



# The Pulse



THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION

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SPRING 2014

Quarterly circulation approximately 17,000 to all RNs, LPNs, and Student Nurses in Montana.



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## President's Message

**Vicky Rae Byrd, RN, OCN**  
President, Montana Nurses Association



**Vicky Rae Byrd, RN, OCN**

Happy New Year on behalf of Montana Nurses Association! January marks the beginning of my term as your President and I am honored to represent the registered nurse members of the Montana Nurses Association. As a practicing professional Registered Nurse in Oncology, I am committed not only to the care of my patients, but to my profession and embrace the responsibility of being a role model in leading positive change in our nursing profession at all levels. My energy in this new role will focus on advocating for nurses to build the strength of their voice in all areas of healthcare, including the workplace, through our local, state and national resources to protect and advance our practice.

We have so much to celebrate as our Association plays a powerful and influential role in addressing healthcare and professional nursing issues. There is rich history in our Association and this voice provides us a foundation of strength and integrity that influences our future. In this New Year, the transition of leadership gives us opportunity to contemplate our mission, remind us of what we are called to do as an organization and then effectively move into the future.

Nurses have a powerful voice that is eager to be heard. I invite you to join me in leading our profession collectively together. There is a great deal of opportunity and excitement that we can embrace as we take on the challenges that our healthcare system and our profession currently face. We are stronger together and can contribute to the advancement of nursing, infusing our professional voice wherever we can for the benefit of our patients, and emerge as leaders in assisting our state and nation through the necessary changes in our healthcare system. Thank you for instilling the confidence in me to be your leader. I look forward to working with you all in this capacity as President of MNA.

## Congratulations!



**Kathy Boutillier, BSN, RN**

Kathy Boutillier, BSN, RN, was selected as the 2013-2014 Helena Education Association Educator of the Year. She has been a school nurse in the Helena Public Schools for 37 years and is a very well respected educator and much deserving of this award. Kathy is the first school nurse to receive this

award and was selected by roughly 750 of her peers in HEA.

Kathy is very involved in her education association and serves on the HEA Board of Directors. It is an honor to have such an outstanding nurse, educator, and advocate for students as HEA's 2013-2014 Educator of the Year.



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Labor Retreat - Chico Hot Springs

**May 19th, 2014 –**  
Alaska Provider Update - Anchorage

**May 22nd, 2014 –**  
Montana Provider Update - Helena

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**CONTACT MNA**  
Montana Nurses Association  
20 Old Montana State Highway, Montana City, MT 59634  
Phone (406) 442-6710 Email: [info@mtnurses.org](mailto:info@mtnurses.org)  
Website: [www.mtnurses.org](http://www.mtnurses.org)  
Office Hours: 8:00 a.m.-5:00 p.m. Monday through Friday

**VOICE OF NURSES IN MONTANA**  
MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Continuing Education (CCE)
- Council on Advanced Practice (CAP)

**MISSION STATEMENT**  
The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

**CONTINUING EDUCATION**  
Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.  
Montana Nurses Association (OH242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Vice President	Lucy Ednie, RN-BC
Secretary	Brenda Donaldson, RN
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Lisa Guthrie, MSN, FNP-BC	Linda Ries, RN
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**Council Representatives:**

Advanced Practice	Arlis Williams, APRN, FNP-BC
CCE	Deborah Lee, BSN, RN-BC
CPGA	Sharon Sweeney Fee, RN, PhD
E&GW	Daylyn Porter, RN-BC

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Mary Pappas, RN, EdD  
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Pam Dickerson, PhD, RN-BC, FAAN, Director of Continuing Education  
Kathy Schaefer, Continuing Education Specialist  
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Questions about your nursing license? Contact the Montana Board of Nursing at: [www.nurse.mt.gov](http://www.nurse.mt.gov)

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MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in The PULSE. Please limit word size between 500-1000 words and provide resources and references. MNA has the right to accept, edit or reject proposed material. Please send articles to: [kim@mtnurses.org](mailto:kim@mtnurses.org).



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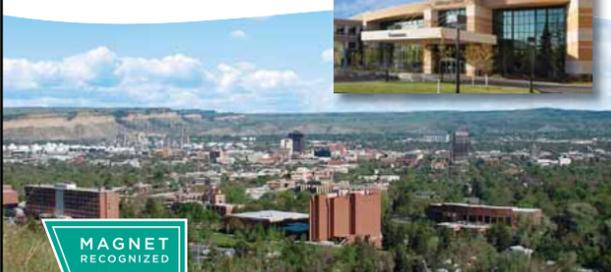
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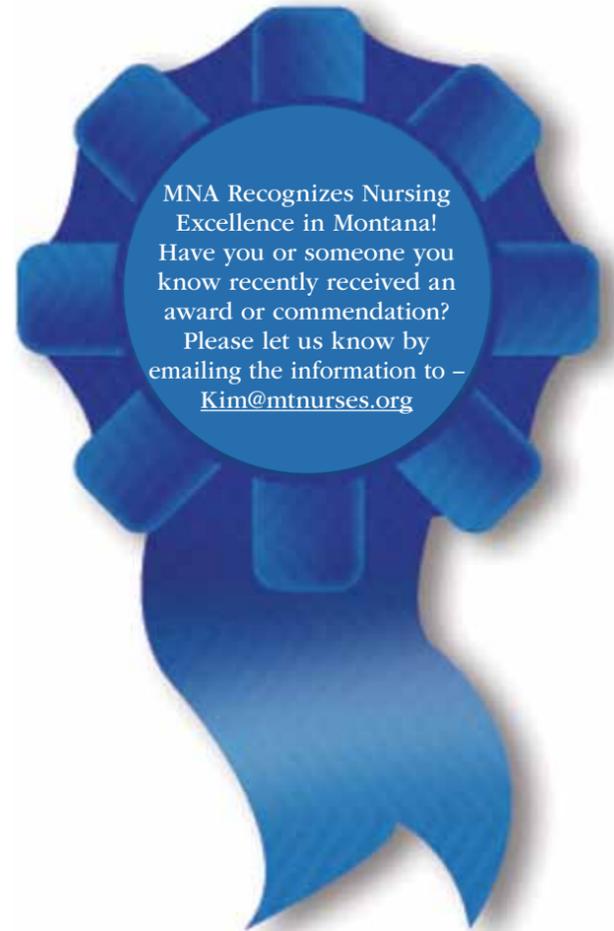
# Pam Dickerson Inducted into the American Academy of Nursing



MNA Director of Continuing Education, Pam Dickerson (left), receiving certificate of induction from Joanne Disch, President of the American Academy of Nursing

Pam Dickerson, PhD, RN-BC, FAAN, was inducted into the American Academy of Nursing during a ceremony in Washington, D.C., on October 19, 2013. The Academy's mission is to transform health care policy and practice through nursing knowledge. Fellows are accepted based

on evidence of their significant and sustained contributions to nursing and health care and their ability to continue to contribute to advancement of the profession. There are approximately 2500 recognized Fellows in the Academy, including both US and international nurses.



MNA Recognizes Nursing Excellence in Montana! Have you or someone you know recently received an award or commendation? Please let us know by emailing the information to – [Kim@mntnurses.org](mailto:Kim@mntnurses.org)

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# Election Results

## Montana Nurses Association 2014 Election Results

### Board of Directors

**President**  
January 2014 – December 2015



Vicky Rae Byrd, RN, OCN

**Vice-President**  
January 2014 – December 2015



Lucy Ednie, RN-BC

**Secretary**  
January 2014 – December 2015



Brenda Donaldson, RN

**Treasurer**  
January 2013 – December 2014



Linda Larsen

**Council on Continuing Education  
Representative to the Board**  
January 2014 – December 2014



Debby Lee, BSN, RN-BC

**Economic and General  
Welfare  
Representative to the Board**  
January 2012 – December 2014



Daylyn Porter, RN-BC

**Council on Practice and  
Government Affairs  
Representative to the Board**  
January 2013 – December 2014



Sharon Sweeney Fee, RN, PhD

**Council on Advanced Practice  
Representative to the Board**  
January 2014 – December 2015

Arlys Williams, APRN

**Member at Large**  
January 2013 – December 2014



Linda Ries, RN

### Council on Continuing Education

**Council on Continuing Education  
Representative to the Board**  
January 2014 – December 2014



Debby Lee, BSN, RN-BC

**Council on  
Continuing Education**  
January 2014 – December 2015



Susan Porrovecchio, BSN, RN, CARN

**Council on  
Continuing Education**  
January 2014 – December 2015



Tere Lehman, BSN

**Council on  
Continuing Education**  
January 2014 – December 2015



Polly Troutman, MSN, RN-BC

**Council on  
Continuing Education**  
January 2014 – December 2015



Sandy Sacry, RN, MSN

**Council on  
Continuing Education**  
January 2014 – December 2015



Gwyn Palchak, RN-BC

**Council on  
Continuing Education**  
January 2014 – December 2015



Bonnie Hash, BSN, RNC, PN

**Council on  
Continuing Education**  
January 2014 – December 2015



Hope Ballew, RN, BSN

# Election Results

## Montana Nurses Association 2014 Election Results

### Council on Economic & General Welfare

Council on Economic & General Welfare (E&GW)  
January 2014 - December 2015



Lorri Bennett, RN

Council on Economic & General Welfare (E&GW)  
January 2014 - December 2015



Delayne Gall, RN

Council on Economic & General Welfare (E&GW)  
January 2014 - December 2015



Daylyn Porter, RN-BC

Council on Economic & General Welfare (E&GW)  
January 2014 - December 2015



Jamie Waldorf, RN, BSN

Council on Economic & General Welfare (E&GW)  
January 2014 - December 2015



Deanna Evans

*Thank you for your service!*

ON BEHALF OF MONTANA NURSES ASSOCIATION, AND ITS MEMBERS, THANK YOU TO THE MNA BOARD MEMBERS WHOSE TERM OF OFFICE HAS ENDED.

PAULINE FLOTKOETTER	KAREN SCHLEDEWITZ
MELISSA COBB	BRENT CERTAIN
GWYN PALCHAK	SUE NOEM



### Council on Advanced Practice

Council on Advanced Practice Representative to the Board  
January 2014 - December 2015



Arlys Williams, APRN

Council on Advanced Practice Member at Large  
January 2014 - December 2015



Lisa Guthrie, MSN, FNP-BC

### National Federation of Nurses

National Federation of Nurses-National Executive Board  
January 2014 - December 2017



Hope Ballew, RN, BSN

National Federation of Nurses-National Executive Board  
January 2014 - December 2017



Daylyn Porter, RN-BC

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Alaska - May 19th, 2014  
Montana - May 22nd, 2014

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# Labor Reports and News

## The Benefits of a Pre-Bargaining Survey



**Robin Haux**  
MNA Labor  
Program Director

As our 2014 contract negotiation season is nearly upon us, your MNA Labor staff begins the task of early negotiation preparation. One of our favorite tools is a Pre-Bargaining Survey which allows your representatives to get their finger on the pulse of the local unit as a whole. It provides EVERY nurse the opportunity to provide input, and that input is greatly beneficial at the bargaining table.

**How do we create the survey?** A Pre-Bargaining survey is created out of pre-bargaining discussions with a local unit. As your labor representatives begin bargaining discussions, they listen for the issues the nurses raise and create survey questions that allow us to gather more detailed information on how the majority of the local feels is the best direction to take at negotiations. Additionally, we review the contract and create questions that give the nurses the ability to rate what is most important to that nurse and we offer an area that allows for open comments on most questions. **The most important part of creating a survey is input from the nurses.** We encourage every nurse to participate in creating, drafting, and responding to the survey. Additionally, peer-to-peer discussions are the best way to encourage your co-workers to participate.

**Why is a pre-bargaining survey important?** There are many benefits to a pre-bargaining survey. First, as mentioned above, it allows for the MNA labor staff to gather a more complete picture of the direction the local unit wants to take at their negotiations and again, provide every nurse the opportunity to have their thoughts and ideas heard. Any opportunity for your labor representatives and negotiating team to speak phrases such as: *"all the nurses feel..."* or *"90% of the nurses want..."* helps your team make a better argument at the table. We cannot overemphasize the importance of each nurse taking a few minutes to participate in their survey. A low survey participation rate reduces the effectiveness of discussions at the table.

When your local unit has upcoming negotiations, remember the importance of the Pre-Bargaining Survey! Ask your labor representative to help your local develop the survey and each of you should encourage all the nurses to participate! Participation is crucial in attaining effectiveness!



## ADO Forms - Not a Blame Game



**Amy Hauschild,**  
BSN, RN, MNA Labor  
Representative

Many of you are familiar with Assignment Despite Objection (ADO) forms. This is a document which a nurse completes when s/he has been given an assignment they feel to be unsafe for some reason. The nurse is accepting the assignment, though objecting to it. At times, in the beginning of a shift, all is seemingly well, and then some part of the dynamic changes and everything falls apart- especially on night shifts when there are less overall resources available. This is often the point when an ADO form is generated by a nurse. Completion of the ADO form should go hand in hand with actually telling the supervisor that you feel the assignment is unsafe and asking for assistance. At times, there is really nothing more that can be done to rectify the situation; i.e. the supervisor has already called everyone on the list and there are, plain and simple, **no nurses available** to come in and help, though perhaps a nurse from another unit can be pulled to come and assist even for a short period of time. Perhaps the supervisor found some other creative solution to address the problem.

When a nurse completes an ADO form, s/he is not blaming the supervisor or the health care facility; but simply documenting a problem and/or an unsafe situation. Even in the aforementioned situation, an ADO form should still be completed, even though the parties know measures were employed in an effort to fix the problem. This actually protects both the facility and the nurse in case of an untoward event.

Completing an ADO form is a form of concerted activity and is a protected activity under the National Labor Relations Act. All nurses represented for collective bargaining have the legal right to document when they feel an assignment is unsafe. Some supervisors attempt to dissuade nurses in their units from completing ADOs, feeling it reflects

badly on them. This is counterproductive; it is a shared responsibility for nurses and administration to partner together for better, safer patient care on each and every shift.

What happens to an ADO once completed? In most facilities 3 copies are disseminated. One copy goes to the Union President; one copy to the Chief Nursing Officer (CNO) or immediate supervisor and the nurse completing the form keeps the original. The supervisor or CNO generally investigates the incident evaluating the staffing plan, unforeseen circumstances, and the problem solving that took place at the time in attempt to make the situation safer. The investigation is usually documented by a member of the management team, depending on the structure of the facility.

Then what? In most facilities where the nurses are represented for collective bargaining, there is a structure or mechanism for facility leadership and union leadership to formally collaborate on a regular basis. In some facilities this is known as the Labor-Management Committee or the Professional Conference Committee. In either case, a discussion ensues between the parties. In some facilities, the nurse who completed the form will be invited to the joint committee to present and discuss the ADO. In other facilities, the Conference Committee reviews the form on its own. The situation which resulted in the ADO is examined in depth. In some cases, the committee evaluates the circumstances and the group reaches consensus and determines nothing different should have or could have been done. In other situations, perhaps the group would recommend a different problem solving measure be employed. In either case, there is no score card for rights and wrongs. This process is all about providing safe patient care and learning from past experiences.

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## Labor Reports and News

### 2014 NEW YEARS RESOLUTION #1– DON'T PROCRASTINATE!



**Heather Diehl**  
MNA Labor  
Representative

It's officially 2014 and as I visit with friends and family or just scroll through my newsfeed on social media, a common theme emerges – New Year's Resolutions. Everyone's got them and everyone is talking about them. Most resolutions I hear or read are of the more conventional variety; get in shape, spend more time with family, find a new job, etc. I especially enjoy the resolve of area elementary students to "not kick my brother when he is annoying me", or to "feed the turtle when my mom asks" that are published in hometown newspapers across the state this time of year. I often wonder how long 9 year olds can persist in these agreements they have made with themselves. If the brother's resolution was to be "less annoying" and the mother's to "badger her child less about

chores" then the outcome of their shared resolutions could prove successful. Perhaps putting pen to paper or telling all you know how you intend to give yourself a make-over increases your potential for success. Personally, I subscribe to the notion that my own resolutions are private – a contract with myself that is mine to keep or break. Telling others allows them not only to judge my success or failure as I attempt to reach my goal, but to assess whether the resolution is sound to begin with. But that's just me and how I prefer to go about it, and clearly not representative of most in my social circle.

I do, however, wholeheartedly buy into the idea of publishing *shared resolutions*. Resolutions based on common interest where all participants are invested in the goal can be a powerful thing. I find that shared resolutions tend to have a high success rate; both because there are multiple contributors holding each other accountable, and because we can share the effort necessary to reach our desired outcome. Companies do this all the time – listing organizational goals and methods by which to achieve them. Why not our unions? A collective list of (hopefully) achievable goals that we can refer to when we find ourselves getting a little off course can help to navigate us forward in these precipitously changing times. Just as in your own personal resolutions, I recommend a feasible list to start. Here is just a short list of possible resolutions your local unit may want to consider:

1. **Build Trust** – This should be both an internal (union membership) and external (employer) goal. Building trust is really about communication and doing what you say you are going to do. As a member, get involved! Your leaders need to know they can count on you. As a leader, make sure you are sharing with your members about the work you are doing on their behalf. And if you have a rocky relationship with administration, don't give up on it! Continue to communicate directly and professionally. Use your labor management committee to restore and improve your relationship.
2. **Invest** – What does your union need to be successful? Perhaps it's a reliable tool for communicating information to the membership. Maybe it is training. Check out the wide array of training opportunities MNA and it national affiliates have to offer. Assess the needs of your union and make a plan to meet those needs.
3. **Give Something Back** – to your patients, your organization, your community, your union. While most unions don't boast bountiful cash reserves; what they do have is people. Get involved, and if you are involved, get others involved. MNA is member-driven and offers a multitude of ways in which to be actively engaged. Consider participating in a community event. Establishing local area connections is not only a way for members to give back but can secure support from the community when, and if, the need arises.
4. **Get a Mentor** – Seek out learning opportunities from members who have some sand in their pockets. Know who your representatives are and call on them when you have questions. Trust me; those in the know are only too happy to impart their knowledge on to you.
5. **Dump the Baggage** – If it's not working, drop it and move on!

I sincerely hope your local unit will consider formulating your own shared resolutions either from the list above or of your own creation. And by all means, publish them, tell the world, shout it from the rooftops! Consequently, it seems rather duplicitous to promote shared resolutions without sharing my own. So in the spirit of the New Year, I will share one of my resolutions with you. I resolve (among other things) to bring an end to my procrastinating ways. It's 4:58PM and this article is due by 5:00PM. [SEND] Hey, don't judge!

### I'm So Thankful for Our Union



**Amy Hauschild,**  
BSN, RN, MNA Labor  
Representative

Recently, one of our union members called me to ask advice on how to handle some issues which had arisen in her workplace. This nurse has been a long-term member of her MNA Local Unit. After we strategized about the issues at hand and guided her in the right direction, I suggested she reach out to another local leader in another part of the state who had recently experienced a similar situation and successfully remedied it.

This nurse went on to tell me how thankful she is for her local unit. She appreciates the ability to collaborate with professional nurses from all over the state, not only about local unit issues, but also about patient care, safety, standards, and any other issue a professional nurse may encounter. She said, "Some

people think the union is here just to protect our rights at work and be there in case something bad happens, but unionism is more than that". She is correct. At MNA, we are *bringing people together* to create power to advocate for what they decide is their common interest, for the common good, and for the nurses and the patients they serve.

Many of you who know me personally can attest that I have often said "You are just one change away from your worst nightmare at work." MNA will always be there for our nurses on the job when they are experiencing challenges. However, the true power of the collective comes from the unity and cohesiveness the nurses create themselves while advocating for their patients and for their profession. It's hard to imagine a world where a nurse may be labeled a troublemaker or even targeted after raising a practice or safety concern, but I have seen it first-hand. When nurses call MNA and ask for help organizing themselves into a union, the primary reason is usually not related to pay or benefits, they are looking for the collective voice and the ability to safely and effectively advocate for their patients.

### 2013 American Federation of Teachers President's Meeting



**Robin Haux**  
MNA Labor  
Program Director

This past November, Lori Chovanak, MNA Executive Director, Vicky Byrd, President MNA Board of Directors, and Robin Haux, Labor Program Director attended the AFT Annual Presidents Meeting in Virginia. The meeting was a valued opportunity for MNA staff and leaders to network with other local and association presidents and leaders. The conference included presentations on significant union wins and losses across the US, how programs and campaigns were designed, and what worked and did not work within these campaigns. Additionally, our attendees were presented with information and support on human resource issues within our association and goals on how to meet our individual strategic goals and tasks, addressing staffing needs, professional development and employee relations.



# Continuing Education

## Serving on a Planning Committee for Continuing Education



**Pamela S. Dickerson**  
PhD, RN-BC, FAAN  
MNA Director  
of Continuing  
Education

Have you ever been asked to serve on a planning committee for a continuing education activity? Did you shy away from the opportunity because you didn't know what was involved? Did you participate, but wish you could have done more? Would you like to have the opportunity to be on a committee in the future? In the last issue of the *Pulse*, we discussed the role of the nurse planner. In this article, you will learn how

other members of the planning committee make a positive impact on activity planning!

Quality continuing nursing education is developed according to criteria issued by the American Nurses Credentialing Center's Commission on Accreditation. These criteria are evidence-based standards of quality in the educational design, implementation, and evaluation processes; leading to changes in nursing practice that enhance the professional development of the nurse and/or improve the quality of patient care. MNA is accredited as an approver of continuing education for other groups, and is approved as a provider for its own activities, both under the auspices of the ANCC accreditation program.

According to accreditation program criteria, every continuing nursing education activity must be planned by a committee of at least two people – a nurse planner, who has a minimum of a baccalaureate degree in nursing and familiarity with educational design and adult learning and, a content expert who is knowledgeable about the topic being developed. There can be more people on a planning committee, but there can never be fewer than these two.

What are the responsibilities of planning committee members?

1. Participate with the nurse planner in meetings to discuss the activity. These may be face-to-face or virtual meetings via email, phone conferences, or web-based interactions.
2. Clarify with the nurse planner the reason you are on the planning committee. Are you considered the content expert? Are you representing the target audience? Do you have expertise in a particular area, such as educational design, graphics, or evaluation? Your contributions to the committee's work will be based on your role on the committee.
3. Complete a biographical data/conflict-of-interest form and submit it to the nurse planner for review. The nurse planner is charged with the responsibility of ensuring that the learning activity is presented with integrity. He/she will review your information

to see if there is any conflict of interest that would preclude your ability to be objective in the planning process. If there is, you may be asked to participate on a planning committee for a different activity. An example would be that a person who is on the speakers' bureau for a pharmaceutical company that produces and sells drugs for diabetes would not be permitted to be on a planning committee for an activity about treating diabetes.

4. Participate actively in the work of the committee, which typically includes reviewing needs assessment data, discussing the specific outcome that is desired for learners, developing objectives and content, and selecting speakers. You have an opportunity to influence the focus of the activity and help plan ways the learners will improve their knowledge, skills, or practice.
5. Ask questions for clarification as needed. Be sure you understand each step of the process. One of the reasons to have at least two people on a planning committee is to be sure different viewpoints are considered. Ask the nurse planner to explain any criteria that may be unclear, so you know exactly what is expected in each phase of the planning process.
6. Sometimes members of the planning committee participate in the learning activity itself. This is not a requirement, but it does give you a wonderful opportunity to see your work "come to life" and enjoy the fruits of your labor.
7. Participate with other members of the committee in reviewing evaluation data for the activity. There are two criteria that speak to evaluation – one is that evaluation data are used to make decisions about whether an activity should be modified or discontinued; another is that evaluation data are used to determine how effective the activity was in improving nursing professional development and/or patient care. Data are collected during or at the end of the activity to get learners' immediate responses. Additionally, for some activities, longer-term data collection provides evidence of change in practice. The planning committee is expected to engage in review of all evaluation data.

Does this sound like something you would be interested in doing? There are many MNA approved providers throughout the state – the list is published on our website at [www.mtnurses.org](http://www.mtnurses.org) and is also found elsewhere in the *Pulse*. If you work in one of these organizations, please contact your organization's primary nurse planner to see about how you can be involved on a planning committee. MNA uses planning committees for all of the events we provide, so let us know if you would like to work with us on one of our events!

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# Membership

## Where Do My Dues Go?



**Cathy Ransier**  
Membership & Finance Specialist

Earlier this year, we notified all members about the membership dues increase. This was done in-house and it was disconcerting to see how many of these letters came back to us with either a new address or as undeliverable. All notices with new addresses were mailed a second time, which meant that the Association paid dearly to have these notices delivered. As the individual who also oversees office expenses, I was close to having a coronary!

All new addresses were updated but if you have not received your notice, you are in "the pile" as undeliverable. If you are making one of those life changes that requires a new address, please keep us in mind and give us a call or drop us an email.

In regards to the dues increase, we have had some questions about the breakdown of where your dues go and what they cover. The chart below shows a breakdown of where it all goes. If you have any questions, I am more than happy to answer them for you.

I am enjoying my time here at MNA and look forward to improving as your membership "go to" person. There is still so much to learn, but with time and effort I can see the pieces falling into place.

### 2014 Full Dues Breakdown

Category	ANA	Mobilization	MNA	District	Local	ANNUAL AMOUNT	Monthly (payroll deduct)	Service Fee (ANA)	Annual (ANA)	Monthly (ANA)
Basic MNA Membership	\$146.00		\$307.50	\$12.00		\$465.50	\$38.80	\$6.00	\$471.50	\$39.30
Collective Bargaining Member	\$146.00	\$30.00	\$307.50	\$12.00	\$12.00	\$507.50	\$42.30	\$6.00	\$513.50	\$42.80
Basic New Graduate	\$73.00		\$153.75	\$12.00		\$238.75	\$19.90	\$6.00	\$244.50	\$20.40
New Graduate Rate - CB	\$73.00	\$30.00	\$153.75	\$12.00	\$12.00	\$280.50	\$23.30	\$6.00	\$286.50	\$23.90
Retired Nurse Rate	\$36.50		\$76.75	\$12.00		\$125.25	\$10.45	\$6.00	\$131.25	\$10.95



**Has your contact information changed?**

- New name? New address?**
- New phone number?**
- New email address?**

To update your contact information, please email or call Montana Nurses Association:  
[cathyr@mtnurses.org](mailto:cathyr@mtnurses.org) or 406-442-6710



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We would like to welcome the following nurses to Montana Nurses Association! Below are the names of New Members and Members who have renewed their membership between November 1, 2013 & December 21, 2013.

If your name is not listed, and you believe it should be, please contact Cathy Ransier at 406-442-6710 or email her at [cathyr@mtnurses.org](mailto:cathyr@mtnurses.org)

Adrianna Jurek  
Adrienne Ross  
Amanda Malley  
Andrea Helmer  
Angela Renner  
Anna Walsh  
Ava Boschee  
Caela Kaszuba  
Candy Watzek  
Carol Henning  
Casey Wilcox  
Cathleen Holgate  
Cynthia Russell  
Debra Valdivicz Bennett  
Diann Thompson

Don Wipf  
Emily Watson  
Erin Park  
Heidi Fishell  
Jacob Scott  
Jamie Hess  
Jane Anderson  
Janet Winnie  
Jenifer Manning Mitchell  
Jennifer Elias  
Karin Silverstein  
Kate McInnerney  
Kati McLeod  
Katie Trottier  
Kerry Nichols

Laura Plaska  
Lily Marx  
Lindsay Lombardo  
Lindsey Walshe  
Lisa Shaurette  
Lori Luoma  
Lori-Jane Sibbitt  
Nicole Kropp  
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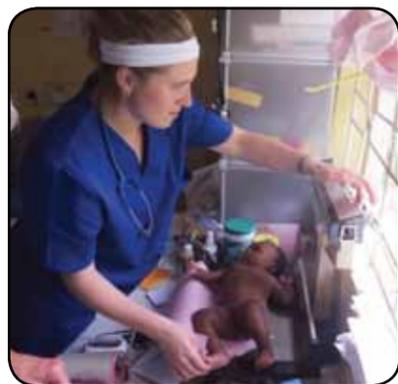


## Around the State

# Montana Nurses Give Medical Aid to Tanzanians

**Mary Nielsen MSN, RN  
Chair, Health Professions  
Director, Nursing Program, Missoula College of  
the University of Montana**

We as nurses, or at least in speaking for myself, get very caught up in our "to-do" list of what needs to be done next, what light needs to be answered, what report needs to be completed, when the accreditation is due, or what committee meeting is coming up.



**Amanda Stubb, RN  
Missoula College graduate,  
weighing a baby**

who I am and why I became a nurse. During the summer of 2013, for the third time since 2009, my husband and I, along with a team of twenty-five Montanans and one person from Washington, made the trip to Tanzania in east Africa. As part of International Evangelism Outreach (IEO), our team brought one physician, seven nurses, two nursing students and two graduate nurses from Missoula College, one pre-medical student from Carroll College, two dentists, one dental hygienist, a physical therapist, occupational therapist, pharmacist, three high school students and six support staff to spend three weeks providing medical aid to rural areas of Tanzania.

All of our nurses have an active Montana Nursing license, and three of them are retired. We took healthcare beyond the borders of Montana, reaching those in need internationally. What an amazing experience for us all, and especially for the students. As Crystal Coyne, an ASN student at Missoula College stated, "Nursing is no longer just a great job, merely relegated to the confines of my community. It has become a way to reach across world borders, offering not only health care, but kindness and compassion as well. I will enter my nursing career even more passionate about the mission work."

Our team is based in Sakila, Tanzania, which is a small village near Arusha. Here, our small clinic of three rooms serves as the pharmacy, dentist, and patient care area. Registration and client intake is completed under a tree outside the clinic, which is covered with tarps on rainy days. Several times a week we also travel on a flatbed truck to remote areas setting up our clinic in churches.

We saw over 1,400 people on this trip. Our goal is to eventually work to make the people of Sakila and the surrounding area self-sufficient. IEO is sponsoring a nursing student's education in Kenya.



**Jeanne Simmerman, RN & Judy Burnam, RN – retired MT nurses at Sakila Clinic**

She is a senior who will return to Sakila and work in the clinic once she receives her BSN. We are presently working to have one of our translators, who really has a heart for nursing, come to Missoula as an International student and complete her BSN. She will also return to Sakila to serve her people in the clinic. We work with local government agencies and hospitals making referrals when the problem is greater than we can provide in a clinic setting. This trip, we sent over 30 people for further treatment including surgery, prosthesis, braces, specialist follow-ups, or as in one case, to a government hospital for active tuberculosis treatment. We provided nutritional supplements in the form of baby formula (which was donated from the Anaconda Hospital), for multiple infants, children and even adults suffering from malnutrition. All clients and their families were provided with medication

to treat intestinal parasites and a supply of multivitamins which we brought over with us. Vitamins are very hard and simply unaffordable for most Africans, so we take hundreds of pounds with us each visit. There is also care provided for the common cold, fungal growths, fractures, seizures, and open wounds on Simon's Elephantiasis legs. My husband Tim, who is a physical therapist, spent several hours removing a cast from a small child using a pair of trauma scissors. The cast had been on many weeks too long and the family had no resources to get it removed. We taught a mother of twins, where one of the four month olds only weighed eight pounds, how to bottle feed and taught her infant to take the bottle. Our physician, Ron Burnham, a Pulmonologist from Billings, MT, spent most of his days helping us identify and treat what we nurses were assessing. This was mostly in the form of fungal and skin conditions from poor hygiene due to the lack of clean water supply in remote areas of Tanzania.



**Tim Nielsen, RPT & Jim Filek, RN  
Consulting with a patient at an  
outlying village of Tanzania**

At one outlying village, a client recognized who I was from a previous visit in 2011. At this time, I had seen this woman for a large neuroblastoma on her eye. Not being something that we could treat, we provided her with the \$500.00 for travel to Kenya

and the neurosurgery. She received the treatment and although she did lose her eye, she is in good health and lost the societal stigma she faced from the facial disfigurement the tumor caused. When she recognized me, she started calling out and our interpreter shared what was happening. Both of us burst into tears and just hugged each other. She was without one eye, but she was so beautiful. As my husband Tim was quoted saying for an article in the Bitterroot Star Newspaper, November 6, 2013, "When we give them money, you never know if it is going to be used for treatment or for other basic necessities. In this case, she used it and is alive because of it."

Before each trip, we spend a year preparing our team and fundraising. We also are gathering eye glasses, ibuprofen, topical creams, multivitamins, toothbrushes, toothpaste, ball caps, and shoes. The joy expressed in the smiles when we give out the supplies is beyond words. These simple items are so treasured and appreciated by our Tanzanian family. It is because of the clients we see; stories like our Blastoma woman and the tuberculosis patient, who we are able to provide resources for and save

their lives; the orphanages, villages and schools we visit; and the people we meet who become family, that keep Tim and I going back. We are planning to increase our visits from biannual to annual starting with our next trip in 2015.

We are not the only team from Montana that goes to Tanzania with IEO, as Sami Butler, a Registered Nurse from Helena, MT, also leads a team. We are working together to coordinate our visits to improve continuity of care and follow up.

Above anything else, and the greatest gift of all, is what we receive. We come home being blessed much deeper than anything we give. The joy and love shared with us by the people we meet goes deep, deep into the heart. We come home different people, learning it is not what we have that makes us happy, but what we do with what we have. Tim and I have been health care providers going on forty years and there is no greater joy in our profession than our trips to Tanzania. We are always looking for team members to join us. If you have a pull on your heart to share your nursing expertise globally and would like to join us in Tanzania, Africa, please contact us. We would love to have you join our family. Our contact information is [mary.nielsen@umontana.edu](mailto:mary.nielsen@umontana.edu) or (406) 273-6605.



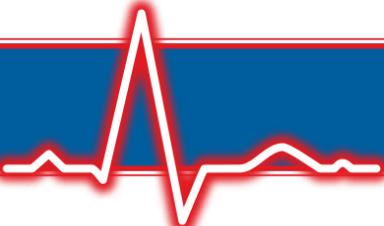
**Mary Nielsen, RN  
Providing education, vitamins,  
toothbrushes & toothpaste**



**Katie Filek, new ASN  
graduate from Missoula**



**New shoes for a young child**



# Around the State

## Statewide Summit on Nursing Education June 9 and 10

*Rita Cheek, RN, PhD*

The Montana Center to Advance through Health Nursing (MT CAHN) is sponsoring a Summit on Nursing Education (NE) preceded by five regional meetings across Montana to gather information on health care needs related to nursing and nursing education as a basis for decision making about the future of nursing education in Montana. In October 2013 Nursing Program Directors from all public nursing programs in Montana agreed upon the following goal:

Develop a statewide nursing education model that maximizes academic progression towards BSN and graduate nursing degrees to meet the changing health care needs of Montanans.

The regional meetings and Nursing Education Summit are designed to help achieve that goal.

Regional meetings are planned for April 2014 in Pablo, Great Falls, Butte, Billings, and Miles City. Anyone interested in nursing practice or nursing education is encouraged to attend and share his or her views. Participants will be asked to focus on current strengths and issues in nursing education, health care needs for nurses now and into the future, and future needs for nursing education. Information gathered from each regional meeting will be summarized and shared at the Summit to identify differences and commonalities across the state. Watch for specific details about your region's meeting.

The Nursing Education Summit is scheduled for June 9 and 10 in Helena at the Great Northern Hotel. Information on Montana's nursing education needs (based on information gathered from the regional meetings) will be presented. Invited speakers from other states that have developed a statewide nursing education model will share their state's strategies to address nursing education needs now and into the future. Following the presentations, the group in attendance will develop an action plan to address current issues and future needs for nursing education in Montana. This Summit will be of particular interest to nurses, nursing educators, nursing students, employers of nurses, and consumers of health care.

MT CAHN is the official state action coalition of the *Future of Nursing Campaign for Action* in Montana. The coalition co-leads are Casey Blumenthal, Vice President, MHA; an Association of Montana Health Care Providers, and Cynthia Gustafson, Executive Director of the Montana Board of Nursing. The mission is "leading nursing practice through collaboration to advance the health of Montanans". The Education Council of MT CAHN is planning and implementing the regional meetings and Nursing Education Summit. Mary Nielsen and Shannon Holland are Co-Leads for the Education Council. For more information on MT CAHN, please visit <http://mtcahn.org>.

This activity is funded by Robert Wood Johnson Foundation's Academic Progression in Nursing (APIN) grant that MT CAHN received in August 2012.



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# Around the State

## Matters of the Heart

*Barb Schaff, DNP, FNP-BC*

February is the month for lovers and how better to show your love than to take care of yourself and your heart so you may share a healthy life. As nurses, we teach our patients the importance of a low-fat diet, salt restriction, and plenty of water to aid the heart and blood pressure. One component to good heart health is often overlooked. That is, regular aerobic exercise. As nurses, do we value exercise as a major factor in preventing heart disease? How often do we teach our patients about aerobic exercise?

Aerobic exercise refers to almost any physical activity that gets the body moving and raises the heart rate for an extended period of time (ie. a brisk walk for 30 minutes). The benefits of aerobic exercise go far beyond the mirror. Working up a sweat on a regular basis is nearly as important as kicking the smoking habit. You don't have to be an athlete to reap the benefits. Moderate cardiovascular activities can ward off heart disease, diabetes, and some types of cancer. Taking up aerobic exercise on a regular basis can add several healthy years to your life.

**Why is aerobic exercise beneficial?** The heart muscle gets bigger, stronger, and more efficient with exercise. In about 6 to 10 weeks of regular exercise, the heart muscle thickens, pumping more oxygenated blood with every heartbeat. Simultaneously, the working muscles of the torso, arms, and legs become more efficient at extracting oxygen from the bloodstream. This combination leads to an increase in exercise capacity. Circulation improves because exercise increases the number of capillaries that deliver the oxygen and remove wastes.

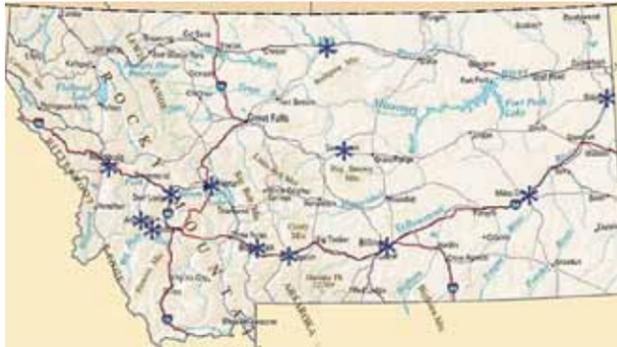
Aerobic exercise reduces blood pressure and raises healthy HDL. It helps keep blood vessels clear of plaque and reduces the risk of clots. Aerobic exercise burns fat and raises the metabolism which is one of the best weapons against obesity. Physical activity also benefits the rest of the body. Weight-bearing exercises increase bone density and reduce the risk of osteoporosis. It also regulates blood sugar metabolism reducing the risk for Type II diabetes. Regular exercise revs up the immune system and helps your body make new proteins.

How much exercise is enough to reap the benefits? Ideally, you should be on your feet at least one hour a day doing normal chores. In addition, exercise hard enough to breathe deeply and break a sweat for at least a half hour three or more times a week. Of course, too much exercise can be as harmful as too little. When people exercise for two hours of vigorous activity, the stress hormones of cortisol and epinephrine are released. These hormones have a negative impact on the immune system and their presence in high concentration can lead to getting sick more often. Women who over extend themselves with exercise can stop menstruating making them more vulnerable to osteoporosis.

For most of us, reaching the point of diminishing returns is not the problem. Most of us simply haven't valued the message enough to actually exercise on a regular basis. There is no magic pill to prevent heart disease. Vitamins and eating right are only a small part of the answer. You need to get out there, rev up the old heart, and start sweating!

## Political Action Network Volunteers Needed

**Sharon Sweeney Fee, RN, PhD**  
MNA Council on Practice & Government Affairs Representative to the Board



**Sharon Sweeney Fee, RN**

At our October convention, the Council on Practice & Government Affairs asked for volunteers willing to participate in our political action network. We are asking nurses to work this year on meeting and greeting the Representatives and Senators in their communities. You can see (from the above map) we have a number of communities with volunteers, and a number without. We are hoping to have nurses from as many districts as possible to help us with our Legislative Agenda in 2014. We will have a workshop at the Labor Meeting in April and we will set up conference calls and webinars to help you understand what our agenda will be and how you can help us be successful. We have some significant issues including our "Stop Violence against Nurses" initiative and dealing with Right to Work and Multistate Licensure bills coming in 2015.

If you would like to help us with this, especially if you are from an area that is not represented, please let me know. Please send me an e-mail if you are interested, [ssfee123@yahoo.com](mailto:ssfee123@yahoo.com).

Is there something you would like to see in upcoming editions of the *Pulse*? Would you like to submit something for publication? Here are some topics we are looking to cover in the Summer edition: summer safety, water quality, and Convention 2014! Articles are due April 7, 2014. If you have any questions please call the MNA office or email Kim, 406-442-6710 or [Kim@mntnurses.org](mailto:Kim@mntnurses.org).





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# American Nurses Association

## Nurses Retain Top Spot as Most Ethical Profession

The public continues to rate nurses as the most trusted profession, according to this year's Gallup survey that ranks professions based on their honesty and ethical standards.

"Nurses are on the front lines of health care. We advocate on patients' behalf whether we are at the bedside or in the boardroom," said American Nurses Association President Karen A. Daley, PhD, RN, FAAN. "Patients understand that nurses are committed to improving the quality of their care, and this poll reflects the high regard they have for the profession."

Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of new roles, such as care coordinators and wellness coaches, and in leadership roles.

As millions of Americans are able to access health care coverage through the Affordable Care Act, ANA and its constituent and state nurses associations will continue to advocate for measures that will allow the public to benefit fully from nurses' skill and expertise.

For the past 12 years, the public has voted nurses as the most ethical and honest profession in America in Gallup's annual survey. This year, 82 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high," a full 12 percentage points above any other profession.

Nurses consistently capture patient and public trust by performing in accordance with the *Code of Ethics for Nurses* that supports the best interests of patients, families and communities.

## Fatigued Nurses More Likely to Regret Their Clinical Decisions

A study in *American Journal of Critical Care* links nurse fatigue to increased decision regret



Fatigued nurses are more likely to express concern that they made a wrong decision about a patient's care, according to a study in the January issue of *American Journal of Critical Care* (AJCC). "Association of Sleep and Fatigue With Decision Regret Among Critical Care Nurses" found that nurses impaired by fatigue, loss of sleep, daytime sleepiness, and an inability to recover between shifts are more likely than well-rested nurses to report decision regret. Decision regret is a negative cognitive emotion that occurs when an actual outcome differs from the desired or expected outcome. For nurses, it reflects concerns that the wrong decision may have been made regarding patient care. Although decision regret reflects previous decisions and adverse outcomes, it may also contribute to work-related stress and compromise patient safety in the future. This link between nurse fatigue and decision regret adds to the body of evidence that supports the need for appropriate staffing to ensure the use of fatigue management strategies to promote both patient safety and a healthy work environment.

Lead author Linda D. Scott, RN, PhD, NEA-BC, FAAN, is associate dean for academic affairs and an associate professor at the University of Illinois at Chicago College of Nursing. Cynthia Arslanian-

Engoren, RN, PhD, ACNS-BC, FAHA, FAAN, and Milo C. Engoren, MD, FCCM, from the University of Michigan, Ann Arbor, served as co-authors. "Registered nurses play a pivotal role as members of the healthcare team, but fatigued and sleep-deprived critical care nurses put their patients and themselves at serious risk," Scott said. "Proactive intervention is required to ensure that critical care nurses are fit for duty and can make decisions that are critical for patients' safety."

Critical care nurses and their employers must acknowledge the effect of fatigue, sleep deprivation and excessive daytime sleepiness on clinical performance and patient outcomes and must engage in strategies to mitigate these impairments. Healthcare employers should implement scheduling models that maximize management of fatigue, ensure that support resources for clinical decisions are available, and encourage the use of relief staff to provide completely relieved work breaks and strategically planned nap times. "By working together to manage fatigue, critical care nurses and employers can ensure patients receive care from alert, vigilant, and safe employees," Scott said.

For the study, more than 600 nurses working full-time in critical care units completed a questionnaire on personal and work-related data, sleep quality, daytime sleepiness, sleep quantity, clinical-decision self-efficacy, and decision regret. Most respondents reported moderately high fatigue, significant sleep deprivation, and daytime sleepiness, all of which affect their ability to be alert, vigilant, and safe. Furthermore, the nurses were not likely to sufficiently recover from their fatigue-related states during non-work periods. Decision regret was most common among nurses who are male, work 12-hour shifts, and have lower levels of satisfaction with their clinical decisions.

The research was supported in part by the Kirkhof College of Nursing at Grand Valley State University, Grand Rapids, Mich., and the American Association of Critical-Care Nurses (AACN). To access the study abstract and its full-text PDF, visit the AJCC website at <http://www.ajconline.org>.

## American Nurses Foundation to Award Up to \$225,000 in 2014 Research Grants

Priorities Include Nurse Leadership, Empowering Nurse Change Agents

SILVER SPRING, MD – The American Nurses Foundation (ANF) is now accepting applications for its 2014 Nursing Research Grant (NRG) Program. The program will provide up to \$225,000 in research awards to beginner and experienced nurse researchers.

ANF is the charitable and philanthropic arm of the American Nurses Association (ANA). The 2014 grant program will focus on nurse leadership and how to empower nurses to become change agents in the transformation of the health care system.

"Nursing research improves health using a holistic approach, which is vital to promoting wellness, limiting chronic illness and optimizing health outcomes for patients, families, and caregivers," said Robin Knobel, PhD, RN, chair of the ANF Nursing Research Grant Program, and an assistant professor at Duke University School of Nursing.

Individual grants range from \$5,000 to \$25,000. The largest award, the Margretta Madden Styles

Credentialing Research Award, is named for a past president of the American Nurses Credentialing Center, ANA and the International Council of Nurses. The award funds research on the impact of nurse credentialing programs for patients, nurses, and health care organizations.

Information and access to the online application are available on ANF's website at [www.givetonursing.org](http://www.givetonursing.org). The application process is open through May 1, 2014.

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

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# American Nurses Association

## Appraisal Aims at Broad View of RNs' Health, Wellness, Safety on Job

### HealthyNurse™ Program Seeks to Position RNs as Role Models

Registered nurses (RNs) constantly evaluate the health and wellness of their patients and provide guidance and educational resources. But how many RNs really know the status of *their health*, and how to improve *their wellness*?

Now RNs can compare their health, safety and wellness to the overall U.S. population and other nurses within demographic categories, including nursing specialty, by taking the American Nurses Association's (ANA) new HealthyNurse™ Health Risk Appraisal, which was developed in collaboration with Pfizer, Inc. This HIPAA-compliant online survey also allows nurses to assess workplace risks such as patient-lifting injuries and workplace violence.

The appraisal is a component of ANA's HealthyNurse™ program, which encourages nurses to focus on self-care so they can be at their healthiest – physically, mentally, emotionally and spiritually – to provide the highest quality of care and serve as role models, advocates, and educators for their patients.

"When we model the healthiest behaviors ourselves, it becomes easier to help our patients to do the best things for their health," said ANA

President Karen A. Daley, PhD, RN, FAAN. "This appraisal will help nurses to optimize their health and serve as an online check-up on the health risks they face in their personal and work lives."

The data-gathering tool is combined with an interactive "Web Wellness Portal," a website for respondents to obtain information and educational resources based on their interests, workplace conditions and results in areas such as fitness, nutrition, stress management, health screenings, sleep and tobacco and alcohol use.

"As within the nursing profession, at Pfizer health and wellness is a priority. We are delighted to be partnering with ANA to enable nurses, our largest health care professional group who are closest to patients, to take a proactive approach to their own health. A healthy nurse promotes a healthy nation," said Paula R. DeCola, MSc, RN, Pfizer senior director, external medical affairs.

The appraisal, which takes 20 to 30 minutes to complete, will become a continually accumulating database that will enhance the nursing profession's ability to track trends and set policy and advocacy priorities and strategies. ANA has recognized a lack of current data on nurses' health and work

environment, or demographic comparisons to national health benchmarks. The most applicable data, the Nurses' Health Study from the Harvard School of Public Health, is more limited in topics and focuses on women's health issues.

ANA defines a healthy nurse as one who "actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being," and who "lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates and educators, personally, for their families, their communities and work environments, and ultimately for their patients."

ANA's concept of a healthy nurse includes five aspects that enable nurses to function at their highest potential: 1) Calling to care; 2) Priority to self-care; 3) Opportunity to serve as a role model; 4) Responsibility to educate; and 5) Authority to advocate.

All RNs and RN nursing students are encouraged to take the appraisal for free and access the Web Wellness Portal at: [www.ANAhira.org](http://www.ANAhira.org).

## Student News

### MNA Transition to Practice 2014



Sara Churchill  
Helena College

The Helena College Student Senate sponsored 16 RN students to attend the Transition to Practice conference given by the MNA on Jan 26th and 27th. The conference became part of the NRS 266 course which emphasizes nursing leadership. Each student was asked to write a summary of the conference. Below you will find RN Student Sara Churchill's summary along with comments from other RN students who attended.



The Montana Nurses Association facilitated a nursing conference that I attended on January 26th and 27th. I was fortunate to have this opportunity. This conference focused on the transition of the student nurse into the career of professional nursing. Several influential nursing professionals shared their personal experiences from early in their careers as they embarked on the path that each of us now find ourselves on. In their individual way, each speaker offered reassurance regarding the uncertainty that is commonly felt among newly graduated nurses entering the professional world. These nurses readily stressed that the fundamental learning occurs during your education; however, the worldly experience that you gain through practice strengthens that knowledge and develops nurses into skilled trusted professionals. This information is encouraging to new graduates and is useful for alleviating the stress that we inflict upon ourselves to be skilled in all areas necessary to function as an RN. This is simply not the case and much of the actual learning takes place as an ongoing process throughout your career.

There was a strong emphasis on the ability of one nurse to change the world. These changes can be from that of fostering a positive work environment to global levels that change the way nursing is practiced throughout the world. The nurses who spoke have all impacted the nursing profession in an individual way. One of the topics that I found most interesting was the information provided that discusses the political component, which affects our profession. This was interesting to hear and learn about. I found it quite strange to think that non-medical politicians are often responsible for making decisions that dictates how nurses practice.

It was a very empowering experience. I left this conference with a new sense of conviction about my choice to dedicate my life to the nursing profession. I have a refreshed sense of purpose and a realization that I have chosen a career full of opportunities to change the world one patient at a time!

#### Comments:

"All in all, it was a great experience. I am very glad that I was able to attend. Thank you for the opportunity." Gina

"I am eager to begin my journey as a professional nurse." Pam

"I enjoyed this conference immensely and believe that all graduating RNs should attend this conference if it is an annual event. I greatly appreciate this experience and have learned valuable lessons from the conference that will help me transform my nursing career." Tasha

"I found the MNA conference to be a helpful learning experience. Getting reinforcement from experienced nurses was inspiring." Kaitlyn

"I think the main thing that encouraged me the most was having different speakers reiterate that as new nurses we are not expected to know everything." Leota

"Even though I still feel apprehensive about what lies ahead as a new RN graduate, the conference left me feeling empowered." Dawn

"Hearing from other people who have succeeded in their careers and why is important to continue in education was inspiring." Kelli

"The conference was a positive experience that I would recommend every new nurse attend." Kyle

"The conference was one of the most interesting experiences I have had as a nurse. I learned more than I thought I would and enjoyed it immensely." Janae

"After the conference I left feeling empowered and I want to further my education." Mattie

"I felt this experience gave me confidence as I prepare to graduate and transition into the role as a registered nurse." Lindsey



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