President's Perspective

Corinne MacEgan, BSN, RN, CHPN

It’s always bizarre writing these notes in the present tense when it feels I should be writing them in the future tense. Currently it’s May 9th and by the time you read this, it will be later in the year with so much more having happened. I hope you’re all taking advantage of our new website at www.ANACalifornia.org. Brenda Brozek has done a fabulous job with it and it’s so modern and easy to use! We also have our weekly e-letter coming to you. Be sure to check your spam folders for anac@multibrifles.com.

I have very exciting news to share with you, although by the time you read this, you may already be aware. We have joined the Western MultiState Division in ANA! We listened to your survey answers and we noted your desire for continuing education credits as well as being more of a voice in the nation. With our MSD affiliation, we will soon be able to offer you these things. We are working on our contracts now, and you’ll all be the first to know when we are able to provide you with those dearly beloved contact hours! As we continue working this year, we are addressing many more concerns brought to us in the surveys. Thank you so much for participating – we are listening, I promise. Our wonderful Vice President, Anne Hughes, and her taskforce have been working diligently on this year’s General Assembly. They’ve put together an astounding plan and I know it will be the best turnout we’ve ever had. Please read more about the GA in Anne’s article further into the issue. There are some special guests that I’ll let Anne tell you about! Anne’s also been leading the charge to find a Director of Education, and we are in the process of interviewing candidates. By the next issue, we’ll most likely be introducing you to them.

Our Legislative Committee, chaired by Legislative Director Liz Dietz, is up and running, doing great work on discussing legislation that affects nurses and our patients all across the state. We have over sixty people on our committee, and several strong, experienced voices who bring years of experience (in a wide array) of specialties to the table. It is always a pleasure to hear professional nursing discussion on topics that affect all of us even in ways we can’t physically see.

Our Bylaws Committee is going strong... these people have unbelievable stamina. Chaired by Kathy Falco, every call is filled with passion, diligence, and structure. They are ensuring that our bylaws are prepared for you – this requires several go-rounds of suggested amendments, wording questions, clarification, and a few hundred phone calls. Kudos to them for their hard work.

In this issue, you’ll also see photographs and articles from several people on the success of RN Day at the Capitol. Our NSSI interns have all written their reports for you, and have shared photographs of their day in Sacramento. Phillip Bautista, Membership Director, and Marketa Housova, Senior Policy Analyst, have submitted their views as well. Marketa also wants to share with you her journey to Panama where she mentored several nursing students in international nursing care. Having been on a medical mission to Panama myself, I understand the joy she felt at serving those in communities such as the one she will share with you. I should also mention that Phillip has officially started the New Graduate taskforce mail list and there are already quite a few members.

Mary Ellen Dellefield, our Director of Practice, has written for you about her own experience as a patient under nursing care. I’m honored that she chose us to share her stories with us, as I know firsthand that it’s like to be vulnerable in talking about health issues. I hope you’ll be able to relate to her words, and let us know at anac@anacalifornia.org if you’d like to share your own experiences.

I continue to work through my own health “stuff” however I know I’ll be bouncing around soon enough. I will complete my Master’s in Nursing/Nursing Education on June 13th, and hope to go on for my DNP in the next few years. Until then, I’m immersed in this wonderful profession we call nursing. It’s not easy work, but it’s easy to love our work. I wish you all the happiest of days. Please let me know how I can assist you, or if you just need an ear.

The ANAC Board of Directors is pleased to announce that Robin Schaeffer, MSN, RN, CAE, former interim executive advisor, has been hired as the Executive Director of ANAC. As our interim advisor, Robin has done a tremendous job on the operational side of the association and has been a wonderful resource and teacher regarding board governance. Some operational changes that you have already seen are our new website, www.anacalifornia.org, and the launch of our “ANAC Weekly” electronic newsletter. Robin has led two Board retreats, with a third scheduled for July. The Board is working hard to re-vist the mission and vision of our association and build a strategic plan that will meet the needs of all of our diverse members. Robin has been a nurse for 38 years and has had a varied nursing career that includes staff nursing, teaching, and administration. She has administered over many nonprofit organizations and holds a certification as an association executive through the American Society of Association Executives (ASAE). Only a small percentage of association executives achieve this credential. Robin can be reached at ed@anacalifornia.org.
ANA\California accepts and encourages manuscripts and editorials to 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 larger narrative if space permits. For words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced and articles of 1,500 words or less.

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ADMINISTRATION

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ANA California Staff: Markéta Houšková, RN, MAIA, BA

The official publication of the ANAC 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 complementary to ANAC 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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It is my pleasure to write my first column as your Executive Director. I have had a wonderful experience meeting and working with the ANA/C board of directors and members in my executive advisor role and look forward to continuing our partnership as your Executive Director. One of the most exciting and transformational decisions that your BOD recently made was joining the Western Multistate Pilot Project; an initiative for association sustainability led by the American Nurses Association (ANA.)

In 2013 ANA adopted a book that would change the course of ANA and most of the state nurses associations forever. Race for Relevance: 5 Radical Changes for Associations (Coerver & Byers, 2011) is a blueprint for radical changes that need to take place if an association wants to survive and thrive in an environment of advanced technology, increased competition, higher or different member expectations and more. Keeping ahead of the curve and adopting innovative and progressive models and structures is essential for surviving and thriving.

The three MSD pilots are as follows: Northeast MSD (Maine, Vermont, New Hampshire, Rhode Island, Connecticut and New York), Midwest MSD (Iowa, Kansas, Missouri, Nebraska and North Dakota), Western MSD (Arizona, California, Colorado, Idaho, and Utah.) Each MSD group has an MSD leader: a seasoned executive director who has managed a state nurses association for a minimum of 5 years. I am the MSD Leader for the Western MSD.

ANA has invested in the MSD pilots financially and operationally. They work closely with the MSD Leaders to both support and supervise the work. Support services through various ANA departments are available and utilized by each MSD group. Since the ultimate goal of the MSD groups is to be self-sufficient, ANA works with the MSDs to develop a plan for sustainability, incorporate lessons learned along the way and, ultimately, determine the future.

At the local level the MSD structure allows state nurses associations and its board to focus on growing and retaining members and enhancing state advocacy initiatives. ANAC has already benefited from this model because they are now able to offer ANCC approved Contact Hours for continuing education activities offered in California. This is a huge benefit to all of our certified nurses who need ANCC approved contact hours to renew their certification. For more information on how to apply for ANCC approved contact hours for your next educational activity, visit www.ANACalifornia.org and click on the “resources” tab.

ANA is truly getting ahead of the curve and making waves. Don’t miss the October General Assembly: Making Waves: Empowering California Nurses. See page 9.

Reference:
On the sunny morning of Monday, April 11th, 2016, ANA/C held its annual educational event in Sacramento bringing together more than 180 participants from all corners of California. Nursing students, nurse leaders and nursing faculty filled Room 4203, including the Gallery, of the CA State Capitol ready to learn about nursing advocacy, nursing leadership and the overall political process. The event offered the expertise of 7 interesting speakers, including a former Assembly Member and the Chair of the Little Hoover Commission Pedro Nava and the Principal Consultant at Senate Business & Professions Committee Sarah Huchel.

The day started with an overview of nursing regulation and nursing practice followed up by main points of nursing advocacy and the art of lobbying. Mr. Nava discussed his work in the CA Assembly and how much he relied and still relies on the testimony of experts, such as nurses, during his time in Assembly and even now during his work at the LHC, a commission that oversees the work of CA Boards, including the Board of Registered Nursing. The importance of his words resonated with everyone in the room as the attendees, most of them nursing students needed to realize the power of their soon-to-be assumed position of nurses, leaders and experts. The nursing profession was voted for the 14th year straight as the most trusted and ethical profession in the U.S. and as such we, the nurses, have an enormous responsibility to the public. We not only keep the public safe and receiving the highest standards of care, but we also advocate on their behalf to keep them safe and receiving the highest standards of care. To hear words of encouragement and empowerment along those lines from Mr. Nava was quite poignant.

Moreover, RN Day participants heard a presentation about the importance of nursing ethics in the legislative arena and also witnessed the legislative process via a case study showcasing the process of taking a measure from legislation, through regulations, all the way to creating a new nursing education standard.

RN Day 2016 ended in the new ANA/C office across the Capitol where nursing students received a Certificate of Accomplishment and RNs fulfilling their CE requirements received CE Certificate. The discussion in the hallways and around the office, listening to excited students and seasoned nurses alike about nursing advocacy and about nursing involvement in the political process was the best reward we could ask for. My deepest thanks go to volunteers Stephanie Smith, Cindy Nguyen, Kelly Broughton and Annie Tat for their willingness, their time and dedication with the event’s preparation. RN DAY 2016 was a roaring success so here’s to RN Day 2017!
My Patient Encounter with RNs
Mary Ellen Dellefield, Ph.D, RN
ANA\C Director of Practice

Recently I was an outpatient for several times and had the opportunity to experience RN nursing care first hand. Overall, the performance of the RNs was excellent. I concluded this because of their demeanor – how they expressed themselves, taught me about my health procedures, and maintained their professional appearance. I was left with the sense that they were competent, self-assured, and engaged in what they were doing. These encounters left me with a sense that teamwork was alive. I was left with the impression that each person knew their role. It was expressed from a positive point of view rather than from one of limitations and negativity about their scope of practice compared to – say – the physician. Experiencing RNs of different ethnicities, ages, gender, and tenure made for a more interesting experience.

Of course, these are just my impressions as a recipient of their care. Their perceptions of the work environment were unknown to me. They may have been feeling badly, feeling overworked, etc. But I experienced a care environment that was calm and safe.

In contrast, the most highly educated RN I encountered seemed burnt out, bored, and disengaged. I experienced little sense of her being focused on and observant of my experience and its personal meaning to me. Perhaps she was dealing with challenging situations in her life on that day. I do not know that, and in that sense it is not fair of me to be judgmental. However, her behavior got me thinking about the presumption that the more highly educated the RN, the greater the likelihood that she will add increased value to the patient/RN experience. In this case, I did not experience any increased value in the patient/RN encounter because she was more highly educated. In contrast, regardless of their educational preparation, the RNs I most appreciated were those who were observant, engaged, and competent as they performed their nursing activities. I am not suggesting that advancing the level of education and scope of practice of nurses as advanced by the ANA is not important. It is important and necessary, but not sufficient for adding value to the patient/RN encounter.

The overarching impression I was left with as a patient during these encounters with RNs reminded me of two wonderful quotes from Florence Nightingale. They speak to the importance of performing nursing as an applied science that involves both thinking and doing. “For it may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion.” (Florence Nightingale, Notes on Nursing: What it is and what it is not (1860), p. 160).

“I think one’s feelings wash themselves in words; they ought all to be distilled into actions, and into actions which bring results.” (Letter to Mary Clarke (1844) quoted in Sir Edward Tyas Cook, in The Life of Florence Nightingale (1914) p. 4.


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2016 General Assembly
ANA\C Making Waves: Empowering California Nurses
October 14-15, 2016, Redondo Beach

Anne Hughes, 2016 General Assembly Planning Committee Chair & Vice President

In less than four months, ANA\C members will have the opportunity to be inspired and rejuvenated, to learn and teach, to connect with old colleagues and to make new connections, as ANA\C celebrates more than 20 years as the professional voice of California nurses, at the 2016 General Assembly in Redondo Beach.

The annual General Assembly (GA) is both the annual gathering of ANA\C members to conduct the business of the association and to shape its future, and an educational event.

The educational program was planned by an amazing committee who represent the practice diversity of our profession. GA Planning Committee members include: Elissa Brown, Kathy Falco, Zack Huddleston, Kelly Hunt, Melanie Krupa-Kelly, Jimil-Anne Linton and Anna Taz.

ANA President Pam Cipriano will give the opening keynote address Friday afternoon on October 14th. Dr. Beatrice Kalish, Professor Emeritus of University of Michigan will give the keynote address on Saturday morning, October 15th.

Educational sessions planned include: a Panel on Violence and Bullying in the Workplace; Self-Care for Nurses; Ethics; Advocacy and Legislation; and a Panel on Transition into Practice. Conference attendees will have the opportunity to submit abstracts for posters on their quality improvement, educational or research projects.

On Friday evening there will be a reception with ANA President Pam Cipriano and ANA President Corinne MacEgan along with nurse leaders from around the state. At Saturday’s Awards Luncheon, celebrate ANA\C more than 20 years representing the interests of all California nurses and celebrate individual nurses whose accomplishments have contributed enormously to nurses and nursing.

Registration and hotel information is at www.anacalifornia.org and in the ANA\C Weekly. Looking forward to welcoming you at Redondo Beach. See page 9 for more details.

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Daniel Duron, BSN, RN
CNSA Breakthrough to Nursing Director 2015-2016

As nurses, we strive to be a force for good change in the world. We want to be leaders to our community and advocate for healthy changes. The leading cause of death in this nation is heart disease with 611,105 people dying from heart disease alone in 2013. As nurses, what can we do in our own communities to raise awareness and give the public tools for this problem?

The California Nursing Students’ Association initiated the Save a Heart Campaign, which encourages the teaching of hands only CPR across nursing schools in California. The campaign has already taught nearly 450 different people hands only CPR throughout four different campuses, with more schools participating in the near future. This campaign is student lead and taught by student nurses with the oversight and support of RNs as mentors and assistive supporters. This campaign continues to grow across the state, and more and more locations are signing on to provide this lifesaving knowledge to communities statewide. The power of nursing can be shared with health care consumers across the state and the image of nursing is furthered in the eyes of the public with these campaigns to raise awareness.

The campaign is a great opportunity for student nurses; however, it is even more so for nurses. We have the unique opportunity at these events to work directly with students outside of the clinical setting. This opportunity for interaction gives the nurse an opportunity to showcase community leadership, understand the needs of the patient in a community setting, and mentor the efforts of students to advocate for patient needs. Many times, students have not had many opportunities to teach patients outside of the bedside setting, or may even not have community health rotations. This provides the nurse the perfect opportunity to utilize their years of experience and knowledge in a manner that influences the next generation of the profession.

As healthcare trends move more and more towards primary prevention in the communities, having opportunities as nurses to engage within our communities is vital. Participating in campaigns and efforts such as Save a Heart allows nurses to remind the public of our role as leaders in health care, and build upon the image in our communities as the most trusted profession. With years of gained experience and knowledge, nurses can take this knowledge to share with future nurses that are hungry for these invaluable resources. Communities also want to feel empowered to care for their friends and families, even strangers, and we have the charge to provide safe and competent care to all health care consumers of California. As a newly licensed nurse, I look forward to how I can serve my community in and out of the clinical setting. I encourage all nurses throughout the state to look around your community for ways that we can advocate and empower individuals to build a healthier society. And should you have the opportunity to influence a new nurse, remember that we are hungry for the knowledge and expertise that you have, regardless of your background or clinical practice!
NSSI Advocacy and Mentoring in Action: A Glimpse of an Experience

Phillip Bautista, ANA\C Membership Director

The Nursing Student in Sacramento Internship (NSSI) is a three day long experience for nursing students to experience what it means to be an advocate for patients at a broad level of change. With the assistance and support from the Association of California Nurse Leaders (ACNL) and California Nursing Students' Association (CNSA), ANA\C was able to continue this program to provide four nursing students from CSU Sacramento, CSU Long Beach, and National University San Diego with this unforgettable experience. In my third year of working with students in NSSI, I find it highly rewarding to see the “click” of understanding the truly important role that nurses have in legislative advocacy. The 2016 NSSI experience was not unlike previous years, and was just as an incredible and rewarding event for the students as it was for the association.

Four students were selected from applicants in CNSA and brought to Sacramento. They met with various lobbyists from ANA\C and other healthcare associations, learned more about the process of legislation becoming law, and applied that knowledge in the actual process. The interns became intimately familiar with the Capitol building, and understood how the inner workings and interactions between committees, analysts, and legislators (as well as their staff) all come together to see legislation shape and mold the practice of nursing. In specific committees, students even felt empowered to stand up and speak in support or opposition of bills that affected their future career as nurses. Because legislation can be tough to understand, the expert knowledge of ANA\C’s interns went forward and discussed these bills, their impact on nurses, and explained their position in supporting these bills to legislators and their staff.

Overall, it was an amazing experience for the interns and also for myself as a member of the Board of Directors as I see the bright future of the association and the profession. Each one of the interns had an opportunity, sometimes more than once, to speak in support of a bill they identified with, and were able to discuss the outcomes of the hearings with more than one legislator. The NSSI program is truly a place where the future of our profession identifies and equips nursing leaders to become advocates at the bedside and transform their experiences and knowledge as nurses to effect true change at a statewide level. Thank you to all of the individuals who have worked to make NSSI possible in the past, and a special thank you to ACNL and CNSA as our partners in this endeavor! We look forward to working with the next recipients of the Nursing Student in Sacramento Internship in 2017!

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Nursing Leadership is Global Leadership

By Marketa Houskova, RN, BA, MAIA
Government Affairs Director

Nursing is a global discipline as we see any time there is a disaster as next to physicians, it is nurses of different specialties and expertise that run into under-developed areas, flooded or earthquake-devastated regions, or war-torn countries. Nurses are the backbone of any disaster relief operation.

Why am I speaking of disaster relief? It is because when you arrive on a medical mission in some far away location in developing countries without running water, electricity, paved roads, other infrastructure or a phone signal you realize you are in a disaster-like setting. Your team and your nurses must do the best they can with the tools they have in the environment they are in. In case in point: Samuel Merritt University, Cal State University East Bay, and medical mission in Panama.

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I had the opportunity and indeed the privilege to mentor our nursing students on 2 medical missions in a remote mountain community in Aug 2015 and then again in Apr 2016. Both groups of nursing students included not only graduating nurses, but also student nurses midway through the program. The common link between all these volunteers was their interest in global public health service.

To attend such a mission is not an easy task! Students must fundraise for months among family and friends (and on social media) to support the cost of the trip, the cost of the supplies and let’s not forget the airfare! And so after months of preparation, on April 22nd, 2016, a group consisting of 28 volunteers, students from BSN programs, Master programs for Physican Assistants, and Doctorate programs in Physical Therapy departed San Francisco and embarked on a life-changing mission.

From Tocumen Airport in Panama City, 3.5 hours later on the Inter-American Highway we turned onto a narrow road to the mountains. Another hour later, we stepped out of our air-conditioned bus and started loading all our luggage, backpacks, suitcase and supply boxes onto several 4x4 opened air trucks that also, for the next 4 hours, served as our mode of transportation, uphill, on a dirt dusty path to Batata, Veraguas, Panama.

Immediately after arrival, all trucks must be unloaded, 4 exam rooms (normally classrooms) prepared and the pharmacy set up. Sleeping quarters consist of 2 large classrooms with inflatable mattresses on the ground with up to 20 people sharing a room. There is a sporadic cold running ‘stream’ in the shower depending on the water conditions in the mountains. There is no A/C, no electricity except for few solar panels for the school, and no Internet. There is no kitchen per-se, unless you count an eco stove we built last year in a hut as a kitchen and we were fed 3 times a day and nobody went hungry. The Clinic started every day at 8 am. I met with the nursing students at 7:30 am to prepare the Triage/Intake room, go over charting, review the steps of physical assessment and discuss what was happening.

To say the nursing students were trepidations was an understatement. We took American nursing students, brought them far away from civilization, put them in the middle of dark classrooms and excepted them to do nursing assessments. As if that was not enough, the language was another barrier. While some of the nursing students spoke Spanish, the local population spoke in their own dialect and that was no match for school Spanish.

I have tried several times, always unsuccessfully, to precisely describe the emotions that ensue during these Clinic days: the growth you see from the Day 1 scared nursing student to the Day 3 confident nurse in charge, witnessing the unfolding of nursing empowerment, seeing the ficker in their eyes recognizing the immense learning curve and the enormous potential they saw in themselves over the 3 days, seeing their eyes full of excitement over learned knowledge and/or diagnosed abnormality, all put together with selflessness, willingness to learn, help and serve. All that is nursing leadership at its best; all that is global leadership at its best.

We saw nearly 500 people in 3 days. Every person received a high level of care and attention, and all the volunteers had 30 minutes for lunch a day. We did not close our doors until the very last patient was processed and at the end of each day we assisted with setting up pharmacy for the next day. After such day(s), you feel like you cannot deliver the same level of care and attention the next day you do. They all did, continuously, and I could not be prouder. After watching these amazing nursing, P.A. and P.T. students in action, I rest easy. The future of U.S. healthcare is in good hands.

Disclosure: Ms. Houskova is a Member of Board of Directors at Hand for Global Health, 501©3 non-profit organization affiliated with Samuel Merritt University organizing medical missions to Panama.
Common Financial Mistakes

Permission to reprint granted by Ms. Harrell.

No emergency fund. Most experts suggest that you have cash for 3 months’ living expenses. You can always count on the unexpected. The car repair, the broken AC or unexpected job loss can create a financial emergency. Maybe you think 3 months’ cash is impossible. OK, then make 2 weeks expenses the goal. If your plan is to save 2 weeks after tax income in 6 months, how much would you have to save every payday? Do a payroll deduction for that amount and reach your goal! If you have cash to cover 2 weeks’ expenses, you have moved out of the payday to pay check neighborhood. Good for you!

Plastic living. Are you charging routine living expenses like gasoline, groceries, clothes, but not paying off the total credit card debt at the end of the month? If you charge everything to get points or air miles and pay the card in full every month, congratulations. But the real risk is, if you don’t pay off the total balance monthly, you are paying interest on credit card debt for routine living expenses. You’re living above your means on borrowed money and digging yourself a financial hole every month that will be hard to climb out of. The credit card company is guessing that you will leave a balance due every month and pay them high interest. Don’t do it. Start paying cash for routine living expenses.

“No need” spending. Subscriptions, video games, cable, premium channels, a stop the coffee shop, pay for view movies, buying lunch, are all ways for money to slip through your fingers without ever realizing it. What excess spending could you do without? If you decrease your “no need” spending by just $25 a week, that would amount to $1,300 a year. What could you do with $1,300?

Like any project, don’t try to do it all at once. Pick one financial area to correct and then move on to the next. Soon you’ll be on your way to mistake free finances!

When planning your expenses, consider the following:

- **No need** spending. Identify and eliminate non-essential expenses.
- **Plastic living.** Avoid charging routine living expenses except in emergencies.
- **Budgeting**. Create a budget and stick to it.
- **Emergency fund.** Establish an emergency fund to cover unexpected expenses.

We would like to honor an ANA member who worked tirelessly in the community. The following is from a tribute published by her family:

Helen Miramontes, MS, RN, FAAN, was a bright California nurse leader who lived her last years of life in Nevada with family. Helen worked as a critical care nurse and, later, supervisor at Kaiser Santa Clara and Valley Medical Center, San Jose. She served as CNA President at the start of the HIV/AIDS epidemic. She was a fearless and at times fierce advocate for the dignity and rights of persons, communities and countries affected by the epidemic. Helen also chaired the ANA Task Force on AIDS in the mid-to-late 1980’s.

Our thoughts go out to Helen’s family, friends, and colleagues.

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Flex Ed is seeking Experts to teach courses at hospitals throughout California and Las Vegas, Nevada.

Specialists desired in Critical Care, ER, Geriatrics, Med/Surg, OB, Peds & Wound Care.

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For more information, please contact Justin Souza at (999)444-2299 Ext. 1014 or email at Justin.Souza@FlexEd.com

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I was one of four students chosen to attend the Nursing Student in Sacramento Internship April 13-15th at the State Capitol. I cannot tell you in words how privileged and honored I felt the first morning of the internship as I approached the door with shiny gold lettering that read “American Nurses Association/California.” I felt energetic and excited (and also a little nervous) to learn first hand how the legislative process works and the actions I could take, as a student nurse, to make a difference in the lives of others.

As interns, we were welcomed with open arms by the most wonderful group of people I could ever hope to meet. Marketa Houskova, ANA/C Senior Policy Analyst and Philip Bautista, ANA/C Membership Director and NSSI Lead, among many others, were what made this internship so impactful to me. Not only do they have vast and immeasurable first hand experience with nursing legislation, their passion for advocacy and proactive nature were the driving force to my learning experience of this internship.

I am in debt to Phillip, who is a wonderful teacher and role model, for all of his diligent work to ensure our three short days at the capitol were an impactful and meaningful learning experience. He made it his priority to expose us to as much of the process as possible. We attended the Senate Floor Session, Assembly Floor Session, the Senate Committee on Health, the Assembly Committee on Privacy and Consumer Protection, as well as met with our Senators and Assembly Members in their Capitol Offices.

The greatest experience for me was leading a meeting with my Senator and Assembly Member in their respective offices. I was incredibly nervous, but Phillip gave me the guidance and tools I needed to be a confident nursing advocate by addressing issues that I, as a future nurse, have the expert opinion on. Prior to meeting with my representatives, we discussed current Senate and Assembly Bills that were important to us as nurses. I chose SB-1273, which addresses the need for funding for Crisis Stabilization Units, preventing psychiatric crisis that too often escalate to legal holds.

I am incredibly proud of myself for what I accomplished in 3 short days during the NSSI and hope others will realize how important and easy it is to make your expert nursing opinion heard. We are nurses and our legislators rely on our expertise to guide them in creating legislation. We are advocates and this is the most important way nurses can exercise our duty to our patients.

I brought my knowledge of the Bill and experience as a nursing student to my Senator and Assembly Member’s attention, and asked for their support with a yes vote on this bill. My Senator, Ricardo Lara, told me that he had not yet heard of this bill but was very interested in learning more about it, then leaned towards his assistant and instructed him to write the bill number down in order to follow it. This was absolutely the best experience of the internship for me. It was the first time I realized how much power I personally have as a nurse to influence the legislation that become laws, and therefore how necessary it is for me to be involved at the legislative level as a nurse advocate.

Jessica Curtis, SN

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Before I even went to the CA State Capitol in Sacramento, I understood that all nurses are advocates for their patients. Now I believe that to be an effective patient advocate, registered nurses also need to advocate for their professional and public voice. It is so important that our voices can and should affect laws and policies. To my surprise, the amount of time required to get involved in nursing policy can actually be very small. Even a couple hours in a committee hearing or a letter expressing your position written to your legislator can help stop or redirect the course of a bill that could become a law that would directly impact your nursing scope of practice and therefore your patients.

I excitedly joined the long line of people, listened to each of them speak in turn and anxiously awaited my chance to address the Assembly Business and Professions Committee deliberating AB (Assembly Bill) 2231. When it finally came up, I walked up to the microphone, made eye contact with the bill’s Author, Assemblyman Calderon, and said, “My name is Ryan Robertson. I am a nursing student from California State University Sacramento and I stand in opposition to this bill unless amended.”

I had done it! With those few simple words I directly participated in California’s legislative process for the first time in my life! My voice had been heard in perhaps a small but very important way.

I had many other experiences during the NSNI 2016 Internship that helped open my eyes to the important role that registered nurses play in the legislative process. One experience involved a young, homeless man who goes by the name of Miami. This gentleman was actively participating in the political process trying to improve the situation for all homeless people in Sacramento and California. It struck me that if someone of such few means could get involved, I probably didn’t have many good excuses not to.

I hope that my experiences can help motivate other CA nursing students to become more engaged in the legislative process. Registered nurses, more than any other professionals, have a close connection to patients and deeper understanding of their needs which is why it is so important for us to get involved! The more nurses get involved in policy, the more power we will have to affect change and advocate for our patients. I look forward to joining the ranks of nurses advocates and I am excited to not only do so at the bedside but also at the Capitol.
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