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 help 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 agency. But I also ask myself why I am still so interested in what is happening within the nursing world.
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.

Discover a career at a six-time Gallup Great Workplace Award Winner.

Self Regional Healthcare is seeking qualified nursing candidates to fill a number of positions in the direct patient care, clinical, and nurse management settings. Located in Greenwood, South Carolina, right between Atlanta and Charlotte, we’re a 420-bed hospital with 2,400 staff providing advanced healthcare services to a population of more than a quarter of a million people in the Lakelands region of upstate South Carolina. Come join the excitement!

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Self Regional Healthcare is an equal opportunity employer.
Human trafficking is on the rise and is a significant global law enforcement and public health issue (Cwikel & Hoban, 2005). Trafficking can victimize anyone, regardless of age or sex, but it is particularly prevalent among 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, but 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 & Garry, 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. These children are not only sexually exploited, they are often victimized by local gangs as well (Chung, 2009).

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 (Cwikel & Hoban, 2005).
The Hidden Crime continued from page 3

The sex industry has become a global operation due primarily to internet advertising. The internet increases demand, allowing traffickers to access sites containing a variety of services and sites for sale in the privacy of their homes (Chang, 2009). Demand for male sex services exists because of the cultural perceptions about masculinity. Women who work in these areas promote prostitution 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 larger profits than the sale of drugs. The United States spends more than 9 billion dollars globally per year, making sex trafficking the fastest growing profitable form of organized crime (U.S. Department of Justice, 2006). In cases of human trafficking, this is warfare. Military conflict increases the demand for sex workers. Women are sent to places to traffickers to be worked, to be sold, 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 suspected suspect and it cannot be done where the job of the forensics nurse examiner to get the suspected victim alone – even for just a moment – to a place where he or she can make the difference between slavery and recovery for this victim.

Our Role in Identifying Victims

Nurses in all fields and practices have the responsibility of preventing and controlling this crime. In collaboration with other healthcare professionals, nurses can help identify and recover trafficking 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). Violence, trauma, and physical abuse add to the exploitation of women and children. They are placed in situations where they are forced to work as sex workers or even a victim of human trafficking (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 or may not want to look for. Human trafficking victims may need help to identify these areas to provide the troopers with relaxation and entertainment (Cwikel & Hoban, 2005).

Who to Look for

Nurses, emergency room nurses, and those who work in places where they are often the first line in helping with the identification and rescuing of victims of human trafficking. Nurses – women and children – come through the ER doors daily. The nurses on the warning signs and symptoms of trauma could play a crucial role in the rescue and recovery of victims (Garza, 2007).

What to Look for

for each victim will have different concerns and her concerns may differ from how others might assess them.

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.

Plan an Emergency Intervention. Be prepared to respond if a woman says she is in imminent danger.

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.

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

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 to a private nook and talk to the individual to seek 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 trafficked women in the prison system to serve time for their offenses. These women are often returned to the homes and families they originally fled from, or they are placed in a juvenile home or detention center until further placement can be found (Kotrla, 2010).

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, somatization, and sexual abuse may be necessary to determine if this benign or if this child has been a victim of foul play or other trauma. Nurses must also know the professional referrals in their area one 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 consider the use of the Clinical Practice Guidelines (2008) to help provide the care needed 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 referees to the victims through understanding of this to help bring attention and vigilance in the assessment and care of all people they encounter in their practice.

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

PHYSICAL REACTIONS

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

EMOTIONAL REACTIONS

• Loss of control 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)

Physical Reactions

• Emotional numbness or emotional response that does not fit the situation
• Frequent bouts of tearfulness
• Detachment
• Self-blame
• Flashbacks or nightmares

U.S. Department of State (2012)

WHO Interview Guidelines

1. Do No Harm. Until there is evidence to the contrary, treat each individual as if potential for harm is extreme. Avoid any interview that will make a situation worse in the context of an emergency situation.

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, and social services.

4. Select Interviewers and Co-Workers. Weigh the risks and benefits associated with employing interviewers, co-workers, and volunteers, and develop adequate screening and training methods.

5. Ensure Anonymity and Confidentiality. Protect a respondent’s identity and confidentiality at all levels of the new 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. Know 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.

(Add a quote or statement from the U.S. Department of State for this section.)

Human Trafficking: Where Does PA Stand

Pennsylvania has been referred to as a “pass-through” state for human trafficking. With the interstate system that disconnects 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 that advertise or facilitate (by providing their address, telephone number, and web-based tips, the 2012 Trafficking in Persons Report, 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 the topic. For more information found on this site, visit www.tiptargetstate.org. Using international law enforcement and domestic outreach programs, 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 also 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).

The U.S. Government and Human Trafficking

In 2000, the U.S. Congress passed the Trafficking Victims Protection Act and funded the Department of State’s Office to Monitor and Combat Trafficking in Persons (U.S. Department of State, 2012). In recent years, the Family Violence Prevention Fund interviewed victims and survivors of trafficking who shared how they came to the U.S. 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 who shared how they came to the U.S. They cited the development of policies and interventions for trafficked women.

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, somatization, and sexual abuse may be necessary 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 forensic nurses look into the patient’s medical history, as well as the number of family members that may be in contact with the child. If this is the case, nurses can help in determining if the child is in danger. If the child is at risk, nurses can work with the child to make the difference between slavery and recovery for this victim. If this is the case, nurses can work with the child to make the difference between slavery and recovery for this victim. If the child is at risk, nurses can work with the child to make the difference between slavery and recovery for this victim.
Human Trafficking PSNA Position Paper

REFERENCES

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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The Department of Nursing is seeking a dynamic leader to direct a fully accredited NLNAC associate degree nursing program that includes 15 full-time instructors and 20-25 adjunct instructors. Responsible for curriculum development and alignment, faculty performance management, student service (student advising, student success and progression), compliance, ongoing management of the systematic evaluation plans, student advisement, student leadership, rank and position reports to the Associate Vice President of Health and Sciences and is a full-time, twelve month appointment. Master’s degree in Nursing or master’s degree with a minimum of 10 graduate semester hours in Nursing plus three (3) years of progressively responsible related work/teaching experiences. Possess or be eligible for South Carolina RN licensure. Salary based on education and experience. Persons interested in this opportunity should apply online at www.jobs.sc.gov Florence-Darlington Technical College is an Equal Opportunity Employer.
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. Katherine Hammond was a young Southern woman, the daughter of Harry and Emily Hammond of a prominent Southern family, who sought a career in nursing in response to her own inclination 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 in society.

The letters of most interest to nursing history occur in the third generation in the book, during the late 19th and early 20th centuries. Katherine’s life, first as an unschooled private duty nurse at her family’s plantation, then as best it could to a new social order” (viii). The section provides for nurses today a picture of the struggles many 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. Katherine Hammond was a young Southern woman, the daughter of Harry and Emily Hammond of a prominent Southern family, who sought a career in nursing in response to her own inclination 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 in society.

Many of them “...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 Katherine Hammond and includes letters to many of her family and friends, but especially to her mother. Katherine’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 Katherine’s letters. Katherine’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 published literature.

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 described as “...a large hearted and wise woman, [who] would always do the right thing” (248). By April 15, Katherine writes of certain nurses who are evaluating her clinical work, “I am trying to get my diploma, you will go into the female medical works – and there was anything but approval in her look” (253). Katharine vacillates between fear and anxiety in the third generation in the book, during the late 19th and early 20th centuries.

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Knowing Your Neighbors

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

David Hodson, EdD, MS, APRN, BC

As many of my colleagues know, I recently was given the opportunity to work in the behavioral health services provided at Fort Jackson. I would like to take this opportunity to give you a better appreciation or insight into the magnitude of this long-standing mission. I recognize that many of you may not be too familiar with Fort Jackson. For many of you, you may not be too familiar with Fort Jackson.

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 buildings and facilities. The fort consists of soldiers and civilians with dependent family members in a community that continues to grow in numbers and facilities. More than 4,900 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 Fort Jackson 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.

Fort Jackson 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 and their families stationed within the Fort Jackson area who are in need of assistance in identifying and resolving personal problems. DBH 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 patients 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 (CASRP) 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.

The 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

Since 1992, through work at the Greenwood Genetic Center, the number of severe birth defects of the brain and spine has decreased by over 60% in South Carolina.

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SCNA ANNUAL MEMBERSHIP MEETING / ANNUAL MEETING OF SCNA CHAPTERS – Columbia Marriott – October 11, 2013

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A daily multivitamin with folic acid helps prevent birth defects.

There are two ways you can help prevent birth defects...

1. Take folic acid before and during pregnancy
2. Make an annual gift to the GGC Foundation

Greenwood Genetic Center Foundation
Supporting the Mission of GGC

The SC Birth Defects Prevention Program is sponsored by the Greenwood Genetic Center, SC Department of Disabilities and Special Needs, SC Department of Health and Environmental Control, and SC Department of Health and Human Services.
Children and Backpack Safety

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 badly 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.

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 shoulder or a change in posture while wearing the pack. This will be a reprise of the session we held in our May Classroom: An Alternative to the Classic Lecture."

Lesson 3: How to Choose a Backpack

Choose a backpack made of lightweight fabric. Leather or trendy embellishments may look great but can add unnecessary weight to the pack. By reducing the weight of the backpack you can lead the way to reduce injury.

Schedule a weekly time to sit down with your child and clean out any unnecessary items from the backpack. Carrying only needed items can reduce 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.
Have We Conquered Lateral Violence?

Martha Griffin’s much cited article, Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Interview for Newly Licensed Nurse — 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 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 in 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 initiative at Trident Health. “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.

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

The South Carolina Coalition on Disruptive Behavior

End of Document
In June 2008, the Joint Commission issued a Sentinel Event Alert describing “behaviors that undermine a culture of safety.” While 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 communication as a shield for lateral violence: an intervention for newly licensed nurses. Journal of Continuing Education in Nursing. 56(6), 1-2;

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 themselves in the act of speaking to others. Thus, without awareness and training, non-verbal communication behaviors such as body language modeling and conflict management styles unique to each individual, and conversations can easily go off track at the first exchange of ideas.

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

As Management guru Stephen Covey concluded, “We can’t change the weather, but we can choose how we dress 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 the 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, 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 say, 70 percent of what they say and 80 percent of what they experience personally, 90 percent of what they say and do.”

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Deborah Cox
Deborah Cox is co-founder and principal of CoMass Group LLC. For more than 25 years, Deborah has guided 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.

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 population 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.

For more information: https://m.360.scnurses.org/
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!

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 in nursing scholarships. Now, we challenge nurses and citizens by advancing the profession of nursing in the state. The groups are led by nurses for nurses and there is no charge to the participants to attend. SCNF also has to stay in touch with 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.

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: ____________________________________________________________

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.

Training for health care professionals

- BLS, PALS and ACLS
- Caring and Splinting
- Coding for Health Care Professionals
- EMT
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School of Nursing 864-388-8337
Office of Admissions: 1-888-4-LANDER
*(Pending approval from SACSCOC)
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 $21.25 per month. This increase will begin January 1, 2014. Members paying on a monthly basis will also incur a service fee, as is usual, for this service. Please see chart below for actual costs.

New 2014 Rates

<table>
<thead>
<tr>
<th>Dues Paid Annually at one time</th>
<th>Dues Paid Monthly (includes $5.00 per month service fee charged by ANA)</th>
</tr>
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<tbody>
<tr>
<td>Full ANA/SCNA $283.00</td>
<td>Full ANA/SCNA $24.09</td>
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<tr>
<td>50% ANA/SCNA $141.50</td>
<td>50% ANA/SCNA $12.29</td>
</tr>
<tr>
<td>25% ANA/SCNA $70.75</td>
<td>25% ANA/SCNA $6.39</td>
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<tr>
<td>SCNA Only $187.00</td>
<td>SCNA Only $16.08</td>
</tr>
<tr>
<td>ANA Only $191.00</td>
<td>ANA Only $16.42</td>
</tr>
</tbody>
</table>

*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, 2013 | SCNA BIENNIAL STATE CONVENTION/APRN CONFERENCE |
| October 12 | 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 | CE APPROVER COMMITTEE SUBMISSION DEADLINE |

For a full calendar see www.scnurses.org
New and Returning SCNA/ANA Members
As of May 28, 2013 – August 26, 2013

Christy Adams
Priscilla Adams
Mary Justice
Agnire
Veronica Anderson
Jessica Bailey
Andrietta Barnett
Melanie Barr
Krystal Boggs
Sandra Brenner
Erik Brenneman
Rose Brown
Elizabeth Brown
Algie Bryant
Myrtleann Campbell
Dorris Campbell–Elmore

Simpsonville, SC
Conway, SC
North Myrtle Beach, SC
Haleyville, SC
Spartanburg, SC
Green Pond, SC
Myrtle Beach, SC
Williamston, SC
Aynor, SC
Orangeburg, SC
Charleston, SC
Columbia, SC
Greenville, SC
Summerville, SC

Rebecca Cherrington
Tina Coffey
Jessica Cook
Jaime Cuff
Lauren Dempsey
Tammy Dorocick
Michael Dumas
Diane Dupuis
Donald Eberhardt
Kelly M. Gilmore
Evelyn Grace
Wendy Hatchell
Monica Holbert
Catherine Howard
Paul Hubbard
Jerlene Jasper
Lauren Jaynes

Mt. Pleasant, SC
Wahalla, SC
Simpsonville, SC
Bluffton, SC
Greer, SC
Mt. Pleasant, SC
Charleston, SC
Myrtle Beach, SC
Gilbert, SC
Charleston, SC
Charleston, SC
Florence, SC
Columbia, SC
Fort Mill, SC
Anderson, SC
Columbia, SC
Summerville, SC

Robert Jennings
Julia Johnson
Aimee Kendall
Bryan Kennedy
Barbara Kurent–Byrum
Joyce Lambert
Dianne Landis
Margaret Lee
Amanda Lloyd
Mary Virginia Lucas
Jill Messenger
Ashley N. Miller
Tawanda Moses
Farahnaz Nafisy
Kitra Nichols

Spartanburg, SC
Hanahan, SC
Tega Cay, SC
Anderson, SC
Daniel Island, SC
Myrtle Beach, SC
Lake Worth, FL
Columbia, SC
Myrtle Beach, SC
North Charleston, SC
Simpsonville, SC
Columbia, SC
Columbia, SC

Nichole Nolan
Laura Odom
Kimberly Owens
Lisa Phillips
Deronda Pitcher
Amanda Reynolds
Michele Rice
Rhonda Shaver
Veronica Smallsheier
Mary Smith
Michael Storrell
Danielle Ward
Dayna Wilder
Denise Williams
Tina Woodward

Summerville, SC
Prosperity, SC
Mount Pleasant, SC
Fort Mill, SC
North Charleston, SC
Summerville, SC
Aiken, SC
Beaufort, SC
Elgin, SC
Manning, SC
Myrtle Beach, SC
Georgetown, SC
Rock Hill, SC
Ninety Six, 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
Mary Fischer
Darlene Graham
Sandra Hale
Daria Jeffers
Draya Katey
Thais Thomas
Virginia Williams

Tampa, FL
Denver, CO
Myrtle Beach, SC
Charleston, SC
Naples, FL
Columbia, SC
Charleston, SC
Charleston, SC

South Carolina Nurse—October, November, December 2013—page 13

SCNA ANNUAL MEMBERSHIP MEETING / ANNUAL MEETING OF SCNA CHAPTERS – Columbia Marriott – October 11, 2013
Why make Providence Hospitals your next step?

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To learn more or to apply online, visit www.providencehospitals.com/careers or call (803) 256-5410.

CONSENT TO PARTICIPATE

I would like to be a member of the following association(s): Nurse. Please number in order of preference. If more than one unit is checked as a site of practice, I understand that all degrees are reported on membership and all conditions are either registered or enrolled as per the SNA bylaws.

If you are a member, you may be required to attend the meetings and participate actively as a committee member.

SIGNATURE: ____________________________

DATE: ________________

JUL 10 - 14 at 8:43 PM
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 council 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Nursing School</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Tracy George</td>
<td>MUSC</td>
<td></td>
</tr>
<tr>
<td>Samantha Radkin</td>
<td>MUSC</td>
<td></td>
</tr>
<tr>
<td>Susan Roos</td>
<td>American Sentinel University</td>
<td></td>
</tr>
<tr>
<td>Sarah Wilkes</td>
<td>USC</td>
<td></td>
</tr>
<tr>
<td>Erin Whittington</td>
<td>MUSC</td>
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UNDERGRADUATE RECIPIENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Nursing School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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<td>Tammy Bagwell</td>
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One of South Carolina’s largest senior healthcare providers is seeking NPs and RNs for positions across the state. Apply at AgapeSenior.com, email a resume to MMorrison@AgapeSenior.com, or call (803) 454-0365. Be rewarded with a competitive salary, benefits, and a great work environment. EOE

AgapeSenior.com

GREAT NURSING JOBS!
1-800-578-6033

Nightingale’s Nursing & Attendants delivers quality care throughout 33 South Carolina counties. We welcome caring and compassionate nurses and aides as care givers.

RNAs are needed now more than ever before in the private duty settings. State funding is newly available to place RNs in SC homes to prevent institutionalization. Wonderful positions available in multiple counties of SC NOW!

Competitive compensation & benefits.

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SOUTH CAROLINA’S LARGEST IN-HOME CARE PROVIDER!
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Your Home is where my "is"!

The Department of Student Health Services at Coastal Carolina University seeks candidates for the following positions:

Nurse Practitioner
Physician’s Assistant

For detailed description of duties/requirements, application deadline dates and to apply online, visit:

http://jobs.coastal.edu

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SALUDA NURSING CENTER

A 176-bed long-term care facility has opportunities for RNs & LPNs.

Contact Louisa Carver, RN Director of Nursing for more information:

Hwy. 121 N
581 Newberry Hwy
PO Box 398
Saluda, SC 29138
Phone: 864-445-2146
Fax: 864-445-3119

Best wishes for a Merry Christmas and a Happy New Year!

Fuel Up to Play 60: the in-school nutrition and physical activity program from National Dairy Council, local Dairy Councils and National Football League, in collaboration with United States Department of Agriculture (USDA), is helping to make wellness part of the game plan in nearly 73,000 schools across the country.

School Nurses Make It Happen!

As School Nurses, you’re the program champion. You engage and empower students as they help implement Fuel Up to Play 60, and you encourage other adults to get involved, too.

You’ll have access to tools and resources, plus opportunities for funding, rewards and recognition for you and your school.

Every school needs one — or more!

Become a Program Advisor today! Join the movement at FuelUpToPlay60.com!

What do these busy people have in common?

They all got tested for colorectal cancer. If they have time, so do you.

Screening saves lives. If you’re over 50, take time to see your doctor and get screened.

SALUDA
NURSING CENTER

A 176-bed long-term care facility has opportunities for RNs & LPNs.

Contact Louisa Carver, RN Director of Nursing for more information:

Hwy. 121 N
581 Newberry Hwy
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Saluda, SC 29138
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Best wishes for a Merry Christmas and a Happy New Year!
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 certification 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 nurses, 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

The Board voted to accept the addition of Adult-Gero Acute Care NP to the certification list for ANC 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 a nurse has been involved in the misuse of a nurse’s license. This behavior is contrary to the Nurse Practice Act (A) An employer, including an agency, or supervisor of nurses, shall report any instances of the misconduct or the incapacity 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 be held guilty of one thousand dollars per violation upon notice of the board.

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

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 multistate license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is no separate application for obtaining a multistate license.

• A nurse whose primary state of residency is a noncompact state is not eligible for a multistate compact license.

• Upon being issued a compact (multistate) license, any additional active compact state licenses held are revoked because a nurse can only hold one multistate license.

• A nurse licensed in a compact state must meet the requirements for a compact 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, a candidate applying for a license, who legally resides in a compact state (the home state) can only apply to their home state board of nursing. This means that the applicant must have any instances of the misconduct or incapacity 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.

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 residence.

• 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 residence.

• 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 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 as 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 residency.

• Remote State: A party state other than the home state where the nurse intends to practice at any time. Remote state 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 services is located.

• Primary State of Residence: The state in which a nurse declares a primary residence for legal purposes.

Nursa®: A database that contains the licensure and disciplinary information of all RNs and LPNs/VNs as contributed by all states.

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

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601-4272 312.625.3600 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.frontline.com/POLNursing/ 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, state of licensure, type and number of license, license status, initial inspiration 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 up-to-date states that participate.

• 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 nurse licensing board on the website’s www.llronline.com/POL/Nursing/ under Board Orders.

ATTENTION APN

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

MIDLANDS TECHNICAL COLLEGE

Clinical nursing instructors

Clinical instructors needed for the Associate Degree and Practical Nurse’s programs, city and state. Must have South Carolina RN license. Teaching experience preferred. For more information, contact Kimberly Cochran at (803) 822-3343.

Interested persons meeting the qualifications should submit resume and transcripts stating educational background to: Kimberly Cochran, Nursing, Midlands Technical College, PO Box 2408, Columbia, SC 29020.

AA/EOE/ADA
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, PO 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? 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 registered nurses named “Smith” and a first name beginning with “J.” Refer to Section 40-33-36(G) 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 CHANGED YOUR ADDRESS?

Section 40-33-36(G) 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. You do not have to miss this important time-sensitive information from the Board, such as your courtesy renewal notice, audit notice or other important licensure information, by being 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 found on the 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 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 40-33-36(G) 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 Licensee Information. The Board hopes you will find this information useful in your nursing practice.

Board Members

Samuel H. McGurk, RN, CRNA, MHS, Congressional District 5 – Secretary
Carol A. Moody, RN, MAS, NEA-BC, Congressional District 4 – Vice President

KershawHealth

Maybe you’ve worked at KershawHealth earlier in your career. Or you simply crave a career destination that truly feels like home. Whatever the case, you’ll find a warm, welcome and inviting workplace, as well as a generous benefits package at KershawHealth.

We have the following Full-Time Nursing opportunities available:

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For a complete listing of opportunities, visit our website at kershawhealth.org. An equal opportunity employer.
Hilton Head Regional Healthcare
Serving the Needs of our Community

Hilton Head Hospital
Staff opportunities available in MS, ED, PCU, ICU, Float Pool for the night shift.
www.hiltonheadregional.com

Coastal Carolina Hospital
Staff opportunities available in ED nights, OR Circulator days plus call, and RN Float Pool (PRN).
www.coastalhospital.com
email: adam.bolin@tenethealth.com
843-689-8249

We offer our colleagues an excellent compensation and benefit package including a 401k with Company match.

One complaint is all it takes.

Whether warranted or not, one complaint to the state licensing board, one lawsuit filed, and your career can be over — just like that. We’ve seen it happen.

Don’t count on your employer’s malpractice insurance to protect you. There are just too many “what ifs.”

What if …
- What if your employer’s policy isn’t large enough to cover you and your coworkers?
- What if you’re brought before the state licensing board? Most employers’ plans don’t cover that.
- What if you’re sued for an incident that occurred outside of the workplace?

You could spend thousands of dollars out of your own pocket in legal fees. Or worse, you could end up losing everything you’ve worked so hard for — your ability to practice nursing.

What you need
With an individual professional liability policy from probability, a program by Marsh U.S. Consumer, a service of Seabury & Smith, Inc., you get peace-of-mind coverage tailored for nurses like you. Benefits for covered claims include:
- Up to $2 million in protection for each claim, up to $4 million aggregate
- Deposition assistance
- Reimbursement of defense costs, legal fees and court costs for covered claims

Call (800) 503-9230 or visit proliability.com/60480 to get an instant quote. Then take 5 minutes to fill out the application. It’s that easy. And that important.

MARSH

McLeod Nurse Practitioner Career Opportunities are available at McLeod Health.

Come join a growing healthcare system that offers an unsurpassed focus on patient safety, a diverse work environment and state-of-the-art technology.

McLeod Health
The Choice for Medical Excellence

To apply go to:
www.mcleodhealth.org/careers

HILTON HEAD REGIONAL HEALTHCARE

EOE
South Carolina Drug Card offers free prescription assistance cards and is open to all residents of South Carolina. There are no applications, no waiting periods, and no enrollment forms to fill out. Save up to 75% on rx medications at more than 56,000 pharmacies nationwide. Both brands and generics are included.

For more information or to order hard cards please contact:
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Like where you live,

$10,000 Transition Incentive to Experienced Nurses!*

Love where you work!

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Exciting Nursing Opportunities await you at New Hanover Regional Medical Center. Located in the picturesque, seaside community of Wilmington, NC. NHRMC will not only provide you the career advancement you are craving but the lifestyle you deserve.

Enjoy short commutes, beaches, abundant recreation opportunities and more. As a teaching hospital, regional referral center, and Level II Trauma Center, the network is dedicated to providing a wide range of health care services. With more than 5,400 employees, New Hanover Regional Medical Center is Southeastern North Carolina’s largest employer.

Join our Nursing Team Today!

*Restrictions apply. EOE