As I reflect back over the last four years, it’s been a wild ride throughout my two terms as ANA\C Membership Director. Our membership has grown by 40 percent, and we have transformed into a much different association than we were less than a decade ago. We have seen a lot of growth and change, and I am thankful to all who have continued to be part of ANA\C. My two terms as Membership Director have been some of the best years of my life, and I am very proud to have been able to serve and meet so many nurses across the state and the nation who are as passionate about the nursing profession as I am. As the outgoing Membership Director and incoming President, I am excited about the future of our organization.

As new President, I assumed office in May at the beginning of National Nurses Week. This reminded me to recognize all the nurses to make ANA\C thrive. To the founding members, to those who have sustained our organization over the years, and all who have served in leadership positions – thank you! Thank you for your dedication, vision, and the time you devote to advancing our profession. To the newer members, student nurses, and those considering joining ANA\C, your voices are needed to join with thousands of other nurses throughout the state to advocate for our profession across all levels of nursing. At the bedside, in the boardroom, at the tables of coalition discussions, and in the legislative rooms of our State Capitol, our influence is carried across the state as a voice of reason, and a voice of caring and compassion. We are the voice of nursing!

As I transition from my role as Membership Director to President, I heartily invite all of you to reach out to me with your visions, ideas, hopes, and concerns. My desire is to see nursing collaborate with those who will advance our profession; as we continue to build a strong unified voice for nursing. This is a member-driven organization, and we need your voices. Many of you responded to our membership survey with ideas for how ANA\C can better serve you as members. I wholeheartedly plan to take that information and use it to meet your needs over the next two years. Please continue to stand with ANA\C as the voice of professional nursing in California!

**Reflections**

**President’s Perspective**

**ANA\C: Shining a Light on Nursing**

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA\C President 2015-2017

It is with mixed feelings that I write this, my final President’s Perspective. I have learned much over the past two years, both from our Board of Directors and from all of you! I want to thank you from the bottom of my heart for your understanding, encouragement, hugs, handshakes, passion, advocacy, late-night phone calls, and debates that have brought about so much change in our organization.

The 2015-2017 Board of Directors and staff have worked diligently over the past two years to bring light and new beginnings to ANA\C. We developed new mission and vision statements and began work on a strategic plan. We brought nursing advocacy into a bright, shining light that no legislator can ignore – we created an Endorsement Committee for the 2016 election, continue to promote full scope of practice bills for advanced practice nurses, support four-year sunset extension legislation for the California Board of Registered Nursing, and meet and dialogue with legislators and their staff members on a regular basis.

ANA\C has also worked diligently to expand and improve communication with our members. We launched a new website in early 2016, which also enhanced our ability to communicate with you through email blasts. We introduced ANA\C Weekly, an online newsletter delivered to your email box each week, revamped The Nursing Voice and strengthened our social media presence. Also in 2016, our organization celebrated its 20th anniversary by presenting an outstanding General Assembly and Gala in Redondo Beach. This event featured inspiring speakers, exhibitors, a best practice poster session, awards ceremony and our annual business meeting.

After a successful pilot, ANA\C is now part of ANA’s Western Multi-State Division with Arizona, Colorado, Idaho and Utah to maximize the value of your membership dollars. This business model consolidates back-office operations and optimizes state-based advocacy and member engagement.

In 2017, we launched a Career Center to assist you in managing your career and generate additional revenue for ANA\C. Visit [http://careers.anacalifornia.com/](http://careers.anacalifornia.com/) to learn more. Also this year, we embarked on a partnership with ANA, the Center for Disease Control and several other nursing organizations to create the Nursing Infection Control Education Network to provide training, information and resources to improve infection prevention and control practices for nurses.

These are just some of ANA\C’s accomplishments over the past two years. I am incredibly proud of my colleagues, who have turned into life-long friends. I am so proud of every one of you, our membership, for standing behind us during the good times and the tough times. Despite our headway, every term does come to an end, and it is with a gigantic smile and great pleasure that I introduce to you the 2017-2019 ANA\C Board of Directors:

- **President (and Membership Assembly Representative):** Phillip M. Bautista
- **Vice President:** Anita Girard
- **Treasurer:** Kelly Bell
- **Secretary:** Ruth Rosenblum
- **Legislative Director:** Lindsay Sandberg
- **Director of Nursing Education:** Mary Ann McCarthy
- **Director of Nursing Practice:** Christine Tarver
- **Membership Director:** Tanya Davis

Learn more about our new Board on page 7 or by visiting our ANA\C website.

I will remain a member of ANA and ANA\C, and will be working closely with our incoming Board to ensure a smooth transition. Should you need to communicate with me, I may be reached at Corinne.MacEgan@gmail.com. I look forward to networking with you from the sidelines as an “ex-officio” and hope that our relationships will continue to strengthen. Please welcome your new Board with open arms… they are here for you!

It has been my distinct pleasure to serve you as ANA\C’s Vice President and later President. I wish you great health and many blessings!

ANAC-CDC-ANA Task Force Update ……… 3
RN Day at the Capitol. ………………… 4-6
Meet ANA\C’s 2017-2019
Board of Directors. ………………… 7
Your Nursing Career: Paying It Forward ……8
ANA\C Helps You Take Charge of Your Nursing Career. ……… 8
Lessons Learned as Your ANA\C Nursing Practice Director …….. 9
APRN Corner. ………………… 9
Nursing Leadership is Global Leadership. …… 10
Call for Action: Primary Palliative Nursing. …… 11
Supporting Our Next Generation of Nurses …… 12
Flo’s Cookie Jar. ………………… 12
Distinguished Alumni Awards …… 13
Board Meeting Highlights ……… 13
Call for Bylaw Proposals ……… 14
Membership ………………… 14-15

Corinne MacEgan, MSN/Ed, RN, CHPN
ANA\C President 2015-2017

**Inside This Issue**

**Reflections**

Philip Bautista, BSN, RN, PHN
2015-2017 ANA\C Membership Director
2017-2019 President

**President’s Perspective**

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Board of Directors. ………………… 7
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ANA\C Helps You Take Charge of Your Nursing Career. ……… 8
Lessons Learned as Your ANA\C Nursing Practice Director …….. 9
APRN Corner. ………………… 9
Nursing Leadership is Global Leadership. …… 10
Call for Action: Primary Palliative Nursing. …… 11
Supporting Our Next Generation of Nurses …… 12
Flo’s Cookie Jar. ………………… 12
Distinguished Alumni Awards …… 13
Board Meeting Highlights ……… 13
Call for Bylaw Proposals ……… 14
Membership ………………… 14-15
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ANA California’s official publication, The Nursing Voice editorial guidelines and due dates for article submittal is 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.
   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 make style and space limitations.
   d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.
   e. Letters, Articles and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter.
   f. Letters, Articles and Manuscripts submitted to ANA California will be published as space allows unless content is of a timely nature.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Article 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.

3. E-mail all narrative to thenursingvoice@anacalifornia.org.
   a. Photographs: First and last names of all persons displayed in the photo. If there is a list of names in order, list the names in order in which they should appear.
   b. Letters: First and last names of all persons of which there is content in the body of the email.
   c. Articles: First and last names of all first authors.

4. Reprints and Submissions: ANA California allows reprinting of newsletter material. Permission requests should be directed to the ANA California office in Sacramento. (916) 346-4590.

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Nursing Infection Control Network: Improving Infection Prevention and Control Education for RNs

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

In late 2016, ANA\C was one of two state nursing associations selected to participate with several national nursing organizations in a prestigious Center for Disease Control (CDC) – American Nurses Association National Project to create the Nursing Infection Control Network (NICE). The purpose of this joint collaborative is to streamline distribution of new and relevant information on infection prevention and control policies and best practices in the outpatient setting. This project calls for improved communication, formation of strategic partnerships and building new coalitions.

During the first quarter of 2017, ANA\C issued several Calls to Action and invited members interested in infectious disease control and prevention to serve on a special Task Force. This Task Force convened in April with a nine-member group that includes clinical nurses, members of academia and two infectious disease nurse experts. During our inaugural conference call, we discussed not only ANA\C’s distinguished role in this important endeavor, but also our responsibilities as a project subcontractor. Moreover, we set up a communication platform to maximize our collaborative efforts.

More exciting news came in late April when we learned that ANA\C was selected to participate in the very first CDC-ANA Project Workshop in July 2017! This webinar is a part of the NICE Network education series. In addition to authoring our portion, we will plan, develop and coordinate the webinar with our project partners from the New Jersey State Nurses Association (NJSNA), National Association of Orthopedic Nurses (NAON) and Association of peri-Operative Registered Nurses (AORN). The most valuable – and also the most exciting – part of this national endeavor is the use of original content authored, developed and presented by our very own Task Force. Furthermore, this webinar will be shared, not only among other NICE Network organizations, but will also be presented in a panel discussion before ANA\C’s 2018 RN Day. How exciting!

We would like to thank our ANA\C-CDC-ANA Task Force members for their time, dedication, expertise, and their willingness to serve ANA\C and promote successful infection prevention and control practices. As of publication of this article, Task Force members are Thao Tran, Rachel Choudhury, Aaron McColpin, Chris Tarver, Mary Ann McCarthy, Krista Graves, Tanya Davis, Daniel Duran and Marketa Houskova.

For more information about the NICE Network and available infection prevention resources, visit ANA\C’s website at www.anacalifornia.org. Come back for another exciting ANA\C-CDC-ANA Task Force update in the next edition of The Nursing Voice!
Senator Bill Dodd greets RN Day participants.

ANA\C’s lobbyist Roxanne Gould (left) and Governmental Affairs Director Marketa Houskova describe strategies for effective dialogue with legislators and their staff members.

Keynote Kelley Johnson, RN and former Miss Colorado, ignited international support for nursing by delivering a poignant monologue about patient care during the Miss America pageant, which led to the widespread #NursesUnite campaign. RN participants were inspired by her compelling story.

BRN Executive Officer Dr. Joseph Morris provides an update on the recent work and accomplishments of the Board.

Assembly Member Dr. Joaquin Arambula made a passionate plea for increased health care services, especially for the underserved in California.
Making Our Voices Heard! ANA&C’s RN Day at the Capitol

Debbie Bershad, RN
ANA&C Member

On April 3, 2017, nearly 100 RNs and nursing students gathered at the State Capitol to participate in ANA&C’s RN Day to learn how to effectively participate in the legislative process. The day began with a morning of information and dialogue. We heard from scheduled speakers, legislators, a variety of interest groups with different perspectives on legislative issues, and from our colleagues in the audience. The morning sessions highlighted a variety of interesting and thought provoking presentations, while breaks, lunch, impromptu meetings at the elevators and in the bustling hallways offered multiple networking opportunities.

We got a chance to hear from our colleagues on the forefront of ANA&C legislative advocacy: Elizabeth Dietz, 2015-2017 Legislative Director, Marketa Houko, Governmental Affairs Director and lobbyist Roxanne Gould, described strategies for effectively making our voices heard in the legislative arena. A common theme throughout the day was one that welcomed and encouraged nurses’ contributions and our involvement in health care issues that affect all residents of our state. Kelley Johnson, RN and Miss Colorado 2015 and second runner-up in the 2016 Miss America competition, reminded each of us that we are always more than “just” nurses. She shared her powerful monologue about nursing that day, and her national attention when she participated in the Miss America Pageant and sparked the #NursesUnite campaign. Her words were a timely reminder that when nurses speak with one voice, people listen because they trust nurses and value our profession. As members of that profession, may we always remember our potential to advance patient advocacy and positive change in healthcare.

Dr. Joseph Morris, current Executive Officer of the California Board of Registered Nursing (BRN), informed us about the role and mission of the BRN and updated us on the organization’s progress and positive changes made in the past year. He reminded us that the primary role of the BRN is to provide advocacy for the residents of our state and yet a high quality, competent workforce of nurses to meet the needs of our residents.

“If we care about nursing the way we say we do, then it is absolutely essential to provide quality, safe health care to everyone we serve,” said Dr. Morris. Dr. Morris also shared a partial list of recent BRN accomplishments:

- Reduction in processing time for new licenses, from eight months down to three months or less.
- Use of Cloud Drive technology to enable the BRN to receive and securely process transcripts in a timelier manner.
- Presentations to California nursing students to educate them about the RN application process to help reduce wait times.
- The BRN’s Workforce Advisory and Education Committees were combined to better share knowledge and resources between academia and the workplace.

The ultimate goal is to better prepare students to function in and meet the demands of the evolving RN role.

In closing, Dr. Morris encouraged each of us as engaged members of the nursing profession to take the following steps to expedite our license renewal: make sure you have successfully completed the LiveScan fingerprinting process; visit the BRN website at www.rn.ca.gov and update your profile to ensure that your LiveScan information matches the BRN’s information; and consider attending a disciplinary hearing held by the BRN. Why? This last step? By thoroughly understanding the enforcement process, we will be better able to protect our nursing license and the patients we serve.

During Dr. Morris’ presentation, some of the RNs present brought up the topic of the rising incidence of violence against nurses and concerns for nurse privacy and safety when information such as home address can be gleaned from the BRN website. Some RNs in the audience shared that some states have been successful in removing RN’s home addresses as public record. In fact, the state of Delaware website for online license verification states, “we do not disclose street and email addresses because they are not considered public information.”

About 25 percent of nurses experienced workplace violence in the last year, and pressure is growing for regulators to take steps to protect them, Alexis Fernández Campbell reports for The Atlantic. If you are interested in reading more about violence against nurses, one source is www.vnha.org/ Publications/92H43B6.pdf, or do an internet search on violence to nurses.

The RN Day audience also had the opportunity to hear impromptu talks from state legislators and staff members, including Senator Bill Dodd and Assembly Member Dr. Joaquin Arambula – who spoke with contagious passion about their commitment to improving health care and outcomes for Californians, as well as improving working conditions for nurses and healthcare workers who deliver that care.

In the afternoon, we had the opportunity to meet our elected representatives and/or their staff members in their offices, as well as attend committee hearings. During these meetings, we discussed important issues related to patient care and the nursing profession.

ANA&C’s RN Day at the Capitol offered us the opportunity to learn how to engage with our legislators, better understand the role that ANA&C has in nursing advocacy and the legislative process, receive continuing education credit, and network and engage in relevant and timely dialogue with our colleagues. What a great way to spend the day! Hope to see you and a colleague there next year!

Missed Opportunity = Future Action

Debbie Bershad, RN

My first ANA&C RN Day at the Capitol was ending. I had just attended my last class of the day and was excited for the next day and the day after. We would be preparing for the day and knocking on doors in the halls as we learned to talk with a purpose and prepare for questions. And that’s what we did.

After some waiting and my first time in a passenger elevator, I was heading to the right direction (down) and found myself standing against the back wall. As the doors of our packed elevator closed, the gentle man standing next to the control panel began to visually scan the crowd and ask which floors to stop the elevator on. When his eyes met mine, he glanced at the nametag dangling from my right lapel and loudly asked, “RN, what does that stand for?” Everyone’s eyes were on me and I was not prepared for this question.

I replied, “Registered Nurse,” and he continued his questions and then he asked, “This is the first time I have ever been asked that.” I replied, “This is the first time I have ever been asked that.”

I felt caught off-guard and surprised by the unexpected attention. Perhaps because of this, in the next moment when the elevator doors opened with an on-rush of new passengers, I found myself allowing the crowd to push me further away from this gentleman. He attempted to continue the conversation. I remained silent.

A moment later, preparing to leave the elevator, a woman in front of me turned and said, “Unwelcome attention, huh?” I replied that actually what he said was very nice. Unfortunately, the gentleman never heard those words since he was one of the first people off the elevator! How was this a missed opportunity? I missed an opportunity to thank someone for publicly voicing compliment to all nurses and the nursing profession. An opportunity indeed, in this age when negative comments seem to be everywhere. And perhaps you, like me, were taught by a parent or other influential person that the best thing to do is to show appreciation to those who do an internet search on violence to nurses.

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The applications process is straightforward and open to members of the California Nursing Students Association. In addition to writing a brief self-introduction, prospective applicants must answer a prompt that involves a political theme and its effect on the nursing profession. This year, the prompt asked students to explore a healthcare-related issue and propose a solution for healthcare representatives to consider as a potential bill. I was fortunate enough to be selected for this opportunity along with Yoli Cervantes, the current President of Hartnell College’s CNSA Chapter. Together, we embarked on a transformative journey through the California State Capitol, guided by Phillip Bautista, ANA’s newly elected president.

A central theme to my experiences with the NSSI was familiarization with the legislative process. Aside from learning the theory of the process, I also took part in a variety of activities during the three-day event that allowed me to exercise my nursing voice to state legislators. As NSSI interns, Yoli and I advocated for our profession and our clients by offering legislators and their staff members a nursing perspective on bills about tuberculosis screenings, nursing-patient safety rates, and initiation of Doctorate of Nursing Practice programs in California State Universities. In addition, we listened to legislative hearings, met with senators, and voiced our support for bills that we thought were pertinent to nursing practice.

Finally, to strengthen the ties between our nursing knowledge and newly founded political knowledge, we had the privilege of attending ANA\C’s RN Day at the Capitol. This annual event promotes collaboration between elected officials and nurses interested in advocating for change. Although there was no rigid agenda to dictate our every movement during this internship, meaningful action filled each minute of our day. This parallels the same flexibility and purpose of the working nurse.

So, what did three days at the Capitol amount to? Through this generous internship by ANA\C and CNSA, I have learned firsthand what true advocacy and leadership looks like on a broad scale. This experience has resulted in invaluable confidence and understanding about the legislative process to use as a tool throughout my career. Through this increased knowledge, I am ready to represent others in my personal vision to increase the representation of the nurse’s voice in politics.

ANAC’s Phillip Bautista with Nursing Student Sacramento Internship participants Yoli Cervantes of Hartnell College of Nursing and Allied Health, and Frieda Dacuag of Mount Saint Mary’s University.
Meet ANA\C’s 2017–2019 Board of Directors

President
Phillip M. Bautista, BSN, RN, PHN
Phillip has served on ANA\C’s Board of Directors as Membership Director since March 2013. As an elected representative to the ANA Membership Assembly since its inception in 2014, he is excited to continue on the leadership path with ANA\C. Phillip has also been appointed as one of two ANA\C members representing California on the new Western Multi-State Division Board of Directors. As a former Legislative Director for the California Nursing Students Association, he enjoys working with and mentoring student leaders and new graduate RNs. After graduating from California State University, Fresno, he worked as an outpatient surgical center nurse and served in various community health outreach roles with his alma mater. As a lifelong resident of California’s San Joaquin Valley, Phillip has a strong desire to give back to underserved communities. As he enters the ANAC President’s role, he is committed to increasing member engagement and strengthening the voice of ANA\C across California.

Vice-President
Anita Girard, DNP, RN, CNL, CPHQ, NEA-BC
Anita is the Interim Director of Nursing Excellence and Magnet Program Director for Stanford Health Care. For many years, Anita has been an innovator and nurse leader in a variety of academic and community-based settings. Working as a clinical nurse, nurse manager, nursing quality manager, and now Director of Nursing for Stanford’s Magnet Program, Anita has a deep understanding of issues that nurses face daily concerning the practice environment. Anita completed her doctorate of nursing practice in executive leadership from the University of San Francisco. She is passionate about nursing improvement work and the voice that nursing brings to the table to redesign workflows, improve practice environments, and ultimately engage nursing leaders at all levels to be part of the solution. She has presented her work on nursing engagement at multiple state, national, and international conferences. Anita is looking forward to her new role as ANA\C Vice-President.

Secretary
Ruth Rosenblum, DNP, MS, RN, PNP-BC, CNS
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 Nursing Northern Consortium Doctor of Nursing Practice program. Additionally, she is a Pediatric Nurse Practitioner in Child Neurology at Santa Clara Valley Medical Center (SCVMC). 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 innovation and evidence-based practice. She is immediate past Director of Clinical Practice for the Association of Child Neurology Nurses.

Legislative Director
Lindsay Sandberg, BSN, MS, RN
Lindsay is a risk management nurse and is on the faculty at Samuel Merritt University School of Nursing. She received her bachelor’s degree in nursing from UCLA and her master’s degree in health administration from UC San Francisco. A Bay Area native, Lindsay is looking forward to serving on the ANA\C Board as Legislative Director and advocating for important matters impacting the nursing profession.

Nursing Education Director
Mary Ann McCarthy, EdD, RN, CNS, STAH
Mary Ann has a long history of nursing experience in hospitals, home health, wellness, school nursing, and higher education. She has practiced in Ohio, Indiana, Kentucky, Louisiana, New York, and California. Mary Ann graduated with a baccalaureate degree in nursing from Mount St. Joseph College in Cincinnati, Ohio. At California State University, Fresno she completed her School Health Credential, Special Teaching Authorization in Health (STAHS), masters’ degree in nursing and a doctoral degree in educational leadership. Currently, Mary Ann is the Director of the Department of Health Science at California State University, Los Angeles. Her interests include teambuilding, mentoring, student success, and transformational leadership.

Nursing Practice Director
Christine Tarver, DNP, RN, CNS, NEA-BC
An RN for 27 years, Chris is currently Director of Medical/Surgical Services (which includes medical and outpatient units) and Magnet Program Director at El Camino Hospital, a community hospital with two campuses in Silicon Valley. Chris earned both her BS and MS degrees in nursing from San Jose State University, and her doctorate in nursing practice from the California State Northern California Consortium. Chris has been active in the Bay Area Magnet Convening for more than 10 years, and is one of the founding members of this group which supports organizations in all phases of the Magnet Journey – from exploring the ability to apply to multiple redesignations. Chris is honored to join the ANA\C Board of Directors and looks forward to supporting and promoting the profession of nursing and improving patient care across the continuum.

Membership Director
Tanya Davis, BSN, RN, PHN
Tanya is a staff RN on the Medical/Surgical/Telemetry unit at Palomar Medical Center in Poway. As an ANA\C member representing California, Tanya is striving to contribute to her nursing department by participating on the unit practice council, while perfecting her nursing practice. During nursing school, Tanya served on the National Student Nurses Association Board of Directors, representing students in the Western states. In this role, she connected with students nationwide and provided guidance on bylaws. Currently, she is Membership Co-Chair for the San Diego Chapter of American Association of Critical Care Nurses (AACN). Tanya looks forward to serving as Membership Director and promoting ANA\C and the nursing profession across the state.

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

I am delighted to write a career advice column for the members of ANAIC. With many different types of nurses represented by ANAIC, the list of different career-related issues is enormous. I will be addressing the most common work-related issues. If you have a specific career question, you are welcome to write me directly at The Nursing Voice. I will do my best to address your question in a future column. Just send your email to thenservice@tedanacalifornia.org and put Susan OT in the subject line.

Just about everyone saw the 1990s movie, Pay It Forward, about doing good deeds for others. Pay It Forward starred Kevin Spacey as a high school teacher who assigns a project to do random acts of charity. Haley Joel Osment, the main character, decides to ask those he helps to do three things for someone else, which pays the kindness forward exponentially. The concept of “paying it forward” is still very powerful today.

In addition to a wonderful lifestyle choice, the decision to pay it forward also applies to nursing careers. As those of us in our late fifties and sixties move into the twilight years of our careers, we have an opportunity to pay it forward to those who come after us as new nurses and future leaders. Everything you do as a professional registered nurse can serve as role modeling for others. I was blessed with wonderful mentors throughout my career who shaped me into the nurse leader I am today.

All healthcare professionals have a need for special insight, understanding, wisdom and information that a mentor can provide. Mentors can help individuals successfully navigate multiple challenges, changes and demands. The need for coaching and mentoring has never been more apparent for leaders at all levels, because the healthcare system is changing so much and so quickly. Mentoring has never been more apparent for leaders at all levels, because the healthcare system is changing so much and so quickly.

The concept of “paying it forward” is still very powerful today. In addition to a wonderful lifestyle choice, the decision to pay it forward also applies to nursing careers. As those of us in our late fifties and sixties move into the twilight years of our careers, we have an opportunity to pay it forward to those who come after us as new nurses and future leaders. Everything you do as a professional registered nurse can serve as role modeling for others. I was blessed with wonderful mentors throughout my career who shaped me into the nurse leader I am today.

All healthcare professionals have a need for special insight, understanding, wisdom and information that a mentor can provide. Mentors can help individuals successfully navigate multiple challenges, changes and demands. The need for coaching and mentoring has never been more apparent for leaders at all levels, because the healthcare system is changing so much and so quickly.

Webster’s defines mentor as a trusted counselor or guide, tutor or coach, preceptor or teacher (9th edition). According to Hein and Nicholson, “mentoring occurs when a senior person (the mentor) in terms of age and/or experience, undertakes to provide information, advice and emotional support for a junior person (the mentee) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties.”

Examples of mentoring include any healthcare student with an experienced provider, a new manager with an experienced manager, or orientation of a new employee with a “buddy.” There is a difference between mentoring and precepting. Precepting is a formal role, and will be covered in a separate column.

Mentoring is not power driven, authoritarian (my way or no way) or punitive. Mentoring is not something you are mandated to do in your career – forced compliance is not required. Mentoring is something you choose to do, and you accept the mentee completely, without judgment of his or her choices or behaviors. Healthcare professionals interested in mentoring usually like sharing what they know. They are willing to teach and enjoy working with students, new grads, new employees or those new to their role. They willingly accept the time commitment to work with mentees. Successful mentors are able to evaluate outcomes, be kind, fair, empathetic and objective. They are willing to share their own good and bad experiences, because “Good judgement comes from experience. Experience comes from bad judgment” (author unknown).

Mentors can assess how mentees best learn, and provide praise and supportive criticism. Mentors are willing to influence others and to stretch and push mentees to grow and learn. They help mentees develop a realistic picture of themselves and their skills. You can find a mentor on your own work unit, through a colleague or supervisor, or it could just be someone you “click with.”

What have you chosen to do to assist those coming through the ranks? Can you mentor a new nurse? Coach a nursing student? Provide career advice for someone considering nursing as a career? Precept a graduate student in your work role? It doesn’t matter what you choose to do, only that you do something – that you Pay It Forward.

... you will, too!

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If you’re a potential employer recruiting for open positions, ANAIC’s Career Center allows you to get your job postings in front of highly qualified and dedicated nursing professionals. You can:

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Whether you’re an RN seeking a new job opportunity, or an employer with vacant positions, ANAIC’s Career Center is an excellent resource. Access ANAIC’s Career Center and set up an account today.

at careers.anacalifornia.org

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Lessons Learned as Your ANA\C Nursing Practice Director

Mary Ellen Dellefield, PhD, RN
2014-2017 ANA\C Nursing Practice Director

As Nursing Practice Director from 2014-2017, I have learned a great deal about ANA\C as an organization, its board members and staff, and the nature of participation in a volunteer organization. Recalling the mission of ANA\C, it feels like a good starting point for this reflection. Our mission is to enable the advancement of Californians and advance the profession of nursing.

One thing is clear – this organization exists because of the commitment and efforts of previous board members, as well as many members – past and present. Each gave of their time to advance ANA\C’s mission. Volunteerism is not an all-or-nothing activity. It is dynamic – one’s level of participation varies with the circumstances of one’s life, health, job, and family commitments. Any amount of volunteering for ANA\C reaps positive benefits. For example, I was hoping to participate much more as a board member. But in 2016 I was ill. This experience helped me understand that a volunteer needs to be flexible in expectations of themselves, and satisfied with making any level of contribution to ANA\C. Our mission is bold, and it will only be advanced by concrete actions taken by many members over time.

As a member of the ANA\C Board, the Nursing Practice Director has specific responsibilities to honor. These are important contributions; however I believe it is time to broaden them. I recommend this because of the unique nature of our organization. We are not a clinical specialty organization. Members include RNs with varied educational backgrounds and interests. The diversity of our members is a strength of ANA\C. Our unique focus is on policy and practice issues related to our mission.

Because of this, the Nursing Practice Director has the opportunity to advance each member’s understanding of empirical evidence that is directly or indirectly related to our mission. Evidence-based practice relies on the integration of previous experience and judgment, empirical evidence, and the decision-making capacity of the Californian. Our legislative advocacy is best when it is based on empirical evidence,棹 findings, and self-interest of both Californians and professional nursing. It is from this perspective that ANA\C makes judgments about supporting, opposing, or monitoring proposed legislation.

This is a complex perspective to have. By definition, existing evidence may be lacking and/or provides mixed findings. Political values and world views may differ. In my opinion, it is best for each member of ANA\C to acknowledge the complexity of this perspective and our mission. Where feasible, the Nursing Practice Director has the challenge of increasing members’ understanding of the evidence-based policy and practices that are under consideration by California’s legislators. I am very confident that our newly elected Nursing Practice Director, Christine Taner, has the talent and skills to advance this challenge.

I wish Christine and the new ANA\C Board much success.
Nursing Leadership is Global Leadership
Making a Difference in the Remote Village of Batata, Panama

Marketa Houskova, MAIA, BA, RN
ANA/Governmental Affairs Director

On April 22, a team of 33 licensed providers including RNs, NPI, DPTs and PAEs, along with Entry Level Masters (ELM) Nursing, Doctor of Physical Therapy (DPT) and Master Physician Assistant (MPA) students boarded a flight for Panama on a global health mission trip. Each of us brought only small carry-on luggage since all our larger checked baggage was full of medical supplies that were the results of student fundraising efforts.

Each participant was full of expectations, excitement and trepidation of the unknown. For those of us returning to the village of Batata in the remote mountains of Panama, a region about 6-7 hours away from the capital without clean running water, electricity or sanitation, we recognize the importance of the work we do as human beings.

Why are we so certain? We have seen it time and time again – it is the leadership of such trips that sets the expectations of work excellence no matter what the surrounding environment or the lack of equipment looks like. Leadership must establish clear communication, be easily approachable and have faith in those around us. It is our role to make sure that our students feel supported, do not fail and do not leave feeling they were not a part of something bigger, important, lasting and sustainable.

This Batata trip was especially memorable as we witnessed a groundbreaking ceremony of a new clinic that will be built in cooperation between the local indigenous population led by the Council of Elders, Hands for Americas (a Central American non-profit organization) and Hands for Global Health (HFGH). As a Board member for HFGH, let me tell you that after returning to this very location where the Panamanian government has never provided care, it was Hands for Global Health that decided to come to a place “where nobody wanted to come.” HFGH has been returning every six months since then.

Why is the groundbreaking so important? We learned in the comarca area where the local indigenous population lives there is no such thing as “private land,” therefore no land can be bought or sold. This law took effect after Panama experienced an economic boom and land speculation was imminent. The local government decided to enact this statute to prevent massive land sell-offs and to protect certain geographic areas. This groundbreaking ceremony was monumental because the local Elder Council decided to donate this magnificent piece of land with its splendid views as the site of the future stand-alone clinic that will offer access to basic health care, public health education and classes on oral hygiene to local community members who walk up to five hours every six months to be seen during our clinic trips.

When not in use to provide care, this clinic will offer space for children to gather and for locals to use for community events. It was extremely important to us that this structure be used, to its full sustainable capacity and serve the local community. For HFGH to have a permanent clinic at this beautiful rural site is a dream we have never dared to dream. Now, as we discuss what grants to apply for and how to best strategize our fundraising campaigns, possibilities for future healthcare trips to bring ENT, OB-GYN and/or eye specialists, offering semesters abroad for healthcare students and/or having a permanent placement of healthcare staff who would train the Trainers, run through our minds. We are so proud to have established strong ties with the local indigenous population, delivered excellent care at every step of the way, and demonstrated our dedication, determination and genuine spirit.

For more information about Hands for Global Health or to make a donation, please visit www.hands forgloba lhealth.org

Community members gather for the groundbreaking ceremony for the future clinic.

Villagers wait in line to be seen at the Clinic. Many clients waited for hours to gain access to clinic services.

Marketa Houskova (far left), along with Entry Level Master’s nursing students from Samuel Merritt University in the triage area at the Batata Clinic in Panama.

Compassionate care with a smile!
Call for Action: Primary Palliative Nursing Delivered by Every California Nurse in Every Health Care Setting

Anne Hughes, PhD, FNP, ACHPN, FAAN, FHPN
2016–2017 ANA/C Vice President
Member, Palliative and Hospice Nursing Professional Issues Panel

As a result of a 2014 ANA Membership Assembly Reference Issues Forum, a Palliative and Hospice Nursing Professional Issues Panel was convened by ANA and ANA organizational affiliate, Hospice and Palliative Nurses Association (HPNA), in January 2015. The purpose of the Panel was to conduct an environmental assessment, identify the current state of palliative care nursing in the US, and propose recommendations that would position nurses to lead and transform palliative care.

The Panel began its deliberation by acknowledging that medical breakthroughs have resulted in: a growing number of infants, children, adolescents, adults and seniors living much longer than previously imagined with serious chronic illnesses and life-changing injuries; and there is a lack of specialty palliative care nurses to meet the increasing demands. Furthermore, the group recognized that nursing historically has addressed palliative care, and proposed that role to meet the increasing numbers of seriously ill and injured patients and their families in our country.

Primary palliative care nursing includes assessing and managing symptoms and treatment of side effects; educating and counseling patients and families about what to expect as disease progresses and management of self-care; assessing patient/family coping; and providing respectful care to the dying as well as support to their survivors. Palliative care is not the same as hospice care, which is care for the terminally ill. However, hospice care goals are by their very nature palliative [http://nursingworld.org/CallsForAction/PalliativeNursesLeadTransformPalliativeCare].

The work of the Panel was completed in five work groups: practice, education, administration, research, and policy. In addition to the 21 Panel members, over one hundred nurses served on an advisory committee to review and comment on the work of the Panel. An initial draft of the Call for Action was disseminated for public comment in the fall of 2016; feedback was reviewed, and as warranted, integrated into the final document [http://nursingworld.org/CallsForAction/PalliativeNursesLeadTransformPalliativeCare].

The conclusion of the Call for Action is that seriously ill and injured patients, families and communities should receive quality palliative care in all care settings. This is achieved through the delivery of primary palliative nursing by every nurse, regardless of setting [http://nursingworld.org/CallsForAction/PalliativeNursesLeadTransformPalliativeCare].

Twelve recommendations, along with the entire Call for Action, were approved by both the ANA and HPNA Boards of Directors to support the conclusion. The principal recommendations include:

1. Support National and State Boards of Nursing to consider the delivery of primary palliative nursing by every nurse, regardless of setting.
2. Petition the National Council for State Boards of Nursing to increase palliative care content on the pre-licensure NCLEX-RN and NCLEX-RN exams.
3. Encourage state boards of nursing with continuing education re-licensure requirements to mandate inclusion of palliative care content.
4. Advocate the use of the National Consensus Project for Quality Palliative Care Clinical Practice Guidelines for Quality Palliative Care in the development, implementation, and evaluation of specialty, evidence-based palliative care services for all organizations.
5. Recommend that all specialty nursing organizations review RN and APRN practice standards to include primary palliative nursing care and develop resources and position papers to support and advance primary palliative nursing.
6. Fund, develop, and evaluate innovative palliative care models to address workforce challenges and the needs of communities of color, underserved populations, and other vulnerable groups, such as Native Americans, persons with intellectual and developmental disabilities, and others in rural and urban areas.
7. Convene a thought leader summit to address practice barriers and develop strategies to address barriers to palliative and hospice care.
8. Incorporate primary palliative nursing as part of the American Nurses Credentialing Center Magnet Recognition Pathway to Excellence Programs, American Association of Critical Care Nurses Beacon Award for Excellence, Academy of Medical-Surgical Nurses Prism Award, and other organizational and unit-based credentialing and recognition programs.
9. Conduct interventional studies testing strategies to alleviate compassion fatigue and moral distress to maintain a healthy workforce.
10. Promote equitable reimbursement and reduction of barriers by all payers for RN and APRN services related to palliative and hospice care.
11. Support the funding and development of palliative care services for communities with limited resources.
12. Position nurses at decision-making and policy-setting venues, such as healthcare and regulatory boards, to address palliative care needs.

To learn more about this Call for Action and what you can do as a nurse leader, please review the entire document [http://nursingworld.org/CallsForAction/PalliativeNursesLeadTransformPalliativeCare] and consider what actions you can take to lead and transform palliative care in your setting. To learn more about palliative nursing, please visit the HPNA website [http://hpna.advancingexpertcare.org/].

Author’s personal note: As I am completing my term on the ANA/C Board of Directors, I wish to express my gratitude to you for the opportunity to serve the membership and to support ANA/C’s mission, to enhance the health and well-being of Californians and advance the profession of nursing. Take care!

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Supporting Our Next Generation of Nurses

Mary Ann McCarthy, EdD, RN, CNS, STAH
ANA\C Education Director

Spring is the time of year when most nursing schools have graduation. Although there are many schedules and cycles, a large majority of nursing students graduate in the spring and take the NCLEX in the summer, between June and August. New graduates have left their comfort zone of the educational arena, achieved through years of blood, sweat, and tears. Now these students face yet another life transition – moving from expert nursing student to novice RN.

Preparing for and taking the NCLEX may be far more stressful and anxiety producing than anything they have experienced to date. Nursing education has dictated their lives for several years. The freedom that graduation presents can be a blessing and a curse. The blessings include time to rejoin the family unit, travel, sleep, and enjoy a sense of accomplishment. But this new freedom can be a curse as well.

Students no longer have the university calendar and syllabus to guide their study, relying on class times, due dates, and scheduled tests. Students may wake up this summer realizing the NCLEX is still ahead of them, with no idea of how to get on track to study for this test. Our responsibility as professional nurses is not only to support the next generation as they take the test and enter practice, but also to ensure that we do not add another layer of pressure on them. Whether it is visible or not, all students carry the burden of this high stakes test on their shoulders.

In my work with students both pre and post NCLEX, I’ve developed some dos and don’ts to consider when working with new graduate nurses as they prepare for licensure:

Do acknowledge their hard work and accomplishments.
Do allow time off to focus on NCLEX preparation.
Do be attentive to how others are responding to them.
Do offer to reach out to them on a regular basis if they choose (weekly? monthly?).
Do encourage self-care.
Don’t ask them to divulge their testing date.
Don’t ask if they are studying.
Don’t rush them to take the test… “Be in the next orientation cohort” OR “start working.”
Don’t share your NCLEX testing experience unless asked.
Don’t ask about test results – let them share when they are ready.

Remember these new nurses will be caring for you and your loved ones. Embrace them, mentor them, listen to them, and trust them. Build them up to be strong nurses who will lead the future of healthcare.

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.

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ANA\C Member Receives 2017 UCSF Distinguished Alumni Award

Patricia McFarland, MS, RN, FAAN, Chief Executive Officer of the Association of California Nurse Leaders and an ANA\C member, was honored this spring with the UC San Francisco School of Nursing’s prestigious 2017 Jane Norbeck Distinguished Alumni Award. McFarland was selected for this award in recognition of her outstanding leadership service to UCSF’s School of Nursing and her commitment to health care advocacy, mentoring and the expansion of new directions in nursing. McFarland earned her Bachelor’s and Master’s degrees in nursing from UCSF. Longtime ANA\C members, Dr. Catherine Diddi and Dr. Mary Foley, presented the award to McFarland during the Nursing Gala at the Fairmont Hotel in San Francisco on April 8, part of the UCSF School of Nursing’s Alumni Weekend celebration.

BRN Executive Officer Dr. Joseph Morris Named UCLA 2017 Distinguished Alumnus

Board of Registered Nursing Executive Officer Dr. Joseph Morris has been named one of UC Los Angeles School of Nursing’s 2017 Distinguished Alumnus. Dr. Morris graduated with top honors from UCLA with a PhD in nursing science, with an emphasis on Alzheimer’s disease and bio-behavior. In addition to holding several influential leadership roles in nursing and academia, Dr. Morris has published and presented several research articles and scholarly papers at state, regional and national conferences. His latest project includes a self-published children’s book: The World’s Greatest Grandpa . . . a fictional novel that focuses on educating parents and children about Alzheimer’s disease. Dr. Morris received this award at the UCLA School of Nursing’s awards luncheon on May 6.
Central Valley Nurses Hold Caring Conference

“You are the light in institutional darkness, and in this model, we get to return to the light of our humanity.” – Dr. Jean Watson

The Central Valley Caring Conference took place on April 12, at Saint Agnes Medical Center in Fresno. Co-hosted by Saint Agnes and VA Fresno, it was a very memorable event with a packed house of nurses from across the Central Valley and beyond—with one participant coming from Hawaii. Keynote speaker was nursing theorist Dr. Jean Watson, internationally recognized for her philosophy and science of caring. According to Dr. Watson, who holds numerous honorary doctoral degrees, caring is central to nursing practice, and promotes health better than a simple medical cure. A caring environment accepts a person as he or she is, and looks to what he or she may become. It is woven into our care of patients, colleagues and self. This important theme was reinforced by conference sponsors, ANA/C, DAISY Foundation and Nursing Christian Fellowship.

Dr. Jean Watson (center) with nurses from the Central Valley.

You are the Voice - A Call For Bylaw Proposals

One of the privileges of being an ANA/C member is to contribute to our organization. Please visit our ANA/C website and view the current ANA/C Bylaws document (as amended at the 2016 General Assembly) to identify areas that you believe may need clarification or change. The Bylaws Committee can then help to guide you through the proposal writing process. All proposals submitted are reviewed to determine the feasibility of the proposal and conformity with ANA and ANA/C Bylaws.

If you have questions, contact the Bylaws Committee at bylaws@anacalifornia.org. Thank you in advance for helping to make a difference!

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Employer  
Type of Work Setting: (eg: hospital)  
Practice Area: (eg: pediatrics)  
Date of Birth  
Gender: Male/Female  
Credentials  
Phone Number  
Check preference:  
Home  
Work

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Current Employment Status: (eg: full-time nurse)  
Current Position Title: (eg: staff nurse)  
Required: What is your primary role in nursing (position description)?  
☐ Clinical Nurse/Staff Nurse  
☐ Nurse Manager/Nurse Executive (including Director/CNO)  
☐ Nurse Educator or Professor  
☐ Not currently working in nursing  
☐ Advanced Practice Registered Nurse (NP, CNS, CRNA)  
☐ Other nursing position

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Required: What is your primary role in nursing (position description)?  
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