Happy Spring and soon to be Summer....

Well, here we are—still in a major election year. So I shall repeat my plea to you all—consider that voting is a duty, an obligation, and whatever your political leanings, please exercise that right to vote. Stay informed on the issues. Make your own decisions based on information you have received and have analyzed. And, as I have said before: respect one another’s differing viewpoints and agree to disagree. There may be some tough times ahead—politically, professionally, organizationally.

From a John F. Kennedy quote: “We shall need compromises in the days ahead, to be sure. But these will be, or should be, compromises of issues not principles.” Principles...guessed we all have them—though sometimes I wonder. Or is it that our principles may be so different from those of others, that theirs sometimes seem not to exist. Perhaps what we need to do is try to understand. Problems arise when people are not sure of their own values and principles, and in what they believe. As a result, they may be too easily swayed to just do what someone tells them to do—it just feels easier. Especially when people are told that someone or some group will take care of everything...”just join us and leave the ‘driving to us’...”the implication being that you do not need to know anything or be able to (or allowed to) make up your own mind. Although this seems to be the easy route...it is so disempowering!

My assumption and hope is that nurses want to be their own persons, and anything we and they can do to facilitate that is positive. Never give up your choice to do what is right. Again I ask you to become involved! There are so many current opportunities at work and in the community. Join committees, become active in community groups, teach, join email lists that reflect your interests, and work on California Action Coalition activities.

It has come to my attention that there are some nurses out there who are saying they do not support the IOM report and Future of Nursing activities through the state action coalitions.

What is not to support?

Progress? Chances to make a difference in improving the quality of health care? Improving educational opportunities for our nurse colleagues? Using and improving your skills in new technology and communication? Moving the Nursing profession forward and assuring Nurses have a seat at the many tables where healthcare decisions are made?

As a colleague of mine has said: “If you are not at the table, then you are on the menu!” One has little to complain about if he or she has not even tried to make a difference! This holds true in everything one does—work, professional activities, life!

With over 360,000 nurses in California—Nurses are in a position to be a driving force in improving healthcare at the local, state, national and international levels...please get on board.

Reminder: coming up in June, the American Nurses Association’s Delegate Assembly will be in the Washington, D.C. area. Our elected delegates from California will bring knowledge from our members and other Nurses as we address the issues and tend to the business of the association. After we return, we shall include reports and articles about the happenings at the ANA House, to keep California Nurses informed. We are all bright through the ANA/California office for questions at any time.

Ongoing: A Future of Nursing Update: Members of ANA and other nurses are involved with the California Action Coalition—the Statewide CAC and local groups, continue working together to address nursing’s future in California. ANA/California continues to be very involved on committees and coalitions, and has strong representative leadership in the CACs, regionally and statewide. As the regional Co-Leader for the Los Angeles area, along with Dr. Rosie Curtis we are working on activities in the L.A. area. Please check our website for updated information, links and opportunities to become active participants. (Reference: The Future of Nursing: Leading Change, Advancing Health, by the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (2011)).

Please go to the national ANA site: www.nursingworld.org for the latest information about healthcare reform, health care issues and nursing issues; also a video link to: ‘Nurses Have Power: Let’s Use It for Change.’ Please also see on the nursingworld.org link to the “Key Provisions Related to Nursing and Health Care Reform.”

Ongoing national: many healthcare reform issues continue being discussed; including the future of nursing initiatives. I continue as Vice Chairperson of the Executive Committee of the ANA Constituent Assembly (CA; the group of the Presidents and Executive Directors of all of the states plus a number of other constituents). I try to share with you updates on the issues. We have regular calls with the ANA President, and with regional groups.

ANA/California continues to be open to hearing from our members about what more you would like in the way of programs, outreach, and opportunities for involvement.

Please maintain your membership in ANA/California or join if you have not. We are a growing organization thanks to the nurses in California. ANA is the professional nurses association in California open for all RNs, in all types of roles at all types of places. I encourage you as always to join your professional nursing associations; perhaps join at least two associations—your professional general organization, ANA/California, and your specialty organization. The networking opportunities alone are worth it.

ANAC has 4 elected officers with clear responsibilities, and 4 elected Board Directors, each with a specific focus, i.e., Practice, Education, Legislation and Membership. We all work together, making for a strong
Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—
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Article Submittal to ‘The Nursing Voice’

ANA\C California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\C members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA\C, its membership, the board of directors or its staff.

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

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com
   a. Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
   b. The Nursing Voice reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
   c. The Nursing Voice reserves the right to edit manuscripts to meet style and space limitations.
   d. Manuscripts may be reviewed by the Editorial Staff.
   e. Articles submitted by members of ANA\C will be given first consideration when there is an availability of space in the newsletter.

2. Photographs should be of clear quality. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA\C California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com

3. E-mail all narrative to TheNursingVoice@yahoo.com

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association dedicated to nursing. Nurses can be involved either on committees with the Directors or at least on their e-mail groups. Some groups have only ANA\C members, others include nonmember nurses. Those who vote must be ANA\C members.

Please contact us at ANA\C, about how you would like to be involved in ANA\C activities.

Other issues: BRN updates; ongoing issues, state and national, continue with Health Care Reform; with bills related to nursing practice, and more. Please see our website, for more information. ANA\C will keep you updated.

My enduring thanks to our ANA\California Board members and staff, who continue their excellent work to promote quality healthcare, to, participate in healthcare reform, to support the Nursing profession and to support ANA\C and ANA.

And thank you to all nurses for what you do. Be good to each other and to yourselves!

We welcome comments, questions and suggestions.

Peace. It does not mean to be in a place where there is no noise, trouble or hard work. It means to be in the midst of those things and still be calm in your heart.

unknown

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President’s Perspective continued from page 1

Some of the past “CNS of the Year Award” winners at NACNS Convention in Chicago, March 2012.
Politics Trumps Science Once Again... But From An Unexpected Place

Diana Taylor RN, PhD, FAAN
Professor Emerita, UCSF School of Nursing
Faculty, Advancing New Standards in Reproductive Health Program (ANSIRH)
UCSF Bixby Center for Global Reproductive Health

In late February, California Sen. Christine Kehoe (D-San Diego) introduced a bill in the state Senate to add nurse midwives (CNMs) performing first trimester aspiration abortion care and allow women to obtain safe, early abortion care in their communities, from their current health care providers. At first glance, California Senate Bill 1338 (Senator Kehoe’s Safe & Early Access Bill) should have easily moved through the legislative process. It was co-authored by legislative leaders in the state senate and the assembly, it was based on evidence regarding need and safety, and was supported by all professional nursing organizations—The American Nurses Association of California, the California Association of Nurse Practitioners, and the California Nurse-Midwives Association as well as multiple medical groups including the California Medical Association, the Association of Reproductive Health Professionals and Physicians for Reproductive Choice & Health. Because half of all California counties are without an accessible abortion provider, these health professional organizations, along with many others, recognize the public health imperative to increase access to early and therefore safer services. Opposition was expected from groups that oppose abortion rights. But what was unexpected was the aggressive opposition of the nurses’ union (California Nurses Association) which identifies publically as supportive of abortion rights. Because of the union’s opposition and their pressure on Senator Juan Vargas (D-San Diego) whose vote was the tie breaker on the Business & Professions Committee, Sen. Kehoe withdrew the bill (5/4/12). What was the stated rationale for CNA and Vargas to oppose SB1338? Their claim was that the study was not complete and that study results needed to be published in a peer-reviewed journal. Solid evidence from a multi-year study conducted under a transparent process by the California Office of Statewide Health Planning and Development was brushed aside.

What does the evidence tell us?
Modern abortion practice has made abortion incredibly safe. The widespread use of abortion as the preferred method for terminating a pregnancy in the first trimester is part of that advancement. The question of who should be able to perform those abortion aspiration procedures is one that can be answered by scientific evidence. For the last four years, my colleagues and I (from the UCSF Schools of Nursing and Medicine) have led a very large and comprehensive study, under a legal waiver from the Health Workforce Pilot Project Program of the Office of Statewide Health Planning and Development. HWPP #171 was designed to answer two questions: can nurse practitioners, certified nurse midwives and physician assistants (NP/CMN/PAs) be trained to competence in aspiration abortion? And can they perform those procedures with comparable outcomes as their physician colleagues? The study was required not because uterine aspiration is outside of the scope of practice of ARNPs (APRNs) practice, but because of the restriction placed on APRNs by the 2003 Reproductive Privacy Act, which limited surgical abortions to physicians. In fall 2011, we had sufficient data to conduct the analyses to answer these questions. By fall 2011, 41 clinicians were trained to competence and they performed almost 8,000 aspiration abortion procedures. Their safety outcomes were equivalent to physicians who performed almost 7,000 procedures. Further, in all patients required any additional care and only 7 patients (less than 0.05%) needed any hospital-based care. These data are from the Centers for Disease Control and Prevention (CDC) as a “major” complication of abortion. Four of those patients were seen by physicians and 3 by the NP/CMN/PA group. And all of these women recovered without any long-term harm to their physical or mental health. Women in the study reported satisfaction rates of over 9 on a 10 point scale for both provider groups. Our scientific conclusion is that NP/CMN/PAs should be allowed to perform aspiration abortion in California.

Why is legislation needed?
Legislative change is necessary to remove the criminal penalties associated with “physician-only language.” Our clinical study goes to the House of Representatives for this procedure to be performed under California’s Reproductive Privacy Act. The HWPP-171 (and the legal waiver from OSPHD that allowed us to conduct the study) will end this year and without legislative change, the clinicians in the HWPP-171 study will be at risk for criminal charges if they continue performing aspiration abortion services. Although California NPs and CNMs can perform medication abortions and procedures that are much more complicated under the Standardized Procedure mechanisms in the Nurse Practice Act, “surgical abortion” (an outdated term for early aspiration procedures) can only be performed by physicians without criminal penalty. Legislation should not be necessary to allow APRNs to practice within their legally defined scope of care, but in this unique situation (and abortion is often treated as a unique exception within health care regulation), it is necessary to remove the criminal penalties associated with physician-only language to support the delivery of abortion services. California is a state in which half of all counties have no accessible abortion provider. The removal of legal restrictions to aspiration abortion holds promise for increasing access to care for women seeking pregnancy termination, and restores regulation of APRN practice to the jurisdiction of the California Board of Registered Nursing.

Is legislation premature?
The legislation is not premature because the Pilot Project, which anticipates legislative action, requires only that the findings from the Project regarding safety and efficacy be provided to the Legislature when legislative change is being considered. Academic journal publication of HWPP project results is not a requirement of the waiver mechanism. Number 5 of HWPP projects have been the basis for legislative change and academic publication of study results did not occur in those cases. The director of the California Office of State Health Planning and Development has publicly stated that the HWPP-171 study is complete and the results are highly positive.

After decades of experience, we know there are two things that make abortion safer: making it legal and performing it early in pregnancy. Unfortunately, across the country and in California, women with less access to routine health care services are the ones with higher rates of abortions after the first trimester. Therefore, we have a public health imperative to increase access to early services and reduce this health care disparity. Expanding the eligible health care team will improve access and help women in California who find themselves making the difficult personal decision to terminate a pregnancy. The California Nurses Association—a union affiliated with the Teamsters—chose not to stand with professional nursing, medicine and the reproductive health community to improve the lives and health of all women in California on the basis that they are opposed to any legislation that advances the scope of nursing practice. This union applied its political influence with Senator Vargas to defeat evidence-based legislation that would help the benefit of California women. Who will hold this group accountable for opposing one of the only pieces of legislation that will provide quality and accessible access to early abortion and reproductive health services?

Diana Taylor, FAAN
Professor Emerita, UCSF School of Nursing

Related links:

1 Thank you to ANA-C, CNMA and CANP for being pro-nurse and pro-patient access by supporting SB1338. A big hand goes to ANA-C for taking the early lead as the first nursing organization to sign on as a supporter of SB1338.
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We as nurses have the most respected profession, and represent the face of healthcare. Together, we need to acknowledge and embrace the power we hold.

As a representative selected for the Nursing Student in Sacramento Internship (NSSI), I had the amazing opportunity to play an active role in the legislative process in Sacramento Internship (NSSI), I had the amazing opportunity to play an active role in the legislative process and learn ways to utilize the power and esteem that comes with being a nurse. To begin the first day of NSSI, Tricia Hunter, Executive Director of the ANA/C, gave an introduction to the political arena, a roadmap to passing legislation, and an inspiring presentation regarding the future of nursing. This was just the start to RN Lobby Day and a jam-packed 3 day internship.

The two NSSI interns and our advisor and CNSA Legislative Director had the honor of meeting members of the ANA/C board. We were invited to share meals with these strong nurse leaders and participate in the meetings at the ANA/C headquarters with other healthcare professionals. The intent of the meetings were to advocate for patient safety and quality of care by improving collaboration with other stakeholders. Discussions included current legislation and where each party stands on particular issues. Tricia Hunter, as an experienced nurse leader and former politician, gave us advice on how to approach the appointments we had each day to meet with our local representatives or their staff members. We discussed the bills as they go through the legislative process from committees to the floor. Depending on the subject, we lobbied to gain support for or in opposition to the bill with the representatives we met. The dynamics were different with each member depending on the awareness of the issue and political affiliation of the legislator. Sometimes, this posed a challenge to creating a connection with some representatives, yet we maintained a positive demeanor and a hope to plant a seed for support of the nursing profession and the advancement of healthcare.

Other internship activities included touring the Capitol Building and attending the Senate and Assembly Committee meetings. These more intimate settings allowed us to hear both sides of the argument on controversial issues and then observe the voting process in which they voted to kill the bill or pass it to the Senate or Assembly floor to be heard. Some bills passed unanimously, while others had opposition related to improper wording in the bill, not enough information to make an educated decision or the bill infringing on the scope of other healthcare professionals.

At the end of our days, we would return to the ANA/C headquarters to debrief about our interactions throughout the day and to talk about expectations for the week and our observations from attending meetings. We focused our attention on bills related to healthcare, patient advocacy, and removing barriers to practice for Advanced Practice Registered Nurses (APRNs).

An area of personal interest is to allow APRNs to practice to their fullest extent and expand opportunities for nurses to actively change the face of healthcare through research, higher education, policymaking, and healthcare technology systems development. Currently, the emphasis of the health care system is to branch out into the community and away from the hospital setting. We need to improve preventative medicine and chronic care management by striving for wellness and a continuum of care. A major roadblock to moving forward is the individualization and specificity of the bills for different types of APRNs, particularly addressing the scope of practice issues for nurse practitioners, CRNAs, clinical nurse specialists, and certified nurse-midwives. By enacting the umbrella term of Advanced Practice Registered Nurses (APRNs) to remove all barriers to advance nursing practice and allow greater autonomy to practice independently, we can expedite the flow and passing of legislation on the state and federal levels. I'm passionate about this topic. It is crucial we promote more nurses, patients, students, and other healthcare members to become involved by joining the California Action Coalition to work together collectively to make a difference.

A special thank you goes out to Tricia Hunter and the ANA/C Board of Directors, CNSA, especially, Nicole and Jessica, and ACNL for selecting me for this prestigious and eye-opening opportunity to represent my school and state as an advocate for my fellow nurses. I strongly encourage more students to apply next year for NSSI and to make the student nursing voice heard. I have learned a great deal, discovering the impact I can make in the legislative sphere as a registered nurse. Let's challenge our peers to respect and support one another in the mission to transform healthcare for future generations by improving the quality, safety and accessibility for patients, families and providers. Congrats to the graduating senior nurses and good luck in your nursing endeavors. Cheers!
Results:

**Respondent Profiles:**
- 93% of graduates from nursing schools in California from April 2010 through August of 2011 were invited to participate in the survey. Each received a letter from the BRN in October 2011 inviting them to complete an on-line survey. No personal information was gathered and the all results were aggregated. We received 1,492 responses for a 19% survey response rate overall.

**Design and Sample:**
- A random selection of 7,800 (50%) of the new graduates who were already licensed by exam in California from April 2010 through August 2011 were invited to participate in the survey. Each received a letter from the BRN in October 2011 inviting them to complete an on-line survey. No personal information was gathered and the all results were aggregated. We received 1,492 responses for a 19% survey response rate overall.

**Work/RN Job Experience:**
- Among respondents who indicated that they were not working as an RN, 13% had been looking for less than 3 months, 39% had been looking for more than 3 months,
- 37% had been looking for 6 months, 33% had been looking for 9 months, 14% had been looking for more than 12 months.
- The majority of those working as an RN were working full time (93%) with 14% working part time, and 9% working on call.
- 62% of respondents indicated they were working in a hospital or health facility.
- When asked how long it took to find their first nursing job, 40% of respondents indicated less than three months; 30% responded that they had taken 3-6 months.
- 18% indicated taking 6-12 months, 6% taking longer than 12 months.

**Reasons for Difficulty in Finding Employment and Internship Attitudes:**
- The reasons for which new graduates are having finding RN positions are:
- 57% of respondents found it difficult to find a job because they had degrees from an ELN program.
- 55% of respondents found it difficult to find a job because they had training from a school that was not approved for ELN.
- 50% of respondents found it difficult to find a job because they had not been prepared for a RN career.
- 48% of respondents found it difficult to find a job because they did not have enough experience.
- 47% of respondents found it difficult to find a job because they did not have enough clinical experience.
- 46% of respondents found it difficult to find a job because they did not have enough knowledge.
- 45% of respondents found it difficult to find a job because they did not have enough competencies.
- 44% of respondents found it difficult to find a job because they did not have enough skills.
- 43% of respondents found it difficult to find a job because they did not have enough knowledge.
- 42% of respondents found it difficult to find a job because they did not have enough experience.
- 41% of respondents found it difficult to find a job because they did not have enough knowledge.
- 40% of respondents found it difficult to find a job because they did not have enough skills.
- 39% of respondents found it difficult to find a job because they did not have enough knowledge.
- 38% of respondents found it difficult to find a job because they did not have enough experience.
- 37% of respondents found it difficult to find a job because they did not have enough knowledge.
- 36% of respondents found it difficult to find a job because they did not have enough skills.
- 35% of respondents found it difficult to find a job because they did not have enough knowledge.
- 34% of respondents found it difficult to find a job because they did not have enough experience.
- 33% of respondents found it difficult to find a job because they did not have enough competencies.
- 32% of respondents found it difficult to find a job because they did not have enough knowledge.
- 31% of respondents found it difficult to find a job because they did not have enough skills.
- 30% of respondents found it difficult to find a job because they did not have enough knowledge.
- 29% of respondents found it difficult to find a job because they did not have enough experience.
- 28% of respondents found it difficult to find a job because they did not have enough competencies.
- 27% of respondents found it difficult to find a job because they did not have enough knowledge.
- 26% of respondents found it difficult to find a job because they did not have enough skills.
- 25% of respondents found it difficult to find a job because they did not have enough knowledge.
- 24% of respondents found it difficult to find a job because they did not have enough experience.
- 23% of respondents found it difficult to find a job because they did not have enough competencies.
- 22% of respondents found it difficult to find a job because they did not have enough knowledge.
- 21% of respondents found it difficult to find a job because they did not have enough skills.
- 20% of respondents found it difficult to find a job because they did not have enough knowledge.
- 19% of respondents found it difficult to find a job because they did not have enough experience.
- 18% of respondents found it difficult to find a job because they did not have enough competencies.
- 17% of respondents found it difficult to find a job because they did not have enough knowledge.
- 16% of respondents found it difficult to find a job because they did not have enough skills.
- 15% of respondents found it difficult to find a job because they did not have enough knowledge.
- 14% of respondents found it difficult to find a job because they did not have enough experience.
- 13% of respondents found it difficult to find a job because they did not have enough competencies.
- 12% of respondents found it difficult to find a job because they did not have enough knowledge.
- 11% of respondents found it difficult to find a job because they did not have enough skills.
- 10% of respondents found it difficult to find a job because they did not have enough knowledge.
- 9% of respondents found it difficult to find a job because they did not have enough experience.
- 8% of respondents found it difficult to find a job because they did not have enough competencies.
- 7% of respondents found it difficult to find a job because they did not have enough knowledge.
- 6% of respondents found it difficult to find a job because they did not have enough skills.
- 5% of respondents found it difficult to find a job because they did not have enough knowledge.
- 4% of respondents found it difficult to find a job because they did not have enough experience.
- 3% of respondents found it difficult to find a job because they did not have enough competencies.
- 2% of respondents found it difficult to find a job because they did not have enough knowledge.
- 1% of respondents found it difficult to find a job because they did not have enough skills.
- 0% of respondents found it difficult to find a job because they did not have enough knowledge.
How Much Do You Know About Milk?

Get the Secrets, Stories & Facts of America’s Favorite Natural Beverage

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What would you have to eat to get the same amount of calcium as in one 8-ounce glass of milk?

- 12 Servings of Whole Grains
- 10 Cups of Raw Spinach
- 6 Servings of Legumes

3 Cups: the amount of Milk & Milk Products recommended daily for those over age 9 from the 2010 Dietary Guidelines for Americans.

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Decoding the Dairy Aisle

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**2% or 1% Milk**
(also known as reduced-fat or low-fat milk) Fat and calorie levels are reduced in these versions, but they have the same complete nutrient package as whole milk.

**Fat-free Milk**
(also known as non-fat or skim milk) From slender cows. Kidding. Fat-free milk has no more than 0.2% milk fat. So it’s the lowest in calories but, again, has just as many nutrients as whole milk.

**Organic Milk**
From cows fed organic diets. The nutrient content is the same as conventional milk and offers the same health benefits. It’s the process that makes this milk organic, not the product.

**Lactose-Free Milk**
Lactose is the naturally-occurring sugar in milk. Think you’re lactose-intolerant? Try lactose-free milk (real milk without the lactose). It tastes great and provides the same levels of calcium, potassium, vitamin D and more.
Study Shows Transition to Practice Programs Get Nurses Employed

CINHC’s New Graduate Nurse Transition to Practice Programs Increase Community Collaboration and Innovation While Getting Nurses Jobs

OAKLAND—The California Institute for Nursing & Health Care (CINHC) released its Evaluation Report of four San Francisco Bay Area pilot New Graduate Nurse Transition to Practice Programs (RN Transition Programs). The evaluation, led by the University of San Francisco, found that the programs are making a difference in the confidence and competence of new nurse graduates and increasing their employment opportunities in hospitals and out-of-hospital settings. As of May 2012, 79 percent of the nurses who participated in the four programs have secured jobs. “These RN Transition Programs improved new graduates’ hiring eligibility,” said CINHC’s Project Manager Nikki West. “And although these programs were launched in a difficult economic climate with a high state unemployment rate, they can enhance the preparation of nurses for employment at any time.”

In 2011, CINHC conducted a survey of newly licensed RNs and found that 43 percent of the 1,492 respondents who had been licensed between April 2010 and August 2011 had not found positions. Through innovation and collaboration among nursing schools, hospitals and community-based agencies, the 12- to 18-week pilot RN Transition Programs were developed and housed in schools of nursing and opened up to new RNs not yet employed. Three hundred forty-five new nurse graduates enrolled in the pilot programs.

The programs integrated best practices from employer-based residency models and used standardized evaluation and confidence tools adapted from the six Quality and Safety Education for Nurses (QSEN) competencies and the 2006 revised Casey-Fink Graduate Nurse Experience Survey. The programs were flexibly designed for each site to provide the best experience for nurse participants and focused on building generalist, acute care and non-acute care skills. Key components of the Transition Programs included ongoing assessments of participants’ critical thinking and competency skills; individualized learning plans with assigned faculty; precepted clinical hours; and classroom education on multiple topics.

The pilot programs were based at schools of nursing at Samuel Merritt University; California State University, East Bay; University of San Francisco; and a collaboration of South Bay schools, including San Jose State University, Samuel Merritt University’s San Mateo Learning Center and San Jose/Evergreen Community College District through the Workforce Institute.

“The main goal of the pilot programs was to establish regional collaboratives to enhance skill development and confidence of RN graduates unable to secure jobs because of the current economy,” said CINHC Executive Director Deloras Jones. “The RNs wanted to continue developing competencies to increase their value as nurses and prospective employers.”

“The Transition Programs are in sync with recommendations from the Institute of Medicine’s report, The Future of Nursing,” said Jones. “They provide transitional support from classroom to clinical practice and are a necessary educational component in preparing nurses for practice today and tomorrow.”

The four pilot RN Transition Programs were funded by the Gordon and Betty Moore Foundation, Kaiser Permanente Fund for Health Education at the East Bay Community Foundation and the Alameda County Workforce Investment Board. The evaluation study can be found at www.cinhc.org.

The California Institute for Nursing & Health Care is a non-profit 501(c)(3) organization that transforms the capacity of nurses to meet the evolving health needs of Californians by partnering with nurse leaders, educators, providers, payers, policy leaders and consumers.
### Membership and Communication

#### American Nurses Association \ California

**Membership Application**

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**Membership Dues by State**

- **Reduced Membership Dues—$127.50**
  - Non-Employed
  - Full Time Student
  - Free graduate from basic nursing education program, within six months after graduation (first membership your year)
  - Grad. Date
  - 62 years of age or over and not earning more than Social Security allows

- **Special Membership Dues—$63.75**
  - 62 years of age or over and not employed
  - Totally Disabled

**Note:**

- $7.50 of the SNA member dues is for the American Nurses Association (ANA) of written notification of termination for the first month's payment. ANA is entitled to withdraw 1/12 of your annual dues and any additional service fees from your checking account each month in addition to a monthly service fee.

**Electronic Dues Payment Plan (EDPP)**: Next, sign the authorization, sign and return the form. **Check** is for the entire amount. **Check** is for the correct amount.

- **Payment Plan (Check Only)**
  - One-time annual payment
  - Check
  - MasterCard or VISA Bank Card

- **Electronic Dues Payment Plan (EDPP)**
  - Check
  - EFT: MasterCard or VISA Bank Card

**Mail with payment to:**

- American Nurses Association / California
- 1234 L Street, Suite 409
- Sacramento, CA 95814

#### Help us stay in touch:

**Do you have a new address or e-mail address?**

You can help American Nurses Association / California ‘stay in touch’ by updating your contact information. Call ANAC at 916-447-0225, e-mail us at anac@cna-california.org or return this form to:

The ‘Nursing Voice’

c/o ANAC
1211 L Street, Suite 409
Sacramento, CA 95814

ANAC Member Identification No. (if applicable)

Name: _____________________________________________

New Address: _____________________________________

Old Address: _____________________________________

New E-mail Address: ________________________________

*** This is not to update your license information with the Board of Registered Nursing. Go to www.cn.ca.gov

### Golden State Nursing Foundation (GSNF)

#### Membership Form for the Golden State Nursing Foundation

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**Please make checks payable to:**

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- Sacramento, CA 95814

- **Credit Card #** ________________________
- **Ex. Date:** ____________________________

- **Signature of Card Holder:** _____________________________

- **Would you prefer that my donation be used for** _____________________________

**Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.**

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**American Nurses Association**

1121 L Street, Suite 409
Sacramento, CA 95814

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