Poeticism aside, I was thinking about the success of our 2016 20th Anniversary Celebration and General Assembly in Redondo Beach. If you weren’t one of our 70+ attendees, I encourage you to read this issue with a good, strong cup of coffee so you can experience the energy buzz that rocked the conference center throughout our 2-day event (of course, only if cardiovascularly appropriate). From the opening keynote where anything is possible! I’m sitting on my balcony watching two hummingbirds whiz back and forth, always so busy and on the go. It’s a gorgeous day, one of those San Diego afternoons when you’re reminded that you’re human and the world is surrounding you with its energy. It’s a time to feel small, and a time to feel giant – wherever anything is possible!

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ANAC 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, ANAC 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. ANAC will accept letters and manuscripts of 1,500 words or less, typed and double spaced. We welcome signed letters of 300 words or less, typed and double spaced. ANAC will accept letters and manuscripts of 1,500 words or less, typed and double spaced.

ARTICLE SUBMITTAL TO ‘THE NURSING VOICE’

b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

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e. Letters, Articles and Manuscripts submitted by members of ANAC will be given first consideration when there is an availability of space in the newsletter.

f. Letters, Articles and Manuscripts submitted to ANAC will be published as space allows unless content is of a timely nature.

g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

h. Photographs should be in jpeg format and emailed with the name of the Letter, Articles or Manuscript referenced in the subject line. Email photographs 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.

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

We welcome signed letters of 300 words or less, typed and double spaced. If you or one of your colleagues would like to submit a letter, article, or manuscript, for consideration, please email TheNursingVoice@anacalifornia.org or call 916.447.0225.

ANA California’s official publication, ‘The Nursing Voice’ editorial guidelines and due dates for article submission are as follows.

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org.

   a. Letters, Articles and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

IN THE NEWS!

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, headline (jpeg) and news to –

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The Nursing Voice is the official publication of the American Nurses’ Association/California

ANAC is located in The Senator Office Building
1121 L Street, Suite 406
Sacramento, CA 95814

Office 916.447.0225 – Fax 916.442.4394

Association E-mail anac@anacalifornia.org

The Nursing Voice Editor
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The official publication of the 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.

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ANA\C 20th Anniversary Celebration & General Assembly

Marketa Houskova, RN, MAIA, BA
ANA\C Government Affairs Director

"Nurses must be allowed to practice in accordance with their professional training … and assume leadership roles in the redesign of the health care system."
-Harvey Fineberg, MD, Former President, Institute of Medicine

Growing up in Czechoslovakia, one of my Mom’s somewhat effective parenting tools was her not-so-veiled threat of “you will become like them if you stay surrounded by them!” While her worry that I may not achieve full potential, or lose my will to succeed based on the company I kept proved totally unfounded, her overall hypothesis of influenced by association may have some merit in certain circumstances. Intentionally surrounding yourself with people you want to be “like” can be a strategy to help you learn and grow. Case in point, ANA\C’s 2016 General Assembly in Redondo Beach where I was afforded an unforgettable opportunity to be influenced by association.

It was amazing to be surrounded by many outstanding nurses and leaders such as our keynote speaker, ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, who was named in the Top 25 Women in Healthcare and Top 100 Most Influential People in Healthcare in 2015 and 2016. Cipriano delivered a rousing presentation on nursing leadership, From Bedside to Boardroom, to open the General Assembly. Did you know that with 3.6 million registered nurses in the United States, and about 420,000 in California, we only hold about 5 percent of hospital board positions? Yes, we are the largest employee group in any hospital, yet our professional voice is not represented on most of the hospital boards in our country! To make matters even more frustrating, nearly half of US hospital boards do not have racial or ethnic minority representation whatsoever. If this is not a call to action, I do not know what is.

"Nurses are the experts in the patient and family experience, quality and patient safety and improving the system to reduce costs," said Cipriano. “It’s time they play a greater role in the boardroom.”

Through her inspiring presentation, Cipriano challenged us to more actively lead change in health care by seeking positions on boards. She described the National Nurses on Board Initiative that calls for 10,000 nurses to serve on boards by 2020. These boards include hospital, corporate, nonprofit, community advisory and others. (Learn more at: http://campaignforaction.org/join-effort-get-10000-nurses-onto-boards-2020/

It’s about time for nurses to have a voice on boards – we bring a different skill set to boardrooms, and we employ critical thinking and analytical abilities honed by years of nursing practice. And what of nurses being voted the most trusted and ethical profession for the 13th year in a row? Icing on the cake!

Whether you’re an RN interested in pursuing your Bachelor of Science in Nursing, or ready for your Master of Science in Nursing, this is a perfect time to earn your advanced degree at Concordia University Irvine.

In the RN to BSN Nursing program you have the flexibility to choose between online or a hybrid of online and on-campus courses. The program can be completed in as little as 12 months full-time, or approximately two years part-time.

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For more about the Concordia RN to BSN or MSN programs, contact MJ Caterinichio at 949-214-3654 or mj.caterinichio@cu-i.edu.

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MSN Classes Start: Jan 14 & Aug 26
RN2BSN Classes Start: Mar 15 & 16

Visit cui.edu/nursing to learn more.
Finding Your Niche: Transitioning to Another Specialty and Back

Jimil-Anne Linton, BSN, RN, PHN

During the 2016 ANA\C General Assembly, I had the pleasure of participating on the transitions in practice discussion panel. I must admit that I was somewhat nervous during my preparation for this discussion. When conversation began during the planning phase earlier this year, I was originally invited to participate because I had recently transitioned to a job in a new specialty. By the time the General Assembly came around, I had already left that job and was a little embarrassed to say that the specialty was not for me. But after sharing my story on the panel, there was an outpouring from fellow nurses who shared similar sentiments with various aspects of my experience.

So, here’s my story...

I am a new graduate registered nurse with nearly 15 years of RN experience. In my short tenure as a nurse, I have already experienced several transitions from student to new grad, floor nurse to charge nurse, then becoming a certified instructor to train other mental health workers on initial steps to self-care and more information about the Healthy Nurse, Healthy NationTM challenge. ANA members tested the system in September – late October and provided feedback in preparation for ANA’s national launch in January 2017.

The Healthy Nurse, Healthy NationTM concept tied in nicely to the presentation Marsha Fowler, PhD, MDU, MS, RN, FAAN, presented earlier in the conference on our Nursing Code of Ethics. As defined in provision number five of the 2015 Nursing Code of Ethics: “Nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities.”

It should be a priority for nurses to promote self-care for our patients and achieve self-care for ourselves. Similar to other nurses, my self-care was often neglected. This is a problem that is not unique to the nursing profession, but many nurses feel guilty about taking the time to focus on their own health. As nurses we often feel that we have no time to focus on ourselves. This is why I joined a transition to acute care program.

Immediately after finishing my first year as a nurse, my curiosity about acute care nursing emerged. As such, I applied for a position in a transition to acute care program at a major hospital in my area. To my surprise, the moment I applied for a position in a transition to acute care program had just closed in my area. Suffice it to say, the first opportunity that presented itself to me was the next day. Additionally, I had two children who needed my attention the moment I set foot into my home. I was stressed, and I began to feel myself burning out. I wasn’t willing to give up on my career ambitions or myself. I didn’t want to give up on my career ambitions or myself. I didn’t want to give up my career ambitions or myself. I didn’t want to give up my career ambitions or myself.

One who actively focuses on creating and nurturing families, their communities and work environments, can be discovered on the California MENTOR website. Recognizing that nurses are the ultimate care givers (usually to others first), ANA requests that nurses accepting the Healthy Nurse, Healthy NationTM challenge first complete a comprehensive survey to determine their primary areas of need. Once the survey is complete, the nurse is directed to proven interventions that can help individuals develop a personal plan to improve health and wellness. Initial steps to self-care and more information about the Healthy Nurse, Healthy NationTM Grand Challenge can be discovered on the ANA website.

During one of the breakout sessions, attendees also discussed best practices in their work environment to engage nurses and decrease stress. Suggestions included unit based Zen rooms for relaxation, live music programs, float nurses to off-load the stress on the unit, and staff combining their talents with other units for fun events, such as sing-alongs.

In October at ANA\C’s General Assembly, Jaime Murphy Dawson, ANA’s Healthy Nurse, Healthy NationTM program manager, presented an overview of the program to RNs in attendance. What a great idea to demonstrate that California nurses can be health care coaches and role models for a healthy lifestyle. As innovators and early adopters, ANA has taken on the challenge and volunteered to be one of the beta testers of this new program. ANA’s Healthy Nurse Healthy NationTM Grand Challenge.

In November, Dr. Smith is on line 2 returning your call. Please refer to line 2 returning your call.

If there is any wisdom I can impart from this experience, it is that nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities.

I must admit that I was somewhat nervous during my preparation for this discussion. When conversation began during the planning phase earlier this year, I was originally invited to participate because I had recently transitioned to a job in a new specialty. By the time the General Assembly came around, I had already left that job and was a little embarrassed to say that the specialty was not for me. But after sharing my story on the panel, there was an outpouring from fellow nurses who shared similar sentiments with various aspects of my experience.

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After receiving my RN license, I jumped right into the world of psychiatric nursing – working in acute psychiatric bed for a new grad, floor nurse to charge nurse, then becoming a certified instructor to train other mental health workers on non-violent crisis intervention. The challenges of these roles were already daunting – on top of the existing obstacles of being a new grad. After receiving my RN license, I jumped right into the world of psychiatric nursing – working in acute psychiatric unit based Zen rooms for relaxation, live music programs, float nurses to off-load the stress on the unit, and staff combining their talents with other units for fun events, such as sing-alongs. Imagine if all 3.6 million nurses improved their health and encouraged those around them from their families and communities to improve just a little – how much healthier our world could be!

ANA\C’s Healthy Nurse Healthy NationTM Grand Challenge.

Jame Murphy Dawson from ANA describes the Healthy Nurse Healthy NationTM Grand Challenge.

Jamil-Anne Linton at the ANA\C General Assembly.
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Delia Santana’s study used the qualitative approach of phenomenology to explore factors that contribute to low rates of influenza vaccination in older African Americans (population health/patient safety/patient experience).

Annie Tat’s project focused on raising the awareness of nursing students in appreciating the lives of low income, ethnically diverse women with chronic illness by using the framework of cultural humility (population health/patient experience).

Clearly these nurse colleagues are contributing enormously to the evidence base of nursing practice and assisting nurses in improving care delivered to patients and communities. Please consider how your efforts to improve nursing and identify best practices can be shared with your colleagues.

Highlights of poster presentations:

- Cynthia Stacy and collaborators explored the experiences of nurses working on acuity adaptable units (cost effectiveness and patient safety); their poster was selected by conference attendees for the People’s Choice Award.
- Pamela Cone and colleagues’ study examined the comfort of nurses in assessing the spiritual needs of their patients (patient safety).
- Veronica Timple’s preliminary dissertation research is directed at identifying contributing factors resulting in readmission of people living with Type II Diabetes (population health/cost effectiveness).
- Rachel Choudhury conducted psychometric testing of a telemetry monitoring tool used to evaluate nurse competency (patient safety).
- Brian Hamadane described use of the organizational performance improvement strategy, LEAN, to improve compliance with pre-operative procedure checklist (patient safety/cost effectiveness).

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ANA\C Recognizes Excellence in Nursing Practice and Patient Care

Florence Nightingale Award
Recognizes the delivery of outstanding direct patient care by a registered nurse.

Captain Rupert B. Laco, MSN, RN, CS, CSMRN
Captain Laco is a clinical nurse in the inpatient unit at David Grant USAF Medical Center at Travis Air Force Base. He is recognized for his professionalism, clinical expertise and positive interpersonal and interprofessional working relationships. In his hospital, Captain Laco serves as point of contact for the Basic Life Support and Patient Root Cause Analysis programs. Additionally, he spearheaded a peer review program on his inpatient unit. His award nominator stated that Captain Laco consistently demonstrates the values of "integrity first, service before self and excellence in all we do."

Joyce Newman Giger, PhD, RN, FAAN
Dr. Giger, Professor Emeritus from UCLA School of Nursing, has educated and mentored thousands of nursing students, and advanced nursing practice to improve the lives of patients around the globe. Dr. Giger developed, tested and implemented the Transcultural Nursing Model which guided day-to-day patient-centered nursing care and served as theoretical framework for research. In her role as Editor of the Journal of the Black Nurses Association, Dr. Giger has coached many minority nurses. She was nominated by the White House to the National Institute of Nursing Research, an advisory council of the National Institute of Health, and has chaired ANA councils on culture, diversity, genetics, and long term care. Dr. Giger is an admired colleague and dedicated public servant.

Elizabeth "Betty" Curtis Award
Recognizes a registered nurse who is an advocate on behalf of nursing and health care in the legislative, regulatory and/or other public policy arenas.

Elizabeth Dietz, EdD, RN, CS-NP
A Professor Emeritus at San Jose State University, Dr. Dietz serves on ANA\C’s Board as Legislative Director. In this role, she chairs the Legislative Committee, coaches nurses in effective health policy advocacy, and collaborates with ANA\C staff to represent the interests of the nursing profession. She also attends meetings of the Board of Registered Nurse in legislative hearings and political events on behalf of ANA\C. Dr. Dietz serves on ANA\C’s Political Action Committee and is a former member of the California BRN. Her service to ANA at the national and state levels is legendary. She is also a longtime Red Cross volunteer nurse and has been honored by this organization for her service.

Ray Cox Award
Recognizes the lifelong commitment of an RN in the advancement of the nursing profession in California.

Joyce Newman Giger, PhD, RN, FAAN
Dr. Giger, Professor Emeritus from UCLA School of Nursing, has educated and mentored thousands of nursing students, and advanced nursing practice to improve the lives of patients around the globe. Dr. Giger developed, tested and implemented the Transcultural Nursing Model which guided day-to-day patient-centered nursing care and served as theoretical framework for research. In her role as Editor of the Journal of the Black Nurses Association, Dr. Giger has coached many minority nurses. She was nominated by the White House to the National Institute of Nursing Research, an advisory council of the National Institute of Health, and has chaired ANA councils on culture, diversity, genetics, and long term care. Dr. Giger is an admired colleague and dedicated public servant.

JoAnne Powell Award
Recognizes an RN demonstrating outstanding leadership, research, or contributions to the body of knowledge affecting nursing.

Cecilia L. Crawford, DNP, RN
Dr. Crawford is a Practice Specialist for Evidence-Based Practice and Program Evaluation for the Regional Nursing Research Program at Kaiser Permanente Southern California. Dr. Crawford has been a champion for the nursing profession for more than 35 years, with a passion for nursing education, mentoring and evidence-based practice. Her work focuses on the evaluation and synthesis of evidence for patient care, clinical practice and health care programs. According to her award nominator: “Cecilia’s vision is to translate the evidence so it is meaningful for nurses. She makes the evidence accessible to the people who need it – the nurse and the patient.”

President’s Award
Awarded by ANA\C’s President to a Registered Nurse for outstanding contributions to nursing.

Linda Burnes Bolton, DrPH, RN, FAAN
Dr. Bolton is Vice President of Nursing and Chief Nursing Officer at Cedars Sinai Health System and Research Institute. Throughout her career, Dr. Bolton has played a vital leadership role in promoting care excellence, patient safety, and diversity in nursing education and practice. Her research, teaching, and clinical expertise includes: nursing and patient care outcomes, improving organization performance, quality care, and cultural diversity within the health professions. In 2009, she was appointed Vice Chair of the Institute of Medicine Commission on the Future of Nursing, which developed the Future of Nursing Report: Leading Change, Advancing Health. Dr. Bolton has served as president for several national nursing organizations including the American Academy of Nursing and the American Organization of Nurse Executives.

Leading the Way in Education, Research, and Practice – Locally and Globally

The Johns Hopkins School of Nursing, ranked #1 Graduate School of Nursing by U.S. News & World Report, 2012, is situated within a four-deck radius of top-ranked schools of Medicine, Public Health, and the Johns Hopkins Hospital, providing students and faculty with interprofessional opportunities and resources unparalleled in scope, quality, and innovation.

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- Executive - for nurses with a master of science in nursing (MSN) degree in a specialty area who are actively practicing in health care settings
Doctor of Philosophy (PhD)
Post-Degree Certificates
nursing.jhu.edu/canurse
* Pending ANCC approval
Common theme of “nurses eat their young” and suggested
Parliamentarian, Susan Bowman. She addressed the
have taken the rest of the afternoon. I hope to revisit this
do. Every person in the room was engaged in conversation
position on lateral violence, the silent display of hands in
in the room raised their hand. Although ANA has a staunch
bullying in the workplace. At least 75 percent raised their
their honesty. I took this opportunity to ask the audience
formed at the microphones as attendees were inspired
crowd.

They soon grew
enlightened the audience about her own emotional
treatment as a new graduate and as far back as when she
hospital. Kelly related her own dark memories of harsh
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nurse specializing in professional development – a switch I
story of transitioning from a staff RN to a Master’s prepared
about being a new graduate nurse and her transition from
her previous role as a psychiatric nurse. Kelly spoke freely
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and enlightened the audience about her own emotional
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transitioning between specialties. The three nurses soon grew
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ANA&C 20th Anniversary Celebration & General Assembly

Rep. Lois Capps Receives ANA\California Public Service Award

Congresswoman and registered nurse Lois Capps, who represents California’s 24th Congressional District, was honored with ANA&C’s Public Service Award for her lifelong dedication to nursing and public service during

ANA&C’s 2016 General Assembly in Redondo Beach. We
were beyond excited to have Rep. Capps personally accept this
prestigious award during a special ceremony at our President’s Reception.

Rep. Capps worked as a public health nurse and a school nurse prior to launching her career in politics. Rep. Capps is a longtime advocate for nurses and patients, and has
educated fellow lawmakers about the critical skills that registered nurses bring to the table as advocates, consensus builders, and problem solvers.

Her most recent accomplishments for the nursing profession include co-authoring the bipartisan Title VIII Nursing Workforce Reauthorization Act (H.R.2713), and founding the U.S. House of Representatives Nurses Caucus.

While at the ANA&C Conference, Rep. Capps met with ANA&C President Corinne MacEgan and ANA President Pamela F. Cipriano. She dialogued with attendees and members, discussed pressing nursing issues with our Board of Directors and graciously posed for many pictures. She also visited the poster presentations and spoke with their respective authors.

Rep. Capps has been a champion for improving the health and lives of all Americans, especially related to patient safety and care delivery. In a recent blog for The Huffington Post, titled “Once a Nurse, Always a Nurse,” Rep. Capps discussed some of her many accomplishments and memorable moments as an elected national leader.

Since her 2016 announcement about her impending retirement from U.S. Congress, many people have asked Rep. Capps what she intends to do with her free time. Besides spending time with her family, she said that as a nurse she will be involved in important issues in her community. Once a nurse, always a nurse, indeed!

2016 General Assembly Panel: Transitions in Practice

During the ANA&C General Assembly, a panel of three nurses: Jimil-Anne Linton, BSN, RN, Kelly Hunt, BSN, RN, and Kathleen Feldman, MSN, RN, described their personal and professional stories of transition into nursing practice. Jimil began the discussion and spoke honestly about her initial transition into the profession, as well as a brief foray into surgical-trauma nursing which was a stark difference from her previous role as a psychiatric nurse. Kelly spoke freely about being a new graduate nurse and her transition from student to professional RN. Kathleen followed with her own story of transitioning from a staff RN to a Master’s prepared nurse specializing in professional development – a switch I personally identified with.

The discussion began in a positive light, but it soon became apparent that a common theme was emerging as each nurse told her story. Kathleen described being treated poorly by someone who should have been a mentor and guide as she entered a new administrative role in her hospital. Kelly related her own dark memories of harsh treatment as a new graduate and as far back as when she was a nursing student. Jimil agreed with the other panelists and enlightened the audience about her own emotional difficulties, not only as a new graduate, but as a nurse transitioning between specialties. The three nurses soon grew emotionally as they shared their stories with the supportive crowd.

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that the ANA&C Board of Directors move to integrate the
phrase “nurses EASE their young” into practice. Of course,
I agreed with this immediately, and the next day, Vice
President Anne Hughes presented the motion to do just
that. The Assembly unanimously passed this motion, and
we look forward to implementing more education and
awareness. I spoke later that week with ANA President Dr.
Pam Cipriano, and we agreed to bring the subject forward
nationwide for review and presentation.

I wish to thank Jimil, Kelly, and Kathleen for their
willingness to be unapologetically raw about their
experiences. I also want to thank the attendees at the
GA for sharing their stories of workplace bullying and
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violence farther than it has ever been before.

ANA&C members Jimil-Anne Linton, Kelly Hunt and Kathleen Feldman share their experiences during the Transitions in Practice panel discussion

Marketa Houskova, BA, MAIA, RN
ANA&C Government Affairs Director

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA&C President

(Left to right) Legislative Director Liz Dietz, Rep. Lois Capps, ANA President Pam Cipriano, Government Affairs Director Marketa Houskova and President Corinne MacEgan at the special awards presentation honoring Congresswoman Capps.

2016 General Assembly Panel: Transitions in Practice

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### Retired Resolutions:

1. **(2013) Addressing the Penalty for Assaulting Nurses and Other Healthcare Professionals in the Workplace**
   - Still a current issue, being followed by ANA\C; last bill was vetoed by governor in 2015.

2. **(2009) Support Measures to Prevent Harm Related to Drunk Driving**
   - Successful implementation, Interlock device to prevent drunk driving, implemented law in CA, due to a nurse.

3. **(2007) New Graduate Nurses Residency/Internship Programs**
   - Showing increase of such programs throughout California.

4. **(2007) Strategy to Address Nursing Shortage: ISN Programs Offered by Community Colleges**
   - Information outdated. Projects were started in 2015.

5. **(2007) Strategy to Address Nursing Shortage: Increase Funding for Faculty Salaries**
   - Information outdated. Ongoing battle, but strategies would need to be readdressed and updated.

6. **(2007) Strategy to Address Nursing Shortage: Offer Funding for the Private Colleges**
   - Information outdated. See previous rationale.

7. **(2007) Strategy to Address Stress, Attrition Rates and the Facilitation of a Broader Student Diversity Base as it Relates to Nursing Schools**
   - Reports of support groups being encouraged and implemented in programs.

### Resolutions to Continue:

8. **(2014) Healthy Nurse Initiative Support: ANA\C, California’s Commitment to the Well-Being of Nurses in Our State**
   - Recurrent issue to be followed by ANA\C.

9. **(2005) Strategies to Address the Nursing Shortage**
   - Information outdated. Number of nursing programs have greatly increased since 2005.

10. **(2005) Establishment of a Single California Board of Nursing**
    - Outdated. Continuing issue, but not seen as a primary issue at this time.

11. **(2005) Use of Simulation Laboratories in Pre-Licensure Nursing Programs**
    - Has been in place, research shows does work, and continues to be used and expanded. 91% of graduates’ report having used simulation.

    - Such access now exists with ACA.

13. **(2004) Uniform Advanced Practice Nursing Titling Language**
    - Outdated. If continued will need much update.

14. **(2004) Nursing Issues and Nursing’s Role in Genetics and Its Therapeutic and Reproductive Applications in Science**
    - 2008 founded the G2C2-Genetics/Genomics Competency Center as a resource for classroom and practice.

15. **(2004) Supporting Public Health Nurses and Their Role in Strengthening the Public Infrastructure**
    - Increase has been seen towards public health, including in nursing programs.

16. **(2004) Resolution of Shared Governance and Work Place Advocacy**
    - Outdated information, but improvement has been seen. Shared governance required for hospitals seeking Magnet Status.
The California Nursing Students’ Association (CNSA) 2016 Convention in October was an enriching experience for nursing students and recent graduates from across the state. Visalia, the central California location known as the Gateway to the Sequoias, was a serene setting for the event. The energy and excitement throughout the convention was high as members listened to inspiring speakers, gained insights from nurse leaders who reviewed resumes and offered job advice, and visited the exhibit hall to network with vendors, schools and potential employers.

The convention theme, A Culture of Learning: Our Passport to the World of Nursing, reminds these future nurses about the power of knowledge and the exciting possibilities that a career in nursing can hold. Registered nurses often refer to themselves as lifelong learners—this belief adds a deep and profound richness to nursing, because it keeps the profession continuously renewing and reinventing itself.

Having had the opportunity to serve as a CNSA advisor for the past year, I realized that the convention theme also translates very well for nurses at many levels, including nursing conventions, conferences and meetings. The California Nursing Students’ Association (CNSA) Convention in October was a true educational experience for nursing students. I truly appreciate the team of advisors, led by CNSA’s Executive Officer Patricia McFarland, MS, RN FAAN, as well as the current CNSA membership, for their dedication, support and enthusiasm. It’s been a pleasure to work with you all. I wish the CNSA students and advisors continued success in their future endeavors.

There is so much value when we invest in relationships with the next generation of nurses. One way to take action is through mentoring. So when CNSA advisor, Dr. Susan Bowman, asked me to be an advisor for students elected to the CNSA Board of Directors (BOD), I was delighted. For the BOD student-led projects, I offered guidance, and when opportunities arose for discussion about whether a process was fair and ethical, we talked about standards. I loved supporting the human side of these nursing students. Student nurses have such an intense lens on academics and NCLEX exams, while schools and clinical placements focus on needed technical skills. However, it is often the non-clinical parts of the new nurse role that are most challenging. Supporting new nurses in the areas of self-care and work/life blending is easier at the beginning of their careers, rather than once they start down the slippery slope of burnout. Also, creating a safe space to discuss real situations a student encountered, that involves power and influence, injustices or cultural differences, is critical for new nurses because it is at a time they can be the most vulnerable.

It has been rewarding to work with the other CNSA advisors to increase the students’ business acumen by running timely and effective meetings (which includes an introduction to Robert’s Rules), providing exposure to financial reports, how-to for budgeting, the decision-making process, relationship building and managing conflicts through respectful encounters, teambuilding and understanding how bylaws guide an organization. One area of focus this past year was to improve communication between BOD members, which remained a high priority throughout this term of office. Mentoring students to develop the soft skills that employers look for and that the health care industry needs to promote change, is another move toward professional success.

The days of this past year as a CNSA advisor flowed seamlessly together. Perhaps the greatest lesson learned is the reminder that it takes considerable hard work to achieve good things. So much was accomplished during the 2015-2016 term. It was my absolute pleasure to work with the BOD students who are incredibly impressive. I wish the CNSA students and advisors continued success today and in the future.
American Nurses Advocacy Institute: Developing Nurses into Political Leaders

Liz Dietz, EdD, RN, CS-NP  
Legislative Director

I’m very excited to be back to school as a student and not a teacher! I recently finished my orientation meeting to the public policy arena, as well as an opportunity to learn about legislative/regulatory priorities, recommend strategies for execution of the advancement of a policy issue, and educate members about the political realities as well as assist in advancing nursing’s agenda.

As a more seasoned representative from ANAC, I had a great chance during the meeting to assist some nurses new to the public policy arena, as well as an opportunity to learn from very seasoned public policy and advocacy nurses. We spent 2016 reviewing and reestablishing policy and procedures for our committee. There are now over 80 members participating on our Legislative List Serve Committee. You can join this committee if you have been an ANAC member for more than a year and are interested in California legislative and regulatory issues. Submit your name to marketstefanacalifornia.org and we will add you to the list.

We have also established a Public Policy Committee that was endorsed and created during the ANAC General Assembly in October. The committee will consist of 7-9 members appointed by the Legislative Director, who also serves as committee chair, and approved by ANAC’s Board of Directors. As for all committees, our president will oversee the work of the committee. The Public Policy Committee will make recommendations to the BOD related to the introduction of legislation/regulation to be sponsored by ANAC. The committee will monitor ongoing California legislation relevant to nursing and health care and make further recommendations to the Legislative Committee regarding appropriate actions for ANAC. Although the Legislative Committee monitors and supports bills relevant to nursing after they are introduced, the Public Policy Committee will focus on the introduction of legislation and proposed regulations. The Public Policy Committee, as a smaller body, can more closely monitor changes in legislation and make action recommendations to the Legislative Committee and Board of Directors.

Our Endorsement Committee was reestablished for ten members — five who view themselves as conservative and five who consider themselves liberal. In 2016, the BOD appointed the following members to the Endorsement Committee: Philip Bautista, Candy Campbell, Mary Ellen Dillefield, Liz Dietz, Donna Dolinar, Anne Hughes, Cathy Melter, Rose Miranda, Corinne MacEgan, and Monica Westendorf. The group meets by telephone and via email.

Last year, the Endorsement Committee made the following recommendations for the 2016 election:

- Assembly Member Bill Dodd for State Senate in Senate District 3 - won this state Senate seat
- Assembly Member Autumn Burke for Assembly District 62 - won re-election
- Proposition 52: Vote Yes to Ensure Federal Dollars Continue to Help Fund Medi-Cal - this initiative passed
- Dr. Bob Derlet, 4th Congressional District - defeated by Tom McClintock

Thank you to our committees and members for your support and contributions to our organization.
The Code of Ethics for Nurses with Interpreting Statements (ANA, 2015) is the product of a 4-year process that concluded with ANA’s designation of 2015 as “The Year of Ethics.” The code contains nine provisions, accompanied by interpretive statements that describe ethical obligations of all registered nurses (RNs). Provision 3 addresses Advocacy for the Patient. The interpretive statement is: “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”

Some legislation related to patient rights, health, and safety may require that the patient have decision-making capacity. For example, this is one of the requirements of the California End of Life Option Act. All RNs must have the skill to assess a patient’s decision-making capacity. It is likely that the assessment process will be formally defined and implemented by healthcare organizations.

Evidence-based tools exist as aids in the development of a policy and procedure for assessment of decision-making capacity. Prior to this, it is useful for RNs and other clinical staff to recognize common myths about decision-making capacity. Prior to this, it is useful for RNs and other clinical staff to recognize common myths about decision-making capacity. These myths include:

1. Lack of decision-making capacity and legal competency are the same.
2. Lack of decision-making capacity can be presumed when patients go against medical advice.
3. There is no need to assess decision-making capacity unless patients go against medical advice.
4. Decision-making capacity is an ‘all or nothing’ phenomenon.
5. Cognitive impairment equals lack of decision-making capacity.
6. Lack of decision-making capacity is a permanent condition.
7. Patients who have not been given relevant and consistent information about their treatment lack decision-making capacity.
8. Patients with certain psychiatric disorders lack decision-making capacity.
9. Patients who are involuntarily committed lack decision-making capacity.
10. Only mental health experts can assess decision-making capacity.

An assessment of a patient’s decision-making capacity must address four concepts. These include: the patient’s understanding, appreciating, reasoning, and stating a specific choice. Deciding may involve a level of risk. Risk is defined as the probability of experiencing a harm or loss. The level of risk associated with the choice will be determined by the condition of the patient and the environment in which the chosen activity is performed. In other words, a patient’s decision-making capacity is contextual. Decision-making capacity is a dynamic characteristic of a patient rather than an immutable one. These concepts are briefly described. First, the patient’s understanding of the possible outcome of an activity is verified. Next, the patient is asked to express their appreciation of the possible outcomes of the activity, given her actual health condition and physical environment. The reasoning of the patient is explored to verify that the patient has considered the consequences of her decision. Lastly, the patient states the final decision made and the choice that has been made. This assessment process is relevant for both everyday and extraordinary situations involving decision-making such as end-of-life care.

Several tools are available for use in assessing a patient’s decision-making capacity. These include: Aid to Capacity Evaluation (ACE)12; Hopkins Competency Assessment Test;11 Understanding Treatment Disclosure;11 and MacArthur Competence Assessment Tool-Treatment (MacCAT-T).12 Although not the same, the decision-making capacity may be incorrectly referred to as competence, as illustrated by a myth.

An evidence-based approach to implementation of the Code of Ethics for Nurses is possible, as suggested by the information presented in this article. References are provided for those readers who wish to further understand what is meant by decision-making capacity and how it is measured. It is important to remember that no objective measure of capacity exists; assessment of decision-making capacity is a judgment made by a group of people who know the patient and have observed her behavior over time.

### References

2. National Center for Ethics in Health Care (2002) produced an evidence-based report from which common myths were identified. The Myth of Competence.
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### Notes

3. Joint Centre for Bioethics – Aid To Capacity Evaluation (ACE).12

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**Promoting the Code of Ethics for Nurses: Assessment of Decision Making Capacity**

**Mary Ellen Dellefield, PhD, RN**

**ANA/C Nursing Practice Director**

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It is possible to work with your speaker or planner to resolve the potential conflict of interest.* Your program may still qualify. Please contact education@westernmsd.org for more information.

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We encourage you to use the list below and the flow chart to the left to help you decide if you should apply for ANCC approved CNE. The following are just some of the many areas that can qualify:

Content related to Direct Patient/Client Care can include but not be limited to:

- "In-services" on specific processes in your facility or pertinent to the brand of equipment, medications, and/or products used in your facility (i.e. monitors, IV pumps, EMR applications, traction, bed alarms, etc.) Will not qualify if taught by a vendor.
- Re-certifications for BCLS, ACLS, PALS, specialty certifications etc. where updates to current practice standards and re-validation of practice skills are required to maintain competency.
- Courses where the primary focus is recent scientific knowledge applied to direct or indirect patient/client care.
- Patient education strategies.
- Certification/recertification skills for BCLS, ACLS, PALS where updates to current practice standards and re-validation of practice skills are required to maintain competency.
- Specialty certification/recertification preparation courses
- Skills courses (stoma care, etc.)
- Cultural and ethnic diversity
- Foreign languages (conversational) and sign language for patient management of a practice population
- Therapeutic interpersonal relationship skills with patients/clients
- Courses in any specialty area of nursing practice, including occupational health nursing, school nursing, office nursing, etc. Content related to Indirect Patient/Client Care can include but not be limited to:
- Nursing administration or management, nursing education, or nursing research.
- Quality assurance topics
- Medicare and State Regulation Standards
- Legal aspects of nursing
- Teaching multi-ethnic students and staff – academic practice
- Retention of nurses in the health care delivery system, including cross training
- Current trends in nursing and healthcare
- Establishing a professional nursing business or independent practice
- Publishing for professional journals or books

Other courses:

- Courses that deal with grief, human sexuality, kinesiology, nutrition, crisis intervention, counseling, stress reduction, burnout syndrome, advanced nursing courses, advanced pharmacology, advanced CPR/dysrhythmia and advanced IV therapy.

*CNE is defined by ANCC as "any learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, educational and experiential bases of the professional RN for the enhancement of practice, educational, administration, research, or their development, to the end of improving the health of the public and RNs pursuit of their professional career goals."

CNE content must address a professional practice gap. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

A practice gap can be specific to the setting so ANCC now allows "in-service" topics that were previously excluded. This opens up a wide variety of topics that can meet criteria to be awarded contact hours.

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Robin Schaeffer (center) is honored by the Arizona March of Dimes with their Legend in Nursing Award.

In 2016, the Arizona Chapter of the March of Dimes presented the Legend in Nursing Award to Robin Schaeffer, MSN, RN, CAE, Executive Director of both the California and Arizona Nurses Associations and co-leader of the Arizona Action Coalition.

This prestigious award is bestowed to a nurse who has dedicated their life to making outstanding contributions to the nursing profession in Arizona. Schaeffer and other nurses whose contributions were deemed exemplary were honored August 27 at the Arizona March of Dimes’ annual Nurse of the Year Awards celebration. 2016 was only the third time the Legend in Nursing Award has been presented in the 13-year history of the Nurse of the Year awards.

“I’m utterly shocked and honored to receive this award,” said Schaeffer. “None of what I do could be done without the help of so many nurses who volunteer their time to work on the initiatives of the Arizona Action Coalition and the Arizona Nurses Association.”

A nurse for more than 38 years, Schaeffer has contributed to multiple nursing and health organizations and participated in healthcare initiatives at the state and national levels through Schaeffer’s leadership, the Arizona Nurses Association has achieved its highest membership numbers and is recognized as a valuable voice in healthcare decisions in the state. As ANA\C Executive Director, Schaeffer has done a tremendous job leading ANA\C operations and is a valuable resource for the Board of Directors and membership.

“I look forward to using my experience and skills to continue to guide the team of dedicated ANA\C board members and staff to the membership growth and state-based impact they are capable of,” said Schaeffer.
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