The direction of the association, and the Board, with the Assembly. The membership sets agenda and goals of the General responsibility is to implement, committees and projects. participating on national programs and seminars and legislation, regulation, visiting Directors has been involved with California. The ANA\C Board of Directors has been involved with the professional nursing association nationwide and in California. The newspaper is divided into sections that address nursing education, practice, legislation, national ANA events, CE programs, California Nursing Students Association, Golden State Nurses Foundation, the Board of Registered Nursing, special advisory boards, and other activities and events that are of interest to nurses and friends of nurses in California.

Nursing’s Social Contract with California: How strong is it? It is important for nurses to regularly reflect on our social contract with the people of California and the responsibilities and forms of accountability that are expected of us. We have been given the responsibility of self regulation, autonomy in practice and trust to maintain competency in the knowledge, treatment and care of individuals from conception to death. The American Nurses Association (ANA) has been given the responsibility to oversee the nursing profession and advance the education and practice of nursing to meet the present and future health needs of all individuals in this nation. ANA has the duty to approve the specialty nursing organizations’ research and advocate for the recommended changes in their scope of practice. In addition, the association is responsible for the development of standards of ethical practice, to maintain the competency of nurses through examination, to seek federal funding for research and education, to maintain membership in national and state health policy task forces, commissions and coalitions and to participate in the International Council of Nurses. At the national level, ANA works with each state member association to collect data and report on the health care needs of individuals, families and groups in the state.

One very important responsibility of ANA and the state associations is to maintain close contact with nursing faculty and be informed of their needs to educate an adequate nursing work force. Of equal importance is the responsibility to know the professional and economic needs of nurses and the level of safety in the work environment for all practicing nurses. The social contract is responsible to the nursing students, assisting in their professional preparation as leaders in the community. ANA works closely with the California Nursing Students Association (CNSA) and the local chapters in every nursing program. Political activism is extremely important for each state association and ANA is especially well positioned with three nurse lobbyists and a very active Legislative Committee boasting numerous members.

However, the social contract cannot be carried out (Continued on page 2)

Honorable Tricia Hunter, RN
Executive Director ANA\C

It has been an exciting year for the American Nurses Association, California. The ANA\C Board of Directors has been involved with legislation, regulation, visiting schools of nursing, supporting student nurse chapters, speaking at programs and seminars and participating on national committees and projects.

As Executive Director, my responsibility is to implement, with the volunteers and elected members of the association, the agenda and goals of the General Assembly. The membership sets the direction of the association, and the Board, with the support of the Executive Director, implements them.

Representing ANA\C by Speaking
This fiscal year I have been a guest speaker at approximately 20 different nursing schools. It was a great experience being invited to be the keynote speaker or panelist for the Occupation Health Nurses, the Rehabilitation Nurses, Clinical Nurse Specialist, Arizona Nurses Association, CA Student Nurses Association, and many other associations. A presentation on “Ethics and Legal Issues of Nursing During a Disaster” has lead to developing a task force and, the receiving of a grant to begin assessing the needs of California’s nurses if we have a disaster within our State.

Representing ANA\C through Advocacy
ANA\C has provided testimony at the Little Hoover Commission, Board of Registered Nursing, Licensed Vocational Nursing and Psychiatric Technician Board, the State Senate and Assembly. We were also invited to participate in a Summit on the Nursing Shortage called by (Continued on page 3)
Now, more than ever in our history of nursing, lifelong membership in our professional association is critical. Nurses must take their rightful and expected place in the community as leaders and experts in health care. It is not enough for a professional nurse to only be employed in a job. Professional nurses must assume responsibility to advance the education and practice of nursing as health care and medicine improves. Nurses must share the work of the profession. If one can help by dues only, this is laudable. Your dues pay the expenses for the travel, hotel stays and food for the members who perform the work of the organization. However, as the professional and personal responsibilities decrease, nurses have an obligation to join a committee or short term project of ANA at the state or national level. This is the social contract we accepted when we took the Florence Nightingale pledge during the Pinning Ceremony in the presence of our colleagues, family and friends. The social contract can not be implemented by nursing labor unions; this is not the purview of unions. The function of labor unions as determined by the National Labor Relations Act is to engage in collective bargaining related to salaries, hours and other conditions of employment in contracted agencies. Nurses are very different from other professionals in that we entered the profession to share our knowledge and expertise with others; the patients in the hospital, the children in schools, the families and groups in the community. Nurses have a passion about providing the highest quality of health care and teaching optimal wellness to everyone in our country. This service to others gives us the most satisfaction. It is not the salary we could make from our knowledge and expertise that motivates us. This is why nurses work longer and harder in our profession than any other professional group. Knowing that others have been helped by our knowledge and expertise reenergizes us. Giving to others will never drain our psyche or passion for work.

I challenge all of us to grow the membership in ANA/C to 400,000 nurses by 2016. With such a diverse knowledge and expertise mix of professionals and united in nurses’ commitment to provide optimal health care, a wealth of ideas and solutions could be generated for health care issues, for nursing education and practice concerns and for the protection of the economic welfare and work environment for all nurses. Most important, the people of California will benefit greatly from the health care legislation and programs that are developed from our collective recommendations. I invite all of you to give your dues and expertise to share our knowledge and expertise with others; the patients in the hospital, the children in schools, the families and groups in the community. Nurses have a passion about providing the highest quality of health care and teaching optimal wellness to everyone in our country. This service to others gives us the most satisfaction. It is not the salary we could make from our knowledge and expertise that motivates us. This is why nurses work longer and harder in our profession than any other professional group. Knowing that others have been helped by our knowledge and expertise reenergizes us. Giving to others will never drain our psyche or passion for work. The official quarterly publication of the ANA/C shall be The Nursing Voice. The purpose of this publication shall be to support the mission of ANA/C through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, ANA/C or its editors. Likewise, the appearance of advertisers, or ANA/C members, does not constitute an endorsement of products or services featured in this, past or subsequent issues of this publication.

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Postmaster: Send change of address notification to
C/O ANA/California
1121 L St., Suite 409
Sacramento, CA 95814

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Governor Swarzennegger. Key issues that ANA\C provided testimony on included:

• Protecting the staffing ratios in regulatory hearings;
• Protecting the public by preserving the Board of Registered Nursing by testifying at the California Performance Institute and the Little Hoover Commission;
• Assuring appropriate and safe medication administration in schools by testifying before the Board of Education and providing testimony in a lawsuit arbitration; and
• Testifying before the state legislature on bills that impact nurses and quality patient care.

ANA also holds RN Days every year where nursing students and nurses come to Sacramento for a day of education with speakers from the legislature and the BRN. Many then spend a day in the Capitol attending hearings and meeting with legislators.

Representing ANA\C at ANA

I also have had the opportunity to represent ANA\C at the American Nurses Association meetings. Myrna Allen, RN MS, Associate Executive Director, and/or myself, attend the Constituent Assembly meeting each year in Washington, D.C. with the ANA President. Every state affiliate sends their President and Executive Director to this meeting. ANA business is dealt with in between the meeting of the House of Delegates and this meeting. It is a great opportunity to speak with other states and share common concerns and solutions. As Executive Director, I also staff our Delegates for the ANA House of Delegates, held every other year.

In January of each year I attend an Executive Director’s Conference which is sponsored by the American Nurses Foundation (the ANA Foundation). Every Executive Director is invited. We have guest speakers who share leadership and management skills, trends for associations, and other topics as requested by the different states Executive Directors.

In the fall of each year I attend a lobbyist meeting in Washington, D.C. This meeting allows each lobbyist to share key issues that are happening in their state and to develop a national agenda of issues for each of us to implement with in our state. ANA provides each lobbyist with copies of bills from other states and legal support as needed.

Fiscal Responsibility of ANA\C

As Executive Director, I work with the Treasurer to develop financial reports for our General Assembly and for each of our Board Meetings. I also meet with the Financial Committee to develop a budget for each fiscal year and once a year an audit that reviews our books and reports to the board.

Represent ANA\C with other Associations or Groups

As Executive Director of ANA\C, I sit on the Board of CAPP, CalNOC, and attend numerous task force and alliance meetings. ANA joined the Stem Cell Research Alliance, the Alliance to allow states to pass laws to use medical marijuana; an alliance to promote access to health care and numerous others. We also have many individual members who also participate in alliances to provide affordable health care to all, along with many other healthcare issues.

Summary

ANA\C is fortunate to have volunteers that work with the Executive Director and our Account Manager, Samantha Marcantonio, to establish procedures for membership and who implement them; volunteers who work with the Practice Committee as they deal with key issues in our state such as Genetic Testing and Stem Cell Research; volunteers who work with the Education Committee on issues such as a single board, and criteria for non clinical “clinical.” The Endorsement Committee review political candidates each election year and select candidates for ANA\C to endorse that support nursing’s agenda. We also have a very active legislative committee that takes positions on bills every year and then provides guidance for the lobbyists throughout the year as the bills are amended.

ANA\C is excited about this new newsletter that will go out four times a year. We are very proud of our webpage, www.anacalifornia.org, where members can receive up-to-the-week reports on legislation. We also maintain a yahoo group, which sends legislative information to members on almost daily occurrence during the heat of the legislative sessions. Any member can be added to this list to receive legislative updates. ANA\C also maintains an Educator list where we send out legislative and regulatory information about education, updates on key education issues from the BRN and Governor, updated information on student and teacher loans, and “Save the Date” information for educational programs and RN Days. Any nurse educator may be part of this group.
The story of Ann Johnson, ANA\C Member
Wild Iris Medical Education: Rising from Adversity

In September 1997 registered nurse Ann Johnson and physical therapist Lauren Robertson sat with 400 fellow employees at the Petaluma Senior Center north of San Francisco and listened with a growing sense of dread. After weeks of speculation, the forty-year-old Clarke Home Nursing Service was going out of business! Nurses, rehab therapists, medical social workers, aides and the handful of administrative staff reacted with stunned silence.

After two years of struggle, the company had succumbed to the twin onslaught of HMO’s and Medicare cutbacks. Within two weeks the company had closed its offices throughout Northern California, sold its computers, office furniture, medical supplies and pagers and transferred its entire caseload to other home health agencies. In the midst of one of the most robust economies in history, the Clarke employees found themselves on unemployment lines, searching in vain for another company that could match the salaries and working conditions they had come to enjoy at Clarke.

Following their layoffs Johnson and Robertson shared a sense of defeat, knowing that the healthcare industry was going through changes that made good jobs harder to find. Home health had offered the challenge and flexibility they valued in a job. Having worked for more than twenty years in nearly every hospital department, Johnson didn’t want to go back to the hospital setting. Robertson had worked at more than fifteen nursing homes and hospitals throughout Northern California and feared having to return to her previous nursing home job. So the former co-workers decided to do something about their predicament—they would start their own business. With nothing but a strong work ethic and a good idea, the partners launched a computer-based education business from scratch.

At first they thought an in-person or mail order business was the way to go but Johnson had some serious reservations. Nurses work incredibly hard, she said, and we have odd reservations. “Nurses work incredibly hard, we have odd hours, and we have families. The idea that on my day off I’m going to drive a long way to take an eight-hour class, well it’s just a little bit too much for the normal human being to handle,” Johnson said.

Johnson felt that mail order classes only solve part of the problem. “Listen, I did that for many years. Sometimes it’s great, but often you’re buying a course based on a brief description in the back of a magazine. You wait a zillion weeks for it and when it comes the content is bad, it has old information, it’s poorly written and you’re stuck with it because your license is about to expire.”

The fledgling entrepreneurs quickly realized that the Internet would be a perfect delivery system for continuing education courses. “What could be easier?” they thought. “No paper, no stamps, no waiting for the post office to deliver the mail.” Certainly online would be cheaper and easier than mail order—something that turned out not to be true.

According to Johnson, “Choosing to operate online meant entering the confusing world of online web designers, consultants and web designers. I don’t think we even knew the difference between a programmer and a web designer back then. We spent weeks researching arcane software programs and then learning how to use them (often not very competently!).”

Before they could offer their courses for credit, Johnson and Robertson had to get the company accredited by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association. Although less complicated than designing a website, the ANCC application forced them to take a serious look at all aspects of their business and create appropriate policies and procedures. “ANCC accreditation put us on the map,” says Robertson. “Without it, we wouldn’t have a business.”

Once they received ANCC accreditation, they were ready to get serious about offering their courses online.

Robertson recalls, “I’d taken a course in computer programming in college and we were both computer users, but the Internet is a whole different world. We had to learn about publishing—how to use graphics, business and financial software we’d never heard of. Even how to use MS Word properly! Terms such as FTP, HTML, XML, gif, jpeg, and meta tags had to be studied and comprehended. Worse yet, it seemed to cost $300 each time these terms were mentioned.”

“We started our business, the Internet was in its infancy,” reminds Johnson. “We had no idea how to design a website or to collect money online. Although we were both computer users, my computer was an old PC and Lauren’s was a 10-year-old Mac. The first thing we did was use a credit card to buy a couple of Dell computers. We bought some web-design software and I tried to design a website while Lauren started writing courses. We took classes in bookkeeping, database design, computer graphics and accounting, and met with every local consultant we could find. We hired a graphic designer to help us create the look of the business. After sixteen months of intense effort we launched our website in August 1999. Much to our surprise and delight, we started delivering courses (almost immediately)!“

Johnson and Robertson poured their time, energy, and money into their website. The website, now called Wild Iris Medical Education (www.nursingceu.com), with limited income from the business, they continued to work elsewhere, spending evenings and weekends on everything from editing courses to designing databases. The learning curve was steep—and expensive.

In 2002 Johnson and Robertson decided to devote their full attention to Wild Iris and quit their healthcare jobs. Going from direct patient care to full-time business owners was a frightening step. Johnson’s latest job had been as manager of the emergency department at the hospital in Ukiah, California, and Robertson was struggling with the demands of her job as director of California Children’s Services for Mendocino County. Even though it would mean long, hard days, the time was right to become full-time entrepreneurs.

As their business grew, the owners realized they could no longer do everything themselves. A bigger business meant a more complex computer system. Johnson had been trying to manage the technical end of the business with help from several consultants but needed more expertise. In 2002 they hired Randal MacDonald from Global Gecko Programming and Design to redesign the back-end database and create a content management system. MacDonald, along with webmaster Susanna Macdonald, created an elegant and user-friendly website designed to appeal to busy healthcare workers. A proprietary content management system was designed to help the editors keep track of the ever-growing list of course offerings.

Robertson had continued to handle writing and editing duties but also needed expert help. In early 2003, in need of a managing editor, the company hired Judith Johnstone, an experienced editor from the textbook industry. Johnstone quickly went to work improving course content and author guidelines. She also worked with the webmaster to create a style sheet that improved the presentation of the courses on the Internet.

In June of 2005, Wild Iris Medical Education rolled out its new website and chief technology officer. Judith Johnstone and Susanna Macdonald continue their excellent work as managing editor and webmaster, respectively. Sharon Sanders, an ER nurse and Navy veteran, has come aboard as a nursing editor, bringing years of emergency and trauma experience to the company. The team is rounded out by senior marketing editor, writer, and nursing consultant Persis Mary Hamilton, an RN with a master’s degree in psych nursing and a PhD in curriculum design.

Meanwhile, Ann Johnson, RN, has gone from unemployment to chief operating officer and president of a thriving online business. Lauren Robertson’s new job is chief executive officer and editor-in-chief. Both have made the transition from direct-care providers to business owners. They’ve become familiar with the intricacies of website design, marketing, and customer service. They’ve come to know the ins and outs of the business. They’ve come aboard as a nursing editor, bringing years of emergency and trauma experience to the company. The team is rounded out by senior marketing editor, writer, and nursing consultant Persis Mary Hamilton, an RN with a master’s degree in psych nursing and a PhD in curriculum design.

So why did Johnson and Robertson start Wild Iris Medical Education? Out of desperation and financial need, to fulfill a dream, to fully utilize their talents, for fun, for excitement, to build something from the ground up, to make money, because they lost good jobs, and out of a desire to create something worthwhile. They started the business for all of those reasons and it turns out that this combination of need, drive, and determination are powerful forces for success in business.

Wild Iris Medical Education has been growing steadily since its humble beginnings in 1997, and every marketing campaign brings in new customers. Johnson and Robertson try not to be too excited or surprised by their success, but Johnson says, “We are on the phone to each other every day, discussing the details of the business. We still yell and scream and freak out when we have a good sales day. We’re really excited that we’ve actually done it. We will never have another opportunity to get it all right. More important, we are building a business that allows us to educate health practitioners and create jobs at the same time. What could be better? At the end of each day we go to bed hoping that tomorrow will be as good a day as today.”

Additional membership articles on pages 24-26
The American Association of Colleges of Nursing (AACN) has proposed that the Doctorate of Nursing Practice (DNP) will be the degree required for all Advanced Practice Nurses by 2015 (allowing for "grand parenting" of those already in the roles). The AACN is the body mandating this and the "accrediting body" for the schools.

Schools which choose, for whatever reason, establish such a program, will be expected to provide the Clinical Nurse Leader program at the master’s level, and/or develop partnerships, share resources, in order to be able to offer the doctoral level degree. This is already happening in some areas of the country, where perhaps only one of 4 relatively nearby schools are authorized to give doctorates, thus they share resources. A nice partnership!

Over the past year, the AACN co-sponsored 3 or 4 large forums around the country. At the last regional conference, a colleague and I were 2 of very few practicing APRNs in the audience. Most of the invited attendees were educators and administrators, some with a clinical practice as well. We only knew about this because we had been following the subject, and applied to attend.

The AACN representatives, presented the program proposal, and the 7-8 key elements of such program, as well as some of the information gleaned from previous conferences. My colleague, another CNS, and I, along with others in the audience, questioned how the proposed program differed from the current MSN program, particularly for Clinical Nurse Specialists. Their proposed "7 essentials," look very much like CNS essentials! This was not really answered.

AACN acknowledged that other than studies showing that education improves outcomes, they had little evidence on which to base the need for this doctorate in practice, and did not answer how this would really address the nursing shortage, and especially the shortages of nurses to teach.

There were presentations by some of the schools that already had DNP programs. Some, it seemed, had converted their DNSc into DNP programs, with many, many years ago, and one which we continue to avoid addressing. Many in the audience agreed, but the question was not answered. Later in the discussion I also voiced concern about what was the vision of AACN, and the, what I consider, very real possibility of creating even more division in nursing as a profession—by setting up an "elite" upper education group, and essentially ignoring the rest of nursing. When I posed questions about this, essentially said that anyone questioning this was stopping progress! I made sure to clarify the fact that my colleague and I support furthering education. Other participants supported the need to consider the impact on ALL of nursing, and some even thanked me for bringing some "conscience" to the discussion. The Clinical Nurse Leader program, also proposed by AACN, is being viewed as the "full back" for schools that will not move to DNP, as the only "masters" level program they expect to 2015.

The implication was that they might expect Nurse Educators and Nurse Administrators to also go into the DNP programs, but it would not be mandatory for them.

There were many other issues addressed. There are some real ethical concerns, i.e., conflict of interest and "vested interest" problems for AACN, that need to be further addressed.

ANA and the Congress on Nursing Practice and Economics have continued to monitor and seek ways to respond to this effort. There are articles on line, OJIN, September 2005 issue, which is Volume 10, no 3, has articles clarifying and posing issues and concerns on both sides of the dialogue. ANA has addressed Issues such as regulation, and the problems added with the concept of the DNP. They continue to urge that regulation and reimbursement address the role of nurse practitioner or clinical nurse specialist, instead. Please see the article by Silva, M., Ludykewich, R., (March 20, 2006). Ethics Column: “Is the Doctor of Nursing Practice Ethical?”

They summarize their concerns with “While a healthy debate has been started about the pros and the cons of the DNP, the ethics related to this new degree rarely have been noted and certainly not fully debated. To start this debate, we discussed four ethical principles associated with the DNP: (a) social responsibility, (b) respect for persons, (c) do no harm, and (d) justice as fairness. During our discussion of these issues, we raised the question of whether or not the DNP was ethical. In our minds, the DNP is presently in a malleable state and, thus, opportunities still exist for key decision makers in nursing to ground the degree in ethics and to make the ethics explicit, or for key decision makers in nursing to discuss the degree and write about it without regard for or conscious awareness of ethics. Ultimately, the degree to which the DNP meets ethical principles, as well as other ethical considerations, is the degree to which the DNP will be ethical. The decision is up to us collectively as faculty, staff, and members of professional associations to ethically examine and decide, ‘Is the DNP ethical?’”

References:


Is this you? If it is, we need you and all your energy. This year one of the focus areas of the Board of Directors has been on the reorganization of ANA, which will be presented next year, at the General Assembly. But with any organization, it is only as functional as the members make it. We need to put out and vote on our opinions and ideas, without them we remain powerless in promoting changes needed for the growth of the whole. It does not matter whether you are an old hand in nursing, or brand new. We are all nurses and what each person thinks is important! We want to hear from you and your co-workers; better yet we want you to approach a Board of Directors position! Do you like a challenge? Do you long for an audience to network with others and make changes that will promote your career? Do you have ideas or concerns on practice areas or have ideas to make things better? Contact ANA at www.ANACALIFORNIA.ORG or email me at bahnurse@msn.com. I can assist you, I will! Come be a part of the organization that represents you at the legislative level. Let your voice be heard and be part of the solutions!

Chris Jordan-Morrow MSN, CNS, MPHICHES, RNC, PHN (Class of 2006), Director of Nursing Practice ANAC

The concept of the DNP. They continue to urge that regulation and reimbursement address the role of nurse practitioner or clinical nurse specialist, instead.
It is nearly the one year anniversary of Hurricanes Katrina and Rita. Now, these events constitute an ongoing disaster along our Gulf Coast as the 2006 hurricane season is upon us. A huge wildfire is edging toward the San Bernardino National Forest worrying fire officials that it could continue devouring structures (100 so far) and cars (92 so far). As thousands have been evacuated, now residing in American Red Cross (ARC) shelters across Southern California, the 2006 Wildfire Season is upon us. Up to 200,000 people in the Wilkes-Barre Pennsylvania area were ordered to evacuate their homes at the end of June because of rising water on the Susquehanna River and a record-breaking deluge that killed over a dozen people in the Northeast during early days of the flood season there. It is the season for hurricanes, floods, wildfires, and nurses!

What have these events in common? They are calamities that provide a world of hurt for hundreds of thousands of Americans. They are recurring catastrophes that provoke a measured response from government, quasi-government, and disaster-trained professionals including nurses. They are drama; they are new. They come to us from tale, legend, history, politics, and the lived experience. And more than anything else, they carry some warning and predictability (NOAA, 2006). All of these events have re-appeared on our computer and television screens within the past month so I have to ask: Who among us will respond this time?

Volunteerism, while noble, is not for all of us yet every one of us is eligible to serve. I know, I served last year in Waveland, Mississippi, arriving on the day the unthinkable happened—a second hurricane named Rita arrived. Mine is just one lived experience—what is your story for such an event? Who will you serve? Here are a few things to consider:

- Did you know that you can make yourself available? Consider this a primer, with a more detailed account of how to make a contribution during such crises in a subsequent article.
- Do you have all of your "professional" identities (nursing and driver's licenses), online verifications, certifications, lists of skills and other competencies organized in one place?
- Do you know that there is a consortium of states that grant cross-state licensure on a limited basis during times when disaster has been declared?
- Are you aware that ARC nurses have seemingly limited things they can “do” in many shelters, in keeping with the organization’s goal of disaster assistance by the meeting of basic human needs (ARC, 2006)?
- Do you know how to apply for temporary licensure in neighboring states and under what conditions this holds?
- Do you know how to register with the DHS (Department of Health Services) and Operation USA?

In conclusion, if you know that some consider the Fall as the season of renewal, not the time we ring in the New Year? It’s the season when which we change our clocks to accommodate a desire for daylight. It’s the season children begin a new school year and season we see marked changes in fashion and media, all in preparation of for what may seem “the long winter ahead.” I would maintain, it could be the season for you to align yourself with the philosophy of keeping the belief sure to be needed around this time. Please ask yourself if this is your season. I did and I am humbled and gratified by it.

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Nursing Practice

Hurricanes, Floods, Wildfires and Nurses
The Seasons are Upon Us
by Mary Anne Schultz PhD MBA MSN RN

It is obviously rewarding, these experiences need not hold magic or danger or even present themselves to you with a list of “prerequisites.” They do however, require planning and thought for how such a role might fit your life. Here are a few things to consider:

- Do you ever think you can make yourself available? Consider this a primer, with a more detailed account of how to make a contribution during such crises in a subsequent article.
- Do you have all of your “professional” identities (nursing and driver’s licenses), online verifications, certifications, lists of skills and other competencies organized in one place?
- Do you know that there is a consortium of states that grant cross-state licensure on a limited basis during times when disaster has been declared?
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School Nurses and Medications
by Honorable Tricia Hunter, RN, MN & Myrna Allen, RN, MSN

ANA has been working with the Board of Registered Nursing and other interested nursing associations to respond to a lawsuit about who could give medications in our public schools. A school in the Bay Area was sued and an Escondido School District policy both stated that unlicensed persons, such as secretaries could administer drugs including insulin.

There has been an ongoing dispute going back almost 20 years about a statute in the Education Code that requires the Department of Education to assure that medications are given and to determine the process. The regulator uses the word “assist” when discussing non nurses with medications. ANA has argued that this regulation does not give the Department the authority to override licensing laws that state who can administer the medications. The word “assist” does not authorize “administration”.

ANA has always supported the right of every child to be able to attend school. We also believe every child has a right to the appropriate care giver to assure they are safe in the school environment. Where we differ from many advocates and school systems is we believe that a nurse should be available to provide nursing care when required. In Nevada every school is required to have a nurse. Unfortunately, in California, many school districts share one nurse. We believe that schools should be fighting to have adequate funding for a school nurse at every school site, not to reduce the safety requirements for students in schools.

The lawsuit filed against a Bay area school could set precedent for nursing practice throughout the United States. The lawsuit stated that ADA laws passed by the federal government could override state licensing laws. ANA was concerned that the school may have been reluctant to build a case against the lawsuit. Even though the schools being sued, this may be a combined effort by the schools and advocated to allow unlicensed persons to take on the responsibility of providing insulin in the schools.

The plaintiffs could have included the school board in this lawsuit. We refer to this lawsuit to keep up with what was happening with the lawsuit. One of the major issues at these meetings was defining terms like “assist” and “administration.” The different associations were also asked to provide legal support for the arbitration hearing that was upcoming.

ANA asked the American Nurses Association to support us with legal help. The Executive Director, Linda Strile, asked Alice Bodley, ADA Attorney, and her department to look at these lawsuits for us. They responded with a sixteen page brief that included case law and precedents throughout the United States and in California supporting the authority of states to pass laws to protect the public. The Constitution of the United States upholds each states right to protect the safety of the individual. The Federal Government has the responsibility to protect the nation. The brief provided by ANA was a key factor in changing the position of the attorney from the Department of Education. Since the brief was provided the Department has pulled away from their position that unlicensed persons can administer medications and instead have worked with all of us to define what assistance means. This is not stated on their website.

The lawsuit reviewing the official update we received on the status of the lawsuit and the acknowledgment of the Department for the legal work done by ANA.

Thank you again for all the support and being available system wide while CDE was in the mediation in San Francisco. While we ended up not calling anyone, we very much appreciated that we knew we had your support and expertise available if we needed it at a moments notice.

As you know, mediation proceedings are confidential, so I am limited in what information I can share. However, I am authorized to tell you the following: We met yesterday with the plaintiffs’ attorneys in Judge Fannin’s offices. Representatives of the American Diabetes Association were connected by conference call. In response to our statement about California laws (in which the CDE remained committed to their position that unlicensed persons can administer medications in California public schools), which you all had received earlier, the plaintiffs asked us to review two documents related to diabetes management and federal and state statutes related to special education and 504 plans. Consequently, the bulk of the meeting was spent reviewing and discussing the documents. ANA’s medical expert was also asked to provide a verbal proposal which they will follow-up with in writing, and the CDE will review that once it is received. At this time, there is no resolution and as of right now, the CDE anticipates a continuation of the mediation process.

The legal opinion that ANA presented to the CDE was very helpful.”
Community College Statewide Nursing Curriculum Model

In 2005, the Community College Chancellor approved a statewide Nursing Curriculum Model. The Community College Statewide Nursing Curriculum Model and a CD disc of the program will be sent out to each community college nursing program in the state. The nursing curriculum is a generic model whose format may be used by any nursing program choosing to do so.

The ADN Statewide Nursing Curriculum Model was developed to assist community colleges wishing to open new registered nursing programs and to campuses in the process of revising their nursing program. It is a curriculum model only and its use is not required for any nursing programs. The project was funded by a grant from the California Community College Chancellor’s Office.

In March 2004 an Advisory Committee for the project was convened in Sacramento. At this meeting, the basic structure of the project was determined, including the number of theory and laboratory units. A curriculum writing committee was established. The entire group of nursing faculty received an orientation to the writing process. The organizing framework and format were established and writing teams were selected for the curricular areas. Writing sessions for these areas were calendared and the basic curriculum was written for each area. The Community College Nursing Curriculum Model was completed in October, 2004.

SB 73 Entry Level Master’s Programs (ELM)

On October 6, 2005, Governor Schwarzenegger passed SB 73 Master’s Degree Nursing Programs which appropriated $3,440,000 from the General Fund to the Regents of the University of California and the Trustees of the California State University for the 2005-2006 fiscal year. The bill targeted money for one-time expenditures for instructional equipment, classroom and laboratory renovations, curriculum development and faculty recruitment. The bill mandated that the two higher education systems increase, by at least 130 full-time equivalent students, in the entry level Master’s Programs beginning in the 2006-2007 fiscal year.

The bill required the regents and trustees to provide a report to the Governor and the Legislature by February 1, 2006. The report details the proposed expenditure of the funds in the 2005-2006 fiscal year. The sum of $1,720,000 was given to the Regents of the University of California and $1,720,000 was given to the Trustees of the California State University. In addition to funding the entry-level Master’s programs, the bill permitted both systems to use the funds to increase the number of bachelor’s nursing students. Specifically, three campuses in the University of California system, San Francisco, Los Angeles and Irvine were allocated funds to initiate or expand nursing programs. One million dollars was allocated to UCSD to reestablish the baccalaureate nursing program with an enrollment of 50 students for four years, expand the AD/BSN/MSN program to 15 students each year and to initiate an entry-level master’s Clinical Nurse Ladder (MENM) program with an enrollment of 50 students for each of 2 years beginning 2006. The San Francisco nursing program is allocated $200,000 to increase the entry-level master’s nursing program by 40 students over a 2-year period. The Irvine campus is allocated $520,000 and expects to introduce a baccalaureate nursing program enrolling 50 students for four years, an AD/BSN program enrolling 25 students for two years, a MSN program enrolling 50 students for each of two years and a doctoral program in nursing science (Ph.D) and a doctoral program in nursing practice (DNS). The expected date for the Irvine campus to have all programs to be fully operating is 2008.

Equipment funds will be used to build a simulation laboratory at UCLA. At UCSD, the nursing program will purchase a mobile computer care containing 15-20 wireless portable computers to turn classrooms into instant computer labs. The Irvine nursing program will purchase a mobile computer care containing 15-20 wireless portable computers to turn classrooms into instant computer labs. The Irvine nursing program will purchase a mobile computer care containing 15-20 wireless portable computers to turn classrooms into instant computer labs.

Governor Schwarzenegger’s Initiative on the Nursing Shortage

In 2004, Governor Schwarzenegger responded to the critical nursing shortage by identifying the nursing work force as a primary group of professionals that needed immediate funding. He recognized that California’s demand for nurses far exceeds the number of nurses graduated, so that by 2010 47,600 additional nurses will be needed and by 2020 an additional 116,000 nurses will be needed. He acknowledged that California currently graduates approximately 6,000 nurses per year and the state must increase the number of graduates to 14,000 each year to meet the demand by 2010. In 2003, the capacity in the 103 entry level nursing programs could only enroll 44% of students applying to nursing programs in the Bay Area schools and only 42% in the LA area. Of the 297,000 registered nurses in California, 45% are trained out of state and California ranked 49th in the nation for the nurse/population ratio. Furthermore, the severe nursing faculty shortage limits the state’s ability to increase capacity in nursing programs. The 2003-2004 Board of Registered Nursing reported 129 faculty vacancies in the nursing programs and the majority of nursing faculty are in their late fifties.

In 2005, in response to the shortages of nurses and nursing faculty, the Governor announced The California Nurse Education Initiative. It is a five year, $90 million public-private partnership to increase the supply of nursing programs. The initiative has five areas of funding; all components seek to increase the supply of nurses. The funding will come from the state government, federal Workforce Investment Act funds and private investment funds from hospitals and foundations. The projects identified include expanding capacity in all entry level nursing programs, opening new nursing programs in the University of California system, expanding distance learning and the use of Simulation Laboratories, providing forgivable loans for teaching and creating nursing Academies in high schools and colleges. The 2004-2005 Board of Registered Nursing School Report identified six new entry level nursing programs; three are ADN programs, two are BSN programs and one additional entry level Master’s program (ELM program); increasing the total number of basic nursing program from 103 to 190. The number of available spaces in the nursing programs was increased by 12% or 1065 students. The increase in capacity was due to the private partnerships that developed between hospitals, foundations and the nursing programs. The number of students graduating was increased by 6.7% or 440 students. It is anticipated that with the Governor’s Initiative of 90 million dollars there will be a further increase in nursing faculty and nursing students over the next five years.

The California State University (CSU) report identifies nine campuses that have been allocated funding to increase student enrollment in the nursing programs. The $17 million was in addition to the $560,000 appropriated in 2005 Budget Act in an effort to increase the Entry Level Master’s programs by 280 FTES. The combined $2.3 million dollars allows the CSU to expand or initiate entry-level master’s degree nursing programs on nine campuses raising the FTES to 410 FTES. The campuses that will expand or initiate entry level master’s nursing programs are Bakersfield, Dominguez Hills, Fresno, Fullerton, Los Angeles, Long Beach, Sacramento, San Francisco and Sonoma. A complete report of these campuses, their expenditures and increase in enrollment will be available at the end of the 2005-2006 fiscal year.
The UCSF School of Nursing is celebrating 100 years of nursing excellence with a year-long series of special events that honor the accomplishments of alumni and faculty and the leadership of nurses throughout the university.

Beginning with a “centennial kick-off” on the UCSF campus on September 13, the celebration will continue through the 2006-07 academic year. The events will culminate the week of June 7 next year with graduations, doctoral symposia, and an evening gala.

The School, consistently ranked among the best in the nation and number one in grants from the National Institutes of Health, is internationally renowned for research that advances health and for educating the next generation of leaders in nursing practice and policy worldwide.

“The roots of that excellence are 100 years deep, growing out of the spirit of renewal that rebuilt San Francisco after the great earthquake of 1906,” said Dean Kathleen Dracup, RN, FNP, DNSc. “We welcome the nursing and health sciences community to join our students and alumni, faculty and emeriti in a year of celebration and discussion, as some of the world’s most distinguished nurse scholars join us in addressing the health challenges that face us in the 21st century.”

Lectures and symposia are scheduled throughout the academic year, beginning with a September 28 address by Linda Aiken, PhD, RN, director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, an expert on workforce issues.

In the spring, the UCSF School of Nursing Alumni Association will unveil a Wall of Fame in the nursing building to honor the achievements of 100 leaders associated with the School from every era and discipline. On Alumni Day, April 28, 2007, UCSF Nursing Press will host a gala-lunching event to celebrate its publication of the first complete history of the School, written by Associate Dean Emerita Marilyn Flood.

Nursing care and education began on the UCSF campus in April 1907, 51 weeks after the 1906 earthquake. The University of California had converted its still-standing College of Medicine on Parnassus Avenue to include a 42-bed hospital on two floors. The hospital provided care for San Franciscans, clinical experience for medical students, and initiated the university’s first diploma program for nurses. In 1917, the University of California Regents authorized a bachelor’s degree program for nurses, one of the first in the nation. In 1939, the Regents reorganized the nurse education program to establish the UCSF School of Nursing, the first such autonomous school in any public university. The School was the first in the West to offer a doctoral degree in nursing.

UCSF Medical Center also plans to commemorate its 100th year in 2007 by recognizing the achievements of UCSF nurses and other staff.

More information about the UCSF School of Nursing Centennial is available on-line at http://nurseweb.ucsf.edu/centennial.html. The full schedule of events is as follows:

**SCHOOL OF NURSING CENTENNIAL KICK-OFF**
A Campus wide Celebration
September 13, 2006, Noon-1:30 pm

**DEAN’S CENTENNIAL LECTURE SERIES**
Linda Aiken, PhD, RN, Director, Center for Health Outcomes and Policy Research, University of Pennsylvania
September 28, 2006, Noon-1:00 pm

Karen Luker, Dean, Manchester School of Nursing, Manchester, England
December 6-6, 2006, Noon-1:00 pm

Ruth Macklin, PhD, Professor of Bioethics, Albert Einstein College of Medicine
February 15, 2007, Noon-1:00 pm

**HELEN NAHM RESEARCH LECTURE**
Annual Community of Scholars Research Program
April 27, 2007

**NURSING ALUMNI DAY & CLASS REUNIONS**
Announcement of 100 Members, Wall of Fame
Book Launch: UCSF School of Nursing History
April 28, 2007

**DOCTORAL GRADUATE REUNION:**
Global Nursing Scholarship Symposium: Women’s Health
Keynote Speaker: Araf Meleis, PhD, Dean, University of Pennsylvania School of Nursing
June 8–June 9, 2007

**NURSING GRADUATION DAY**
Keynote Speaker: Hiroko Minami, DNSc, RN, MPH
President, International Council of Nurses
June 8, 2007

**CENTENNIAL BLACK TIE GALA**
Induction of Members, School of Nursing Wall of Fame
June 9, 2007
Zeta Eta Chapter, STTI & Division of Nursing, California State University, Sacramento
First Annual Evidence-based Research Conference
“Building Evidence-Based Practice”
October 21, 2006, 9am-5pm
University Union, California State University

The Sigma Theta Tau-Zeta Eta Chapter and the Division of Nursing, California State University, Sacramento are presenting the first annual Evidence-based Research Conference, October 21, 2006, 9am-5pm in the University Union. The conference is highlighting the research being conducted in Northern California’s regional area in the hospitals, nursing schools and other health care facilities. It is an opportunity for nursing students, nurse educators and practicing nurses to learn about the research and how the new findings affect education and clinical practice. In addition, three workshops will be presented on grant writing, publishing for journals and presenting at conferences. The research conference will include an exhibit hall for companies and health care agencies that offer very useful resources for nurses as well as employment opportunities.

An opening ceremony the night before, October 20 will be hosted for the participants. The festivities will be held in the Julia Morgan House near the university campus. Hotel accommodations are at the beautiful Laskspur Suites Hotel 555 Howe Avenue, Sacramento, CA; telephone reservations: 916-646-1212. The hotel is located near the university and offers a very good discount rate for the conference.

Please complete the registration form below. There are 7 contact hours for the conference.
Yes! I plan to attend. Please reserve a space for me!

Name ____________________________________________________________________
Credentials ____________________________________________________________________
Affiliation ____________________________________________________________________
Address ____________________________________________________________________
City/St/Zip ____________________________________________________________________
Phone ____________________________________________________________________
Email ____________________________________________________________________

Cut out and return with check.

Please enclose payment:
Student: $25.00  STTI member: $60.00  Non-member: $75.00

Personal checks should be made out and mailed to:
Zeta Eta Chapter, STTI
5714 Folsom Blvd, PMB #305
Sacramento, CA 95819

Contact Kay Evans, (kejevans@comcast.net) for additional information.

Cancellation Policy: Cancellation must be received in writing one week prior to the session to be eligible for a refund less a $25 processing fee.
California Legislative Report
Budget 2006-07
by Lydia Bourne, RN, Advocate
Tuesday night, June 27th, the California State budget was passed “on time.” The legislature missed the constitutional deadline (June 15th) but passed the budget before the new fiscal year which begins July 1st. If they had not completed this before July 1st the State could not write checks to pay their bills. The hardest hit are those on MediCal, in long term care, the disabled etc. The approved budget now goes to the Governor, who has a line item veto. This means he can go through the budget and cut funding to individual programs or if not mandated in law, he can eliminate the funding for a program. The budget is expected to be signed by Friday, June 30th.

The legislative vote on the 2006-07 budget - $130.9 billion (AB 1801 – Laird) in the Senate was 30-22 and the Assembly vote was 54-22. A 2/3 vote is required for passage of the budget so a two-thirds county assembly members is needed for the budget to pass. The necessary number of Republicans to pass the budget agreed with the final plan and blanks passage after the removal of health covers for undocumented children and increased funding to debt payment. Nonetheless, there remains a structural deficit for 2007-08.

AB 1802, 1805, 1806 -10 contain the various areas of the budget and implementation language. California law does not allow bills to be passed with multiple subjects therefore AB 1801 was the budget bill that described funding and AB 1802, 1805, 1806 – 10 were the bills that contained authorization for the programs with the changes defined in the budget. There was a bill for education, Health and Human Services, Transportation, etc. All these bills required a 2/3 vote.

Highlights of the budget (AB 1801—Laird):

- Prop 42, the education initiative that requires 41% of the budget be allocated to education, received full funding. K-12 Education increased to $5.2 billion—$1244 per pupil spending
- $350 million for expanded health care
- $350 million for economic impact aid $500 million to restore art, music and to expand teacher recruitment and preschool programs
- $2 billion one time funding
- Roads and transportation—$2.8 billion
- The debt was paid—$2.8 billion
- Early retirement of other state debt—$2.8 billion
- New funding for nursing programs—$10.5 million
- Double CFFC fees from $26 to $20/unit for spring semester
- Eligible children in HFP and Medi-cal—$50 per month
- Reversal of 5% Medi-cal reduction—75 million
- Increase to Medi-cal managed care plans—$48 million

...
Notes on Hospitals

disease, poorly managed wards. In her work with unclean areas, overcrowding, and lack of safety and caring. The role of Florence Nightingale has been widely reported. When England entered that war, Florence Nightingale in the Crimean War in the 1850's. She traveled with a team of 38 nurses to the Crimea to tend to the wounded soldiers. The role of Florence Nightingale in the Crimean War in the 1850's. Florence Nightingale is often honored and credited with being the founder of modern nursing. In her role, she helped change the perception of nursing to a respectable profession. She promoted high standards for cleanliness, safety and caring. The role of Florence Nightingale in the Crimean War in the 1850's. She traveled with a team of 38 nurses to the Crimea to tend to the wounded soldiers. She found less than ideal conditions, including the need for fresh air, better drainage systems, and less crowding. She and the other nurses also brought necessary supplies to the soldiers. Florence Nightingale believed that hospitals should be a place where people could be helped, not made worse. One of her quotes is: “It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm”. (1859) Florence Nightingale was said to be very caring, “kind and gentle” with the soldiers. She talked with and comforted them when on her rounds. The soldiers said this kept up their hope. “The ‘Lady-in-Chief’, as Florence was called, wrote home on behalf of the soldiers. She acted as a banker, sending the men’s wages home to their families, and introduced reading rooms to the hospital. In return she gained the undying respect of the British soldiers. The introduction of female nurses to the military hospitals was an outstanding success, and to show the nation’s gratitude for Florence Nightingale’s hard work a public subscription was organized in November 1855. The money collected was to enable Florence Nightingale to continue her reform of nursing in the civil hospitals of Britain.” She made her rounds at night, carrying a lamp with her to see, and thus became known as “The Lady with the Lamp.” She is also credited with inspiring Jean Henri Dunant, who in 1864 founded the International Red Cross. In regard to nursing education, Florence promoted the need for training as well as experience. In 1860, she opened the first training school for nurses, called the Nightingale Training School. The nurses were called “Nightingale Nurses.” There are still, today, Nightingale Nurses caring for the sick and the poor.

After returning from the Crimea, “she hid herself away from the public’s attention. In November 1856 Miss Nightingale took a hotel room in London which became the centre for the campaign for a Royal Commission to investigate the health of the British Army . . . she continued as a driving force behind the scenes.” (Florence Nightingale Museum Trust, 2003)

“Although Florence Nightingale was bedridden for many years, she campaigned tirelessly to improve health standards, publishing 200 books, reports and pamphlets. In recognition of her hard work Queen Victoria awarded Miss Nightingale the Royal Red Cross in 1883. In her old age she received many honors, including the Order of Merit (1907), becoming the first woman to receive it.” (Florence Nightingale Museum Trust, 2003)

Florence Nightingale’s left us a legacy that includes her book, Notes on Nursing, written in 1860, which clearly addresses basic principles of nursing. She wrote many other books, and was a pioneer in public health. She was also respected as an expert in designing hospitals, and was consulted throughout Europe, with many of her ideas still being used in hospitals. She advocated for patients and introduced the ideas of planned recreation for patients, allowing flowers, and providing brighter surroundings. She promoted improved health care delivery even after she was unable to personally provide the care.

In London, England, on August 13, 1910, Florence Nightingale died at 90 years old. Her epitaph says: “F.N. Born 1820. Died 1910.” Many nurses came to pay tribute to Florence at her funeral. In England, two wreath laying ceremonies commemorate her birthday. The Florence Nightingale Pledge for nurses is still recited today all over the world, at pinning ceremonies, graduations and other Nursing events. Florence Nightingale’s honor, Nurses’ Week begins on May 6th and ends on May 12th, her birthday. ANA/C and their Golden State Nurses Foundation will have an event in honor of Florence Nightingale in the Fall...
The Historical Perspective of the Golden State Nursing Foundation

Stan Walker, RN
President, Transitional Board of Directors

Golden State Nursing Foundation

The Mission of the GSNF is “To promote and provide programs for the professional and educational advancement of nursing so that better nursing care may be provided to all people.”

In 1929, according to the terms of the last will and testament of Morris Herzstein, M.D., $10,000 was invested in securities with Wells Fargo Bank. The net income from these securities were to be used by the San Francisco Nurse Association, Inc. for the aid of indigent and aged nurses residing in San Francisco. This was identified as Nurses Welfare Fund.

In 1983, the Superior Court of San Francisco decreed that Wells Fargo Bank, as trustee, distribute all the trust assets to the Golden Gate Nurses Association (GGNA), the successor of San Francisco Nurse Association. These monies were to be used for the promotion of professional and educational advancement of nurses. This money, known as the Herzstein Educational Fund, was invested and the income from this fund was used to provide low-interest loans to nurses returning to school for advanced education.

In 1994, at the annual audit, the policies for the Herzstein Educational Fund were found to not be in compliance with the Internal Revenue Service (IRS) regulations. In order to use this money the way it was intended and was decreed by the court, and to be in compliance with IRS regulations, in October, 1994, the GGNA BOD voted to transfer the Herzstein Educational Fund to the newly created Golden Gate Nursing Foundation (name later changed to Golden State Nursing Foundation). The Golden Gate Nursing Foundation was incorporated in November, 1994.

The name was later changed to Golden State Nursing Foundation to better reflect the state wide nature of the foundation as it was perceived that the “golden gate” in the title tended to suggest the functions of the foundation would be mainly in the Bay Area.

Members of the founding Board of Trustees were: Stan Walker, President; Elaine McKenna, Secretary/Chief Financial Officer; Jo Anne Saxe and Tony Leone, board members. Jo Anne Powell was Special Projects Coordinator and provided staff support for the board.


The foundation is currently in the process of reorganization (2006); the bylaws have been revised and changes are being made in the composition and functions of the Board of Directors.

The Jo Anne Powell Endowed Nursing History Fund was established through a gift of approximately $60,000 from the Golden Gate Nursing Foundation to the University of California at San Francisco (UCSF) School of Nursing. Jo Anne Powell received her MSN from UCSF in 1969. An investment of these funds allows a proportion of the payout to be used for projects while the reinvestment in principle ensures that the fund will continue to be available for its intended purpose in perpetuity. The payout may be used to support a variety of nursing related projects at UCSF including: (1) Faculty and student research on historical topics; (2) Guest lecturers on subjects of historical interest; and (3) Preservation, maintenance and display of archival materials. Projects to be supported are selected by the Dean and/or a faculty committee convened for this purpose. The initial payout for the first year, approximately $2,500, was used to help with the completion of a book on the history of the UCSF School of Nursing for its centennial in 2007. This book by Marilyn Flood, Associate Dean Emerita, will be available from UCSF Nursing Press in 2007.

The Jo Anne Powell Innovation in Nursing Award

Jane Vincent Corbett RN, EdD.

The new Board of the Golden State Nursing Foundation recently established a second fund in memory of Jo Anne Powell. The Jo Anne Powell Innovation in Nursing Award will be given to RN’s who have been creative in their practice. More details will be available from ANA/C.

What do the Endowed Nursing History Fund and the Career Innovation Award have in common?

Answer: Both were established in memory of Jo Anne Powell.

A profile of Ms Powell in the ANA/C newsletter (Volume 10, Issue 1) noted that this nursing matriarch was one of the founding members of ANA/C and her vision also created the Golden State Nursing Foundation (GSNF) as a separate non-profit foundation. She was the president of GSNF until 2003 and “the glue” that kept the small foundation going until her untimely death in 2004.

The endowment will be mainly in the Bay Area.
The GSNF plans to use the yearly anniversary of the nine day journey to Scutari to raise funds that will enable the Foundation to continue to support significant and productive work in nursing practice, nursing education, and health care. This year there will be a series of “Nightingale teas” held throughout the state to allow individuals interested in helping the GSNF fulfill its mission. If you are interested in holding a Nightingale tea at your home, please contact the ANA\C office at 916-447-0225 for more information.

ANA\C and the Golden State Nursing Foundation will kickoff the first annual fundraiser this fall in honor of Florence Nightingale.

The Golden State Nursing Foundation has chosen the dates of October 27–November 4 for their annual fundraiser with the theme of Sailing to Scutari. On October 27, 1854 Florence Nightingale sailed for Scutari with a team of 38 nurses she assembled after offering her services to tend to the wounded soldiers in the Crimean War. Florence Nightingale arrived at Scutari on November 4, 1854. This nine-day journey was the beginning of Ms. Nightingale’s significant and productive work that led to changes in nursing education, medical education, health care, sanitation, statistical record keeping, etc.

The GSNF plans to use the yearly anniversary of the nine day journey to Scutari to raise funds that will enable the Foundation to continue to support significant and productive work in nursing practice, nursing education, and health care. This year there will be a series of “Nightingale teas” held throughout the state to allow individuals interested in helping the GSNF fulfill its mission. If you are interested in holding a Nightingale tea at your home, please contact the ANA\C office at 916-447-0225 for more information.

Scholarships and Awards Available Through GSNF

The Golden State Nursing Foundation currently oversees four (4) named scholarships and awards. Specific criteria for these awards will be included in the next newsletter. The awards are described as follows.

1) The Catherine J. Dodd Health Policy Scholarship provides funds for Registered Nurses enrolled in an academic program who have demonstrated some experience in government relations activities and express intent to pursue health policy issues and activities in the future.

2) The Betty Curtis Career Advancement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

3) The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

4) The Tony Leone Scholarship provides funds for Registered Nurses seeking a Bachelor’s degree in nursing.

The Foundation plans to release the criteria for each of these awards and scholarships within the near future and award those that have sufficient funding at or before the next ANA\C General Assembly. Donations may be specified for any of the above awards.
Tenth National Magnet Conference

Debra Janikowski, MSN, RN, CNA, BC
Director, Institute for Credentialing Innovation
American Nursing Credentialing Center

The American Nurses Credentialing Center (ANCC) announces that the Tenth National Magnet Conference will arrive at the Colorado Convention Center in Denver on October 4-6, 2006. The American Nurses Credentialing Center will celebrate nursing excellence with nurses from across the nation and around the world during three days of interactive education and networking. Three educational tracks were designed to accommodate attendees from current Magnet facilities, those on the Magnet journey, in the application process or who wish to learn more about this prestigious program, health care executives and nursing leaders.

To learn more about Magnet designation, the National Magnet Conference, and to register for the conference visit our website, www.anccmagnetconference.org. Explore the complete descriptions of sponsorship, exhibitor and advertising opportunities as well as the ability to electronically submit your sponsorship or advertising selection and/or reserve an exhibit booth. Magnet designated University of Colorado Hospital, winner of the prestigious Magnet Prize, is co-hosting this national conference. Also participating on the national planning committee are representatives from the other Colorado Magnet designated facilities: Children’s Hospital, Craig Hospital, and Poudre Valley Hospital.

This not-to-be missed event will provide you and your nursing colleagues with a forum for exploration and information exchange about nursing excellence and Magnet designation. You will discover the concepts, methods, and best practices that lead to attaining and maintaining Magnet status, as well as the many benefits of Magnet designation for your facility and nursing staff. Renowned speakers will challenge you to achieve new levels of excellence in patient care and healthcare outcomes. You will be inspired and energized by the success stories of other Magnet-designated facilities and the achievements of nurses from across the nation.

Conference Highlights:

- Pre-conference speakers and panel presentation on data driven decisions
- Certification Panel (ANCC, CCI, AACN, NCC, BCEN)
- Professional Portfolios Development
- Special Testing Site for selected ANCC certification exams Tuesday 3 October 2006
- Art of Magnet Nursing Gallery (new!)
- Vendor Exhibits and Nursing History displays (new!)
- Magnet Lounge (back by popular demand!)
- Certification Lounge (new!)
- 70 Concurrent Session Presentations
- Grand Rounds Poster Presentations (/Award winners announced during conference)
- Internationally known keynote and closing speakers
- Reusong Opening Reception!
- Memorable Opening Ceremony with newly designated Magnet facility recognition
- Magnet Prize winner announcements and presentations

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center to recognize health care organizations that provide the very best in nursing care and uphold the tradition within nursing of professional practice. Recognizing quality patient care and nursing excellence, the Magnet Recognition Program® provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. As a natural outcome of this, the program elevates the reputation and standards of the nursing profession.

The Magnet Recognition Program® is the “gold standard” for excellence in nursing. Less than four percent of all U.S. hospitals have achieved Magnet status with hundreds more across the nation embarking on the journey.

American Nurses Credentialing Center is the largest and most prestigious nursing credentialing organization in the United States and has a long tradition of providing programs that establish respect for nurses and the profession. ANCC certifications and designations are highly regarded by federal, state and local agencies and the for-profit and not-for-profit business world across the nation and globally.

Concise Description of the ANA Flag

Formal description: A standard rectangular flag 2 feet in width by 3 feet in length per field Purpure [PMS purple 2695] charged with upright lamp and flame Gules [PMS red 4852], fimbriated White at the centre with the flame pointing towards the fly edge surrounded by two concentric ovals of 28 and 34 malletts White, with obverses and reverse being identical and trimmed with fringe OR as honorable enrichment.

The design uses the red flame and lamp to represent ANA, the 54 white stars to represent a constellation of its constituent member associations, and a dark blue field to symbolize the United States of America. We have two flags with this design: the first flag honors the ANA presidents, from Isabel Hampton Robb in 1897, to the current president. The second flag honors each constituent member association, from the first nine states that affiliated in 1905 to ANA-Maine and the Massachusetts Association of Registered Nurses, which affiliated in 2001. Each flag staff is topped with a brass finial in the shape of a modern lamp and flame.

These symbols and colors embody the purpose and history of the American Nurses Association: Red stands for mercy, relief of suffering, and the valor of nurses. White symbolizes purity and the principles of nursing. Blue represents constancy, justice, loyalty, and devotion. The light and the lamp of nursing are ancient symbols of knowledge and learning that are inclusive and carry no particular symbolism of religion or creed.

The lamp is in the center of the flag. The stars of the ANA Flag are arranged in a constellation around the lamp of nursing. This circular arrangement of stars is drawn from the Stars and Stripes created by Betsey Ross in 1777 and visually represents ANA’s relationship with its 54 constituent members. Through its constituent member associations, the American Nurses Association represents nurses in every state, the District of Columbia, Guam, the Virgin Islands, and uniformed nurses serving in the federal government.

The ANA Flag acknowledges the achievement, heroism, and sacrifice of nurses who have served with distinction in every major war, civil disaster, and health crisis faced by the United States. It attests to the importance of equal rights and the availability of quality care. Nurses have given their full measure to help our soldiers and our citizens in times of crisis. This flag honors nurses, past and present, who have served this association, this profession, this country, and the international community.

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American Nurses Association Elects Patton and Dietz, from CA to Board of Directors

Washington, DC—Delegates of the American Nurses Association (ANA) elected Rebecca M. Patton, MSN, RN, CNOR, of Lakewood, Ohio, to serve a two-year term as president of the nation’s leading professional nursing organization representing the major health policy, practice, and workplace issues of registered nurses (RNs) in the United States. A slate of 31 candidates vied for 12 leadership positions during ANA’s 2006 elections. Patton and other nurse leaders were elected during the ANA House of Delegates meeting, held June 23-25, in Washington, DC.

Patton is director of perioperative services for EMH Regional Healthcare System, Elyria, Ohio. She has a bachelor’s of science in nursing and a master’s of science in psychiatric and mental health nursing. Previously, she was director of nursing for University Hospitals Health System from June 2000 through November 2001.

Patton has held numerous ANA positions including treasurer (1998-2002), board of director member (1994-1998) and delegate to the ANA House of Delegates (2003-2005). In addition, she has served in several Ohio Nurses Association (ONA) positions, including ONA first vice president (1990-1992), ONA delegate (2005-2006) and ONA finance committee member (2003-2005). Other offices and appointments include director, Board of Greater Cleveland Nurses Association (1984-1988), and an Association of PeriOperative Registered Nurses task force appointment on competencies (1999-2000).

Elected to serve two-year terms as officers of the board were Debbie Hatmaker, PhD, RN, of Bishop, GA, chief programs officer; Georgia Nurses Association, who was elected first vice president; Kathy Poyner, EdD, RN, of Phoenix, AZ, dean, Ken Blanchard College of Business, Grand Canyon University, who was elected second vice president; Susan Foley Pierce, PhD, RN, of Oak Island, NC, professor of nursing, school of nursing, University of North Carolina, who was elected secretary; and Anne McNamara, PhD, RN, of Phoenix, AZ, nursing faculty chair, Rio Salado College, who was elected treasurer.

The director-at-large board members elected include Elizabeth Dietz, EdD, RN, CS-NP, of Sunnyvale, CA, professor/nurse practitioner, school of nursing, San Jose State University; Linda Gobis, JD, RN, FNP, of Butte des Morts, WI, nurse practitioner, Jackson Park Hospital and Medical Center; and Margarete Lieb Zalon, PhD, RN, APRN-BCC, of Waymart, PA, professor, department of nursing, University of Scranton.

The director-at-large staff nurse members include Barbara Crane, RN, CCRN, of Stratfordtown, NY, critical-care nurse, St. Catherine of Siena Medical Center; and Kate Steenberg, RN, BSN, CCRN, of Clinton, MT, flight nurse, St. Patrick Hospital.

Elected to the Nominating Committee were Muriel Shore, EdD, RN, of Fairfield, NJ, Felician College; Betty Smith-Campbell, PhD, RN, of Andover, KS, associate professor, school of nursing, Wichita State University (who will serve as chair); and Cathalene Teahan, RN, BC, MSN, CNS, of Snellville, GA, a public policy consultant.

Remaining on the ANA Board until 2008 are Ernest Grant, MSN, RN, of Chapel Hill, NC, nursing education clinician, University of North Carolina Health Care-North Carolina Jaycee Bum Center; Linda Wurmo, BSN, RN, CPAN, of Canfield, Ohio, executive director, Dist. 3, Ohio Nurses Association and staff nurse, Forum Health, North Campus; Ann Converso, RN, of Lawtons, NY, staff nurse, Veterans Administration of Western New York Health Care System; Patricia Koenig, BSN, RN, of Ramsey, MN, RN/staff nurse, Allina Corp/Mercy Hospital.

Thirty-five nurses also were elected to the Congress of Nursing Practice and Economics; details regarding these election results will be available shortly.
Current Legislation: For additional information about each of these issues you can go to: http://vocusgr.vocus.com/grconvert1/webpub/ana/HotIssues.asp?XSL=HotIssues&Juris=US

APRs and FECA
Contact your Congressional delegation and tell them to recognize all Advanced Practice RNs as providers under the Federal Employee Compensation Program (FECA).

Support the Owens Amendment to Protect Nurses
Contact your Representative Today! Urge them to support the Owens Amendment to protect nurses from airborne biohazards.

Funding for Nursing Workforce Development
Urge your members of Congress to support $175 million in fiscal year 2007 funding for nursing workforce development.

The Health Insurance Marketplace Modernization and Affordability Act of 2005—S. 1955
Victory on S.1955! Thanks to your hard work, supporters of S. 1955 failed to win enough votes to move forward with the bill! Learn how your senators voted.

Nurse Staffing
Ask your Members of Congress to co-sponsor safe staffing legislation, S. 71 the Registered Nurse Safe Staffing Act of 2005 and H.R. 1372, the Quality Nursing Care Act of 2005. These bills would require the development of staffing systems with the input of direct care registered nurses (RNs) and provides for whistleblower protection for RNs who speak out about patient care issues.

Pandemic Flu Preparedness
ANA maintains that any health care worker who treats patients with known or suspected pandemic flu should be protected, at the minimum, by a fit-tested N-95 respirator.

Medicaid Cuts
ANA supports a Medicaid Program that provides coverage based on federal standards that ensures access for poor and special needs populations. ANA maintains that any savings realized from the restructuring of Medicaid must be reinvested in the expansion of coverage and benefits.

Advanced Practice Medicaid Reimbursement
Urge your Members of Congress to expand Medicaid coverage of services provided by advanced practice registered nurses (APRNs). Ask them to cosponsor the Medicaid Advanced Practice Nurses and Physician Assistants Access Act (H.R. 2716 / S. 1515).

Association Health Plans
ANA opposes association health plans (AHPs), which will remove guarantees of access to APRNs and will harm consumers.

Mandatory Overtime
Nurses across the nation are reporting a dramatic increase in the use of mandatory overtime as a staffing tool. This dangerous staffing practice is having a negative impact on patient care, fostering medical errors, and driving nurses away from the bedside.

House Nursing Caucus
Congresswoman Lois Capps (D-CA) and Congressman Steve LaTourette (R-OH) have come together to form a Nurse Caucus in the House. This Caucus will provide an excellent, non-partisan forum for the discussion of issues that impact the nursing profession, and will help members of Congress who care about these issues come together to address them in the 109th Congress.

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ANAPosition on Prescription Drug Reimportation
Medical Malpractice Liability/Tort Reform
ANA believes that the dollar caps on health care liability litigation contained in the Help Efficient, Accessible, Low-cost, Timely Healthcare Act of 2005 (HEALTH Act; H.R. 5) are premature and incomplete, and therefore opposes the bill. ANA urges Congress to convene an independent national commission to study and report on the factors that have contributed to the current problem and on the impact that limitations on health care liability litigation and recoveries have had at the state level.

Overtime Pay Regulations
On August 23, 2004 a new Fair Labor Standards Act (FLSA) rule that threatens the rights of Registered Nurses to receive overtime compensation went into effect. Learn more about the rule and it’s potential impact on RNs.

Immigration and the Nurse Workforce
ANA opposes the Rural and Urban Health Care Act of 2005 (H.R. 248) which would weaken current certification requirements for nurses educated in foreign schools of nursing. Congress should focus on programs that recruit and retain American nurses in patient care, instead of looking overseas for a risky quick-fix to the nursing shortage.

Nurse Reinvestment Act Background
On August 1, 2002 President George W. Bush signed the Nurse Reinvestment Act into law. The American Nurses Association (ANA) fought for passage of the act, which addresses the nursing shortage by authorizing important recruitment and retention initiatives.

Medicare Prescription Drug and Modernization Act
ANA supports the creation of an outpatient prescription drug benefit which ensures that all Medicare beneficiaries have affordable access to needed medications. ANA opposes proposals that would privatize the Medicare program, and that would base the Medicare benefit on beneficiary income.
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Update on Coalition for Patient Rights (CPR)—Response to American Medical Association Initiative

I attended the meeting that discussed the initiative sponsored by the American Medical Association (AMA) at their annual House of Delegates meeting in November 2005. The AMA adopted a resolution to study and publish a report on the qualifications, education, licensure and certification requirements for all limited licensed practitioners and independent practitioners. Advanced practice registered nurses are included in AMA’s definition of a limited licensed practitioner.

In addition, AMA has announced the formation of a Scope of Practice partnership, including other medical specialties, which will serve as a coordinated resource center for states that are dealing with scope of practice issues. The partnership will serve as a source of information for physicians, state legislatures, courts and regulatory agencies, and others when they consider public safety and qualifications in relation to limited licensure healthcare providers.

In a related activity in August 2005, the Federation of State Medical Boards (FSMB) adopted a report that included a set of guidelines to be used by State regulatory boards, and legislatures when considering requests for creation or expansion of scopes of practice. The FSMB guidelines potentially will impede the appropriate state recognition of scopes of practice of healthcare practitioners who are not physicians.

These recent actions by organized medicine to control and constrain the practice of licensed healthcare professions threaten to make it significantly more difficult to extend or expand scope of practice for registered nurses successfully. The result will be to further limit access to providers who have the education and experience to provide safe quality health care services. Also, it will reduce the availability and choice of providers.

In response to these activities by organized medicine, ANA is reaffirming nursing’s contribution to healthcare, its obligation to those who receive nursing care and its relationship to society. ANA has put together a Coalition for Patient Rights (CPR) in response to AMA’s initiative.

It states that all licensed healthcare professionals can and do provide services within their licensed scope of practice as defined by each State’s statutes and regulation of same. It is the patient’s right and the patient’s choice (societal contract) to receive and to expect care from each licensed healthcare provider without fear of restraint of trade or control issues from the AMA.

I appreciated hearing about this initiative. However, being called a “limited licensed provider” did not sit well. After thirty-eight years of side-by-side practice, I thought I was a Registered Nurse and a Colleague. Thank you, Myrna Allen, RN, MSN.
The issue of “bracketed liability” is still one of concern, currently, and not liked by all. It has provisions within the Act to allow lawsuits to occur if really bad care occurs. Plus, if you find yourself with an employer without liability coverage, then one would be covered by the state you deploy to as an employee of that state.

Some volunteer workers who have worked in an environment that provides payment of services could still be covered by the Act for liability insurance. An example would be Red Cross workers, or a deployed paid Walgreens restaurant pharmacist. Each would still be protected under the Act.

Good Samaritan Acts differ between states. However, if volunteering across states between the two states, the stronger language prevails.

The issue of liability if one accepts a Triage Assignment as a volunteer under this Act is silent. However, if that were your role in your “usual and customary” work assignment, you would most likely be protected under this Act. Pending language is being worked on at this time.

Standard of Care is done on a case-by-case basis. An example would be the immediate care given in the 9th Ward of New Orleans at the height of the disaster or may be different than the care provided in the Houston Astrodome several days later.

Again, the full Act with definition of terms may be viewed by going to www.nccsul.org.

Additional Information:

In California, to be ready to help if a disaster strikes, RNs are urged to take advantage of multiple training and educational opportunities. These include:

- Emergency Medical Services Authority (EMSA) website also connects you to local emergency medical services agencies.
- American Red Cross RNs can contact their local chapter of the American Red Cross to enroll in training sessions to become eligible to serve as Red Cross volunteers. You can reach the Red Cross at www.redcross.org.
- Conditions of Red Cross Assignment
  1. Individuals must be healthy enough to function under field conditions. This work may include all or some of the following:
     - 12-hour shifts
     - No air conditioning
     - Long periods of standing
     - Sleep accommodations on bed roll
     - Military ready to eat meals
     - Portable toilets
     - No air conditioning
     - Air conditioning
  2. These workers will be non-paid, temporary Federal employees, and will therefore be eligible for coverage under the Federal Tort Claims Act for liability coverage and Workers’ Compensation for work-related injuries in the performance of their duties. There will not be any salary. However, travel and per diem (authorized daily expenses) will be paid.
  3. Assignments may last 14 days or longer. It is required that applicants have Hepatitis B and Tetanus/Diphtheria (current within the past 10 years) immunizations for this assignment.

RN's who are currently licensed in another state may provide health care in California only if a declared emergency overwhelms the response capability of California’s healthcare providers and, therefore, if RNs from other states are needed. RN’s are required to provide documentation of their state licenses to assist in the event of a public disaster or epidemic. (Business and Professions Code 27272(d)). If such a need arises, the Board of Registered Nursing will provide information on its website advising whether EMSA is requesting out-of-state RNs to assist. (www.rbnn.ca.gov)

In order to please our readers this very informative session and to share this information with others. Thank you, Myrna Allen, RN, MSN.
Introduction to Bylaws

Bylaws are important to an organization as they define the organization, its structure, and the means of accomplishing its mission. These documents are required of non-profit organizations such as professional organizations, and can be thought of as an organization’s constitution. To change bylaws, specific organizational procedures must be followed. The new language was proposed to further clarify that for bargaining, or union activity, to be a member of the United Membership (AOM) to nursing organizations with formal representation and governing body of the U.S. nursing professional society.

During the June 2006 meeting of the ANA House of Delegates (HOD) in Washington, D.C., proposed bylaw changes were discussed and addressed. Membership and Affiliations (Article II), the House of Delegates (Article IV), and the Board of Directors (Article V) below is a brief description of the proposed changes, considerations to these changes, and the action taken by the HOD.

Article II. Membership and Affiliations

Section 1. Constituent Member Associations (CMAs)

This section of the ANA bylaws defines the eligibility requirements for the CMA in the ANA. As a federation, the ANA provides membership of individuals through CMAs and allows for Association Organizational Membership (AOM) to nursing organizations with formal affiliation agreements establishing a working relationship with the ANA.

Within this section it was proposed to remove current language that requires CMAS that engage in collective bargaining activities to have an elected representative for membership in the ANA. As a federation, the ANA provides membership of individuals through CMAS and allows for Association Organizational Membership (AOM) to nursing organizations with formal affiliation agreements establishing a working relationship with the ANA.

Such language is significant to the ANA, as commented by ANA President Barbara Blakeney, RN, if the organization is to maintain its status as the only U.S. nursing association that represents the breadth and viewpoint of the entirety of the scope of nursing, and thus the organization must be available to every nurse in this country, maintaining full opportunity to participate. This is an ANA obligation in representing the profession in its entirety.

Other action taken by the HOD updated bylaw language that provides the rights of CMA presidents to hold an ex officio voting seat on the ANA Board of Directors (BOD). Such language allows full participation of AOM presidents in ANA BOD meetings as provided for ex officio members of the BOD.

Article IV. House of Delegates

Section 5. Responsibilities

The House of Delegates (HOD) of the ANA is the representative governing body of the association. As a representative full scale organization, each CMA is entitled to send representatives of their respective CMA, such as ANA, to attend meetings of the HOD to conduct the business of the association. The number of delegates for each CMA is determined, in part, on the CMA’s total membership numbers, and each CMA is entitled to a minimum of three delegates.

Issues related to ANA Article I, Section 1.6 CMA and AOM membership in the ANA. CMA and AOM membership must comply with ANA bylaws in order to allow membership to ANA.

Conclusion

By providing the highlights of the significant proposals for bylaw changes at the meeting of the ANA House of Delegates in June 2006 it is hoped that we have provided an opportunity for readers to learn more about the ANA. Additionally, we hope that some readers will become excited about being given a glimpse of the organizational process of nursing’s professional society, providing a greater understanding of the association and the opportunities for individual nurses to become involved. As a membership organization, the ANA, and its CMAS and AOMs are able to continue to represent the best interest of the profession through growth and involvement in its membership.
ANJA's lawsuit with the Centers of Medicare and Medicaid (CMS)

From Myrna Allen, RN, MSN, ANA Lobbyist and Associate Executive Director, Delegate to the ANA House of Delegates June 21-25 in Washington, DC

At every ANA convention, the Government Relations Department of ANA holds a meeting of all the state lobbyists, government relations chairs and Political Action Committee Chairpersons. As a delegate and ANA Lobbyist, I attended the meeting on behalf of California. ANA has filed a lawsuit against the Centers of Medicare and Medicaid (CMS). It is an important lawsuit because many states do not have definitive staffing requirements as enjoyed by California nurses. Plus, many nurses in California travel and work in other states and have family who use these services in other states.

At the federal level, Health and Human Services (HHS) sets forth regulations for Medicare and Medicaid. (Medi-Cal is the Medicaid equivalent in California.) CMS is one of the federal departments within HHS. It is CMS's obligation to enforce these regulations on behalf of Medicare and Medicaid recipients receiving healthcare services from participating States that accept federal healthcare monies. CMS has delegated the review and the enforcement of these regulations to the Joint Commission of Accreditation for Healthcare Organizations, aka, JCAHO in many states. In California, the Department of Health Services is responsible to enforce CMS regulations.

The American Nurses’ Association Committee to Improve Pain Management

If you are involved with even one of the 75 million Americans suffering from acute or chronic pain yearly, you will be interested in an Action Proposal recently adopted by the American Nurses’ Association (ANA). The ANA’s House of Delegates (HOD) approved a Reference Report entitled “Improving Pain Management” at their June meeting in Washington, DC. Introduced by Dr. Kathleen Perry, President of the Illinois Nurses Association, the proposal offered evidence of both the scope and depth of this under-reported and mistreated problem. With this endorsement, ANA joins the ranks of such organizations as The American Pain Association, The National Headache Foundation and the American Society for Pain Management Nursing in a common objective: to participate in various pain care and management initiatives (The American Pain Foundation & Consensus Signers, 2006).

The feeling is that national, state, and local efforts are needed to combat the pervasive epidemic of pain that cuts across all ages, ethnicities, genders, and income categories in our country. Given that the quality of health and life are directly and significantly affected by the experience of pain, it is coincident with nursing’s mission, the treatment of human responses, to take a stand on this common and costly issue. As the organization that unifies all Registered Nurses (RNs), ANA is poised to support national and state legislative initiatives to improve pain management. Thus, along with improving the incorporation of pain into the education of nurses, using evidence-based criteria, ANA is now officially prepared to collaborate with other provider groups to imitate effective models of pain management, and support legislation that ensures prescriptive authority of controlled substances for Advanced Practice Nurses (APNs).

Many families, patients and employers feel out of control and at a loss to address a health care system that is not always responsive to their needs. This is especially so when the obstacles to proper pain management are so many. Among these are: a) misconceptions about addiction on the part of physicians, nurses and the public; b) provider fear of investigation by law and regulatory authorities; c) provider inattention to patient statements about pain experiences; d) restrictive controlled substance prescriptive authority for APNs; e) inaccurate knowledge about pain management; and f) the emphasis on diversion control by the federal government. (ANA Reference Proposal Book, 2006).

While medications to control moderate to severe pain are readily available, fear of addiction and other barriers prevent their use. Also, too many practitioners are not fully familiar with technological advances in invasive delivery systems such as intrathecal pumps, spinal cord stimulators, intracutaneous systems, not to mention adjuncts such as relaxation and meditation. As medical and nursing guidelines as well as accreditation standards have been implemented for pain management, a few legal cases addressing accountability for not treating pain adequately have resulted in financial compensation and physician pain management education requirements. One example involved an elderly patient under-treated in a hospital, and a medical malpractice suit awarded care with little or no pain management. Despite frequent family demands for pain control, he died in excruciating pain. The lawsuit found the physician responsible and required financial and educational remediation.

The commitment of our profession to patients and the public everywhere is essential through the actions of this House, over 600 nurses strong! Nurses come from a long history of advocating for proper pain relief so that the “suffering” patient(s) is not only having a “suffering” problem complicated. Who is to say how many patients leave the hospital with the foundation set for post-traumatic stress disorder (Hodgkinson & Smith, 1997), with the estimated 50-70% of patients dying in moderate to severe pain just the beginning? (ANA, Reference Proposal Book, 2006). What is the real cost to our nation’s employers in lost time or worker-productivity due to inadequate pain relief ($100 billion estimate)? (National Institute of Health, 1998). Every nurse has a right and the responsibility to participate in wrestling for answers to these tough questions on behalf of patients and families in any form of pain. This is crucial to the practice of modern nursing. Your professional society, ANA, has begun this important work.

The question then is: Will you be a part of it? Become an active member and see.

References


ANA Contends Hospitals that have been deemed non-compliant in their use of nurse staffing standards and for failing to step up to the task of enforcing CMS regulations are not meeting the intent of the requirement. When the lawsuit is won, JCAHO would be required to give a lower “provisional” accreditation score. It is important to note, that most, if not all, third party payers will not contract with nor pay hospitals that are not in full compliance with CMS regulations.

By enforcing this Standard and letting the public become aware of a “provisional” accreditation scored based on poor staffing patterns, consumer become more aware of which hospitals they will choose for their care. Thus, ANA is using CMS to ensure that these regulations are upheld and fulfilled.
**Student Forum**

Who is California Nursing Students’ Association?

The California Nursing Students’ Association (CNSA) is a pre-professional nursing association with over 2,500 members from 86 nursing programs across the state. The California Nursing Students’ Association leads by example, statewide community of politically conscious, technologically savvy, and socially aware nursing students. CNSA fosters the transition of the student to the role of the professional nurse through a variety of activities: leadership, activism, and advocacy. CNSA supports scholarship, volunteerism, and mentorship to influence nursing education and nursing care in California.

CNSA is a constituent member of the National Student Nurses’ Association (NSNA) and functions on two levels: first is the chapter level which consists of constituent members and chapter officers. These members implement local and state projects, hold meetings at their schools to discuss issues relevant to nursing students, such as nursing practice, curriculum, and community outreach, and act as advocates or mentors for fellow nursing students.

Second is the state level which consists of three executive officers, five directors, and two Council of Chapter Representatives Co-Chairs, who are elected by the House of Delegates at the CNSA Annual Convention. The State Board serves as a liaison between NSNA, CNSA chapters, individual members, and professional associations, such as ANA and ACNL, who have members that serve as consultants to CNSA. In addition, the State Board creates projects for members to participate in, holds Council of Chapter Representative (CoCR) meetings that include resolution writing and leadership workshops, and the CNSA Annual Convention, where students have the opportunity to attend educational workshops, to learn about parlimentary procedure and other things regarding the House of Delegates.

CNSA and ANA have both committed to the goal of working together to maintain, promote and develop the profession of nursing.

CNSA and ANA/C have both committed to the goal of working together to maintain, promote and develop the profession of nursing. Over the past few years, CNSA and ANA/C have developed a very close working relationship, collaborating on many events and projects. These include the CNSA-ANA/C Bridge Project, RN Lobby Days and the Nursing Student State Internship (NSSI) Project, ANA/C Mentorship to the Future of the Profession, and attendance by members of Boards of Directors at State Board meetings, the CNSA Annual Convention and ANA/C General Assembly.

At the NSNA 2006 Annual Convention in Baltimore, CNSA was recognized nationally for its outstanding efforts to bring to light topics that will inform and inspire readers, as well as contributions from students, faculty, and nurses everywhere. The CNSA message board, titled “Bylaw Bits.” Bylaw Bits takes an in-depth look into ANA/C and a welcoming environment for CNSA members.

The CNSA 2006 Annual Convention, to be held October 6-8 at the Anaheim Sheraton Park hotel, will have a global focus. The theme is “Nursing in a Flat World: Think Globally, Act Locally” and it was selected as it recognizes that the world is becoming more of a global community and that nurses can make a difference in the world.

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CNSA is excited to have Dr. Liz Dietz, EdD, RN, CS and ANAC Immediate-Past President, as keynote speaker for the convention. Liz will speak about her experiences in the International Red Cross and about how students can become active in international projects.

During the CNSA State Board meeting, resolutions written by students will be debated and voted on. Of those that are passed, one will be selected and submitted as the CNSA State Resolution for the NSNA 2007 Annual Convention. For more information on CNSA log on to www.cnsa.org.
The American Nurses Association (ANA), as the representative organization of professional nurses, promotes the health, safety, and welfare of the public through the advancement of the nursing profession. The ANA has been advocating for patient protection and quality healthcare through licensure of Registered Nurses. The history of advocating for patient protection and quality healthcare continues with the establishment of the American Nurses Foundation (ANF). The ANF provides for the advancement of research related to the professional development of nurses, the improvement of the quality of the nursing profession and its services, and the promotion of public health.
their life’s work the fulfillment of that practice, for the benefit of those they serve.

• The statement declaring that APRNs are practicing medicine is most troublesome. The scope of practice of nurses may overlap with that of other disciplines, including medicine, but this does not mean that nurses are practicing medicine. The knowledge that nurses acquire and utilize in their advanced practice roles is derived from many sources. It is the synthesis and application of that knowledge that lends support to the advanced practice nurses’ competencies, which is built upon the foundation of basic RN education and practice.

• The profession has agreed to and supports the need for second licensure.

This is not the case. While states vary greatly in how they proceed to recognize advanced practice nurses, the basis for licensure is the RN license and no other has been agreed upon. No other profession requires a second license for practicing at a higher skill level. In fact, other professional health disciplines do not support or condone the need for second licensure, whether physicians, physical therapists, pharmacists, etc. Based upon the single scope of nursing practice agreed to by the profession, the lack of evidence to support the need for second licensure, and the lack of precedent by other health care disciplines, ANA does and will continue to oppose the requirement for a second license. The promotion of a second license by the NCSBN, in combination with its expected effort to dominate the testing market for that second license, create a pathway for conflict and litigation which will not serve the nursing community.

ANA continues to support the need for title protection for the registered nurse and all advanced practice registered nurses, including the clinical nurse specialist, with all nurses working under the RN license.

• All states will adopt the RN multi-state compact and will then continue to endorse the advanced practice compact.

This vision is based upon the assumption that all states agree with the mutual recognition model, when in fact only 21 states have legislated, but not necessarily successfully implemented, this model. ANA continues to be on record with its opposition to the RN compact, based on action taken by the House of Delegates (HOD). ANA’s highest governing body. The rationale for the HOD’s position is applicable to the Advanced Practice Nurse Compact. In addition to many of the same concerns that plague the RN/LPN nurse compact, ANA has additional concerns about an advanced practice compact which will need to reconcile the even wider variations in practice that occur from state to state, based upon state practice acts and overlap with other disciplines.

• The broadest level of education for an advanced practice role is what is required for public safety, consumer knowledge and uniformity of regulation.

Application of this concept and premise is the least acceptable. Having all APRNs, or even just all NPs and CNs, prepared at the generalist level means that none of the APRNs will be educated adequately to meet the needs of large consumer populations. Just as physicians have evolved to recognize that the general practitioner (family practice physician) cannot meet a significant percentage of patient care needs, likewise for APRNs. It can be readily demonstrated that a certified Pediatric Nurse Practitioner (FNP) is more knowledgeable about pediatrics than most family practice physicians.

Legal Issues
Two negative and interrelated legal implications of the vision statement provide significant legal concerns for ANA and its related entities. First, the creation of a second licensure exam would effectively eliminate certain ANCC advanced practice certification exams as well as certification exams from other nursing certifying bodies. By essentially eliminating certifying bodies from testing advanced practice nurses, NCSBN would be undertaking a restrictive action affecting the certifying industry. In an effort to avoid liability, NCSBN cannot resort to the argument that it is essentially a state entity taking this action. The law governing public entities, and private entities working on behalf of the state, does not extend to the lengths that NCSBN would have to assert to avail itself of such a defense. Furthermore, if the NCSBN vision statement is nothing more than subterfuge to effectuate legislative change to give NCSBN a competitive advantage in promoting its own second license examination, NCSBN’s efforts should fail because the law limits such actions.

Second, the vision statement purposefully creates the impression that certifying bodies’ exams are somehow too deficient to be a reliable indicator for testing minimal competence for advanced practice. By implying that certifying bodies’ exams are deficient, when psychometric studies indicate otherwise, NCSBN is potentially attempting to dominate a market based upon representations unsupported by evidence. Such actions lie outside of the realm of protected actions under the law and could be challenged for commercial disparagement, product disparagement and trademark dilution/service mark infringement. Furthermore, depending on how far NCSBN takes these claims against certifying exams, NCSBN may be engaging in libel or fraud or could be liable for interfering with existing contract relations, prospective business, and business expectancy.

Much has been stated within the vision paper about attempts to create uniformity, reduce confusion, provide a broader level of preparation, and reduce risk to the public. Yet, each of these recommendations have the goal of reducing advanced practice nursing to its least common denominator, of wishing to test the minimal skills needed at a role level for the clinical nurse specialist (CNS) or nurse practitioner (NP), to minimize the significance of advanced practice certification which is what determines minimum competence to practice, and to discourage and create barriers to the evolution of advanced practice. From a practice perspective, whether as an RN or an APRN, nursing has changed from what it was 10, 20 or 30 years ago. Both the RN and the APRN provide care, use skills and meet needs within the evolving scope of nursing practice that did not exist in 1980 or even 1990. Today’s RN has far more advanced physical assessment skills, knowledge of pharmacology and experience in disease management, due to the increasing complexity of the patient seen in whatever setting the nurse works. Technology will also continue to drive this knowledge and skill set. Acute Care Nurse Practitioners (ACNP), and the broader NP roles, utilize much greater knowledge, skills and abilities today to manage acute care needs than in the past. If nursing had been constrained to the extent being proposed in this vision statement, none of these advances would have been likely.

Nursing must preserve the responsibility of the profession to evolve to meet the needs of the changing populations being served.

While many recommendations have been proposed, there has been no evidence provided in the vision paper to support the level of action required by the proposed recommendations. ANA is very concerned about the subsequent potentially negative impact these recommendations will have to over 240,000 advanced practice nurses. Where is the evidence that justifies the significant changes in practice, income, restrictive regulation, and new barriers to the continued evolution of nursing practice that will be affected?

Comments regarding the Premises upon which the vision is framed
ANA shares the responsibility for providing for the health and wellbeing of the public and understands NCSBN’s accountability to the public, but there were several premises identified in the vision paper that received repeated challenges from our members.

In particular, Premise 5 was not supported, for the following reasons:

• Millions of consumers do know the competencies of APRNs. They purposefully seek advanced nursing practice professionals when not available within a practice setting or care organization and rely on APRNs for their health care needs.

• The scope of RN practice includes APRN practice as part of continuum. (Nursing: Scope and Standards of Practice, 2004)

• APRNs, while having autonomous practice, as do many other disciplines, have no greater risk of creating harm than these other healthcare providers. In fact, evidence from the National Practitioner Data Bank and the Health Care integrity and Protection Data Bank demonstrate substantially less risk and fewer complaints about APRNs.
Phyllis A. Jackson RN, CDDN, BS 1941-2006

Phyllis is a beloved mother, sister, aunt, friend, and above all, nurse, to many, many people. Phyllis answered her call to nursing when she entered the Ancker School of Nursing in St. Paul MN in 1959. She became an RN in 1963. After some further education and exploring, Phyllis joined the Army Reserves Corps of Nursing in 1966. She was called to active duty less than a year later and was stationed at the Presidio at Letterman General Hospital as a Psych Nurse attending to returning Vietnam Vets. Phyllis spent many years at CIP and profoundly touched clients and coworkers during her time. She moved to California in 1996 where she started working for the Lanternman Regional Center in Los Angeles. Here she worked as a Nurse Consultant, advocating on behalf of DD Adult Clients of the Center. Here too, she impacted many, many lives, both clients, coworkers AND providers, who remember her with respect, admiration and love.

Phyllis, to all who knew her, was a tireless advocate, fighter and supporter of those who might not otherwise have a voice. A decorated veteran, she devoted every Friday of the last few years attending vigils in support of our troops, but in question of our political priorities. She has left a legacy of honesty, courage and unconditional love for her clients, coworkers, family and friends. Our world has lost a tireless crusader and lifelong nurse but her legacy will continue in all those who have been blessed by having known her. Phyllis was a long time member of ANA and ANAC and was honored with the Florence Nightingale Tribute at the ANA convention in June of 2006.

Phyllis Jackson pinning

Michael Clifford Blank RN
April 10, 1955 to July 2, 2006

Michael Clifford Blank RN, son, brother, uncle, nurse, and friend extraordinaire died peacefully in his home in Novato on July 2, 2006. Mike was loyal, generous and loving to his family and his many friends.

He was a treasured son of his father Clifford and his mother Mary Blank RN who inspired his nursing career. He was a beloved brother of Bruce & Evelyn Blank, Paul and Spring Blank, and Vicky and Wes Story, and uncle to many nephews and nieces, all of Boise, Idaho.

Born in 1955, Mike was raised in Boise. He graduated from Meridian High School in 1973 a straight A student. He completed Boise State University in 1976 and became an RN. He worked as a nurse at Sacred Heart Medical Center in Spokane, Washington where he is still remembered fondly. He came to San Francisco in 1978 and joined the staff of Saint Francis Memorial Hospital.

His friends will remember him as the one who could always make you laugh, and who would do anything for you. Mike loved his work; he loved San Francisco and the Palace of Fine Arts where he was a docent for several years. Mike was a SF Giants zealot and had a collection of baseball caps, orange wigs, and rubber chickens. He loved rainbows, multi shaped strings of lights, anything neon or solar, candles, “finds” from the Novato Second Center Human Needs thrift store where he also volunteered, good wine and his cat “Gobble-d-guts.”

To his patients and all who worked with him at Saint Francis during the last 30 years, he was a compassionate expert clinician, he was dependable beyond measure, he was committed to improving patient care always did more than was required, and worked extra shifts if he was needed, he was an excellent preceptor for new nurses and new employees; he won the hospital’s prestigious Shennon award for Caring and the Orvile Booth award for Employee of the year. Mike gave of himself in every aspect of life including donating 63 units of blood (more than 30 gallons) over the years to the Blood Centers of the Pacific to help save others people’s lives.

Mike was irreverently funny, he loved life, and his love of life was contagious for all who were fortunate enough to be his relative, his patient, his coworker or his friend and in return he was loved by all.

A scholarship fund has been set up in Mike’s honor; donations can be made to the Saint Francis Memorial Hospital Foundation 900 Hyde Street Suite 1208 SF, CA 94103.

“A friend is someone who knows everything about you and loves you anyway.”

Anonymous
New Nursing Programs
News about Members

Dr. Liz Dietz and Susanne Phillips have been appointed by Governor Swartznegger to the Board of Registered Nursing. ANAC members Elissa Brown, MSN, CNS from the VA Hospital in Los Angeles; Cherry Hicks, MS, CNS, representing MCH; Kathleen Kimpel, MSN, CNS is a CNS in Critical Care at Children's Hospital San Diego; Cathy Lynn Ruebusch, MSN, CNS is a Nurse Consultant at the Department of Health Services; were all appointed to the Clinical Specialist Task Force of the Board of Registered Nursing.

Mary Foley was appointed to the ANA Political Action Committee. In this role she is responsible for reviewing elections across the United States and determines whether ANA will endorse and contribute to the campaign.

2006 -2007 Calendar

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Year 2007

January
(January 1st, 2007 Newsletter to publisher)
Ballot Committee: Publish and Mail Candidate Statements and Ballot
Bylaw Committee: Publish and Mail bylaw proposals

February
1
Ballots must be postmarked or in office

March
2nd Newsletter Articles in Office
10 Board Meeting
Final Board Meeting and New Board Meeting

FISCAL YEAR 2007–2008

2007
April
Reference Committee: Deadline for all proposals for resolutions must be dated mailed by June 1.
Award Committee: All nominations for awards must be dated mailed by June 1.
22 23 RN Days

May
June
2 Newsletter articles in Office

July
14 Board Meeting
Publish Convention Agenda

August,
September
2 Newsletter Articles in Office

October
6 Board Meeting
General Assembly

November
December
5 Newsletter articles in Office

American Nurses Association\California
Awards

The following awards are open for nomination and may be presented at the next General Assembly,

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

Ray Cox
Recognizes the lifelong commitment of individual nurses to the field of nursing and their impact on the health and social history of the state of California

Elizabeth “Betty” Curtis
Recognizes nurses who advocate on behalf of nursing in the legislature or regulatory or any other public policy arenas.

JoAnne Powell
This award may go to any person who demonstrates outstanding leadership, research, or contributions to the body of knowledge of the history of nursing.

Senator of the Year
Recognized the outstanding individual effort of a senator who contributed in the advancement of the profession of nursing

Assembly Member of the Year
Recognizes the outstanding individual effort of an assembly member who contributed in the advancement of the profession of nursing

For more information about these awards and the nomination process, watch for upcoming issues of The Nursing Voice or contact the ANA\C office at 916-447-0225 or www.anacalifornia.org
The California Board of Registered Nursing prevailed today in a state Court of Appeal decision upholding the BRN's order to remove Excelsior College graduates enrolled on or after December 6, 2003, like all other out-of-state school graduates, must meet the legal requirements for licensure in California, including the requirement of supervised clinical practice concurrent with theory. Excelsior College graduates who do not meet the requirement may apply for a $5.00 fee for any return drafts.

The BRN filed a demurrer, and after briefing and oral argument, the trial court ruled in the BRN's favor and sustained the demurrer. Excelsior filed an appeal in September 2004. The California Court of Appeal acknowledged “… the numerous attempts by the Board to assist Excelsior with developing strategies for coming into compliance with California’s requirements. Excelsior chose not to do so.” It further states, “As a practical matter, graduates from out-of-state programs can be assured of licensure in California as long as they meet the minimum California requirements.”

Ruth Ann Terry welcomed the court’s recognition that “The primary purpose of the Board is to protect the public,” and that “In clinical practice, students learn the vital hands-on skills that are at the heart of nursing practice.”

Executive Officer Terry elaborated, “Distance education plays a key role in the education of today’s nurse. The Board is fully supportive of innovative learning methods and stands ready to work with all programs to expand the capacity of nursing education to help alleviate the nursing shortage. That said, we will not compromise standards for the care of California patients. We believe that quality education and expansion of education capacity are fully compatible.”

On a related note, in August 2005 the National Council of State Boards of Nursing adopted a position paper that recommends “nursing education programs shall include clinical experiences with actual patients” and “should be supervised by qualified faculty.” The NCSBN stated, “Because the mission of the boards of nursing is to protect the public, the boards asked for guidance with evaluating prelicensure programs that do not provide experiences with actual patients.” NCSBN is the organization of all of the state boards of nursing. The position paper can be found at http://www.ncsbn.org/pdfs/Final_Clinical_Instr_Pro_Nsg_programs.pdf.