you work who needs help.

We would like to offer you an opportunity to help by joining the PAPIN steering committee. The steering committee is responsible for conducting annual training events for the group leaders. The committee also develops ways to educate nurses in SC about addiction disease. One subcommittee is responsible for writing articles for the SC Nurse. We also have to stay in touch with the group leaders and do initial training of new leaders as turnover naturally occurs. The Steering Committee meets approximately quarterly, but some meetings are by conference call and there is always the option to participate that way.

If you are interested in learning more about being a member of the PAPIN Steering Committee, all you have to do is go to the SCNA website, www.scnurses.org and click on Membership Information, then on that page, look for the right column and print a "Consent to Participate" form. As a member of SCNA, you can contribute to the work of PAPIN and help your fellow nurses.

Also plan to join us at the SCNA Convention in October. On Saturday, Oct. 12th the PAPIN Steering Committee will present a workshop demonstrating how to utilize the resources in our recently published "Impaired Nurse Toolkit." The program is titled, "It's 3AM, what do I do? Dealing with issues of impaired nursing practice." Members of the Steering Committee will be present and available to answer questions about the work of PAPIN and how you might participate.

Advocacy Fund Created

The SCNA Board of Directors has created the SCNA ADVOCACY FUND to assist in supporting the advocacy work already done by the SCNA on behalf of the profession of nursing. This fund will assist in covering the costs of the advocacy work done by SCNA. These costs have been increasing as opportunities for action have also increased. These opportunities are in all areas of nursing practice. The Fund was unveiled during the SCNA APRN Chapter's workshop recently held in Spartanburg, South Carolina. The attendees were most generous in getting the Fund off to a good beginning.

All members of the SCNA Board of Directors have also been asked to contribute in addition to all the volunteer time that they provide for advocacy on behalf of the nursing profession. SCNA Chapter members will also be challenged to participate in this exciting effort.

The Advocacy Fund will augment the SCNA budgeted amounts that are needed for a variety of costs related to advocacy. Contributions may be made by anyone to SCNA. The Fund is not a tax-deductible item for individuals due to the fact that it will be used for advocacy and lobbying. Donations may be made using the information found on the SCNA WEB site or by using the form accompanying this article. Donations may be made by check or by credit card.

Join your peers as they work to ensure that nursing will be a forward moving profession!

Yes, I want to assist the SCNA in its work to move the practice of nursing forward.

Donor Name:_____ SCNA Member ___Yes ___No

Donor Address:_____ Member of _____Chapter

City, State, Zip: _____

Email Address: _____

Contributions can be made by check (made out to SC Nurses Association marked Advocacy Fund) or credit card with this form or online from

Credit Card Billing Address: _____

City, State, Zip: _____

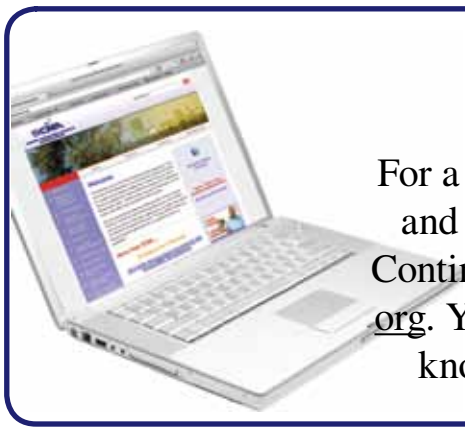
Credit Card Number: _____ Expiration Date: _____

Credit Card CVV Security Number: _____

Authorized Signature:_____

Contributions of: ____$50.00 _____$100.00 _____ $500.00 _____ Other Amount

Mail form and payment to **SCNA, 1821 Gadsden Street, Columbia, SC 29201**



CEAC Update

For a complete list of Approved Three Year Providers and Approved Individual Activities please visit our Continuing Nursing Education page on www.scnurses.org. You will also find all the information you need to know about how the SCNA CNE process works.

Nurses Care Walk

The South Carolina Nurses Foundation (SCNF) is back with fifth annual Nurses Care Walk. The event, which raises money for nursing scholarships, is scheduled for 9 a.m. on Saturday, Nov 2. at Riverfront Park in Columbia and James Island County Park in Charleston.

Proceeds from the walk will facilitate the SCNF's major goal, improving the healthcare of all South Carolina citizens by advancing the profession of nursing in the state. In 2013, the SCNF has awarded over $48, 000 to undergraduate and graduate nursing students in the South Carolina via the Nurses Care and Palmetto Gold scholarship programs. Now, we challenge nurses and across the state to support the 2013 Nurses Care Walk through sponsorship and participation.

Pre-event registration forms and information regarding levels of sponsorship are available online at www.scnursesfoundation.org. Donations and sponsorship forms must be received by Sept. 27 for inclusion on publication materials.

Onsite registration will be available the day of the event beginning at 9 a.m.

Be sure to visit the SCNF's Facebook page (Facebook.com/SCNursesFoundation) and follow us on Twitter at @SCNurses. There you'll find the latest news about the 2013 Nurses Care Walk and cool contests.

Bring your colleagues, family and friends to celebrate and facilitate the advancement of the nursing profession in our state. Remember: *Those who care not only talk the talk, they walk the walk … Walk like a Nurse!*

South Carolina Nurses Association

You Were Represented

May 2013-August 2013

Meetings of the Coalition for Access to Health Care

ANA Board and Policy Calls

ANA Membership Assembly

One Voice One Plan meetings

Advisory Committee on Nursing of the State Board of Nursing

Advanced Practice Committee of the State Board of Nursing

State Board of Nursing meeting

Meeting of the Medical Affairs Committee of the SC Senate

Special Meeting called by Representative James Clyburn to discuss implementation of the Affordable Care Act in South Carolina

Special meeting to work with several Georgia hospitals about transferring their CNE programs to SCNA

Conference Calls and other Board of Directors activities

Update on SCNA Board Meetings

Board of Directors Holds meeting on June 13, 2013

Among the actions of the June 13, 2013 meeting of the SCNA Board of Directors: Information was shared about the newly renegotiated loan for the SCNA Building. A rate decrease for the interest was received during this process.

The Board approved a donation of $500.00 to the Oklahoma Nurses Foundation Tornado Relief Fund.

The Board approved a motion to participate at the level of $750.00 to the One Voice One Plan Coalition, pending the receipt of a grant from RWF for the project.

The Board was asked to circulate a request for members of the Palmetto Gold Steering Committee

The Board approved the presentation of the updated Strategic Plan for SCNA

The Board approved an updated and amended description for the Continuing Education Approver Committee

The Board approved the motion to accept the Continuing Education Provider Committee description as it currently is

The Board approved a motion to amend the description of the Legislative Committee

The Board received information about the Bylaw proposals that will be presented to the Annual Meeting

August Board Meeting Postponed

The August 16, 2013 meeting of the SCNA Board of Directors was postponed until October 4, 2013.

A description of actions from this Board meeting will be in the next January issue of the SC Nurse with all of the actions of the SCNA Annual Meeting.

Calling All SCNA Members

SCNA is hoping that all members will be in touch with the office by email: Rosie@scnurses.org to share with us your **HOME** email address. We are most interested in having this address instead of your "work" address in order to be certain to protect you and the flow of information to you. We are aware that many of our members are employed in organizations that would prefer that their employees do not use valuable work time for personal business, so having your home address will be a great idea for both you and SCNA. THANK YOU!

New SCNA Opportunity for Members

The SCNA Board of Directors reviews each aspect of the organization every two years to be sure that we are as up to date as possible with opportunities for SCNA members to participate in the life of the organization.

Recently it was time to review the work of the Legislative Committee. During the review, it was decided to make the following adjustments to the legislative activities of SCNA:

1. Each Chapter will be responsible for providing a member to serve on the Legislative Committee
2. These Chapter Representatives will assist in sharing information with their chapters.
3. There is also a new opportunity for ALL SCNA members to become a partner in the advocacy work done by SCNA: The Legislative Support Team. This Team is open to any and all SCNA members who would be interested in assisting with the advocacy work of SCNA. All we need is your HOME email address, Sent to Rosie@scnurses.org ,so that we can forward ACTION ALERTS to you as they are needed during the General Assembly Sessions. Each Action ALERT will come with background information about the ALERT, a suggested list of those members of the General Assembly who should receive information from the Team members and a suggested message to be sent. Legislative Support Team members will also be included in any and all reports that SCNA receives each week from the Lobby firm hired by SCNA for each session. There is no charge to the member to participate in these activities.

JOIN THE SCNA LEGISLATIVE SUPPORT TEAMS TODAY!

SCNA Notice of Automatic Dues Change

At the SCNA Annual Meeting in September 2012, a change was made to the SCNA Bylaws section concerning dues. This change permits an automatic dues increase which does not require a vote by the Annual Meeting. It is based on the Consumer Price Index- Urban (CPI-U) for each of three years, but, never to exceed 2% per annum. The timing for the increase will coincide with the ANA increase every three years.

2014 is the year for this increase. SCNA's Bylaws require a notice to members of a change in dues sixty (60) days before the Annual SCNA Membership meeting. That notice was mailed to all member of record on August 1, 2013. The total amount of increase for SCNA will be $7.00 for Full ANA/SCNA Members and SCNA Only Members. The ANA increase will be $8.00 for Full ANA/SCNA Members and ANA only members. The highest full total increase will be $15.00. The highest full total increase for ANA and SCNA will total $1.25 per month. This increase will begin January 1, 2014. Members paying on a monthly basis will also incur a serve fee, as is usual, for this service. Please see chart below for actual costs.

New 2014 Rates

Dues Paid Annually at one time	Dues Paid Monthly (includes $.50 per month service fee charged by ANA)
Full ANA/SCNA **$283.00**	Full ANA/SCNA **$24.09**
50% ANA/SCNA **$141.50**	50% ANA/SCNA **$12.29**
25% ANA/SCNA **$70.75**	25% ANA/SCNA **$6.39**
SCNA Only **$187.00**	SCNA Only **$16.08**
ANA Only **$191.00**	ANA Only **$16.42**

Note if you pay your annual amount of dues for the next year before December 31, 2013 you will pay the 2013 Dues Rates.

If you have any questions please contact Judith Thompson at judith@scnurses.org or 803-252-4781

Thank you for your membership.

October - December 2013 SCNA Calendar

October 4, 2013	**OFFICERS NOTIFIED OF ELECTION RESULTS**
October 9 - October 12	**SCNA BIENNIAL STATE CONVENTION/APRN CONFERENCE**
October 11, 2013	**ANNUAL MEETINGS OF ALL SCNA CHAPTERS**
October 11, 2013	**ANNUAL MEMBERSHIP MEETING OF SCNA**
October 11, 2013	**ANNUAL MEETING OF THE SCNA BOARD**
October 27, 2013	**ELECTION CHALLENGE DEADLINE**
November 18, 2013	**JANUARY-MARCH 2014 *SC NURSE*:**
November 20, 2013	for programs January 10th or later **CE APPROVER COMMITTEE SUBMISSION DEADLINE DATE**

For a full calendar see www.scnurses.org

Member News

New and Returning SCNA/ANA Members

As of May 28, 2013 – August 26, 2013

Christy Adams	Simpsonville, SC
Priscilla Adams	Conway, SC
Mary Justice Aguirre	North Myrtle Beach, SC
Veronica Anderson	Harleyville, SC
Jessica Bailey	Spartanburg, SC
Andrietta Barnett	Green Pond, SC
Melanie Barr	Myrtle Beach, SC
Krystal Boggess	Williamston, SC
Sandra Bremner	Aynor, SC
Erek Brennan	Orangeburg, SC
Rose Brown	Myrtle Beach, SC
Elizabeth Brown	Charleston, SC
Algie Bryant	Columbia, SC
Myrtleen Campbell	Greenville, SC
Dorris Campbell-Elmore	Summerville, SC
Rebecca Cherrington	Mt. Pleasant, SC
Tina Coffey	Walhalla, SC
Jessica Cook	Simpsonville, SC
Jaime Cuff	Bluffton, SC
Lauren Dempsey	Greer, SC
Tammy Dorociak	Mt. Pleasant, SC
Michael Dumas	Charleston, SC
Diane Dupuis	Myrtle Beach, SC
Donald Eberhardt	Gilbert, SC
Kelly M. Gilmore	Charleston, SC
Daniel Gracie	Charleston, SC
Wendy Hatchell	Florence, SC
Monica Holbert	Columbia, SC
Catherine Howard	Fort Mill, SC
Paul Hubbard	Anderson, SC
Jerlene Jasper	Columbia, SC
Lauren Jaynes	Summerville, SC
Roberta Jennings	Spartanburg, SC
Julia Johnson	Hanahan, SC
Aimee Kendall	Tega Cay, SC
Bryan Kennedy	Anderson, SC
Barbara Kurent-Byrum	Daniel Island, SC
Joyce Lambert	Myrtle Beach, SC
Dianne Landis	Lake Worth, FL
Margaret Lee	Columbia, SC
Amanda Lloyd	Myrtle Beach, SC
Mary Virginia Lucas	North Charleston, SC
Jill Messenger	Simpsonville, SC
Ashley N. Miller	Elgin, SC
Tawanda Moses	Columbia, SC
Farahnaz Nafisy	Columbia, SC
Kitra Nichols	Columbia, SC
Nichole Nolan	Summerville, SC
Laura Odom	Prosperity, SC
Kimberly Owens	Mount Pleasant, SC
Lisa Phillippi	Fort Mill, SC
Deronda Pitcher	North Charleston, SC
Amanda Reynolds	Summerville, SC
Michele Rice	Aiken, SC
Rhonda Shaver	Aiken, SC
Veronica Smalheiser	Beaufort, SC
Mary Smith	Elgin, SC
Michael Sorrell	Manning, SC
Danielle Ward	Myrtle Beach, SC
Dayna Wilder	Georgetown, SC
Denise Williams	Rock Hill, SC
Tina Woodard	Ninety Six, SC

Members We Shall Miss

If your name appears on this list and you think it is error, please call the SCNA office at 803-252-4781.

May 28, 2013 – August 26, 2013

Sabrina Adams	Fayetteville, NC
Laura Becker	Mount Pleasant, SC
Donald Bodiker	Beaufort, SC
Deloris Brown	Cola, SC
Candace Burr	Camden, SC
Sarah Catterton	Greenwood, SC
Sherry Causey	Mullins, SC
Corene Cavanagh	Rock Hill, SC
Patricia Clowney	Woodruff, SC
Kay Coleman	N. Charleston, SC
Rachel Collins	Myrtle Beach, SC
Beverly Collins	Aiken, SC
Sonya Cothran-Pate	Greenville, SC
Dorwoah Counts	Columbia, SC
M. Jerdone Davis	Seneca, SC
Bridget Denzik	Charleston, SC
E. Erkes	Greenville, SC
Amanda Forbus	Mount Pleasant, SC
Keri Frazier	Easley, SC
Robin Gadd	Greenville, SC
Angela Garcia	Moncks Corner, SC
Amanda Gouge	Summerville, SC
Marion Griffin	Spartanburg, SC
Jessica Hairston	Greer, SC
Marlena Hamm	Ladson, SC
Carmen Harvey	Barnwell, SC
Mary Haselden	Greenville, SC
Carrie Henderson	Seneca, SC
Ann Henry	Blacksburg, SC
Jessa Hollingsworth	Barnwell, SC
Carla Holmes	Anderson, SC
Caitlin Horak	Mount Pleasant, SC
Therese Houndt-Dalberg	Beaufort, SC
Tabitha Hyatt	APO, AP
Carolyn Jenkins	Beaufort, SC
Katherine Jones	Goose Creek, SC
Shawn Jones	Myrtle Beach, SC
Latonya Lay	Bluffton, SC
Shelley Lemerande	North Charleston, SC
Grace Lott	Greenville, SC
Colleen Lyons	N. Charleston, SC
Donna Marcengill	Westminster, SC
Julia McConnell	Black Mountain, NC
Jennifer Mitchell	Charleston, SC
Crystal Nelson	Rock Hill, SC
Susan Nitto	Greenville, SC
Tonya Nwankwo	Liberty, SC
Kerry Reuland	Rock Hill, SC
Elona Rhame	Irmo, SC
Jessica Rice	Gray Court, SC
Madeline Riley	Mount Pleasant, SC
Melissa Runion	Lexington, SC
Elizabeth Seal	Swansea, SC
Linda Shenton	Rock Hill, SC
Kathleen Singh	Katy TX
Amy Smith	Myrtle Beach, SC
Theresa Stephens	Dorchester, SC
Trudy Stowell	New Ellenton, SC
Jamie Stufflebeam	Summerville, SC
Venice Coleen Tamban	Beaufort, SC
Paula Thomas	Taylors, SC
James Uregen	El Paso, TX
Tammy Ward	Galivants Ferry, SC
Lauren Watson	Columbia, SC
Jennifer Watts	Fountain Inn, SC
Roxann Weldon	Greenville, SC
Amy Wilson	Greenville, SC
Linda Woodfin-Hightower	Landrum, SC

Members In The News

Thanks to **Aimee Kendall; Elizabeth Sheridan; Laurie Brown; Margaret Conway-Orgel; Mary Creed; Nichole Miller; Sandra Dingler;** and **Stanley Harris** for volunteering to serve on the ANA Nurse Fatigue Advisory Panel. Congratulations and SCNA looks forward to the report from your work.

New SCNA-Only Members

As of May 28, 2013 – August 26, 2013

Veronica Hinkle — Hodges, SC

Recruit a New Member – Get a Check for $25.00

A new way to recruit members is underway at SCNA. A true, tangible reward for members recruiting members.

It couldn't be simpler: Ask you colleagues to join online and put your name on the "referred by" section of the application. That's it! When the new member joins SCNA will send you a check for $25.00 as a thank you for spreading the word about how great Full Membership in SCNA/ANA or SCNA only is.

Do it today – there is **no** repeat **no** limit to the number of $25.00 checks you can earn!

Do we have your correct mailing address? Mail to the following members is being returned to ANA as undeliverable. Please contact our office to update your mailing address.

Diane Budnick	Samantha Esparza
Mary Fischer	Gail Ford
Darlene Graham	Glenda Grones
Sandra Hale	Michael Huggins
Daria Jeffers	Catherine Kirton
Denise Raney	Brandy Strauss
Thais Thomas	Holisa Wharton
Virginia Williams	

Members

APPLICATION FOR MEMBERSHIP IN **SOUTH CAROLINA NURSES ASSOCIATION**, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION * as of January 2013

Last Name/First Name/Middle Initial

Basic School of Nursing

Street or PO Box

Home Phone

Graduation: Month and Year

City, State and Zip Code

Work Phone

RN License Number

Employer Name

Fax

State Licensed in

E-mail address

Date of Original Licensure

MEMBERSHIP DUES INFORMATION
Membership Type (Check One)

Full SCNA/ANA Membership Dues ($268.00)
- ☐ Full time employed
- ☐ Part time employed

Reduced SCNA/ANA Membership Dues ($134.00)
- ☐ RNs not employed
- ☐ RNs in full time study until graduation
- ☐ Graduates of basic nursing programs for a first year of membership within 6 months following graduation;
- ☐ RNs 66 years of age or older who are not earning more than social security allows without a loss of social security payments

Special SCNA/ANA Membership Dues ($67.00)
- ☐ 66 years of age or over and not employed;
- ☐ Totally disabled
- ☐ Past NSNA/SNA-SC Members for a first year of membership if membership is initiated within 6 months of licensure
  NSNA/SNA Member #:_____
  Date of Original Licensure:_____

SCNA State-Only Membership
☐ **($180.00)**

ANA-Only Membership
☐ **($183.00)**

PAYMENT INFORMATION
Please check for choice of payment

Annual Payment
- ☐ **By Check**
- ☐ **By Credit Card**
- ☐ **By Annual Credit Card Payment**

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize ANA to charge the credit card listed for the annual dues on or after the 1st day of the month when the annual renewal is due.

Automatic Annual Credit Card Payment Authorization Signature

[redacted]

METHOD OF PAYMENT

☐ **Visa** ☐ **MasterCard** ☐ **Check payable to ANA**

Amount To Charge ☐☐☐☐.☐☐

Expiration Date ☐☐/☐☐

Account # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Holder's Name (as it appears on card)

Card Holder's Signature Date

Monthly Payment
***E-Pay (Monthly Electronic Payment)**

☐ **Checking:**
Please enclose a check for the first month's payment of $22.83-SCNA/ANA Full, $11.67-SCNA/ANA Reduced, $6.09-SCNA/ANA Special, SCNA State-Only $15.50, or ANA-Only $15.75 which will be drafted on or after the 15th day of each month using the account designated by the enclosed check. An annual service fee is included in the monthly payments.

☐ **Credit Card:**
Please complete the credit card information and enter the monthly amount as stated above. This credit card will be debited on or after the 1st of each month. An annual service fee is included in the monthly payments.

Monthly Electronic Deduction Authorization Signature

*By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5.00 fee for any returned drafts or charge backs.

Mail application to: South Carolina Nurses Association; 1821 Gadsden Street, Columbia, SC 29201

1/2013

MEMBER INFORMATION

Return To: SCNA, 1821 Gadsden Street, Columbia, South Carolina, 29201

NAME: _____

CURRENT TITLE: _____ CREDENTIALS: _____

RN LICENSE #: _____ US CONGRESS DISTRICT: ____

GENDER: ____ ETHNICITY: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: ____ ZIPCODE: _____

HOME PHONE: _____ CELL: _____

HOME EMAIL: _____

EMPLOYER _____

PRACTICE AREA: _____

WORK ADDRESS: _____

CITY: _____ STATE: ____ ZIPCODE: _____

WORK PHONE: _____ FAX: _____

WORK EMAIL: _____

EDUCATION: (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D, Other Masters _____Other Doctorate_____

GRADUATION YEAR: _____ SNA-SC NUMBER: _____

LIST ANY PAST SCNA ACTIVITIES:

LIST ANY PAST CHAPTER ACTIVITIES:

ODD YEAR OFFICERS TO BE ELECTED
- ____ Secretary
- ____ Commission Chair- Public Policy/Legislation
- ____ Commission Chair-Workforce Advocacy

EVEN YEAR OFFICERS TO BE ELECTED
- ____ President-Elect
- ____ Treasurer
- ____ Commission Chair-SCNA Chapters
- ____ Director Seat 1
- ____ Director Seat 4
- ____ SCNA Nomination Committee

COMMITTEES APPOINTED BY THE BOD
- ____ Finance Committee

COMMISSION ON PUBLIC POLICY/LEGISLATION
- _____ Legislative Support Team

COMMISSION ON PROFESSIONAL ADVOCACY AND DEVELOPMENT
- _____ Continuing Education Approver Committee
- _____ Continuing Education Provider Committee
- _____ Peer Assistance Program Committee

COMMISSION ON CHAPTERS
- _____ Advanced Practice Registered Nurse Chapter
- _____ Community and Public Health Chapter
- _____ Edisto (Clarendon, Calhoun, Orangeburg, and Bamberg Counties)
- _____ Nurse Educator Chapter
- _____ Piedmont (Spartanburg, Cherokee, Union, and York Counties)
- _____ Psychiatric/Mental Health Chapter
- _____ Women and Children's Health Chapter

CONSENT TO PARTICIPATE

I would like to be an active member of the following structural unit(s) above. Please number in order of preference if more than one unit is checked as an area of practice. I understand that all chapters are open to membership, and all committees are either appointed or elected as per the SCNA bylaws.

IF APPOINTED, I CONSENT-TO-PARTICIPATE ON ANY OF THE COMMITTEES/CHAPTERS INDICATED ABOVE. I REALIZE MY CONSENT INCLUDED THE OBLIGATION TO ATTEND THE MEETINGS AND PARTICIPATE ACTIVELY AS A COMMITTEE MEMBER.

SIGNATURE _____ DATE _____

AS OF 08-2013

American Nurses Association

ANA Holds Inaugural Membership Assembly

Meeting ushers in new strategic direction for Association

SILVER SPRING, MD –The American Nurses Association (ANA) held its inaugural Membership Assembly Friday, June 28 through Saturday, June 29 in Crystal City, Va. The Assembly brought together representatives from ANA's constituent and state nurses associations, Individual Membership Division, ANA Board of Directors and ANA's specialty nursing organizational affiliates to develop a framework for shaping the future of the Association and the nursing profession.

The Membership Assembly, ANA's new governing and policy-making body, replaced the previous governing body, the House of Delegates, which ANA members voted to dissolve in 2012.

Using the theme, "A Look into the Future: Advancing the Association; Advancing the Profession," representatives explored pressing nursing and health care issues as part of an environmental scan to better position ANA to anticipate trends that may impact the nursing profession. The environmental scan also laid the foundation for policies and positions to ensure a stronger nursing presence in the emerging health care delivery system.

Assembly representatives discussed the important and sometimes competing interests regarding access to care, care coordination, patient outcomes, and licensure issues. In terms of specific actions, they referred a licensure jurisdiction proposal back to the ANA Board of Directors. The board will further review licensure implications for nurses who provide technology-enabled care, including follow-up phone calls after patient discharge, across state lines.

Representatives also voted on bylaws, or governing amendments, which included approving a timeline for smoothly transitioning to a smaller board of directors. Additionally, representatives adopted a structure that acknowledges registered nurses who are full members of a constituent/state nurses association as holding concurrent membership in ANA.

Assembly attendees also welcomed two new state nurses associations from Illinois and New York and celebrated the Alabama State Nurses Association's centennial.

In advance of the Membership Assembly, on Thursday, June 27, hundreds of nurses met with federal legislators on Capitol Hill in Washington, D.C. as part of ANA's annual Lobby Day to advocate for critical nursing issues, including safe staffing and eliminating scope of practice barriers.

The Membership Assembly will continue to meet annually. In 2014, the Assembly will elect a new slate of officers. For more information, please visit www.nursingworld.org.

ANA is 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. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. Please visit www.nursingworld.org for more information.

SCNF 2013 Nurses Care Scholarship Recipients

GRADUATE RECIPIENTS

Name	Nursing School
1. Tracy George	MUSC
2. Samantha Radkin	MUSC
3. Susan Roos	American Sentinel University
4. Sarah Wilkes	USC
5. Erin Whittington	MUSC

UNDERGRADUATE RECIPIENTS

Name	Nursing School
1. Tammy Bagwell	Greenville Tech
2. Justin Chavis	USC-Columbia
3. Jacqueline Dickens	Clemson
4. Emily Eling	MUSC
5. Jacquelyn Green	Clemson
6. Alana Guziewicz	MUSC
7. Abigail Heney	Bob Jones University
8. Tyler Means	MUSC
9. Michael Occhipinti	MUSC
10. Pamela Sawyer	South University
11. Stephanie Lipscomb	USC-Upstate
12. Abigail Ausland	Bob Jones University
13. Candace Hensbee	Bob Jones University
14. Lisa Williams	OCtech
15. Christine Connelly	Newberry College

Affordable Care Act Information

Even though October 1, 2013 has come and passed, the information contained in this website may be very helpful to all nurses in South Carolina. This information was shared at a meeting hosted by Representative James Clyburn last August in Columbia at the South Carolina Hospital Association.

Please feel free to share the content with any and all of your friends and patients.

Healthcare.gov

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

Official Information

MISSION OF THE BOARD OF NURSING

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

BOARD REVIEWS ADVISORY OPINION

At its July 2013 meeting, the Board reviewed Advisory Opinion #43 and approved with no changes, as recommended by the Nursing Practice and Standards Committee (NPSC).

BOARD UPDATES APPROVED ADVANCED PRACTICE CERTIFICATION LIST

At its July 2013 meeting, the Board voted to accept the addition of Adult-Gero Acute Care NP to the certification list for ANCC and AACN. The revised list of Board-Approved Advanced Practice Certification Organizations can be found on the Board of Nursing website under Applications and Forms.

REPORTING MISCONDUCT AND VIOLATIONS OF THE NURSE PRACTICE ACT

It has come to the attention of the S.C. Board of Nursing that there is reluctance on the part of some employers to report violations of the Nurse Practice Act by their employees.

S. C. Code Ann. § 40-33-111(A) of the Nurse Practice Act states that:

(A) An employer, including an agency, or supervisor of nurses, shall report any instances of the misconduct or the incapacities described in Section 40-33-110 to the State Board of Nursing not more than fifteen business days, excepting Saturdays, Sundays, and legal holidays, from the discovery of the misconduct or incapacity. A nurse supervisor who fails to timely report the misconduct or incapacity may be subject to disciplinary action and civil sanctions as provided for in Section 40-33-120. An employer who is not licensed by the Board and who fails to timely report the misconduct or incapacity shall pay a civil penalty of one thousand dollars per violation upon notice of the board.

The Board believes it is important to note there are possible sanctions for employers who fail to report misconduct or incapacities in a timely manner to the Board. It is important for the safety of the citizens of South Carolina that nurses and employers of nurses adhere to the S.C. Nurse Practice Act.

NCSBN
National Council of State Boards of Nursing

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Nurse Licensure Compact (NLC)
Fact Sheet for Licensees and Nursing Students
www.ncsbn.org/nlc

Background

- The Nurse Licensure Compact (NLC) allows a registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) to have one multistate license in a primary state of residency (the home state) and to practice in other compact states (remote states), while subject to each state's practice laws and discipline.
- The NLC allows a nurse to practice both physically and electronically across state lines unless the nurse is under discipline or restriction.
- Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply in each state in which they practice, unless exempted when employed in a federal facility.

Multistate and Single-state Licenses

- A nurse must legally reside in an NLC state to be eligible for issuance of a multistate license. In order to obtain a compact license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is not a separate application for obtaining a multistate license.
- A nurse whose primary state of residence is a noncompact state is not eligible for a compact license.
- Upon being issued a compact (multistate) license, any additional active compact state licenses held are inactivated because a nurse can only hold one multistate license.
- A nurse licensed in a compact state must meet the licensure requirements in the home state. When practicing on a multistate privilege in a remote state, the nurse is accountable for complying with the Nurse Practice Act of that state.
- A nurse with an active compact (multistate) license wanting to practice in another compact state does not need to complete any applications nor pay any fees as the home state license is accepted as a privilege to practice in other compact states.
- A nurse who declares a noncompact state as the primary state of residence will be issued a single-state license.
- A nurse must hold a separate license in each noncompact state where practice privileges are desired.
- While under disciplinary action, multistate privileges may be removed and the nurse's practice may be restricted to the home state.
- The NCLEX® can be taken in any jurisdiction. However, graduates applying for a license, who legally reside in a compact state (the home state) can only apply to their home state board of nursing. This means that the applicant cannot apply for a compact license in a compact state other than the one in which he/she legally resides.

Requirements When Moving

- When a nurse moves from a compact state to a noncompact state to practice nursing, the compact license is changed to a single-state license and the nurse must apply for licensure by endorsement in the new state of residency.
- When a nurse declares a compact state as the primary state of residency, the nurse must apply for licensure by endorsement in the new state of residency.
- When a nurse changes primary state of residency by moving from one compact state to another compact state, the nurse can practice on the former residency license for up to 30 days. The nurse is required to apply for licensure by endorsement, pay any applicable fees and complete a declaration of primary state of residency in the new home state, whereby a new multistate license is issued and the former license is inactivated. Proof of residency may be required.
- Licensure renewal cycles vary state to state. Nurses are required to promptly declare a new state of residency when they obtain a new driver's license, change where federal taxes are paid or register to vote and not wait for their license to lapse or expire in the prior home state.
- A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residency. If the foreign country is declared the primary state of residency, a single-state license will be issued by the party state.

Definitions

- **Compact:** An interstate agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. (Black's Law Dictionary)
- **Party or Compact State:** Any state that has adopted the NLC.
- **Home State:** The party state that serves as the nurse's primary state of residence.
- **Remote State:** A party state other than the home state where the patient is located at the time nursing care is provided or in the case of the practice of nursing not involving a patient, a party state where the recipient of nursing practice is located.
- **Primary State of Residence:** The state in which a nurse declares a principal residence for legal purposes.
- **Nursys®:** A database that contains the licensure and disciplinary information of all RNs and LPN/VNs as contributed by party states.

For more information about NLC, visit www.ncsbn.org/nlc or e-mail nursecompact@ncsbn.org.

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601-4277 312.525.3600 www.ncsbn.org

HOW CAN I CHECK A LICENSE?

To check a nursing license, you may utilize one or all of the following options:

- SC Licensee Lookup - Go to www.llronline.com/POL/Nursing/, click on Licensee Lookup and choose Nursing. As you enter information, it is recommended that you enter a portion of the nurse's name only. You will be provided with the nurse's name, city and state, license number, as well as license type, date issued/expires, license status, and whether the license is multi-state or single state.
- Nursys QuickConfirm – Go to https://www.nursys.com/ click on QuickConfirm and follow the instructions. You will be provided with the nurse's name, state of licensure, license type and number, license status, license expiration date and discipline status. The following states participate in QuickConfirm: Alaska, Arkansas, American Samoa, Arizona, California-RN, California-VN, Colorado, District of Columbia, Delaware, Florida, Guam, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana-RN, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Northern Mariana Islands, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oregon, Pennsylvania, Rhode Island, *South Carolina*, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands, Vermont, Washington, Wisconsin, West Virginia-PN, West Virginia-RN, and Wyoming. *Go to NCSBN.org for updates as states are added.*
- *Other States* – Most states have licensee lookup/licensure verification on their websites. Links to boards of nursing can be found at www.ncsbn.org.

You may check for discipline against a South Carolina nursing license on the Board's website at www.llronline.com/POL/Nursing/ under Board Orders.

ATTENTION APRNs

You must notify the Board of your certification, re-certification or renewal.

- Are you licensed as an advanced practice registered nurse (APRN)?
- Have you renewed your certification?

LLR continued on page 18

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing Official Information

LLR continued from page 17

- Did you know the Board does not automatically receive notification you have renewed your certification?
- Did you know it is the licensee's responsibility to provide the Board with a copy of his or her current certification/recertification?

If you have recently become certified, recertified, or renewed your certification, please mail a copy of your current certification card to: LLR-Board of Nursing, Attn: Advanced Practice Licensure, P. O. Box 12367, Columbia, SC 29211. You may also scan your document and email to Nurseboard@llr.sc.gov or send your document by fax to 803-896-4515.

CHANGING YOUR NAME ON NURSING LICENSE

If you have had a legal name change, submit your written request, along with a copy of the legal document(s) (copy of marriage certificate, divorce decree, court order, etc.), to LLR – Board of Nursing, Post Office Box 12367, Columbia, SC 29211. Please indicate in your request whether you will use your middle name or maiden name for your middle initial or if you wish to hyphenate your name. For example, if Jane Ann Doe marries John Smith will she use Jane Ann Smith? or Jane Doe Smith? or Jane Ann Doe Smith? or Jane Ann Doe-Smith? Your request will be processed within five business days of receipt in Board offices and will be reflected on Licensee Lookup within three to five business days after the change is made.

You may verify that your name change request has been processed on Licensee Lookup on the Board's website (www.llronline.com/POL/Nursing/). When utilizing Licensee Lookup, you do not have to enter complete names. For example, "J" and "Smith" will search for records with a last name of "Smith" and a first name beginning with "J." Refer to Section 40-33-36(B) of the Nurse Practice Act regarding statutory requirements for your name on your license. You may view the Nurse Practice Act –Chapter 33 located under Law/Policies on the Board's website.

HAVE YOU MOVED?

Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. So you do not miss important time-sensitive information from the Board, such as your courtesy renewal notice, audit notice or other important licensure information, be sure to notify the Board immediately whenever you change your address. Failure to notify the Board of an address change may result in discipline. You may change your address online utilizing the address change form under Online Services found on the Board's website: www.llronline.com/POL/Nursing/.

Note: *Changing your address with the South Carolina Nurses Association (SCNA) does not change your address on your licensing records with the South Carolina State Board of Nursing.*

BOUNCED CHECKS MEANS NON-PAYMENT OF FEES

When submitting any fees to the Board of Nursing, be certain there are sufficient funds in your account to cover your payment *(paper or electronic check or credit card)* and that the payment has cleared before closing the account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license shall be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of license fees. Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. When a check is returned, replacement funds, plus the returned check fee allowed by law, will be charged.

VISIT THE BOARD WEBSITE OFTEN

When is the last time you visited the Board of Nursing's website? The Board recommends *all* nurses licensed by or working in South Carolina visit its website (www.llronline.com/POL/Nursing/) *at least* monthly for up-to-date information on nursing licensure in South Carolina. When a new advisory opinion is issued or a current advisory opinion revised, it is updated on the website. The Competency Requirement, Competency Requirement Criteria, Licensure information, Advisory Opinions, Position Statements and the Nurse Practice Act are just a few of the valuable tools and information you will find on the website.

The Advisory Opinions, Position Statements and the Nurse Practice Act are located under Laws/Policies. The Competency Requirement and Competency Requirement Criteria, which includes continuing education contact hours, are located under Licensure.

The Board hopes you will find this information useful in your nursing practice.

Board Members

Samuel H. McNutt, RN, CRNA, MHSA, Congressional District 5 – *President*
Carol A. Moody, RN, MAS, NEA-BC, Congressional District 4 – *Vice President*
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Anne Crook, PhD, Public Member
James E. Mallory, EdD, Public Member
Vacant, (2) Licensed Practical Nurses At Large

Vacancies: *[See Section 40-33-10(A) of the Nurse Practice Act for prerequisites and requirements]*

S.C. BOARD OF NURSING CONTACT INFORMATION:

Main Telephone Line	(803) 896-4550
Fax Line	(803) 896-4515
General Email	Nurseboard@llr.sc.gov
Website	www.llronline.com/POL/Nursing/

The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to the office can be found on the website – www.llronline.com – at the bottom of the page. The Board's mailing address is LLR - Office of Board Services – SC Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Normal agency business hours are 8:30 a.m. to 5 p.m., Monday through Friday. Offices are closed for holidays designated by the state.

Board of Nursing Administration

Nancy G. Murphy, Administrator	nancy.murphy@llr.sc.gov
Shannon Beaudry, Assistant to Administrator	shannon.beaudry@llr.sc.gov

Office of Investigations and Enforcement

Main Telephone Line (803) 896-4470

WEBSITE: www.llronline.com/POL/Nursing/

The Board of Nursing Website contains the Nurse Practice Act (Chapter 33-Laws Governing Nursing in South Carolina), Regulations (Chapter 91), Compact Information, Advisory Opinions, Licensure Applications, Continued Competency Requirements/Criteria, Application Status, Licensee Lookup, Disciplinary Actions, and other helpful information. All nurses are encouraged to visit the website at least monthly for up-to-date information.

Board of Nursing Meeting Calendar for 2013

Board and Committee meeting agendas are posted on the Board's website (www.llronline.com/POL/Nursing/) at least 24 hours prior to meeting.

Board of Nursing Meeting	November 21-22, 2013
Advanced Practice Committee	November 1, 2013
Advisory Committee on Nursing	October 15, 2013
Advisory Committee on Nursing	December 3, 2013
Nursing Practice & Standards Committee	October 10, 2013

Designated 2013 State Holidays — Observed On

Veterans Day	Monday, November 11, 2013
Thanksgiving Day	Thursday, November 28, 2013
Day after Thanksgiving Day	Friday, November 29, 2013
Christmas Eve	Tuesday, December 24, 2013
Christmas Day	Wednesday, December 25, 2013
Day after Christmas	Thursday, December 26, 2013