Executive Director

Robert Allen, Executive Director

I returned from Washington DC this week on a "red-eye" flight through Denver. It had been an exhausting week preparing for, and living through, my first American Nurses Association (ANA) House of Delegates (HOD) Convention. Eight delegates and myself arrived at the onset of the convention prepared, as best we could, to traverse a multitude of by-law changes proposed to the more than 600 delegates that would attend from the state associations.

As a non-elected attendee, my goal was to help the Montana delegates understand the immediate and long-term effects of the proposed by-laws relevant to our Montana membership, and to gain further insight in the “Voice of Nursing” known as the ANA.

Additionally, I was excited to learn more about the “hot” topics in nursing found in the reference proposals, and looked forward to the discussion and debate that would further educate me on these concerns.

My entourage of delegates was truly representative of nursing practice. From new graduate to tenured professionals, ANA nursing professionals. While not an expert in knowledge and understanding of nursing practice, my tool bag included a level of expertise in fiscal matters, business savvy, and win-win negotiation. It was not until my trip home, during in-flight contemplation, that I realized I had left a few things behind at home.

As the HOD opened, I felt confident and swelled with pride because I was accompanied by eight of Montana's finest nursing professionals. While not participating, my presence brought home the importance of how strong the voice of nurses can and should be.

For me, however, I think the most “fill up my tank” moments came from Montana's youngest delegate, Melissa Cobb. To watch her enthusiasm and wide-eyed excitement as we talked with Montana's Senators Max Baucus and Jon Tester about safe staffing issues was heart-warming.

There were moments of silence as the Florence Nightingale tribute was read and we read names of Montana nurses who have passed away this year—David Malinowski, Lillian Stahl, Helen Murphy, and Dr. Edna Fordyce. There was political galore that was marvelously light of by the Student Nurses Association in the gallery. That moment provided some levity to the delegation, helped relieve some tension, and was truly appreciated by the delegation. There was the

(continued on page 2)

First, attendees can expect to start very early each day so if you are from the mountain states or the west coast you should ramp up on some sleep to help cover you through the initial few days of the convention. Nurses work long shifts with limited bathroom and food breaks so you should probably visit a nearby grocery store the night before your departure and fill your carry on bag with food and sugar items... then pray it makes it to the convention destination. A full supply of goodies will help with the hunger sounds your way through the initial few days of the convention.

Day so if you are from the mountain states or the west coast you should ramp up on some sleep to help cover you through the initial few days of the convention.

(continued on page 2)
Second, when the agenda lists a close of the daily functions to be 6:00 PM, you should add four to five hours of duration at that time and it should be placed in the day planner in ink. If someone inadvertently tells you that free time is located on the third night after nine o’clock, then I recommend you list an unknown uncounted caucus or delegate planning meeting on the day planner instead… and in ink.

Although the agenda is pretty well laid out you should expect some minor adjustments. For example, if the first session of the HOD lists 25 by-law sections to be covered prior to the lunch break then it is not unreasonable to be sitting at lunch and discussing bylaw change #1 that you will vote on following your meal with fellow members at an unplanned luncheon meeting.

One week prior to the convention, all delegates should make a cursory review of Robert’s Rules of Order in the summarized version. Review it again during the in-flight movie so that you are fully aware of its complexities and intricate terms used in the parliamentary process. At the opening of the HOD, you can safely secure the summarized version and pull out Robert’s Clues to the parliamentary process, which contain two powerful tools: the “move to end debate” tool, and the “motion to the chair for personal break” tool. The latter is a virtually unused tool, however I found it to make a great drink coaster. One other tool was in use by some state associations during the HOD, which included a white sheet of paper placed on the desk in front of the delegate. The page had one circle drawn on the exposed side and was captioned with the words ‘Bang Head Here!’ (This tool was not pre-approved by the MNA Board of Directors for use by the delegates.)

As I contemplated the HOD and the eventual outcome of the debate and voting, I realized more then ever the environment that nurses work in. In this article I jest about the convention but the reality is that it, in part, describes the life of a nurse. My experience in the HOD included long hours, inconsistence in break times, and not one assurance that the outcome could be predicted. It included peer groups that wanted to show muster and strength and it included personal perspectives that spanned the spectrum of nursing practice. Navigating the convention took some exercises in fasting, water retention, patience above measure, and collaborative efforts between constituent assemblies.

While on Capitol Hill, three of Montana’s representatives visited Max Baus and John Tester to lobby support on safe staffing and to improve access to healthcare in Montana. (Congressman Rohberg was unavailable due to a conflict in schedules.) Today, more then ever before, I sit with pride among this delegation of nurses who represented the interests of Montana Registered Nurses. I am proud to say that your 2008 Delegation came home to Montana having strengthened nursing in Montana and nationally. Nurses are a strong and diverse group of professionals and when given the chance—they make a difference every day. It is the job of this association to improve the environment in which they operate.

From the President (continued from page 1)

heart-wrenching moment when the Michigan Nurses Association felt that their mission and ANA’s were no longer on the same path and chose to leave the delegation. Equally, a moment of pride when the Montana Delegation requested the Board of Directors to invite Michigan back to the floor, a request that President Becky Patton did make. Although Michigan did not return to their seats, Montana will certainly make every attempt in assisting ANA in re-establishing a relationship with them.

By the end of the HOD, I believe we have started to build a stronger ANA and, as a result, a stronger MNA. We witnessed great strides by our current legislative leaders and Association leadership and we witnessed the brightest of our nursing future in the students and new nurses who participated. The voice of nursing is respected, heard, and working.
RN Delegates To ANA's Biennial Meeting Take Action To Work Toward Greater Nurse Retention, Address Public Health Issues

Silver Spring—More than 600 elected registered nurse delegates to the American Nurses Association (ANA) passed several proposals designed to improve nurse retention rates while simultaneously advancing the public's health at its House of Delegates meeting held in Washington, D.C.

With one half of all new graduate nurses leaving their first professional assignment in less than one year, delegates resolved to support the successful integration of new nurses into the work environment, including residency programs, and to support nursing research efforts that demonstrate effective plans for successful integration of new nurses into the work environment.

"Retention of nurses is a vital element in combating the critical nursing shortage. Nurse residency programs that provide a structured, mentored environment will help new nurse graduates progress from beginners to competent nurses. At a time when the nursing shortage threatens to impact the quality of patient care, we owe it to the nursing profession, and the public we serve to work toward the successful integration of newly graduated nurses into the work environment as well as improving the working conditions for experienced nurses," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA members also resolved to increase awareness and education among nurses about the effects of intimate partner violence on the health, safety and welfare of families, children and communities, and advocate for the use of evidence-based clinical guidelines in caring and treating victims of violence. ANA endorses the use of routine, universal and culturally sensitive intimate partner violence screening tools and protocols in all nursing specialties and settings.

With one half of all new graduate nurses leaving their first professional assignment in less than one year, delegates resolved to support the successful integration of new nurses into the work environment, including residency programs, and to support nursing research efforts that demonstrate effective plans for successful integration of new nurses into the work environment.

Additionally, ANA delegates passed the following measures, many of which could have significant impact on public health:

- Delegates approved a resolution that recognizes the impact global climate change has on the health of the world’s population and encourages nurses to advocate for change on both individual and policy levels. The measure calls on ANA to incorporate global climate change into its legislative agenda, and support public policies that endorse sustainable energy sources and reduce greenhouse gases.
- ANA also resolved to advocate for research to identify real or perceived gaps and barriers to health care for veterans and their families.
- Recognizing concerns over the adverse affects linked to food additives and contaminants, ANA has resolved to work collectively with CMAs, affiliates and health care organizations to eliminate purchasing milk and dairy products for use in the health care industry that contain hormones.
- ANA resolved to recognize the impact human trafficking has on the public health and the profession of nursing, and to advocate for and seek opportunities to ensure nurses have the skill sets to properly identify and refer victims of human trafficking. ANA has also resolved to advocate and support legislation that further enhances protection and prosecution in an effort to decrease the incidence of human trafficking.
- ANA, one of the original supporters for the establishment of the nation’s Social Security program, resolved to work with Congress and the President to strengthen Social Security and extend its solvency beyond 2042.
- ANA resolved to advocate for the expansion of Medicare from the traditional "medical model" to include a focus on prevention, wellness and primary care services.
- ANA resolved to advocate and promote legislative and educational activities that support advanced degrees in nursing. Increasing the level of education required for continued registration as a registered nurse by requiring RNs to attain a baccalaureate degree in nursing within ten years after initial licensure, while maintaining the multiple entry points into the profession.
- ANA further resolved to advocate for legislation that increases access to oral health care for older adults and support efforts to raise awareness of the importance of oral health and preventive care for older adults.
- ANA resolved to begin a dialogue with the American Red Cross over the elimination of its Chief Nurse Officer position, and to urge the Red Cross to re-instate a Chief Nurse Officer position at its national headquarters.

Nominations Sought for 2008 Ballot

by Linda Henderson, MN, RN, Chair, Nominations Committee

The House of Delegates meeting is quickly approaching October 2nd–3rd and the 2008 Ballot must be finalized by its close. There are many opportunities to serve in the Montana Nurses Association and a wide array of opportunities for involvement awaits you.

This year, key positions to be voted on include a President-Elect and the Secretary/Treasurer position.

In addition, several Directors’ positions for the Board are vacant, both At-Large positions as well as Council Director positions.

Additional opportunities include open seats on each of the MNA Councils and appointments via the Board of Directors to key standing and ad hoc committees.

Involvement in your state nurses association affords you the opportunity to develop leadership skills and to provide direct input into the goals and outcomes of the organization. As a membership driven organization, it is essential for members to volunteer in leadership capacities throughout the various councils, committees and board of directors’ positions in order to continue our mission to promote professional nursing practice, standards and education; represent professional nurses; and provide nursing leadership to promote high quality health care. The organization depends upon your involvement. Please consider running for an open position today. A "consent to serve" form is available for your completion in this issue of The Pulse. Please feel free to contact me at ldhenderson@bighorncounty.net or 406-722-1452 with questions regarding the open positions or with your desire to be placed on the ballot. I’ll see you in October!
House of Delegates Report

2008 America Nurses Association, Washington, D.C.
Delegate: Barbara E. Prescott DNP, FNP-BC, RN

The American Nurses Association had a dynamic and dramatic House of Delegates (HOD). It was an exciting time to see the work of nurses from around the country deliberate and come together to make the organization more operational for the general members and allow for the relative autonomy of the state organizations. The following is a synopsis of two Action Report proposals that were adopted at the HOD.

Subject: Educational Advancement for Registered Nurses

The New York Nurses Association and the New Jersey Nurses Association jointly recommended the following action. These associations investigated the appropriateness of nursing education and entry into the profession. They proposed to increase the level of education required for continued registration as an RN by requiring all RNs to attain a baccalaureate degree in nursing within 10 years after initial licensure. This action proposes to maintain multiple points of entry into the profession. Evidence has indicated that there is an increase in positive patient outcomes when well-educated nurses are at the bedside. The purpose for mandating progressive RN education for continued registration is to be responsive to the increasingly complex health care needs of the population. RNs licensed or enrolled in a nursing program would be grandparented. The proposal was adopted by a delegate vote of 85.5% in favor and 14.5% opposed.


Subject: Human Trafficking

According to research by the American Nurses Association, human trafficking is a form of abuse that negatively impacts nearly one million persons every year, predominantly women and minors. Human trafficking is the second largest criminal industry in the world. Nurses need relevant education, support and resources in order to properly identify victims and/or perpetrators of suspected trafficking situations. Victims of exploitation may exhibit obscure signs and symptoms that only an educated health care professional may recognize.

The ANA House of Delegates approved a resolution to encourage ANA and State Associations to advocate for and seek opportunities to provide nurses with information and skill sets necessary to properly identify and refer victims of trafficking. ANA will work with the States to advocate for and support legislative activities that further enhances efforts to decrease the incidence of trafficking.


House of Delegates Report

2008 America Nurses Association, Washington, D.C.
Delegate: Tina Hedin, RN

Subject: Nursing Profession's Response To Intimate Partner Violence

American Nurses Association reports that annually 5.3 million US women are victims of intimate partner violence, which causes between 1,000 and 1,600 deaths and 2 million injuries per year. Nearly one-third of all women experience intimate partner violence in their lifetime. In pregnant women, intimate partner violence is the leading cause of death and injury. Most healthcare professionals agree that intimate partner violence is a problem; however, the use of evidence-based practices, such as danger assessments, is still not routinely used in clinical practice.

The ANA House of Delegates resolved to oppose intimate partner violence in all forms and to increase awareness and education among nurses regarding the magnitude of the effect on the health, safety and welfare of families, children and communities. ANA will advocate for the use of evidence-based clinical guidelines and endorse the use of routine, universal, and culturally sensitive screening tools.
During the past seven years, as the baby-boom generation has begun to turn 65, the broadcast media has intensified messages portraying a crisis of “insolvency” of the Social Security Trust Fund. This myth calls for the creation of a two-tiered system for younger workers and retirees along with the diversion of payroll taxes into private accounts, which have the same uncertain income security guarantees as the stock market.

The ANA believes that the Social Security program provides valuable benefits to both retirees and younger workers and their dependents. The program must rise to meet the challenges presented by the impending retirement of the baby-boom generation, without dismantling the program or undermining its guarantees.

The 2008 ANA HOD Resolution on Social Security reaffirms the 1999 HOD position and urges Congress and the U.S. President to:

1. Oppose any shift of payroll taxes by substitution into private investment accounts;
2. Ensure its solvency beyond 2042;
3. Include in the reformed Social Security Benefit package a “caregiver earning year benefit” of ten years for workers who left the work force to care for children and aging/impaired relatives; and
4. Urge Constituent Member Associations (CMAs) to include protecting Social Security as part of their advocacy agenda, participating in coalition with other organizations working to protect, preserve and strengthen Social Security.

The 2008 ANA HOD Resolution on Social Security.

Mark your calendar for the second annual Montana Pain Initiative Conference Pain Management Policy and Practice: A Balanced Approach September 5-6, 2008 Holiday Inn - Downtown at the Park Missoula, MT

Register Today!
Contact Kaye Norris, Ph.D. at 406.728.0054, ext. 208
Or for more information email: kayneorris@hughes.net
Registration form available at: www.mtpain.org

Guest Speakers:
Scott Fishman, M.D. - author of “Responsible Opioid Prescribing: A Physicians Guide”
Nathan J. Rudin, MD, MA – Medical Director, University of Wisconsin Pain Treatment and Research Center
June Dahl, Ph.D. – Wisconsin Pain Initiative
Mike McGrath – Montana State Attorney General


This conference will take place in part because of the generous support from the American Cancer Society, the Montana Attorney General’s Office, the American Cancer Society Cancer Action Network and a grant from the Montana Board of Crime Control #007-PM-BX-0029.
District #3
2008
Barbara Prescott, President

District #3 is working to develop a process for increasing membership and revitalization. We have carried on the tradition of an annual May Nurse Recognition dinner. The dinner is very successful in bringing district nurses together for fun and networking. It is a time for meeting nurses from multiple facilities and sharing mutual concern for the profession and the community in which we live.

We will be looking into bringing more CE programs to the district in the following year.

Officers for the district were elected in May with election results as follows:

President Barb Prescott
Vice President Kevin Coner
Treasurer Bonnie Hash
Board of Directors: Linda Larson, Milly Gatkowski, Pat O’Brien, Judy Weigand
Janice Hausauer will continue as district secretary.

100% NCLEX Pass Rate in First Year

by Tara E. Roth, Public Information and Alumni Relations Specialist

Flathead Valley Community College
Kalispell-Flathead Valley Community College (FVCC) has announced that all students enrolled in the college's first Practical Nursing Certificate program completed in August 2007 passed the National Council of State Board of Nursing's National Council Licensure Examination for Practical Nurses (NCLEX-PN) during their first attempt at the exam.

According to FVCC Director, Nursing Program Cheryl Richards, MS, RN, the faculty and students worked together to make the PN program a success. “The nursing faculty and administration at FVCC have worked incredibly hard to implement the Montana Model Curriculum to meet the area's need for additional healthcare providers,” said Richards. FVCC was first in the state to implement the Montana Model Curriculum.

The curriculum consists of two semesters of prerequisites and two semesters of nursing curriculum including clinical. Nursing courses at FVCC are offered only during spring and summer semesters of the academic year. Clinical requirements are completed at Kalispell Regional Medical Center, Flathead County Community Health, local long-term care centers and health care provider services.

Instruction is provided by seasoned nurses who bring a wide variety of nursing backgrounds to the program. For more information, contact Richards by calling (406) 756-3997.

JUNE 2008

Nursing leader named Commander of the British Empire

Barbara Parfitt, CBE, PhD, RGN, RN, FNP, director of global health development at Glasgow Caledonian University in Scotland, United Kingdom, received the Commander of the British Empire (CBE) award for her services to international health care in a 13 December ceremony in London.

Prince Charles bestowed the Commander of the British Empire award on Barbara Parfitt for her work in international health care.

When is caring for patients too much? Children's Hospital of Philadelphia establishes caring boundaries for patients and staff

The Children's Hospital of Philadelphia, the first U.S. hospital devoted exclusively to caring for children, has established clear guidelines that empower nurses and other staff to form caring, positive relationships with children and families—without blurring the lines between the professional and personal.

Creative, developmentally appropriate approaches to interest young people in nursing

How will our nation produce more than 1 million new nurses to care for an aging population? Anna M. Herbst, RN, MSN, CNE, clinical instructor for Inova Learning Network at Inova Fair Oaks Hospital in Fairfax, Va., USA, offers concrete, age-appropriate themes and strategies to connect children's interests and values to accurate, appealing portrayals of nursing.

Team Morocco: Nurses helping nurses help themselves

Nurses from the honor society's Upsilon Beta Chapter in Fullerton, Calif., USA, are reaching out to nurses in need throughout the world. Their first stop was Morocco, where they helped nurses help themselves by providing education, training and support. The goal of the trip was to improve patient care by building leadership skills and sharing scholarly materials. While in Morocco, the California nurses taught neonatal resuscitation, oncology, infection control and lactation.

Rachel Jones, assistant professor at Rutgers, the State University of New Jersey College of Nursing, USA, has received The New York Times Tribute to Nurses Award for nurse educators and also the Rutgers-Newark Provost's Award for Community Engagement in Research. Her research includes HIV sexual risk behaviors in young urban women and use of multimedia computer technology to enhance culturally based health promotion. Jones and her staff filmed and tested a series of video vignettes designed to reduce HIV sexual risk behavior in young urban women. A Web site, www.stophivnewark.rutgers.edu, promotes access to the videos.

RESEARCH BY HONOR SOCIETY MEMBERS

Why do Americans and Canadians go to Mexico for alternative cancer care?

Despite warnings from the American Cancer Association, many citizens of the United States and Canada travel to Tijuana, Mexico, to one of approximately 35 clinics for alternative cancer care. Research from the Dominican University of California discusses why patients choose this care.

(continued on page 7)
Nurses partner with communities to fight HIV/AIDS pandemic in Africa

Nurses in 12 countries—Australia, Brazil, Canada, Colombia, Ghana, Hong Kong, Japan, Kenya, Malawi, Mexico, The Netherlands, Pakistan, Singapore, South Africa, South Korea, Sweden, Tanzania, the United States and Israel—have joined the CoP. First hosted by Johns Hopkins University and subsequently by the university of Botswana, the CoP was founded by the board of nursing at Johns Hopkins University. The CoP provides a forum for nurses to share knowledge and resources, and it is one of many initiatives that Sigma Theta Tau International Honor Society of Nursing has launched to support nurses around the world.

Nurses: The silent voice in health policy

Nurses worldwide are increasingly recognized as a vital aspect of the health of the global community. However, throughout the world their voice is absent in policy decisions and silent in deciding the future of major issues. This research explores the challenges that nurses face in national, regional, and global health decision-making and provides strategies and tools for increasing their visibility in health care policy development. The honor society offers a number of leadership development programs through the leadership institute that prepare nurses to serve on policymaking boards and committees.

Obstetric interventions in normal labor and birth: Are they indicated?

Clinical trials conducted in the 21st century show many obstetric interventions, such as continuous electronic fetal monitoring and routine use of labor induction or augmentation, do not aid, as previously believed, and have potentially adverse effects. Investigator Phyllis L. Broyda, RNC, MS, of the Board of Education for Worcester County in Boston, Massachusetts, demonstrates why most obstetric interventions are not best practice in normal labor.

Hospital dramatically decreases sepsis mortality with international evidence-based practice collaboration

A national study of sepsis mortality exists worldwide. A hospital in Georgia, USA, shows how it turned its sepsis mortality rate around by applying international evidence-based practice guidelines.

Patient rounding: A prescription for satisfaction

At Rochester General Hospital in Rochester, N.Y., USA, an Early Nursing Intervention Team nurse who is free of patient assignments makes hospital rounds twice daily to detect or respond to cardiac arrest, supporting the general care nurse and improving patient outcomes. Results showed impressive decreases in cardiac arrest events and shortened transfer time to the ICU.

Two New Hampshire nurses open smoking cessation clinics

At the Dartmouth Hitchcock Medical Center in Lebanon, N.H., USA, two advanced practice nurses overcame barriers and challenges to open smoking cessation clinics.

The Doctor of Nursing Practice: Preparing for future nurses

Complex health care systems require a new generation of skilled nursing leaders to create and sustain improvements in quality of care delivery and health outcomes for all groups. The University of Maryland School of Nursing has implemented a post-Doctor of Nursing Practice program focused on leadership and innovation. Students in the DNP program include advanced practice nurses as well as nurses, clinicians, academicians, administrators and policy analysts.

Expert to novice: The unique challenge of the second-career student

The number of second-degree nursing programs has been rapidly increasing as a way to increase the number of licensed registered nurses in the United States. The second-career student brings rich life experience and expertise to the study of nursing. "These are highly motivated learners who want to make a difference," said Deborah A. Raines, PhD, RN, Florida Atlantic University. Raines compiled stories of second-career nurses, revealing the metamorphosis of their understanding of what it means to be a nurse and the unique challenges they tackle while pursuing their credentials.

Expanding the content of postmastectomy patients using the new Papilla Gown

A study by Patricia G. Schnitzer, RN, PhD, Sinclair School of Nursing, University of Missouri, and Bernhard G. Ewigman, MD, MS, FNP, FMR, FNP School of Medicine, University of Chicago, showed young children residing in households with unrelated adults, stepparents, or foster parents are at increased risk of fatal injury. The second-career student is committed to maltreatment and may not be able to identify injury prevention by identifying families at risk and providing them with targeted education or referral.

Electronic communities of practice: Putting information into the hands of those who care

Large-scale public health events have given the world a wake-up call to develop more efficient methods to rapidly communicate, mobilize and deploy health-care resources. The WHO Geneva Nursing Office created an electronic Community of Practice (CoP) for global nurses and midwives to reach affected health care workers around the world. Administered by the Johns Hopkins School of Nursing, the CoP employs an electronic communications system that is technically for remote and/or low bandwidth environments, and requires only an e-mail address to participate. In four months, more than 1,100 individuals from 112 countries joined the CoP.

RECENT BOOKS PUBLISHED BY THE HONOR SOCIETY

Books published by the honor society are by, for and about nurses. True to the honor society’s vision, the books support the growth of a global community of nurses who lead using scholarship, knowledge, and technology to improve the health of the world’s people. All of the books are available for faculty course adoption.

The Nurse’s Etiquette

Large-scale public health events have given the world a wake-up call to develop more efficient methods to rapidly communicate, mobilize and deploy health-care resources. The WHO Geneva Nursing Office created an electronic Community of Practice (CoP) for global nurses and midwives to reach affected health care workers around the world. Administered by the Johns Hopkins School of Nursing, the CoP employs an electronic communications system that is technically for remote and/or low bandwidth environments, and requires only an e-mail address to participate. In four months, more than 1,100 individuals from 112 countries joined the CoP.

The Nurse’s Etiquette: Advantage: Professional Etiquette Can Advance Your Nursing Career

The book is more than just which fork to use. It’s about handling business meetings and business opportunities. It’s about cultivating your career, and it’s essential for nurses’ career success—from new graduates to seasoned leaders. Popular author and speaker Kathleen D. Pagana, PhD, RN, transfers her engaging teaching style into a book that both informs and entertains. Learn from the experience of others about faux pas, good ideas, frequently asked questions and take-away tips.

February, March, April, May, June 2008—National Nurses Week—Page 7

NURSE: A World of Care

This book is for all the nurses who have crossed their own borders, or might like to. It provides both visionary and practical advice. It is part history, part business textbook, part travelogue, part how-to and part inspiration.

Johns Hopkins Nursing: Evidence-Based Practice Model and Guidelines

Within a health care environment of ever-increasing scrutiny and heightened expectations, nurses, physicians, public health scientists and other health-care professionals must continually explore what works best in patient care based on the best evidence available. Johns Hopkins Nursing: Evidence-Based Practice Model and Guidelines depicts three essential cornerstones that form the foundation for professional nursing: practice, education and research.

Synergy: The Unique Relationship Between Nurses and Patients

This book shows how to implement the successful AACN Synergy Model for Patient Care, a conceptual framework that emphasizes the importance of basing nursing care on the needs of patients and their families. It describes how to match the continuum of care with the patient’s needs and the care situation and the dimensions of nursing practice that will best meet patient and family needs and improve outcomes.

Daily Miracles: Stories and Pictures of Humanity and Excellence in Health Care

This little gem of a book combines artistic visual beauty and photography to capture the secret stories of miracles in nursing. Awarded the American Journal of Nursing’s 2007 Book of the Year.

The Honor Society of Nursing, Sigma Theta Tau International is a not-for-profit organization whose mission is to improve the health of people worldwide through leadership and scholarship in practice, education and research. Founded in 1922, the Honor Society of Nursing has inducted more than 400,000 members in 114 countries. Members include practicing nurses, instructors, researchers, policymakers, entrepreneurs and others. The honor society’s 463 chapters are located at 571 institutions of higher education throughout Australia, Botswana, Brazil, Canada, Colombia, Ghana, Hong Kong, Japan, Kenya, Malaysia, Mexico, The Netherlands, Pakistan, Singapore, South Africa, South Korea, Sweden, Tanzania, the United States and Wales. More information and a list of honor society chapters can be found online at www.nursingsociety.org.
Nancy Noonan to Keynote MNA’s 96th Convention

Nancy Noonan, MA, internationally acclaimed humorous speaker, author, and workshop leader will keynote this year’s MNA convention. As Principal of Artful Solutions, Nancy uniquely combines her business expertise in sales, corporate development and business ownership with award-winning years of teaching college art history and humanities. She is the recipient of the highly regarded Master Teacher Award, was selected twice as one of America’s Best Teachers in Who’s Who Among America’s Teachers, and is listed in America’s Outstanding Young Women. Numerous Toastmasters awards add to her speaking acumen.

Nancy received her B.A. in Art History at the University of Maryland and M.A. in Art History at the University of Kentucky, with minors in English. She is the co-author of The Art of Writing about Art, Harcourt Brace publisher, and How To Be a Super Achiever, 12 Strategies for Unleashing Your Success.

Nancy has spoken to businesses and professional groups of all kinds, including other state nurses associations. A quote from one of her speaking engagements states: “Nancy’s program was fun and invigorating—a real shot-in-the-arm for all in attendance! Nancy’s infectious style of presenting gives her participants tools to be more creative and get more comfortable with change in a fun, enlightening environment.”

Nancy Noonan fly fishing in Colorado

Become Involved in Your Association!

The following positions will be open for nominations during the MNA House of Delegates. A current Consent to Serve is required before a name can be placed on the official ballot. That form is available on the MNA website www.mtnurses.org.

Board of Director Positions

____ Secretary/Treasurer
____ Director at Large
____ Director at Large
____ Council on Practice and Government Affairs Director Position

Council Member Positions

____ Council on Practice and Government Affairs
____ Council on Practice and Government Affairs
____ Council on Practice and Government Affairs
____ Council on Continuing Education Provider Unit
____ Council on Continuing Education Provider Unit
____ Council on Continuing Education Approver Unit
____ Council on Continuing Education Approver Unit

Committee on Nominations for 2009

____ Committee Member
____ Committee Member
____ Committee Member

2008 Montana Nurses’ Association Election & Appointment

CONSENT TO SERVE

Date __________________________________________

Name _________________________________________

Credentials ____________________________________

What nursing degree(s) do you have? ( ) AD ( ) Diploma ( ) BSN ( ) MS-Nsg. ( ) PhD-Nsg.

Address (home) __________________________ Phone

Address (work) __________________________ Phone

Email address: _______________________________

PROFESSIONAL PREPARATION

(Name & State of Schools, Degree, Etc.)

School/College of Nursing _____________________

_____________________________________________

_____________________________________________

Additional Preparation _______________________

_____________________________________________

CURRENT NURSING POSITION

Place of Employment __________________________

Position/Title __________________________________

Address _______________________________________

Major Clinical Interest _________________________

_____________________________________________

NURSING ORGANIZATION ACTIVITIES

(Give office held and/or service on Committees or Councils, District, State, National Level)

_____________________________________________

_____________________________________________

_____________________________________________

I am willing to serve, if elected/appointed, to the MNA Office/Committee(s) or Council(s) on:

1. On the reverse side of this page, write a brief (2 to 3 sentences) philosophical statement explaining how you will represent the profession of nursing as an elected/appointed leader.

2. Include a photograph or email a digital photo to Karen@mtnurses.org for publication with your statement in The PULSE.

Mail to:
Montana Nurses’ Association
or Fax to: 406-442-1841
20 Old Montana State Highway
Clancy, MT 59634
20 Old Montana State Highway
The following positions are voted on by all members of MNA:

**President-Elect** (Select one for 1 year term; assumes Presidency in 2010)
Kim Powell

**Secretary/Treasurer** (Select one for a 2 year term)

**Board Director–Council on Practice & Government Affairs position** (Select one for a 2 year term)

**Board Director at Large** (select two for 2 year terms each)

**Council on Continuing Education–Approver Unit** (Select three for 2 year terms each)

**Council on Continuing Education–Provider Unit** (Select three for 2 year terms each)

**Council on Practice & Government Affairs** (Select three for 2 year terms each)

**Nominating Committee** (Select 3 for one year terms each)

The Board of Directors makes member appointments to standing and ad hoc committees. A “consent to serve” form is required to be considered by the Board for appointment to the following committees:

- Editorial Board
- Finance/Fundraising
- Public Relations/Membership
- Bylaws
- History
- Personnel/Policies & Procedures

The following positions are to be voted on by **ONLY** Collective Bargaining Unit members:

**Board Director Council on E&GW** (Select one for a 2 year term)

**E&GW Executive Committee** (Select 3 for 2 year terms each)

The following positions are to be voted on by Advanced Practice RN members only at the annual meeting.

**CAP Chairperson-Elect** (Select one for 1 year term, individual assumes 2 year CAP Chair position in 2010)

**Executive Committee: District 2 Representative** (Appointed for 2 year term)

**District 4 Representative** (Appointed by district members)

**District 6 Representative** (Appointed by district members)

**District 8 Representative** (Appointed by district members)
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00–6:00 PM</td>
<td>Board Of Directors</td>
</tr>
<tr>
<td>6:00–8:00 PM</td>
<td>Registration Open</td>
</tr>
<tr>
<td></td>
<td>BOD / Staff Dinner</td>
</tr>
<tr>
<td><strong>Wednesday, October 1, 2008</strong></td>
<td></td>
</tr>
<tr>
<td>7:00–8:00 AM</td>
<td>Registration Desk Open All Day / Light Breakfast</td>
</tr>
<tr>
<td>7:30–10:00 AM</td>
<td>Opening Ceremonies</td>
</tr>
<tr>
<td></td>
<td>House Of Delegates</td>
</tr>
<tr>
<td></td>
<td>Montana Student Nurses Association</td>
</tr>
<tr>
<td>10:00–10:20 AM</td>
<td>Break</td>
</tr>
<tr>
<td>10:20–12:00 Noon</td>
<td>House Of Delegates</td>
</tr>
<tr>
<td>12:00 Noon</td>
<td>Exhibit Hall Opens</td>
</tr>
<tr>
<td></td>
<td>Chew &amp; Chat With The Exhibitors–Box Lunch included with Registration</td>
</tr>
<tr>
<td>1:15–2:30 PM</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>2:30–2:50 PM</td>
<td>Break</td>
</tr>
<tr>
<td>2:50–4:05 PM</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>4:15–5:30 PM</td>
<td>Keynote Address By Nancy Noonan, MA</td>
</tr>
<tr>
<td></td>
<td>“From Blank Canvas To Masterpiece: Creating Extraordinary Results In Work &amp; Life”</td>
</tr>
<tr>
<td>6:00–9:00 PM</td>
<td>Opening Night Reception at the new MNA Building</td>
</tr>
<tr>
<td></td>
<td>20 Old Montana State Highway, Montana City</td>
</tr>
<tr>
<td></td>
<td>Transportation Will Be Available From The Hotel</td>
</tr>
<tr>
<td>6:30–7:30 PM</td>
<td>MNA Office</td>
</tr>
<tr>
<td></td>
<td>MNA Office</td>
</tr>
<tr>
<td></td>
<td>Treasurer’s Hour</td>
</tr>
<tr>
<td></td>
<td>Resolutions Committee</td>
</tr>
<tr>
<td><strong>Thursday, October 2, 2008</strong></td>
<td></td>
</tr>
<tr>
<td>7:00–8:25 AM</td>
<td>Tentative time–Collective Bargaining Assembly Business Meeting</td>
</tr>
<tr>
<td></td>
<td>with light breakfast</td>
</tr>
<tr>
<td>7:30–8:30 AM</td>
<td>Registration Desk Open All Day / Light Breakfast</td>
</tr>
<tr>
<td>8:00–9:15 AM</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>9:25–10:40 AM</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>10:40–11:00 AM</td>
<td>Break</td>
</tr>
<tr>
<td>11:00–12:15 PM</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>12:30–2:00 PM</td>
<td>MSU Alumni Association- &amp; MSU College Of Nursing-Sponsored Buffet Lunch</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Exhibit Hall Closes</td>
</tr>
<tr>
<td>2:00–3:15 PM</td>
<td>Plenary CE Session</td>
</tr>
<tr>
<td>3:15–3:45 PM</td>
<td>Break</td>
</tr>
<tr>
<td>3:30–5:30 PM</td>
<td>House Of Delegates</td>
</tr>
<tr>
<td></td>
<td>Open Time–No Activities Scheduled MNA Members Are Encouraged To Attend The House Of Delegates!</td>
</tr>
<tr>
<td>6:00–7:00 PM</td>
<td>E&amp;GW Dinner &amp; Awards</td>
</tr>
<tr>
<td></td>
<td>Speaker TBA</td>
</tr>
<tr>
<td></td>
<td>Advanced Ticketing Required–Open To All</td>
</tr>
<tr>
<td>7:00–9:30 PM</td>
<td>E&amp;GW Dinner &amp; Awards</td>
</tr>
<tr>
<td></td>
<td>Speaker TBA</td>
</tr>
<tr>
<td></td>
<td>Advanced Ticketing Required–Open To APRNs</td>
</tr>
<tr>
<td><strong>Friday, October 3, 2008</strong></td>
<td></td>
</tr>
<tr>
<td>7:30–8:30 AM</td>
<td>Registration Desk Open All Day / Light Breakfast</td>
</tr>
<tr>
<td>8:30–10:00 AM</td>
<td>Plenary CE Session</td>
</tr>
<tr>
<td>10:00–10:30 AM</td>
<td>Break–Check Out Of Hotel</td>
</tr>
<tr>
<td>10:30–12:00 Noon</td>
<td>Concurrent CE Sessions</td>
</tr>
<tr>
<td>12:30 PM</td>
<td>TENTATIVE–Special Plenary Session–TENTATIVE</td>
</tr>
<tr>
<td></td>
<td>Open To All Registered MNA Convention Members And Invited Guests</td>
</tr>
<tr>
<td></td>
<td>“Checklist” work of Peter Pronovost, MD, PhD, Medical Director, Quality &amp; Safety Research Group, Intensive Care Specialist, Johns Hopkins University PRESENTED BY DR. PROVONOST’S ASSOCIATE, David A. Thompson, DNP, MS, RN Assistant Professor, Anesthesiology &amp; Critical Care Medicine, Johns Hopkins University, Baltimore, MD</td>
</tr>
</tbody>
</table>
MNA Convention

2008 Convention Abstracts & Objectives

Nancy Noonan, BA, MA, International Speaker, Trainer, Author, Louisville, CO
"From Blank Canvas to Masterpiece: Creating Extraordinary Results in Work and Life" KEYNOTE

Too many people today simply "paint by numbers." It's easy. It's safe. But it creates only mediocre results at best. And that's not good enough if you want to live and work at your highest and best levels! In this inspiring and entertaining keynote, Nancy Noonan will help you unlock your own hidden potential to create your own top-notch Masterpiece Results. Nancy will show you how to find new approaches, get past obstacles and apply creative techniques to reach your own specific goals and to be re-energized in the process. Why settle for ordinary results when you can achieve Masterpiece Results?
1. Increase sales, penetrate new markets or improve the bottom line.
2. Manage stress, change or risk.
3. Create new, profitable ideas or products for your organization.
4. Improve leadership and management skills.
5. Devise more creative, energizing and productive ways to operate and to lead your department or team, or run your lab, business, classroom, or hospital.

Dr. Stephen Powell, Northern Rockies Orthopaedic Specialists, Missoula
"Diagnosis & Management of Upper Extremity Pain"

Review of common upper extremity complaints, review of anatomical considerations, provocative tests, X-ray interpretation, advanced diagnostics and treatment modalities, including drug management. Conditions reviewed will include trigger fingers, carpal tunnel syndrome, lateral epicondylitis, rotator cuff tendonopathy, and upper extremity fractures.
1. Relate the importance of a focused physical exam for upper extremity problems.
2. Discuss the prevalence of upper extremity problems.
3. Demonstrate awareness of the pharmacologic management of upper extremity problems.
5. Discuss therapeutic/protective splinting.

Kimberly Larsen Kusak, BSN, RN, Clinical Nurse Leader, MSU College of Nursing and Bozeman Deaconess Hospital, Bozeman
"Neonatal Abstinence Syndrome (NAS)"

This presentation provides an overview of an evidence-based practice protocol for the treatment of neonates with neonatal abstinence syndrome (NAS). The protocol will result in positive patient outcomes and safety through avoidance of seizures, duration of treatment, length of stay, and nursing care. The presentation will be given by one of Montana's first Clinical Nurse Leaders (CNL). An overview of the CNL role will be included in the presentation. This session is directed at neonatal care providers, health care professionals with a vested interest in improving patient outcomes, and nurses interested in the CNL role.
2. Describe the treatment protocol for a neonate with NAS.
3. Understand the Clinical Nurse Leader role in caring for infants with NAS and their families.

Molly Protheroe, BA, BSN, RN, MLP Enterprises, Helena
"WRAP Yourself in Wellness"

Recovery is possible in mental illness. WRAP is a specific program for use of people with mental illness, taught by people with mental illness. The learner is helped to establish a Wellness Recovery Action Plan, which enables the person to advocate successfully for him/herself. WRAP separates the person from the diagnosis and frees him/her to establish personal goals and guidelines of behavior. A crisis plan is one outcome of following this plan. Current practice in many Montana communities is to hire Peer Specialist to assist with care of persons with mental illness. WRAP Training is the base educational requirement for those positions. A long term goal of ADMD/ DPHHS in collaboration with SAAs is to have a state-recognized education and practice standard for Peer Specialists. (Many states already have this model.)
1. Define concept of "recovery" in relation to mental illness.
2. List 2 topics covered in WRAP.
3. State differences between the "medical model" and the "recovery model.
4. Identify resources for recovery help in your practice.

W. Lane Edwards, MSN, ARNP, ANP, Nurse Practitioner, Adult Medicine, Partners in Healthcare Education, LLC, FL. "Alzheimer's Disease 2008: Early Recognition and Treatment to Attenuate Disease Progression" Provided through an educational grant from Novartis Pharmaceuticals.

Lecture, discussion, and case study presentation, assisted by computer generated visual effects, will be designed to assist the primary care provider with the early identification of patients with symptoms consistent with Alzheimer's disease and pharmacologic options designed to attenuate the progression of the disease. Interactive case studies will enhance and cement the knowledge gleaned from the discussion.
1. Identify those patient populations at risk for development of Alzheimer's disease.
3. Discuss various tools employed to identify patients with Alzheimer's disease.
4. Outline various pharmacological interventions designed to attenuate disease progression.
5. State safety monitoring needed for pharmacological intervention.

Barbara E. Prescott DNP, FNP, RNC MSU College of Nursing, Bozeman
"Nursing Issues and the Montana Legislature"

In order to promote the "image" of the advanced practice registered nurse (APRN), APRNs need to become visible and present to the public and to Montana legislators. APRNs actively working in the profession are needed to promote a successful healthcare delivery system. APRNs need to build on the public's continued perception that nurses are honest and ethical. A grass roots effort is needed to enhance the image of the profession and develop political and public ties that strengthen their ability to promote quality healthcare in work settings as well as protect the public health and welfare within the political arena. APRNs need to strengthen their political power base and learn the legislative process to advocate for effective healthcare for all Montana citizens. This offering is designed to help APRNs develop knowledge of the legislative process and identify ways in which to positively affect the development of health care policy in Montana.
1. Identify core knowledge about the legislative process.
2. Identify core patient variables that affect the delivery of healthcare in Montana.
3. Determine key points for legislator education and participation in the legislative process.

Dr. Janice Gomersall, McKesson Health Solutions/Montana Medicaid Nurse First Disease Management Program, Missoula, "Chronic Pain as a Chronic Disease"

Using the disease management approach to treat chronic pain may decrease the overall cost of chronic pain–measured by functional loss, job interference, and health care dollars. This presentation covers disease management and chronic pain definitions as well as the tools used in the field. Identify what qualifies chronic pain as a chronic disease.
2. Understand what screening tools are used in chronic pain management.
3. Identify the benefits of treating chronic pain in the disease management spectrum.

(continued on page 12)
2008 Convention Abstracts & Objectives
(continued from page 11)

W. Lane Edwards, Jr., MSN, ARNP, ANP, Nurse Practitioner, Adult Medicine, Partners in Healthcare Education, LLC, Ft. Meyers, FL

“Coronary Artery Disease 2008: Can We Identify and Treat the Risk Factors Earlier and More Aggressively?” Provided through an educational grant from Astra Zeneca LLP.

Lecture, discussion, and case study presentation, assisted by computer generated visual effects, will assist the primary care provider with the early identification of patients with risk factors for the development of cardiovascular disease. Emphasis will be in the early identification and treatment of the components of the Metabolic Syndrome: diabetes, hypertension, dyslipidemia and obesity as they relate to CAD. Interactive case studies will enhance and cement the knowledge gleaned from the discussion.

1. Discuss the epidemiological impact of CAD in 2008.
2. List the major risk factors impacting aggressive CAD.
3. Outline mechanisms designed to identify the earliest presentation of:
   a. Hypertension
   b. Obesity
   c. Type 2 diabetes and prediabetes
   d. Dyslipidemias
4. Discuss the inter-relationship between hypertension, obesity, insulin resistance, and dyslipidemias.
5. Employ case studies to illustrate early, hidden risks in a patient with potential for CAD.

Nancy Noonan, BA, MA, International Speaker, Trainer, Author, Louisville, CO

“Ready, Set, Lead: Unleashing the Master Leader Within”

Do you know what it takes to be a masterful leader? How about the difference between management and leadership? In this session, you will learn the most important building block to the foundation of great leadership. You will also discover the four leadership styles (which one is yours?), as well as how to most effectively lead the four different behavioral styles of your people to Masterpiece Results!

1. Identify best and worst leaders
2. Describe 4 leadership styles (based on DISC behavioral styles)
3. Define ‘servant leadership’
4. Assess the importance of ‘vision’ in leadership
5. Enable and motivate others to act at their masterpiece levels
6. Describe the significance of creativity in leadership
7. Manage your time in order to operate in Covey’s ‘leadership quadrant’
8. Evaluate the vital importance of attitude in leadership.

Elizabeth Kohlstaedt, PhD, Psychologist, Clinical Director, Intermountain, Helena

“Attachment Disturbance And Trauma: Developmental Considerations In Diagnosis And Treatment”

Attachment disturbance and disorder exist along a spectrum of functioning within the parent-child relationship, and interact with early trauma and loss to produce disturbed and disturbing behaviors in the child. This talk will describe the attachment spectrum and some sequelae of early chronic trauma, and will discuss the interactive manifestation of attachment disturbance and trauma. A developmental approach to diagnosis will be described as well as some considerations for treatment based on this understanding.

1. Identify attachment disturbance as a part of a spectrum from attachment disorder to insecure attachment.
2. Describe the effects of early chronic trauma on the developing child through the lens of structural brain development.
3. List the interactive effects of attachment crisis, trauma and loss.
4. Demonstrate a way of viewing diagnosis and treatment of children’s disturbances from a developmental approach as compared with a medical approach.

Elizabeth Kohlstaedt, PhD, Psychologist, Clinical Director, Intermountain, Helena

“Attachment Disturbance And Trauma: Developmental Considerations In Diagnosis And Treatment”

Attachment disturbance and disorder exist along a spectrum of functioning within the parent-child relationship, and interact with early trauma and loss to produce disturbed and disturbing behaviors in the child. This talk will describe the attachment spectrum and some sequelae of early chronic trauma, and will discuss the interactive manifestation of attachment disturbance and trauma. A developmental approach to diagnosis will be described as well as some considerations for treatment based on this understanding.

1. Identify attachment disturbance as a part of a spectrum from attachment disorder to insecure attachment.
2. Describe the effects of early chronic trauma on the developing child through the lens of structural brain development.
3. List the interactive effects of attachment crisis, trauma and loss.
4. Demonstrate a way of viewing diagnosis and treatment of children’s disturbances from a developmental approach as compared with a medical approach.

Starla Blank, DPharm, St. Peter's Hospital and Montana Board of Crime Control, Helena

“Implementation of a Prescription Monitoring Program in Montana”

This presentation will educate health care providers about the scope of the prescription drug abuse problem in Montana and discuss the implementation of a prescription monitoring program (PMP). A prescription monitoring program utilizes a centralized data base to collect prescription information from pharmacies that fill prescriptions for residents of the state. Health care practitioners are able to access to PMP data to use in the care of patients and as a tool to help prevent and deter prescription drug abuse and diversion. 35 states have prescription monitoring programs including the states bordering Montana (ID, WY, ND). Legislation for the creation of a PMP in Montana, SB 326, sponsored by Senator Trudi Schmidt, was presented at the 2007 legislature. SB 326 passed the Senate after amendments but was tabled in the House Judiciary Committee. Montana was awarded a $400,000 federal grant through the Harold Rogers Foundation to assist in the implementation of a PMP, contingent upon the passing of enabling legislation. Since the legislation did not pass in 2007, Montana was awarded a $60,000 planning grant and will introduce PMP legislation in 2009.

1. Understand the scope of the prescription drug abuse problem in the US and Montana.
2. Understand what a prescription drug monitoring program is and how it operates.
3. Discuss how health care providers can use the PMP in the care of their patients.
4. Discuss how health care providers can support the creation of a PMP in Montana.

Starla Blank, DPharm, St. Peter's Hospital and Montana Board of Crime Control, Helena

“Implementation of a Prescription Monitoring Program in Montana”

This presentation will educate health care providers about the scope of the prescription drug abuse problem in Montana and discuss the implementation of a prescription monitoring program (PMP). A prescription monitoring program utilizes a centralized data base to collect prescription information from pharmacies that fill prescriptions for residents of the state. Health care practitioners are able to access to PMP data to use in the care of patients and as a tool to help prevent and deter prescription drug abuse and diversion. 35 states have prescription monitoring programs including the states bordering Montana (ID, WY, ND). Legislation for the creation of a PMP in Montana, SB 326, sponsored by Senator Trudi Schmidt, was presented at the 2007 legislature. SB 326 passed the Senate after amendments but was tabled in the House Judiciary Committee. Montana was awarded a $400,000 federal grant through the Harold Rogers Foundation to assist in the implementation of a PMP, contingent upon the passing of enabling legislation. Since the legislation did not pass in 2007, Montana was awarded a $60,000 planning grant and will introduce PMP legislation in 2009.

1. Understand the scope of the prescription drug abuse problem in the US and Montana.
2. Understand what a prescription drug monitoring program is and how it operates.
3. Discuss how health care providers can use the PMP in the care of their patients.
4. Discuss how health care providers can support the creation of a PMP in Montana.

Kathy Palm Jorgenson, MSN, WHNP, FNP-BC, House Calls Primary Healthcare and Planned Parenthood of Montana, Great Falls

“Intrauterine Contraception: Who, Why, How”

Participants will be able to compare/contrast hormonal vs. non-hormonal intrauterine contraception, choose appropriate candidates for UAC, know contraindications and cautions regarding IUC and gain a beginning skill level inserting IUCs at the end of this session.

2. List contraindications/cautions re: IUC use.
3. Develop beginning skill level with IUC insertion.

Kathy Palm Jorgenson, MSN, WHNP, FNP-BC, House Calls Primary Healthcare and Planned Parenthood of Montana, Great Falls

“Intrauterine Contraception: Who, Why, How”

Participants will be able to compare/contrast hormonal vs. non-hormonal intrauterine contraception, choose appropriate candidates for UAC, know contraindications and cautions regarding IUC and gain a beginning skill level inserting IUCs at the end of this session.

2. List contraindications/cautions re: IUC use.
3. Develop beginning skill level with IUC insertion.

(continued on page 13)
Carol A. Judge, MN, RN, LAC, Independent Consultant, Helena

"Passion, Politics, and Personal Power"

Geared for the general RN population, this workshop encompasses all age groups and all types of nursing positions. Carol will begin by relating some of her experiences from the summer and fall of 1960. As a 19-year-old Junior Nursing Student from Montana State College (now MSU), she found herself at the State Mental Hospital at Warm Springs for a 12-week rotation. It was also at this time that she began dating Tom Judge, a 25 year old freshman legislator from Helena. Two passions were ignited! Discussion will follow regarding further experiences as a student nurse, and later as a practicing RN in several different positions from 1962–2008. Carol will emphasize the importance of getting in touch with one's passion and periodically reconnecting with it. So often nurses are oblivious to politics and the vastly important role that politics plays in our work as well as in our personal lives. Specific examples will be presented. Finally Carol will endeavor to infuse nurses with the power they possess and they can use that to make a difference.

1. Identify 1 or 2 main nursing passions.
2. Identify 1 or 2 political issues that concern you.
3. Identify 1 or 2 issues at work that really irritate you.

Candace Hoppe, FNP, BC, Western Montana Clinic, Missoula

"PCOS: Adolescent or Adult Diagnosis"

The most common cause of female infertility, Polycystic Ovary Syndrome (PCOS) occurs in approximately 1 in 10 women of childbearing age, and can occur in girls as young as 11. Diagnostic criteria, signs and symptoms, theories that help explain PCOS, common clinical and biochemical signs, and treatment and management strategies for PCOS will be discussed.
1. List the 3 diagnostic criteria proposed by the International Rotterdam consensus Group and clinical signs/symptoms of PCOS.
2. List 2 theories proposed to explain the pathophysiology of PCOS.
3. Identify common clinical and biochemical signs of PCOS.
4. List treatment and management strategies for PCOS.

Glenda Barnes, BS, RN, and Stephanie Buswell Burkholler, BSN, RN, Gallatin City-County Health Department, Bozeman

"Children's Environmental Health Update"

Children have special vulnerabilities that place them at risk for compromised health outcomes. The environment in which children play, eat, sleep and grow in is challenged by economic constraints, public health policy and environmental insults of the past and present. Nurses have been trusted professionals from whom parents seek current, accurate, and evidenced based information about ways to reduce risk to their children. Through research dollars, nurses in Montana are visiting homes where children live to find out what risks they might be exposed to in their immediate environments. These nurses are asking parents what it is they want to know about those risks. This session will assist nurses from various work settings to incorporate environmental assessment questions into their practice. Several resources will be provided to stay current in these changing times and to share with children's caretakers.
1. Identify three environmental hazards that may affect children's health in their home.
2. Specify two resources that can provide information related to children's environmental health in the home.
3. Explain how nurses assess, inform, educate and empower families about children's health issues as it relates to their environment.

TENTATIVE

David A. Thompson, DNSc, MS, RN, Assistant Professor, Anesthesiology & Critical Care Medicine, Johns Hopkins University, Baltimore, MD

"Keeping Nurses Safe: Injury Prevention at Northwest Healthcare"

1. Identify components of the injury prevention program at NWHC.
2. Describe technologic advance in patient handling strategies.
3. Describe a behavior based safety model.
4. List ways that injury prevention can save money and improve employee retention.
# MNA Convention

## Montana Nurses Association center
96th Annual Convention
2008

**Registration**

OCTOBER 2–4, 2008

*Best Western Great Northern Hotel*
835 Great Northern Blvd ~ Helena MT 59601

First Name: _________________________________  Last Name: ___________________________________
Address: ____________________________________  E-mail: _______________________________________
City: ________________________________________  State: __________________  Zip: _____________
Phone: _____________________________________  FAX: _________________________________________

ONLINE Convention Registration:  MAIL Convention Registration / Payment to:
Peopleware.net/2104a  JSI R&T
Attn: Jodie Albert
1860 Blake St Ste 320  
Denver CO 80202

Cancellation Policy: 80% refund will be honored if requested by September 21, 2008

<table>
<thead>
<tr>
<th>Check appropriate box(es):</th>
<th>MNA Member</th>
<th>MNA Retired Member</th>
<th>Non Member</th>
<th>Student Nurse Association Member</th>
<th>Non-Member Student Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Convention Thurs-Fri-Sat</td>
<td>$195.00</td>
<td>$150.00</td>
<td>$295.00</td>
<td>$75.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Thursday Only October 2, 2008</td>
<td>$120.00</td>
<td>$80.00</td>
<td>$160.00</td>
<td>$35.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Opening Night Reception (Thurs 6:00–9:00 PM)</td>
<td>(No Charge)</td>
<td>(No Charge)</td>
<td>(No Charge)</td>
<td>(No Charge)</td>
<td>(No Charge)</td>
</tr>
<tr>
<td>Friday Only October 3, 2008</td>
<td>$115.00</td>
<td>$75.00</td>
<td>$150.00</td>
<td>$35.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Saturday Only October 4, 2008</td>
<td>$100.00</td>
<td>$50.00</td>
<td>$155.00</td>
<td>$25.00</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Payment Method of Payment

| Registration Fee:___________ | Check (MADE PAYABLE TO JSI R&T),___________ |
| $65 Late Fee (after 9/19/2008) | Visa/MC#: ______________________________________ |
| Thursday Box Lunch | Included in Registration |
| Please √ for count only | Exp Date:____________________________________ |
| E&GW Dinner: ($35) (Friday Oct 3, 2008) | APRN CAP Dinner ($35) (Friday Oct 3, 2008) |
| Total Payment:___________ | Signature: ____________________________________ |

Special Meal Request(s):
(i.e., vegetarian, kosher, etc.) ________________________________

Hotel Registration

Reservations must be made by September 12, 2008 for MNA convention Block of Rooms

* Refer to Montana Nurses Association for discounted group rate
* Hotel is 100% non-smoking
* Rates include deluxe continental breakfast and overnight parking
* Room block and rate expire on 9/12/2008

Call: 800-829-4047 or 406-457-5500

"Nurses making a difference every day"

The Montana Nurses Association, (OH-242/1208), is approved as a provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (ORRN-001-91)
The Spirit of Rural Nursing
by Margaret A. Martino, Level 2 Nursing Student, Salish Kootenai College

Winona D. Williams Scholarship Winner—Level 2 Nursing

Over the course of my time in the nursing program, I have learned many things. I have learned how to insert Foley catheters, change wet to dry dressings, and administer injections. In addition, I have learned to perform head-to-toe assessments and measure vital signs. While learning all of these technical skills, however, I have also learned that there are many things that a nurse should know that have little to do with physical skills. In a rural setting, which includes a large proportion of health care settings in Montana, nurses need to possess certain spiritual characteristics and capabilities. A nurse who embodies the spirit of rural health nursing must be creative, versatile, and compassionate. A creative nurse is a nurse who can approach a given situation from a variety of viewpoints. In a rural health care setting, there are likely to be fewer resources at the nurse’s disposal. Sometimes, a nurse will not have everything she needs to perform her job, and she should be able to improvise in order to get the job done. If the nurse doesn’t have the right sized dressing or the correct gauge of needle, dressings may need to be cut down or an insulin syringe may need to be substituted for a tuberculin syringe. Nurses who embody the spirit of rural nursing will always be ready to give the best care possible with the supplies readily at hand.

A nurse who is versatile has a wide range of skills at her disposal. This nurse may not have a pharmacist or respiratory therapist available to her at all times. She will need to know how to mix medications and how to administer respiratory treatments. Instead of specializing in one particular part of nursing, this nurse will have all of the skills that she learned in nursing school. She would be able to assist with labs and delivery one day and emergency room care the next, but this is a nurse who can provide care to anyone who walks through the door of her facility, regardless of age or disease process.

In addition to creativity and versatility, the nurse who carries within her the spirit of rural nursing has compassion. This nurse recognizes that the people who come to her for help are often people who are struggling to make ends meet. There are many challenges, both physical and economic, that people living in rural communities face. These people will often be poor and working labor-intensive jobs under adverse conditions. The compassionate nurse cannot judge these people when they don’t seek prenatal care or when they ignore the symptoms of their cancer until it is Stage IV. This nurse will educate them and help them find resources to deal with their illnesses and diagnoses, knowing that her presence and compassion is the greatest intervention that she can offer. Though there are many physical things that these patients will need, the nurse who understands the spirit of rural health nursing will provide her care, her unconditional regard, and her compassion to these people. She will understand that it is understanding, itself, that is most needed for many of her patients.

Rural nurses are a special kind of nurse; they have a spirit that allows them to provide quality patient care under adverse conditions. These nurses may not have state-of-the-art equipment or a variety of other departments and disciplines at their disposal. These are women and men who are skilled at making the best of what they have in order to care for ill people. It is compassion for their patients that allows them to provide versatile and creative nursing interventions. Nurses with these qualities embody the spirit of rural health nursing.

Why I Want to Be a Nurse
by Kendra Taylor, Pre-Nursing Student, Salish Kootenai College

Winona D. Williams Scholarship Winner—Pre-Nursing

The roots that sustain me through my pre-nursing courses were planted in my childhood. My youngest brother had numerous medical problems. To accommodate his care with a large family, I became my mother’s assistant. In the past few years, my family has been plunged into the hospital scene once again. My youngest son, Hudson, was diagnosed with a fast-growing, posterior fossa, atypical teratoid rhabdoid tumor (ATRT) of the brain. His course of treatment left me into a deeper understanding of why I wanted to be a part of this nursing program. Our consecutive seven months in the hospital surrounded us with the best in the nursing profession. Those pediatric nurses became our closest friends, confidantes, and dedicated teachers. The quality of their care inspired me as I learned the importance and demands of monitoring, medicating, observing, suctioning a tracheotomy tube, changing dressings, giving shots, and caring for both nasogastic and PEG feeding tubes. They went beyond the core of their responsibilities to provide both physical and emotional care. They learned sign language with us; communicating that he was worth extra time on an already demanding schedule. They showed me what it is to be a quality nurse as they prepared meals, provided spiritual care, and at home. They prepared us to fully experience every moment (even in the hospital) and savor our sweet return to “normal” life.

When we returned home, I knew that the experience had opened my life to accept the role that I was made to fill as a nurse. I was going to apply to the nursing program at Salish Kootenai College once Hudson got into pre-school; but Hudson’s tumor came back after a beautiful 6 months of being cancer free. During his last remaining days, the nurses surrounded him once again. I was touched deeply by their support, compassion, and friendship. I know without a shadow of a doubt that I am fulfilling a calling that I felt early in my childhood. In the process, I have found a way to honor Hudson, and heal from the loss. I had to walk through this process (as a single mom) to know how the course of my life has prepared me to be a pediatric nurse.

“I was deeply touched by their support, compassion, and friendship.”

Why I Want to Be a Nurse

by Carol Rodda, Level 1 Nursing Student, Salish Kootenai College

Winona D. Williams Scholarship Winner—Level 1 Nursing

Throughout the history of health care and nursing there are milestones that have changed the way we see wellness and illness—with brilliant results. As we explore the history of nursing, we find names like Florence Nightingale with the wisdom and foresight to change the way we see the sick and the people. Lillian Wald, RN, began health promotion in the form of education as the visiting nurse concept caught hold in America. The same was true of me. My first quarter at Salish Kootenai College had clients welcome her into their home with anticipation, warmth and hospitality. These women, and many more I have observed in practice, all share a common quality: they have the heart to become a nurse. The center of their being is compassion that motivates them to do all they can to provide comfort and care to those in need.

As a child, I brought home every orphaned, injured or sick animal that crossed my path. I could not stand the thought of them hurting and not having someone to care for them. I have memories of my siblings getting hurt or sick and I would cry with them and do what I could to nurse them back to health. When I was ten-years-old, my grandmother became sick with cancer. Her three sisters left their families and came to care for her. They rented a bungalow and the four of them moved in together to share the responsibilities of her care. They were compassionate, loving women, motivated to do all they could to comfort my grandmother. This was the first time I had observed this kind of selfless care giving, and it made a lasting impression on me.

As an adult, beginning my own family was very rewarding, but I had an avenue to direct and satisfy this caring need I had. While raising my children, I was offered a job at a medical clinic that was very satisfying. I was able to offer support and comfort to many of our clients and this was very gratifying. My children are grown now, and, the joy of raising them was perfected by seeing them as successful adults. This has now given me the opportunity to pursue an education and direct this energy I have had as long as I can remember.

The gifts we are given, unless recognized and channeled, can become misunderstood and intolerable. The heart of a nurse is a wonderful gift and may begin with caring for wounded animals or may be just the sensitivity of a caring sibling, but if allowed to develop, becomes a wonderful, compassionate human being.
Applying Education to Practice: Neonatal Abstinence Syndrome

by Kim Kusak, RN, BSN, Graduate Student, MSU Clinical Nurse Leader Program (Graduating August 2008) Staff Nurse, Bozeman Deaconess Hospital Adjunct Instructor, Montana State University College of Nursing
Submitted by Kathryn Siegrist

My first job after graduating from nursing school was in pediatrics. That’s where my career began and where I want to continue to grow. When I decided the time was right for me to complete a Master of Nursing program, I considered what option would build upon my current experience. My strengths lie in leadership and direct patient care and when I heard about the Clinical Nurse Leader (CNL) program, I knew it would be a perfect fit.

The CNL program at Montana State University (MSU) is flexible and allows students to focus on a specific area of care. At the same time, an overall generalist approach broadens each student’s perspective. The CNL course work combines skills of advanced patient care, leadership, and the perspective. The CNL course work combines skills of advanced patient care, leadership, and the application of evidence-based practice, culminating in the ability directed at neonatal care providers in all disciplines.

This project is just one example of the capabilities of the CNL. The CNL stands out through the ability to implement evidence-based practice in the direct care of complex patients, education of patients, families, and staff, and leadership in collaborating with a diverse interdisciplinary team.

The Clinical Nurse Leader can provide real solutions to health care problems such as adverse patient outcomes, escalating costs, and staffing struggles. As the end of my program nears, I continue to focus on my practice goals. However, I believe my commitment of time and energy as a student will give me the strength and inspiration to be the kind of nursing leader healthcare so sorely needs.

The Clinical Nurse Leader program at MSU can be completed via distance-learning technologies in one calendar year (full-time) or two years (part-time). The CNL program is designed to meet the needs of busy nurses who are looking for the opportunity to expand their leadership knowledge and skills.

For more information about MSU’s CNL program: Visit the College of Nursing website at http://www.montana.edu/nursing/academic/cnl.htm or contact Lynne Taylor, Graduate Program Assistant at 406.994.3500 or lynnt@montana.edu or Kate Siegrist, CNL Project Recruiter at 406.245.2108 or kathryns.siegrist@montana.edu

I chose to focus my final professional project on Neonatal Abstinence Syndrome (NAS) in my community. All neonates exposed to opiates in utero are at risk for developing NAS, which, if untreated, can lead to seizures and even death. In Bozeman, NAS is a low frequency but high-risk situation. As the local population continues to grow, the frequency of NAS will follow. This syndrome is unfamiliar to many community members, including healthcare providers; therefore my project encompasses education to families and healthcare professionals, both in acute care and community settings. The purpose of my project is to propose evidence-based practice recommendations for the treatment of neonates with NAS, with a focus on improving patient outcomes and safety. Specifically, the goal is to avoid adverse outcomes such as seizures and death while decreasing duration of treatment, hospital length of stay, and need for intensive nursing care. Since an aspect of the CNL role is to improve patient care and safety through evidence-based interdisciplinary care, my project is directed at neonatal care providers in all disciplines.

This project is just one example of the capabilities of the CNL. The CNL stands out through the ability to implement evidence-based practice in the direct care of complex patients, education of patients, families, and staff, and leadership in collaborating with a diverse interdisciplinary team.

The Clinical Nurse Leader can provide real solutions to health care problems such as adverse patient outcomes, escalating costs, and staffing struggles. As the end of my program nears, I continue to focus on my practice goals. However, I believe my commitment of time and energy as a student will give me the strength and inspiration to be the kind of nursing leader healthcare so sorely needs.

The Clinical Nurse Leader program at MSU can be completed via distance-learning technologies in one calendar year (full-time) or two years (part-time). The CNL program is designed to meet the needs of busy nurses who are looking for the opportunity to expand their leadership knowledge and skills.

For more information about MSU’s CNL program: Visit the College of Nursing website at http://www.montana.edu/nursing/academic/cnl.htm or contact Lynne Taylor, Graduate Program Assistant at 406.994.3500 or lynnt@montana.edu or Kate Siegrist, CNL Project Recruiter at 406.245.2108 or kathryns.siegrist@montana.edu

Bylaw Changes on Agenda for 2008 HOD

by Linda Henderson, RN

As many of you know, MNA has experienced significant change over the past 2 years with employees, affiliations and location of the organization. All of these prompt us to look at our organization’s guiding document, the bylaws. Because of the changes we’ve experienced, there is a need to update our bylaws to continue to guide the organization and our structure.

Physical changes that MNA has experienced include the successful sale of our downtown building, the construction of a new energy efficient building that better suits the needs of the organization and a successful move into the new location this past December, 2007. The result of these changes is that we are no longer landlords dealing with renters of apartments or commercial property. This change has prompted the organization to consider our current tax code designation. MNA is currently classified as a 501c(6) organization by virtue of the fact that a considerable part of our income was related to business not directly associated with the function of the organization. The divestiture of the organization from the rental property business allows us to consider alternative tax code designations that would allow MNA to accept donations for tax deductible purposes. The Board of Directors is currently considering all options that would facilitate this designation while continuing to allow us to carry out the business of the association including lobbying, education and collective bargaining representation. The final decision will minimally prompt a change to our bylaws to address Article XX Dissolution.

We have also experienced changes in our labor affiliation with a move away from participation in the United American Nurses organization due to differences in philosophy and related affiliations. We continue to partner with the AFL-CIO and maintain our direct affiliation with ANA. In addition, at the state level MNA has pursued a collaborative agreement with MEA-MFT to allow joint membership for some registered nurses who are represented in collective bargaining agreements by MEA-MFT. These changes will prompt updates to the bylaws in Article II Membership and Dues. Additional bylaw changes at the national level with ANA may also result in a need to alter our existing bylaw language.

The exact wording of the bylaw changes has yet to be determined. The Bylaws Committee, the Executive Director and the Board of Directors are in the process of agreeing to appropriate language changes. This article serves as official notice to the membership that the 2008 House of Delegates will be acting on proposed bylaw changes. The exact wording of those changes will be available to the 2008 delegates in their delegate package. We look forward to your participation in this process October 2nd–4th, 2008 in Helena during the House of Delegates.
Council of Advanced Practice (CAP) News
by Barb Prescott DNP, FNP-BC, Chair for CAP

The CAP met on Tuesday, July 8th, via telephone conference call. There was a small attendance. We discussed the American Nurses Association (ANA) House of Delegates (HOD), the upcoming Montana Legislative session, and the CAP dinner to be held on Friday, October 3, 2008, during the MNA convention. It has been decided that we will have the business meeting followed by a continuing education program entitled “Nursing Issues and the Montana Legislature.”

Other News: The Gold Street Clinic lawsuit continues in Butte. There were many depositions as it is an extremely complex case. The trial has been delayed until June 2009 and expected to last 3-4 weeks. In light of the Supreme Court’s recent decision stating Nurse Practitioners (NP) do not require physician supervision, never have, and that physicians are not responsible for the care NPs provide. There continues to be solid ground for a positive outcome supportive of APRN practice. The CAP offers continued support to our NP colleagues embroiled in this lawsuit.

Outstanding Performance at CMMC
by Amy Tuss, Community Relations

Debby Lee, Cardiac Rehabilitation Coordinator and District 6 member, was singled out among her peers for the excellent job she is doing with her peers. CMMC’s Outpatient Cardiac Rehabilitation has been involved in a regional outcomes project that is sponsored by the Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR) and the Cardiovascular Health Program at the State Health Department. There are twenty-two cardiac rehab programs from Montana and Wyoming tracking a uniform set of quality indicators. January represented one full year of data collection. The cardiac rehab program at CMMC rated the highest of all programs participating during the first year of the project’s outcome. Of the ten quality indicators evaluated, CMMC’s cardiac rehab program had nine quality indicators, which exceeded the regional mean. The CMMC award is for non-intervention hospitals. St Patrick’s Hospital in Missoula is the benchmark for intervention hospitals.

“We congratulate Debby for this outstanding award, and her encouragement and knowledge that inspires her patients to work hard to meet these outcomes,” said Dianne Scotten, Chief Clinical Officer at CMMC.

Cut Bank nurses celebrate Nurses Week

Lani Losing, Jean McRae and Sharon Wollan of Glacier County Medical Center in Cut Bank celebrated Nurses Week by dressing in the actual uniforms that they wore when they graduated from nursing school. Styles have definitely changed over the years. Photo by Jonna Tafelmeyer

Lobby Day on Capital Hill Delegate: Melissa Cobb, RN

Nurses from around the country marched on Capitol Hill for the American Nurses Association Lobby Day as President-Elect Tina Hedin, MNA Executive Director Robert Allen and I, as an ANA Delegate, searched out the offices of Montana State Senators. The staffs of Senators Jon Tester and Max Baucus welcomed us. (Congressman Rehberg had a scheduling conflict and could not meet with us.) Together we expressed our passion for nursing and voiced our support of House Bill 4138 on safe staffing. We explained that the bill encouraged hospital administrations and staff nurses to work collaboratively by forming committees with equal representation. This collaboration would allow hospitals to evaluate patient acuity and nurse competency more accurately to ensure, appropriate and individualized nurse to patient ratios.

We then discussed the need for including APRNs in the language of new bills on Medicare and Medicaid so that patients have a choice of healthcare providers.

Both Senators valued our insight and they explained to us that they think nurses are an integral part in health care reform. Senator Baucus asked important questions about the safe staffing bill and gave us ideas regarding other information we may need to help this bill pass.

It was an empowering experience and I would encourage all nurses to e-mail, write, or visit our legislators and stay involved.
with your CMA for the correct amount. State nurses association dues are not deductible for exact amount. The American Nurse Today. The percentage of dues used for lobbying by the CMA is not deductible as a business expense. Please check with your CMA office for more information. Note:

S Special Membership Dues

State Only Membership Dues $200 annual membership (CMA/ANA ) to withdraw membership to your STATE NURSES ASSOCIATION or to:

$5.42 of the CMA member dues is for subscription to American Journal of Nursing.

$16 is for subscription to American Nurse Today. $5.42 of the CMA member dues is for subscription to

Please Note:

Expiration Date ________ / ________

STATE DIST REG

__________   __________   ___________

Employee Name

City/State/Zip

Employer Address

Employer Name

Preferred Contact Home _____ Work_____  Fax Number Graduation (Month/Year)

Date of Birth RN License Number/State

Preferred Contact: Home _____ Work_____  Fax Number Graduation (Month/Year)

Date of Birth RN License Number/State

Last Name/First Name/Middle Initial

Home Phone Number Social Security Number

Work-Phone Number Basic School of Nursing

M Mail Membership Dues

☐ Employed - Full Time

☐ Employed - Part Time

R Reduced Membership Dues

☐ Not Employed

☐ Full Time Student

☐ New graduate from basic nursing education program, within six months after graduation

☐ Totally disabled (first membership year only)

☐ 62 years of age or over and not employed

☐ 62 years of age or over and not earning more than $20,000 per year

☐ New graduate from basic nursing education program, within six months after graduation

☐ Totally disabled (first membership year only)

☐ 62 years of age or over and not employed

☐ 62 years of age or over and not earning more than $20,000 per year

☐ Full Time Student

☐ Not Employed

☐ Employed - Part Time

☐ Employed - Full Time

☐ Special Membership Dues

☐ 20 years of age or over and not employed

☐ State Only Membership Dues $300 annual plus $5 processing fee. Members covered under collective bargaining agreement not eligible.

Please Note:

SA (SA) of the CMA member dues is for subscription to The American Nurse. $40.00 is for subscription to the American Nurse Today.

Please complete the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due. The annual renewal is for the following membership year. ANA-PAC (Optional—$20.04 per year)

Choice of Payment (please check)

☐ Payroll Deduction

☐ Automatic Annual Credit Card Payment

☐ Check

☐ Online: www.NursingWorld.org (Credit Card Only)

☐ Credit Card:

☐ Visa

☐ Mastercard

☐ American Express

☐ Discover

☐ Charge

☐ Check

☐ Payroll Deduction

☐ Automatic Annual Credit Card Payment

☐ Check

☐ Online: www.NursingWorld.org (Credit Card Only)

☐ Credit Card:

☐ Visa

☐ Mastercard

☐ American Express

☐ Discover

☐ Charge

☐ Check

☐ Payroll Deduction

☐ Automatic Annual Credit Card Payment

☐ Check

☐ Online: www.NursingWorld.org (Credit Card Only)