Greetings ANA/C members!

Now that my first several months as President are behind me, there is a lot to reflect upon. Following the ANA Membership Assembly, ANA/C has continued to grow and thrive in many ways. Our association is involved in many different areas of advocacy, policy and nursing practice throughout California and the nation, and these efforts continue to advance nursing and patient care. As the legislative year ended, we saw great successes for our profession as well as challenges for the future. The messages we have shared and the relationships we have forged are being heard and realized across all areas of nursing. We have changed our structures and processes in several areas, including readjusting the trajectories on some of the endeavors we have explored.

You have likely heard that Governor Brown signed the sunset bill for the BRN. We are happy to report that this legislation will extend the sunset of the BRN until 2020. Our voice was heard loud and clear, and we thank you all for the critical role you had in supporting this legislation by contacting your elected representatives.

Many of you have reached out with requests to increase member involvement. The suggestions from members, as well as the resources available through ANA, have been useful in helping us identify opportunities to increase our communication and involvement efforts. Our ANAC Weekly newsletter has included some of these efforts, and we invite you to browse through this valuable electronic publication, if you have not already done so. Reaching out to our members is very important to us, and we invite your feedback. Please let us know how we are doing in serving you.

Many of you may recall when California explored a pilot program with the Western Multistate Division of ANA. We entered into this pilot to combine resources with Colorado, President’s Perspective continued on page 3

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**INSIDE THIS ISSUE**

| Highlights from ANA/C’s Virtual Business Meeting and Education Session | 4 |
| ANCC Magnet Conference | 5 |
| Have a Question? Ask Florence | 6 |
| Easing Our Young! Supporting Our Future Workforce | 7 |
| Legation Day: One Nurse, One Student, One Person Can Make a Difference | 7 |
| Nurses in the Community | 8 |
| Cookies, a Wagon and Compassionate Care | 9 |
| Plan to Attend ANA/C’s RN Day at the Capitol | 9 |
| Learning to Be Health Policy Advocates | 9 |
| Your Nursing Career | 10 |
| APRN Corner | 11 |
| Building 360 Wholistic Support | 13 |
| Preparing for an Active Shooter in a Healthcare Setting | 13 |
| Membership Application | 15 |
ANA&C WANTS TO SEE YOU...

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, headshot (jpeg) and news to –

E-mail to:  TheNursingVoice@anacalifornia.org
Mail to:  ANA&C California ‘IN THE NEWS’
1211 L Street, Suite 406
Sacramento, CA 95814
Fax:  916-400-3599

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IN THE NEWS!


ANA&C California is an Affiliate of the American Nurses Association.

January, February, March 2018

THE NURSING VOICE
ARTICLE SUBMITTAL TO ‘THE NURSING VOICE’

ANA&C California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA&C members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANA&C will accept letters, Articles and Manuscripts submitted to ANA&C will be published as space allows unless content is of a timely nature.

Letters, Articles and Manuscripts submitted to ANA&C will be reviewed by the Editorial Staff. Letters, Articles and Manuscripts may be submitted by members of ANA&C and will be given first consideration when there is an availability of space in the newsletter.

Letters, Articles and Manuscripts submitted to ANA&C must include the name of the Letter, Articles or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

E-mail all narrative to TheNursingVoice@anacalifornia.org.

The official publication of ANA&C shall be The Nursing Voice. The Nursing Voice is published quarterly starting in January; copy must be received by the first (1st) of November, February, May, and August to be included in the next publication. The publication is complimentary to ANA&C members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit a letter, article, or manuscript for publication please read ‘Article Submission for The Nursing Voice’ in this issue for submission details.

THE NURSING VOICE is the official publication of the American Nurses Association/California and is published quarterly starting in January; copy must be received by the first (1st) of November, February, May, and August to be included in the next publication. The publication is complimentary to ANA&C members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit a letter, article, or manuscript for publication please read ‘Article Submission for The Nursing Voice’ in this issue for submission details.

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IN THE NEWS!

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ATTENTION NEUROSCIENCE NURSES!

Join us in San Diego from Saturday, March 17 to Tuesday, March 20, 2018, for the premier neuroscience nursing educational event!

John C. Fremont Healthcare District

Published by: Arthur L. Davis Publishing Agency, Inc.
Arizona, Utah and Idaho to provide more services to our members. After approximately one year of exploration, the Multistate Division decided that a consortium model would be a better fit for the states, and decided not to utilize the MSD model. California gave careful consideration to this model, and while we did support the Consortium model as more appropriate for us, the final decision was made unanimously by the Board to withdraw from the pilot.

The ANA\C Board of Directors believes that we have advanced to a position where we can be self-supporting and focus all our resources on our members. We recognize Robin Schaeffer, who served as Executive Director for the past two years. Robin’s work has made this move for our association possible, and we are very grateful for her efforts. While Robin has other commitments to nursing leadership across the nation, she has continued to collaborate with us to move ANA\C forward and continue our growth.

We are pleased to announce that the Executive Director position has been filled by our own State Director, Marketa Houskova. Marketa has diligently served ANA\C for several years in various positions, and is the most knowledgeable person to lead us forward. The ANA\C Board of Directors welcomes Marketa, and is pleased for our future.

Updates about the work of our organization, as well as news and events, can be found in ANA\C Update video links in the Members Only section of our website. Our goal is to make these video messages a monthly occurrence. We welcome your feedback on these video updates, as we strive to maximize the resources available for you as members. We are especially proud to continue to reach out to our new graduate nurses and support them as the future of our profession.

In the aftermath of the numerous tragedies that have struck our nation and the world in 2017, we gratefully recognize the efforts of nurses who have answered the calls for help in times of need. ANA\C remains committed to bringing the voice of nursing to those tragic situations, and we invite you to hear our messages that are shared with key stakeholders. We recognize the nurses who responded to the call to help those affected by the fires in Northern California. Many nurses worked extra shifts, volunteered at community shelters, donated to support efforts, and various other avenues of help. On page 8 of this issue, Melissa Byrne, an RN who volunteered to help fire victims, shares her story.

Our thoughts are also with the nurses and their families impacted by the fires. Personally, I had a colleague from nursing school who lost their home in this fire, and know of many nurses who have friends and families directly impacted by this tragedy. Please keep them all in your thoughts and prayers as the full impact of this disaster unfolds.

A great amount of work has been accomplished, yet we have much more to do. I am grateful to my colleagues who have offered their help and support, and for our amazing Board of Directors for their work thus far. As an association president, I am only as successful as the members and leaders within the organization, and I fully recognize the many contributions that come from your efforts. I look forward to continuing to serve our association, and advancing our profession for the benefit of health care consumers. Thank you for your membership in ANA\C.

I hope that you enjoy reading this issue of The Nursing Voice – please feel free to share it with your colleagues.
In November, your Board of Directors met at the El Camino Hospital in Mountain View for a special two-day meeting. Board members and volunteers arrived on November 8, 2017 for the afternoon Board of Directors meeting.

With a fluid agenda, the BOD discussed issues ranging from ANA\C going green in Spring 2018 and exploring avenues for a dynamic online newsletter that would engage members in real time, to reviewing existing and/or establishing new ANA\C policies, and voting to establish an ANA\C Public Policy Committee that will keep an eye on the beat of today’s changing landscape in health care and on the future emerging roles for nurses. Nursing has changed dramatically over the last 10-15 years, and in order for ANA\C to stay relevant, we must be at the forefront of discussion and lead through our vision, mission, policies, position statements and values.

These will be the prisms the new Public Policy Committee will be looking through regarding the changing landscape of healthcare and emerging roles for nurses. Some issues mentioned included licensing e-compact, technology and access to care such as tele-health and the role of nurses, inter/intra-professional cooperation and leading by example, and recognizing the ever-present importance of human rights and social justice in healthcare. ANA\C thanks our Nursing Practice Director, Chris Tarver, for hosting this meeting at El Camino Hospital and for making us feel welcome.

ANA\C Virtual Business Meeting and Education Webinar

On November 9, ANA\C presented a virtual business meeting/update where each Officer, Director and the Executive Director reported on their respective activities to the members participating in the audio-only portion of the meeting. The virtual meeting started with ANA\C President Phillip Bautista recognizing Robin Schaeffer, our former Executive Director, for her exemplary leadership during the last 2½ years while ANA\C underwent extensive re-structuring and re-organizing. We surprised Robin with a beautiful plaque presented to her on ANA\C’s behalf, by her staff in the Arizona Nurses Association office. Thank you, Robin!

Next came the presentation of individual reports. Intentionally, we planned for succinct reports by all Directors and Officers to leave extra time for a question and answer session allowing, you, our members, the opportunity to meet your Board and ask questions about their vision for ANA\C and how they plan to achieve it. We enjoyed a lively conversation focused on member engagement and communication and we would like to thank all who participated.

Last but not least, we would like to extend our gratitude to Alice Benjamin, aka Nurse Alice, for her time and expertise delivering the one-hour webinar, The Nurse’s Growing Role in the Media. Nurse Alice, a media-trained health expert described the health news field, social media and opportunities for nurses to increase their voice and influence. For nursing advocacy associations, knowing how to effectively utilize the media including social media platforms, and the ability to communicate and use arguments are pillars of effective advocacy. Thank you, Alice for sharing your expertise.

You can access recordings of ANA\C’s Virtual Business Meeting and the webinar by Nurse Alice via the ANA\C website. One hour of continuing education credit is available for viewing the webinar and completing an evaluation.

We look forward to seeing you at the ANA\C General Assembly on Nov 9-10, 2018, in Newport Beach, CA!
Finding California Gold at the 2017 Magnet Conference®

Anita Girard, DNP, RN, NEA-BC  
ANA/C Vice President

With a new perspective as the ANA/C California Vice President and a representative to the 2017 ANCC Magnet Conference®, I was so very proud to see all the California hospitals attending the conference to receive their Magnet designations or support their colleagues as they celebrated. More than 9000 nurses gathered from around the world to support the city of Houston and share best practices around patient satisfaction, RN satisfaction and improving nurse sensitive indicators. I want to acknowledge all the California Magnet Hospitals and share a few pictures of the designation celebrations. There are now 469 Magnet Hospitals across the globe and 32 are here in California (see box for full list). For support or any inquiry, you can locate a Magnet Hospital via the Magnet website (http://www.nursecredentialing.org/Magnet/FindaMagnetFacility). It was also inspiring to see all the best practices in nursing and interprofessional care shared through poster or podium presentations by so many California nurses – we were well represented!

Celebrating 2017 California Magnet® Hospitals 2017

Kaiser Permanente Irvine Medical Center
Stanford Health Care
Children’s Hospital Los Angeles
UC San Diego Health
Washington Hospital

Reinvigorating Our Passion for Nursing

By Annie Tat, MS, BSN, RN, PHN  
ANA/C Member

I reached my five-year mark as a registered nurse in July 2017, and am no longer considered a “new grad.” In this time, I’ve been insulted as the worst nurse someone has ever had. I’ve had feces thrown at me. I’ve injured my back when moving a patient. I’ve been pushed to accept a patient on my unit that I didn’t think was appropriate. I’ve been sexually harassed by patients. I’ve been punched, kicked, and yelled at. I’ve been told “you only work three days a week,” when I vent about my difficult day. But I’ve also moved from being task-oriented to providing patient and family-centered care. I’ve been told that I made a patient’s day. Without hesitation, I’ve jumped into a code blue. I’ve been acknowledged by my colleagues as a team player. I’ve gone back to school and earned a master’s degree. I’ve been relief charge and precepted nursing students, new grads, and experienced nurses. I’ve learned from other nurses, physical therapists, physicians, nurse practitioners, pharmacists, students, and from every person who strives to provide quality and safe care. I noticed that after five years, there are days when it has been easier to dwell on the negative rather than the positive of this often selfless profession. It was so gratifying for the opportunity to attend the 2017 ANCC Magnet Conference® to reinvigorate my love for nursing.

The Magnet Conference®, October 11-13, in Houston, was attended by more than 9000 nurses from more than 20 countries. You could feel the excitement and passion for the nursing profession and safer, quality health care delivery. Within the first 20 minutes of the general session, attendees donated over $28,000 towards hurricane and disaster relief (reaching over $94,000 by the end of the conference). Being in Houston reminded us that we are all one community, and that our contributions can make a huge difference. The ability to connect with nurses from across the country who share the same enthusiasm for the profession was priceless. The conference was a chance to have fun, but also an opportunity to learn and grow.

Conference sessions reflected the innovations nursing has to offer, from decreasing hospital admissions of patients with sickle cell disease by providing them therapy in the outpatient infusion center, to hospitals collaborating with neighborhoods around them for a thriving community. General session speakers, Carolyn Jones, filmmaker of The American Nurse, reminded us that what we do is extraordinary; we have the ability to be transparent, empathetic and brave.

Attending the Magnet Conference has helped prevent me from burning out in this profession where we exhaust our minds and hearts providing care. It reminds me that we need to take time to refill our tanks, and to reflect on why we entered nursing – a profession we constantly give to, but one that also gives back to us!
Everyone who graduates from nursing school has undoubtedly heard the term “nurses eat their young.” The sad reality is that the term is still prevalent within our field and often results in troubling transitions for new graduate nurses. At ANA\C’s General Assembly in October 2016, a motion was passed to launch a new campaign. We at ANA\C are going to help our new graduate members by transforming the saying to Nurses Ease Their Young!

It is time we let our new nurses know that they are our future and deserve to be valued and respected as critical team members the moment they accept their first position. Being a new nurse is difficult enough without having to endure negative behavior from colleagues.

So how do we change a long-standing cultural issue? Here at ANA\C we have developed an idea that can be fun and effective in helping new graduates overcome the hardships that many of us have faced. Welcome to Dear Florence, an advice column where nurses can submit stories, complaints and/or questions anonymously. Each quarter, we will recruit an amazing nurse leader from our state who will take the time to offer their wisdom and advice.

We are hoping this platform will:

• Give our new graduates a voice and a chance to hear from true leaders
• Help our nurse leaders understand some of the hardships our new RNs experience daily
• Help our new nurses realize that they are not alone

Our first “Florence” is our very own Ruth Rosenblum, DNP, MS, RN, PNP-BC, CNS, ANA\California’s Secretary. An advanced practice nurse for more than 30 years, Ruth is currently an assistant professor at the Valley Foundation School of Nursing at San Jose State University where she is also Interim Director of the California State University Northern Consortium Doctor of Nursing Practice program. Additionally, she is a Pediatric Nurse Practitioner in Child Neurology at Santa Clara Valley Medical Center (SCVMC) where she manages children with seizures, headaches, tics, concussions, and other neurologic disorders. She is also the medical provider for the High-Risk Infant Follow-up Program at SCVMC. Ruth has an interest in pediatric headache management via the use of mobile healthcare technology, as well as promoting innovation and evidence-based practice. She is immediate past Director of Clinical Practice for the Association of Child Neurology Nurses.

Kelly Bell, RN, BSN, ANA\C Treasurer

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Ruth Rosenblum, DNP, MS, RN, PNP-BC, CNS

Dear Florence:

I started a job as a new grad RN six months ago and still feel like I know nothing. There is one nurse on my floor who loves to remind me of how little I know. During report she is always telling me what I did wrong, but never helps me understand how to do things the correct way. I don’t see her doing this to other people. I am shy and have a hard time speaking up for myself. How do I let her know that she isn’t being helpful? Instead, I’m left feeling embarrassed and incompetent.

Feeling Hurt
San Francisco, CA

Dear Feeling Hurt,

First of all, kudos to you for identifying a problem and seeking support for it. Many new grad RNs have gone through the same experiences that you are describing and have overcome them successfully. Because you self-describe as shy and not terribly assertive, it may be more of a challenge for you to approach this individual. You may need to leave your comfort zone and feel uncomfortable initially in order to assert yourself and improve the situation. However, approaching this nurse yourself is the right thing to do.

Gather your inner strength and “game face” and kindly ask if you can speak with her before (or after) report, or when both of you have a few free minutes (never, I know). State your feelings in “I” terms (versus “You do this to me”). Perhaps start with a compliment about her experience and knowledge, move into how you feel, and finish with some strategies she could use to help support rather than belittle you. I know this is difficult, but no one else can address the situation except you.

Good luck!
Florence

Kelly Bell, RN, BSN, ANA\C Treasurer

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Students in all nursing programs receive generous financial support.
As ANA’s Education Director and as an advisor to the California Nursing Students Association (CNSA), I have the pleasure and privilege of working with student leaders throughout the state. ANA/California is a partner with the Association of California Nurse Leaders (ACNL) in raising our next generation of leaders. In October of each year, CNSA hosts its annual convention. In addition to educational sessions covering a wide variety of topics, this three-day event includes opportunities for nursing students to attend NCLEX reviews, participate in CNSA’s House of Delegates, develop leadership skills by running for positions on the Board of Directors and have their resumes reviewed.

In the annual meeting of the House of Delegates, students learn parliamentary procedures, professionalism and the importance of the voice of nursing. Also, local CNSA chapters write, present and defend resolutions to promote awareness of needed changes in nursing education and practice. As a constituent of the National Student Nurses Association, CNSA is an officially recognized nursing student association. Membership in CNSA, available to all nursing and pre-nursing students, leads California students into professional practice, engagement with ANA, as well as specialty nursing organizations.

How can you help? We need more engagement and active support from all areas of nursing. Our students, who are our future employees and leaders, are at the crossroads where education meets practice, and where these two areas need to interface. How can you do this? Get involved! Reach out to your local nursing schools to inquire about their nursing student association and meet with the faculty advisor(s). Offer to speak at local meetings. Offer to host a local meeting. Join your local chapters at the state convention next October and see how many more you can get to attend. Volunteer for resume reviews at the convention. Start discussions regarding the benefits of professional organizations and the need for education and practice to work together to encourage our future colleagues to get involved and stay involved throughout their careers.

Thank you in advance for Easing Our Young! Visit www.cnsa.org for more information about CNSA.

Legication Day:
One Nurse, One Student, One Person Can Make a Difference

Annie Tat, MS, BSN, RN, PHN

When I was a nursing student, there were many times I doubted my ability to make a difference – whether it was with individual patients or within the healthcare system. When I was educated about the inequities of healthcare, a fire lit within me, and I searched for ways I could drive change as an RN. The California Nursing Students’ Association (CNSA) and later the American Nurses Association (ANA) showed me how one voice, especially the collective nursing voice, can create ripples of positive change. I was fortunate enough to become a fellow in the American Nurses Advocacy Institute where I went to Washington, D.C. and received training on how to navigate our political system. I wanted to pay it forward, and inspire other nurses and nursing students to realize that their voice matters in the hospital, community and political arenas.

From this passion, Legislation (Legislative Education) Day was born. A group of Sacramento State University nursing students, including CNSA’s Legislative Director Ryan Robertson, ANA/C, and I came together to create a training day for nursing students and nurses. Topics included an overview of the legislative process, challenges and opportunities, and ways nurses can become involved. Roxanne Gould, ANA/C lobbyist, and Marketa Houkova, our Executive Director, inspired minds as they passionately spoke about their professions and how nurses make an impact on policy. Assembly member Kevin McCarthy provided contextual information and challenged us to think critically about the healthcare system. Attendees were able to reinforce their learning and take action at the event. The importance of collective action was emphasized throughout the day.

Legication Day participants

(District 7 of California) emphasized that as the most trusted profession, nurses have a powerful voice. ANA/C and I are now collaborating to take this content and create an online module that will be accessible throughout the state to empower as many nursing students and nurses as possible to get involved in the legislative process. A Legication Day attendee summarized it best on the evaluation form, “As a voter and when I’m a nurse, my experience and my voice are valuable. With my voice I can speak up and create change!”
Helping Victims of the Northern California Fires

Melissa Byrne, BSN, RN, CPN, ANA/C Member

It was around 1:00 a.m. on October 9, 2017, when my coworkers at UCSF Benioff Children’s Hospital, families of patients and I noticed the smell of smoke. Soon after, our house supervisor informed us that the smoke was likely coming from a fire that broke out in Napa area, over an hour’s drive away. Stunned, we looked up the news and saw that two fires had started in the last several hours in Napa and Santa Rosa. By the end of my shift, the fires had spread from 20 acres to 20,000 acres, and multiple hospitals had evacuated and were sending patients our way. It started to set in that this wasn’t any typical fire.

The news showed a “firestorm” aided by high winds that had started 15 different fires across the northern San Francisco Bay Area. I saw friends on social media sharing that they had been emergently evacuated with only the clothes they were wearing at the time. While driving home to Petaluma that morning, it progressively got darker from the smoke. I lost count of the ambulances I saw driving southbound likely transporting patients.

My town quickly became an evacuation center for thousands displaced in the disaster. When I arrived home, my boyfriend informed me that he was unable to go to his work in the Fountain Grove area of Santa Rosa because of the spreading fire and evacuations. Large buildings were lost, and multiple neighborhoods turned to ash. One of our dearest friends lost his home and my extended family was evacuated. I learned that everybody knew somebody who was affected. First responders were traveling from multiple other states and even other countries to help.

On the news and social media, I listened to desperate pleas for RNs and other medical professionals to help in multiple clinics across the county. Local hospitals were giving out their labor pool telephone numbers to ask for any nurses, respiratory therapists or doctors willing to come and help staff their hospitals because personnel had either lost their own homes or were unable to safely come to work due to road closures.

I called my manager at UCSF Benioff Children’s Hospital and asked if there was any way I could help my community, and I was taken off the schedule for the remainder of that week. I spent several nights volunteering as an RN in multiple sites across my town.

I walked into the clinic set up at Petaluma Fairgrounds to find RNs, doctors, physician assistants, respiratory therapists, CNAs, LNPs, EMTs, social workers, interpreters, paramedics, and medical and nursing students from all over the Bay Area. Some of them had evacuated from their homes and were unsure if they still stood. Others worked in the hospitals that were evacuated. These dedicated professionals worked at the clinic 16 hours a day.

Medications were donated from a pharmacy association and oxygen tanks were donated from San Francisco. We had first aid supplies, respiratory treatments, blood glucose monitoring and equipment for vital signs. It was then that I saw the faces of evacuees and my heart sank.

I heard stories of people who risked their own lives to wake their disabled neighbors and carry them out of homes that were on fire, and of others who, while their neighborhood was burning, ran back and forth to fight the fires by their neighbors’ homes so that they could get out safely. I also saw videos of nurses transporting their patients with flames in the background and smoke everywhere.

While there was an obscene amount of chaos in our greater community, the process of forming these centers was fairly smooth. Within just a couple of days, volunteers and donations were turned away because there was such a massive amount of help everywhere. People were leaving phone numbers just in case they were needed, and they continued to check in every morning to see if they could offer help. It was such a solemn and unsettling time, but also so inspiring to see the amount of unconditional love, support and community.

There was only one thing that made sense to me after a tragedy with 200,000 acres destroyed, 41 lives lost, 100,000 people displaced, and 5000 homes and structures burned to the ground: It was to keep giving anytime and anywhere I could. I am proud to work in a profession that enables me to apply my knowledge and skills everywhere, especially in the worst of times.

American Pediatric Surgical Nurses Association, Inc. invites you to the 27th Annual Scientific Conference

April 30 to May 3, 2018
JW Marriott Desert Springs Resort & Spa Palm Desert, California, USA
Registration will open January 2018
www.apsna.org

Helping California’s RN Students Through Tough Times

Flo’s Cookie Jar provides emergency grants-in-aid to pre-licensure RN students facing a one-time financial need that would force them to leave school. Our current student nurse population represents the diversity of California – it is critical that we retain every student possible and help them achieve success.

Flo’s Cookie Jar provides one-time emergency grants up to $2,000 for:
• Personal and educational emergencies that would cause a pre-licensure nursing student to leave school.
• Professional supplies, such as uniforms and equipment, that exceed the first-semester student’s ability to pay.

Founded in 2005, Flo’s Cookie Jar is a collaborative venture with California Nursing Students’ Association Foundation, American Nurses Association/California, Association of California Nurse Leaders, Health Impact and deans and directors of college and university nursing programs.

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Donations made to Flo’s Cookie Jar are tax deductible. | Tax ID # 68-0041624
Learning to Be Health Policy Advocates
Lindsay Sandberg, BSN, MS, RN, ANA Legislative Director

Earlier this month I attended American Nurses Advocacy Institute (ANAI) in Washington DC. Launched by the ANA in 2009, the program grooms nurses participants to become effective advisors to their state nurses associations in establishing legislative/regulatory priorities, recommending strategies for execution in the advancement of a policy issue, and educating colleagues about the political realities and how to be more effective advocates.

While in DC, we heard from influential nurse leaders such as long-standing Minnesota House Representative who is currently campaigning for Governor, Erin Murphy, MA, RN, FAAN; Mary Behrens, MS, RN, FNP, BC; former Wyoming state senate majority legislator, and Dr. Irene Trelwell-Harris, RN, EdD, Major General USAF, Retired, the former Director of the Department of Veterans Affairs Center for Women Veterans. The agenda also included learning about messages for differing audiences from leaders in the public relations and considerations when assessing the political environment. We were able to apply these skills by meeting with our elected representatives in their offices and discuss important legislative issues impacting nursing.

This experience was one of the most inspiring experiences I have had in my Legislative Director role. It demonstrated how important and needed the nursing voice is in Washington D.C!

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Exciting Opportunity for Primary Care ARNP
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Assistant or Associate Professor - Family Nurse Practitioner (FNP) Program

The ideal candidate is an experienced family nurse practitioner with teaching experience with a doctorate who demonstrates research and scholarship contributions. In addition, the candidate must have current in practice providing primary care to the full age span of patients, including pediatrics.

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For questions please email Dr. Kathy Chai kchai@csudh.edu

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ANAC The Nursing Voice • Page 9
Managing Conflict: An Essential Skill

Susan Odegaard Turner, PhD, RN
President and CEO
Turner Healthcare Associates, Inc.

Conflict can make individuals and groups feel scared and powerless. Like power, conflict is often seen as negative. The negativity is not inherent in conflict itself, but rather comes from tension caused by not handling the issue. Conflict is inherently neutral. It is not personal, but people often make it a personal situation. Conflict can be functional because it leads to discussion, investigation and accomplishment of new goals. Excessive conflict can be dysfunctional and lead to more strife – not problem-solving.

Before resolution of conflict can begin, the cause of the conflict must be identified. There are different types of conflict. There is conflict within a person or a group, between groups, or between organizations. There are different causes of conflict at work, including goal incompatibility, competition for scarce resources, task interdependencies, such as work shared between departments, organizational structure, and integration of roles. Groups are a frequent source of conflict because people come with their own set of values, history and expectations. Ethnic and cultural diversity of the nursing workforce, as well as differing communication styles, can also lead to conflict.

Conflict is often over-feared and undervalued. Most nurses would rather avoid conflict altogether than deal with whatever issue causes the tension. I’m not sure what makes conflict so difficult for nurses. It may be that nurses lack training in managing conflict.

For some, undoubtedly, fear of the conflict resolution process is the hard part. For others, conflict may always be seen as a negative personal issue and therefore to be avoided at all costs. For the profession of nursing as a whole, conflict has often been avoided or glossed over and not dealt with. This has caused many formidable and difficult issues to be endlessly debated, but never resolved. For example, there have been discussions about whether entry into nursing practice should be at the associate degree or baccalaureate level for at least 40 years, and there is still no defined entry into practice education statement for the nursing profession in the US.

According to Bernard and Walsh, (2008), conflict is a normal, unavoidable part of human relationships. Conflict exists when two or more parties (individuals, groups or organizations) differ regarding facts, opinions, beliefs, feelings, drives, needs, goals, methods, values or anything else. The conflict produced by the differences between these parties creates tension and discomfort. Because of the discomfort conflict causes, most people view conflict as negative and something to be avoided whenever possible.

Disagreement between groups about their goals can create conflict, especially if the accomplishment of one group’s goals prevents the other group from achieving its goals. Competition for scarce resources is an all-too-common theme for conflict in today’s healthcare institutions. Dollars, personnel, space and time are all in short supply. Most organizational structures also cause conflict to occur. Differing goals, roles and viewpoints between managers and subordinates, or project managers and operations staff, are common and often difficult to resolve. In this era of constantly increasing healthcare costs and ever-decreasing healthcare dollars, there is more conflict than ever!

Conflict is part of the natural change process. Conflict can resolve differences, clarify issues, and promote unity when managed effectively. To avoid conflict is to eliminate the possibility of defining goals, discussing issues and designing a unifying philosophy about the issue.

Conflict can also be about power. If you are a leader who implements change, conflict will inevitably result as a by-product of change initiatives. For leaders to use their power effectively, they must deal with the conflict in order for the change process to take place. To avoid conflict is to ignore the power of leadership.

Conflict does enhance advocacy. Above all else, nurses continually strive to be advocates. Patients, families and the under-served are the recipients of that advocacy. Handling conflict effectively allows patient advocacy to flourish. To not deal with conflict limits patient advocacy and intervention effectiveness.

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APRNs: Meeting the Primary Care Shortage in Geriatrics

Debra Bakerjian, PhD, APRN, FAAN, FAANP, FGSA, Associate Adjunct Professor UC Davis, Betty Irene Moore School of Nursing

This article is a summary of a chapter on Nurse Practitioners and Primary Care of Older Adults published in Wasserman, M., & Riopelle, J. (Eds). (2017). Primary Care for Older Adults: Models and Challenges. Springer.

The primary care workforce consists of medical doctors, doctors of osteopathic medicine, nurse practitioners, and physician assistants. The Healthforce Center at University of California, San Francisco has projected a substantial shortage of primary care physicians because the number of retiring primary care MDs exceeds the number of new physicians entering the field (California's Primary Care Workforce Current Supply, Characteristics, and Pipeline of Trainees, Coffman J, Geyn I, & Himmernick, K., 2017). The authors project a 7-24.6 percent decline in supply of primary care physicians by 2030, particularly in the Central Valley, Central Coast, and Southern Border regions of California. They are projecting that 4,700 additional PCPs will be needed by 2030.

There have been intensive efforts to meet this shortage of primary care through increased numbers of NP and PA graduates in the state. In fact, the UCSF center projects that California will have 78,000-103,000 primary care providers by 2030, with NPs and PAs comprising about half of this workforce. And while NP and PA numbers are growing faster than those of physicians, a significant percentage of NPs (almost 33 percent) are also choosing to enter specialty care versus primary care (AAPA, 2015).

These primary care shortages have been exacerbated with the passage of the Affordable Care Act and are worse in rural areas of the state and with certain populations. (almost 33 percent) are also coming upon retirement age and many PA graduates are choosing to enter specialty care versus primary care (AAPA, 2015).

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Table 1: Distribution, Top Practice Setting and Clinical Focus Area by Area of NP Certification

<table>
<thead>
<tr>
<th>Population</th>
<th>Percent of NPs</th>
<th>Top Practice Setting</th>
<th>Top Clinical Foci</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>7.7</td>
<td>Hospital Inpatient</td>
<td>Cardiology (20.8%)</td>
</tr>
<tr>
<td>Adult*</td>
<td>16.8</td>
<td>Hospital Outpatient</td>
<td>Primary Care (32.6%)</td>
</tr>
<tr>
<td>Adult-Gerontology Primary Care*</td>
<td>4.0</td>
<td>Hospital Outpatient</td>
<td>Primary Care (40.5%)</td>
</tr>
<tr>
<td>Family*</td>
<td>55.1</td>
<td>Private Group Practice</td>
<td>Primary Care (47.0%)</td>
</tr>
<tr>
<td>Gerontology*</td>
<td>2.7</td>
<td>Long-Term Care Facility</td>
<td>Primary Care (51.8%)</td>
</tr>
<tr>
<td>Neonatal</td>
<td>1.7</td>
<td>Hospital Inpatient</td>
<td>Primary Care (15.3%)</td>
</tr>
<tr>
<td>Pediatric - Primary Care*</td>
<td>6.4</td>
<td>Hospital Outpatient</td>
<td>Primary Care (57.8%)</td>
</tr>
<tr>
<td>Psychiatric/Mental Health - Adult</td>
<td>2.4</td>
<td>Private NP Practice</td>
<td>Psychiatric (96.1%)</td>
</tr>
<tr>
<td>Psychiatric/Mental Health - Family</td>
<td>3.0</td>
<td>Psych/Mental Health Facility</td>
<td>Psychiatric (89.5%)</td>
</tr>
<tr>
<td>Women's Health*</td>
<td>5.8</td>
<td>Private Group Practice</td>
<td>OB/GYN (72.6%)</td>
</tr>
</tbody>
</table>

* Six of the 10 population-focused NPs are primary care providers with most of the primary care NPs practicing in outpatient clinics, private practice, or long-term care settings. (From Wasserman, M., & Riopelle, J. (Eds). (2017). Primary Care for Older Adults: Models and Challenges. Springer. Bakranja D. Chapter, Nurse Practitioners and Primary Care for Older Adults).

Nurse practitioners have generally been in greater demand in the past several years. Merritt Hawkins, a top national recruiter, reported that NPs are the fifth most requested search in the US, with demand coming from a variety of health care organizations. The high degree of need for primary care in the geriatric field places both new and experienced nurse practitioners (APRNs) in a strong position to command both a good salary and excellent working conditions.

NPs commonly provide care in outpatient clinics, private offices, hospitals, skilled nursing facilities, and homes. Over the past decade, as innovative models of care have grown, roles for NPs have expanded and include opportunities for ownership and leadership as well. A few ambulatory care examples are provided in Table 2, all of which can be led by NPs in many states except for Accountable Care Organizations (ACOs). The legislation that originally allowed NP owned practices to participate in ACOs was changed to exclude NPs at the last minute.

Table 2. Nurse Practitioners in New Healthcare Delivery Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Centered Medical Home (PCMH)</td>
<td>Outpatient, ambulatory care model that espouses a team-based approach to care in a redesigned model emphasizing person-centered care and coordinated team care (Barkauskas et al, 2011)</td>
</tr>
<tr>
<td>Nurse-Managed Health Clinics (NMHCs)</td>
<td>Outpatient, ambulatory care clinics that provide comprehensive primary care health and wellness services to underserved and vulnerable populations. (Auerbach et al, 2013)</td>
</tr>
<tr>
<td>Retail Clinics</td>
<td>Clinics that provide basic healthcare services within a retail environment; typically, a pharmacy or large box store. Retail clinics provide basic services such as immunizations, diagnosis and initial management of acute illnesses and is covered by many insurances including Medicare and Medicaid.</td>
</tr>
<tr>
<td>Independence at Home</td>
<td>These are practices that provide care for patients who would normally be eligible for skilled nursing home admissions, but are cared for in their homes. Both practices led by a physician or a nurse practitioner have participated in this CMS Demonstration Project.</td>
</tr>
<tr>
<td>*Accountable Care Organizations (ACOs)</td>
<td>These are groups of institutional and individual health care providers that collaborate and share resources while providing coordinated care to patients.</td>
</tr>
</tbody>
</table>

All APRNs are familiar with the national debates about full practice authority in the US; this has been particularly frustrating in California, which has one of the most restrictive practice environments in the country as can be seen on the American Association of Nurse Practitioners State Practice Environment map, on the AANP website. Even though there has been much discussion about full practice authority, there is very little debate about the value of nurse practitioners and the high quality of care they provide. In most cases, APRNs work in a collaborative environment and espouse team-based care. There are many excellent delivery models that include NPs as part of the healthcare delivery team. Several of these models focus on team-based care of older adults with NPs collaborating with...
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Preparing for an Active Shooter in a Healthcare Setting

Active shooter incidents throughout the country have prompted hospitals and organizations, including hospitals and other healthcare facilities, to consider response plans. An active shooter is defined by the U.S. Department of Homeland Security as “an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.”

Nurses should be aware if their workplace has a plan for how to handle an active shooter and they should be prepared to protect themselves and their patients.

A Deadly Problem

A 2012 Johns Hopkins’ study found that 154 hospital-related shootings occurred from 2000 to 2011, with 91 occurring inside the hospital and 63 outside, on hospital grounds. Many of these shootings can be deadly, particularly to the perpetrator, who was the victim in 45 percent of cases. Nurses and physicians accounted for five percent and three percent of victims, respectively.

Most perpetrators (91 percent) were men, and motivations included a grudge, suicide, death of an ill relative, and panic. Before the attack, however, that according to the U.S. Department of Homeland Security, active shooters typically have no pattern or method for selecting their victims. Because of this, shooting events are often unpredictable and preventable. However, that doesn’t mean there aren’t steps nurses can take to be prepared to react if a shooting incident occurs where they work.

Stay Vigilant

An active shooter could be an employee, patient, or client, a physician, or someone else. Nurses should remain alert to people acting suspiciously, for example appearing nervous when asked simple questions. Some people may exhibit signs of potentially violent behavior such as depression, withdrawal, and repeated violations of a facility’s policies, explosive outburst of anger, previous incidents of violence, etc. Report any concerns and document objective observations immediately.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not prevent a nurse from disclosing necessary information about a patient to law enforcement, the hospital, or anyone helping with the situation. Such disclosure may be necessary to prevent or lessen the risk of harm.

About the Author

David Griffiths is senior vice president of Nurses Service Organization (NSO), where he develops strategy and oversees execution of all new business acquisition and customer retention for the group’s allied healthcare professional liability insurance programs. With more than 15 years of experience in the risk management industry, he leads a team covering account management, marketing, and risk management services.

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Debbie Bershad, RN
ANA&C Member

I have spent 30 years working at the bedside of patients. I left the nursing profession in 1993, for two reasons. One was because of burnout, and a desire to counter its negative effects. The other reason related to a profoundly positive recent experience, where I encountered the life-changing outcomes possible when nurses and members of the healthcare team provide patient-centered care.

I was tasked with finding a nursing model or healthcare delivery system that supported the provision of day-to-day patient-centered care. Because of these two influences, I left the field of nursing and began working in leadership at the frontline of patient-centered care. Because of these two influences, I learned the importance of a delivery system that supported the provision of day-to-day care.

I currently work at the frontline of patient-centered care as a hospice nurse and as owner of 360 HealthPartners.

It is very important to focus on building strengths. I taught a strength-based management style for years. What I learned by working with nurses over the years is that it is also vital to be aware of areas of weakness, particularly if those weaknesses are having a negative effect on us and/or others. Negative effects on us are best manifested as stress. Negative effects on others is commonly manifested in conflict, gossiping, lack of team cohesiveness, creating mistrust, or in general – job dissatisfaction.

Each of us has areas of strength, as well as opportunities for improvement. One’s ability to build 360 Wholistic Support requires a healthy self-awareness that promotes a quiet confidence in knowing those areas that we are doing well, as well as a mature emotional honesty with oneself that does not deny or excuse those areas that we can improve upon. I am suggesting that developing 360 Wholistic Support is a personal endeavor and the specific process will be unique for each of us. It doesn’t require setting on a psychoanalyst’s couch, but it may require delving within ourselves with someone you trust to give you honest and respectful feedback. Effective results come through work and focus. Perhaps you have heard the saying, “most worthwhile accomplishments take hard work.” This process is not an exception to that. In my thirty years of experience and observation as a nurse, I’ve identified three major areas to work on:

• Providing support to our peers
• Providing support to our profession
• Supporting ourselves as members of the nursing profession

I will cover these areas in more detail in the next three installments of this article series. I will discuss the importance and benefits of including the concepts of 360 Wholistic Support as a foundation part of your professional development plan. I encourage you to create the AAA Habit – Awareness, Attitude and Action – to foster professional growth and satisfaction in all areas of your life (nursing included). Awareness, Attitude and Action are three simple words that with intent and practice, can form positive habits with transformative results.

The first A, Awareness, is the process of Healthy Self Awareness that I described earlier in this article. Healthy Self Awareness is the key. The second A stands for Attitude – our attitudes form and influence our actions, so it is vital to become more aware of our attitudes and how we use them to make our thinking work for us rather than against us. Action is about the goals we set for ourselves based on the results of our newfound awareness and attitudes. I know that goal-setting is a turn-off for some. I believe this is because we tend to complicate the process. I will describe a simple and highly effective way to either begin or increase your momentum and your achievement in the goal setting process.

In the next article, a great way to get started is to think of the AAA Habit as a mantra that will focus your mind and change your life! If you are not accustomed to focusing on creating healthy habits or the use of mantras, do an internet search. Check it out for yourself!
different institutional, community, and home settings (Table 3).

Home Based Primary Care (HBPC) Provides primary care to homebound older adults and focuses on transitional care for elderly patients recently discharged from the hospital with care often provided by an NP. This has been well tested by the Veterans Administration. The goal is to reduce re-hospitalizations and emergency department visits and to improve coordination and continuity of care. (Edwards et al, 2017)

PACE (Program of All-Inclusive Care for the Elderly) This Medicare and Medicaid funded model provides comprehensive medical and social services to an identified group of community dwelling frail elders with the goal of preventing patients from SNF admission. (Mukamel et al, 2006)

The Collaborative Care Model This model brings NPs and geriatric trained mental health professionals to provide care for patients with complex medical and psychiatric conditions. (Gilbody et al, 2006; Callahan et al, 2006)

Nurses Improving Care forHealthy system Elders (NICHE) NICHE is a nursing education and consultation program designed to improve geriatric care in healthcare organizations. The NICHE program provides resources for nursing and interdisciplinary teams to achieve organizational goals for the care of older adult patients. While not specifically focused on APRNs, it is relevant to APN care.

Each of the models briefly described in Tables 2 and 3 have been shown to be successful in their goals through a variety of different studies, noted in the references. Each of these models are continuing to grow and provide a wide variety of opportunities for APRNs, particularly NPs who are educated to provide care to older adults. Many of these programs are carried out in the ambulatory care environment, which is important as we see more care shifting to ambulatory care through the incentives provided in the Affordable Care Act and particularly through ACOs. There are many opportunities available in acute care hospitals. Programs like GRACE and NICHE are focused on the inpatient environment and other programs focus on care transitions as patients leave the inpatient environment.

I hope that this short article will stimulate some of my APRN colleagues to consider a change in their practice to gerontology. It is a fast-growing field with the increasing population of older adults and the expansion of innovative delivery models. The leadership opportunities are pervasive and there are wonderful prospects of working within an interprofessional team. Based on my 25 years in the field, I can confirm that it is incredibly rewarding work!

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