

Volume 3 Number 4

ANA - NEW YORK NURSE WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

April 2019

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 6,000 New York nurses and schools of nursing through direct mail.

ANA-NY's 7th Annual Conference Nurses Supporting Nurses

October 24, 2019 - Preconference October 25-26, 2019 - Full Conference

1000 Islands Harbor Hotel, 200 Riverside Drive, Clayton, NY 13624

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This year's conference theme is "Nurses Supporting Nurses." We are welcoming members and non-members to attend and be inspired by our national speakers, Brian Miller and Suzanne Gordon. Again, this year, we will have an opportunity for nurse researchers to display posters. Register today at https://bit.ly/2U4dKd9 - Hurry! Early Bird ends May 15, 2019.

Hotel Accommodations (Rooms are Limited)

- 1. Go to https://www.1000islandsharborhotel.com/
- 2. Top left, select the dates you will be staying (arrival and departure dates) and click "Book A Room."

- 3. On the next page, click on "Add Code" and type in "ANANY"
- 4. Book your room.

Or call (315) 686-1100 and ensure to mention the "ANANY" when making your reservations.

Meet our National Speakers



Keynote Speaker

Brian Miller is a magician, speaker, and author of personal success book Three New People: Make the Most of Your Daily Interactions and Stop Missing Amazing Opportunities. For 12 years he has shared his magic and his message with thousands of audiences in 11 countries across four continents. Based in

Connecticut, Brian now performs his interactive blend of jaw dropping magic and laugh-out-loud comedy at 200+ events each year.

https://brianmillermagic.com/ and http://brianmillerspeaks.com/



Endnote Speaker

Suzanne Gordon is an award-winning journalist and author. She has written for The New York Times, The Los Angeles Times, The Washington Post, The Atlantic, The Nation, The American Prospect, The Washington Monthly, The Globe and Mail, The Toronto Star, JAMA, The Annals of Internal Medicine, The BMJ, and

others. She is the co-editor of The Culture and Politics of Health Care Work series at Cornell University Press. https://suzannecgordon.com/

CONTINUING EDUCATION STATEMENT



The continuing education program is approved for 17.75 contact hours.

The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ANA-NY's 7th Annual Conference continued on page 4

GAIN A MEMBER!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

MEMBERSHIP APPLICATION ON PAGE 23

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FROM THE DESK OF THE **EXECUTIVE DIRECTOR**

Raising the Bar

Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, **Executive Director**

serving as your Executive Director for the last three years. I can't believe how the time has flown. Over the past three years, with the wonderful support of your Program Manager,

Jamilynne Myers, our association has developed into an acknowledged resource for the nurses of New York State.





Our membership has grown by almost 2,000 members. We have produced a, well received, quarterly newsletter which has started to generate non-dues revenue. We were part of the collaborative that successfully carried the dream of BS in 10 on to become a law. These initiatives were begun by our first Executive Director. Karen Ballard, and proudly continued by Jamilynne and

Over the past six months we have positioned ourselves to provide even more value to our members through the relocation of our office to be in the forefront of New York legislative efforts. In alignment with our relocation and 501(c)6 status, we have contracted with a lobbyist and filed with JCOBE. In order to spruce up our image, we have contracted with a marketing firm. We are offering the first of many members-only ANA-

NY "travel with a purpose" trips where members can explore a region of NY and give back to that local community. And, most exciting of all, we have hired an assistant for Jamilynne, Shakira Hernandez. The three of us are so excited about the future of this association and look forward to continuing to serve you and provide enormous value for your membership dollars.



Shakira Hernandez

Calendar of Events

May 2019

Call for Nominations

May 8 - Board of Directors Call

June 2019

June 7-8 - Board of Directors Meeting, Albany, NY

June 8 - Open House, Albany, NY

October 2019

October 24-26 - ANA-NY 2019 Annual Meeting and Conference



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Article Submission

- Subject to editing by the ANA-NY Executive **Director & Editorial Committee**
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: programassociate@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title. ANA-NY reserves the right to pull or edit any
- article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the ANA - New York Nurse has been submitted.
- ANA-NY does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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www.ana-newyork.org/

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PRESIDENT'S MESSAGE



In a New York Minute

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C

The pulmonologist stated "There is a large mass 12.5 cm by 8.4 cm in your chest and we need to do a biopsy ASAP" as he pointed to the CAT-scan. A flood of emotions overcame the recipient and family; Fear of the potential Cancer diagnosis and Anxiety for the immediate implications and future ramifications. October 4, 2004 our daughter, Tiffany was diagnosed with highly aggressive Non-Hodgkins Lymphoma (NHL). Our lives were changed in a New York Minute forever. It became a tortuous journey of discovering the right oncologist; Dr. Berger, reviewing treatment options and making life altering decisions. Time to put my Mom hat on and leave my Nurses hat off to the



side but readily accessible. Initially it can be overwhelming and appear hopeless until the nurse enters the room and says, "We are a team and I'll be with you every step of the way." Listening and even through the silence speaking volumes and projecting compassion, guidance and hope. This awesome nurse Barbara was the ultimate patient advocate and provided a never faltering sense of presence especially during the darkest days. On February 22, 2019 we celebrated Tiffany's 14th year in Remission-Cancer Free! Aren't we as nurses exposed to personal and/or professional adversity on a daily basis? Whether it is a patient's poorly managed chronic illness, overwhelmed nursing students struggling to juggle school, work and family with limited resources, trauma victims or insufficient staffing compromising patient care. Nurses want to Nurse! We are not to be limited by outdated mandates, financially driven administrators or capricious legislation. Nurses' hands and minds must no longer be restricted. Consider the potential power of over 250,000 nurses in New York State. Imagine how we can unleash

our expertise at the bedside, in the boardroom and classroom through forecasting and being proactive regarding current and emerging health care needs. Nurses are consistently demonstrating inherent ethical values, fine-tuned critical thinking skills, multi-tasking and never loosing site of the ultimate goal; patient advocacy. Nurses have grit; a combination of passion and perseverance for a singularly important goal. Networking facilitates grit with an open and creative culture which fosters the strength and cohesiveness of an empowered community. By promoting ideas, having common goals and with an energized intention we can instill genuine hope in our colleagues and patients. Networking nurtures the spirit of collegiality and unwavering determination to cultivate a rich milieu of innovation culminating in success. Every effort is valuable, resonates across the profession and impacts the community. ANA-NY is your professional nursing organization here to assist you with resources, and transparent leadership which encourages creative and diverse partnerships for nurses to now embrace realistic and timely solutions.

For 2019 National Nurses Week ANA's theme is: 4 Million Reasons to Celebrate. This validates the breath and scope of 4 million nurses nationwide who Influence shaping health policy, provide Leadership in every venue, are Trusted Advocates with Resiliency to overcome the greatest obstacles. Nurses are the proverbial professional in every aspect and dimension. We identify which doors need to be opened or broken down. Nurses overcome boundaries with a level of holistic advocacy and tenacity unsurpassed by others. ANA-NY is a community of Nurses who will change the world in a New York Minute.



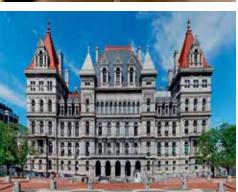
OPEN HOUSE RECEPTION

The American Nurses Association of New York cordially invites you to its **NEW ALBANY HEADQUARTERS** 150 State Street, 4th Floor - Suite 4001 Albany, NY 12207





Agenda 1:30 Sign In/Welcome 2:00 Lobbyist Presentation 2:30 Meet the Board of Directors 3:00 Networking





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Phone: 607-843-3128: Email: Debbie.Phelan@nysyets.org: Online Applications: http://www.nysvets.org/homes/oxford/hr/ $\underline{emp\ application.pdf}.\ \underline{https://www.cs.ny.gov/extdocs/pdf/nysapp.pdf}$

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RESEARCH YOU CAN USE



Parental Knowledge and Attitudes in Childhood Obesity Prevention

Jeanne Westcott, PhD, RN, Research Consultant, Cathryne A. Welch Center for Nursing Research at The Foundation of NYS Nurses

The problem of childhood obesity is serious and a challenge to healthcare providers. In a study by Vittrup and McClure, 2018, the problems of overweight and obesity are discussed alongside parental knowledge. These authors cite the growing problem of childhood obesity and overweight, stating that rates have more than doubled for ages 6 to 11 and quadrupled for ages 12 to 19 (Ogden, Carroll, Kit & Flegal, 2014 cited in Vittrup and McClure, 2018). The health outcomes of overweight and obesity for children are not unknown. These authors state children are now being diagnosed with diseases previously found only in adults. These include heart disease, type 2 diabetes, liver disease and cardiovascular problems. The usual causes of obesity are cited including lack of exercise, and excessive caloric intake. Another context is considered in this study. Vittrup and McClure (2018) focus on the role of parents as the gatekeepers and those responsible for the socialization and attitudes of young children toward food and exercise. It is the parents who feed the children, deciding what and how much to eat. It is the purpose of this study to assess knowledge and opinions of parents toward the issues of obesity and overweight.

Participants in the study were drawn from the Southwestern United States. Most were mothers and ranged in age from 19 to 64; were married and had education ranging from less than high school to a doctoral degree. About half (49%) were Hispanic, Black (8%), White (8%) and the remainder not choosing to indicate race or ethnicity. The instrument was a questionnaire with questions in a likert type scale, multiple choice and open-ended questions. The content was constructed for the study and included questions on causes of childhood obesity, prevention, attitudes toward intervention, and demographic information about the parent and child. The questionnaire was distributed through Head Start and preschool centers in three metropolitan areas in the Southwest. It could be completed online or as a paper/pencil format

The study found that parent BMI scores were significantly positively correlated with their child's BMI score (p=0.004). Ninety-eight percent of parents of normal weight children correctly assumed their child was not overweight. However, all parents of overweight children and 75% of parents of obese children incorrectly assumed their child was not overweight. The authors believe this is because only 6% of the overweight

children had been diagnosed as such by their doctor. Most of the parents in the study tried to control their own weight, but only 18% had tried to control their child's weight. Most (75%) mentioned trying less sugary and fatty foods and more fruit and vegetables; 31% mentioned using portion control. Only 22% had tried to increase their children's activity level.

The authors found that there was a knowledge deficit regarding overweight and obesity for children. When asked to define a 'healthy diet', 40% gave vague or nonspecific answers; only 10% used any portion or size charts to determine serving sizes and when asked about exercise, the answers ranged from one hour to 28 hours per week. Parents also had problems identifying health risks associated with overweight and obesity and were unable to identify the scope of the problem.

When discussing the responsibility for childhood weight, parents identified themselves as most responsible followed by the food industry and schools. The government and genetic predisposition were mentioned least. Major barriers to prevention of childhood obesity were the cost of healthy food and parents setting bad examples in terms of eating and exercise. Also mentioned were parent's busy schedules, schools cutting physical education classes and schools serving unhealthy meals.

Parents were asked if they would support prevention efforts. The most support was expressed for schools teaching healthy eating and exercise habits; also included were tax funded recreational facilities in the community and more time at pediatrician visits. The least amount of support was given to schools weighing students and sending a report to parents, a tax on high-fat/high-sugar foods, more expensive but healthier school lunches. The authors found that parent's weight did not influence their support, but socio-economic status did. Lower SES parents favored school and healthcare provider responsibility, compared to middle and high-SES parents.

In their discussion of this study, the authors noted some discrepancies in understanding. While 69% of the parents were overweight, only 45% were diagnosed. Similarly, 40% of the children were overweight, but only 6% had been diagnosed. And while parents of normal weight children correctly identified their child as normal weight, most parents with overweight or obese children did not consider them to be overweight. This suggests messages from healthcare providers may not be clearly communicated. While parents may have tried to control the type of food being consumed, very few tried to increase their child's activity level. The authors also found parental knowledge to vary greatly. Most parents did not know how to determine an

Research You Can Use continued on page 21



TRANSGENDER AND NON-BINARY HEALTHCARE:

Best Practices and Clinical Updates

Friday, June 28, 2019
SUNY Global Center

116 E 55th Street, New York, NY 10022

Registration:

https://rebrand.ly/June282019

This free conference is restricted to New York State medical providers including physicians, physician assistants, nurses, nurse practitioners, dentists, and pharmacists.

For more information, please contact Cheyenne Stewart cheyenne.stewart@mountsinai.org 212-731-3792





ANA-NY's 7th Annual Conference continued from page 1

ANA-NY 7th Annual Conference Tentative Agenda

Thursday 10/24/19

12:30 pm - 1:00 pm Preconference registration 1:00 pm - 4:00 pm CE – Pre-conference TBD

4:15 pm - 5:45 pm CE - Legislative Forum (Legislation Committee)

Friday 10/25/19

8:00 am - 9:00 am Registration/Continental Breakfast/Exhibits/Committee Open

House

9:00 am - 9:15 am Welcome

9:15 am - 10:45 am CE –Keynote: **Brian Miller, magician**

10:45 am - 11:15 am Break/Ten Minute Tune-up/Exhibits 11:15 am - 12:30 pm CE – TBD

12:30 pm - 2:00 pm CE - Lunch/Exhibits/Posters

2:00 pm - 3:15 pm CE – Governing Assembly Session 1

3:15 pm -3:45 pm Break/Ten Minute Tune-up/Exhibits 3:45 pm - 5:00 pm CE – TBD

5:00 pm - 6:15 pm CE – Dialogue Forum

6:15 pm - 7:45 pm Awards Reception

8:00 pm - Free evening

Saturday 10/26/19

7:00 am - 8:00 am Nurses' House Healthy Nurse Walk (Stephanie) (Meet in Hotel

8:00 am - 8:30 am Exhibits/Registration

8:30 am - 10:00 am NSO sponsored Breakfast CE

10:00 am - 10:30 am Break/Ten Minute Tune-up/Exhibits

 $10{:}30~\text{am}$ - $12{:}00~\text{pm}$ $\;\;$ CE - Governing Assembly Session 2

12:00 pm - 1:30 pm Lunch/Exhibits/Posters

1:30 pm - 2:45 pm CE – TBD

2:45 pm - 3:15 pm Break/Ten Minute Tune-up/Exhibits
3:15 pm - 4:45 pm CE – Endnote: **Suzanne Gordon, author**

4:45 pm - 5:15 pm Closing/Drawings

6:00 pm Free evening

6.5 hours of Exhibit time, 17.75 hours of Continuing Education time including pre-conference

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In the Sptlight - Future Nurse Leader

Javauni P. Forrest MA, MHC-LP, RN

Javauni came to nursing as a mental health counselor who had dedicated his career up until that point to serving members of marginalized communities who are living with serious and persistent mental illness. Prior to nursing he worked with several New York City-based nonprofit organizations and community-based initiatives directed at bettering the lives of people living with mental illness. Javauni was previously featured in AM New York's article "People Who Give Back: New Yorkers Who Deserve Our Thanks" for his work as a crisis



counselor and advocate working with survivors of sexual assault and domestic violence.

As a nursing student in the University of Rochester's Accelerated Bachelor's Program for Non-Nurses, Javauni was awarded the 2017-2018 Mary Kieffer Sullivan Scholarship and Barbara B. Taylor Scholarship. He utilized his background in counseling and prior work experience to support his fellow nursing students through the rigors of the accelerated nursing program. For his efforts Javauni was chosen as the May 2018 Undergraduate Commencement Speaker by a cohort of his peers. He continues his academic journey as a Family Psychiatric Mental Health Nurse Practitioner graduate student with the intention of completing his Doctorate in Nursing Practice.

Javauni remains dedicated to his mission of serving individuals living with mental illness in his current practice as a Registered Nurse on the Inpatient Medicine in Psychiatry unit at Strong Memorial Hospital. His role as a Staff Nurse allows him to provide care to patients with medical diagnoses and a comorbid psychiatric diagnosis. Ultimately, Javauni hopes to change the landscape of the mental healthcare delivery system by normalizing mental health and illness, streamlining the transition from inpatient to outpatient settings, and developing community-based programming to promote mental hygiene as a routine part of healthcare.



On behalf of our members, the Board of Directors approved:

- The 2019-2023 Strategic Plan which was fine-tuned at the Annual Meeting
- Adoption of the 2019 Budget proposed by the Finance Committee
- Creation of a new Program Assistant office position
- New and revised policies governing ANA-NY activities
- Hiring a lobbyist firm to assist the Legislation Committee in representing our interests in the Legislature
- Participation and a vendors' table at the NSANY Annual Conference
- Inviting members and Legislators to a March Open House at our 150 State Street offices
- Increasing interaction with Organizational Affiliates by appointing BOD liaisons
- Staggered terms on the Nominations and Elections Committee per the committee's proposal

Details on all these actions can be found in the approved BOD Minutes on the Members Only web site.



ALBANY MEMORIAL HOSPITAL | SAMARITAN HOSPITAL

ST. PETER' S HOSPITAL (a three-time Magnet hospital)

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COMMITTEE SPOTLIGHT



Bylaw Committee

Dr. Mei R. Fu (PhD, RN, FAAN) is an internationally and nationally well-known nurse scientist and outstanding researcher and educator. She is a Tenured Associate Professor of Nursing at NYU Rory Meyers College of Nursing, New York University. Dr. Fu is Fellow of American Academy of Nursing, Senior Fellow of Geriatrics at the Hartford Institute of Geriatrics and Fellow of New York Academy of Medicine. She was inducted into the Sigma Theta Tau International (STTI) International Nurse Researcher Hall of Fame in 2017 for her lifetime achievements in and contributions to research and for mentoring future nurse researchers. Dr. Fu's scientific focus has been on cancer-related symptoms and management of



chronic illnesses. Her research incorporates qualitative and quantitative methods, genomic and biomarker approaches and cutting-edge technology as well as innovative behavioral interventions. Her award-winning research has been supported by National Institute of Health, National Science Foundation, the Oncology Nursing Society, the Hartford Institute of Geriatric Nursing, the Avon Foundation, the Vital Fund, Judges and Lawyers for Breast Cancer Alert, Pfizer Independent Learning and Change grant. She has over 100 high quality publications in peer-reviewed journals, professional journals, book chapters, and scholarly professional publications. She has over 140 invited or peer-reviewed keynote and podium presentations at international, national, regional, and local conferences. Her creative research has been recognized with prestigious research awards from the Oncology Nursing Society and International Lymphology Association. She was awarded the best article award by Oncology Nursing Society, outstanding journal article by Journal of Nursing Diagnosis, Eminent Scientist of the Year 2003 by International Research Promotion Council. For her lifetime academic achievements, she received 2015 Outstanding Academic Achievement Award from Chinese American Nurses Association. She received the highest honor of University of Missouri-Columbia Alumni Award 2017 Citation of Merits for her lifetime contribution to nursing and healthcare.

Catherine S. Finlayson, PhD, RN, OCN has been a clinical nurse at Memorial Sloan Kettering Cancer Center for over twelve years. She recently earned her PhD from New York University's Rory Meyers College of Nursing. Dr. Finlayson received the Doctoral Degree Scholarship in Cancer Nursing from the American Cancer Society which supported her dissertation. She was the recipient of the 2018 Oncology Nursing Society Trish Greene Memorial Lectureship. Dr. Finlayson holds a Bachelor of Arts in Political Science from New





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GRADUATE OPEN HOUSE

Saturday, May 4 · 10:00 a.m. - 12:00 p.m. saintpeters.edu/gradevent

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York University. A Master of Science in Urban Policy Analysis and Management from the New School for Social Research and a BSN from SUNY Downstate Medical Center.

Tanya Drake is a Founding and Charter Member of ANA-NY and a self-confessed bylaws geek. She believes that the written bylaws of an organization provide an instrument that identifies how the organization will conform to its charter and fulfill its functions. They identify who has the power to govern the organization, and outline its structure, leadership and responsibilities, and how each part relates to the others. The bylaws form a set of rules that the membership considers so vital to the organization that they cannot be changed without advance notice to the membership plus a super-majority vote in favor of the change. Bylaws are more powerful and important



than any one individual or group within the organization. A strong bylaws committee is important; along with astute members, it functions as a watchdog to guarantee that the organization does not stray from its purpose and functions as set forth in its charter. Tanya is passionate about nursing and patient advocacy, universal healthcare and community service. Her first action after becoming licensed as a Registered Professional Nurse was to become a tri-level member of ANA. She has remained active in professional organizations on the local, state and national level throughout her career and has served in numerous leadership positions. She earned an MSN from Hunter College-CUNY and a BSN from Long Island University-Brooklyn Campus. A published author, Tanya recently retired after a 40 year career in nursing education and was honored to be named Professor Emerita of SUNY Rockland Community College. Among the acknowledgements of her contributions to the profession are the SUNY Chancellor's Award for Excellence in Faculty Service, the National Institute for Staff and Organizational Development Award for Leadership and Teaching Excellence, The Long Island University Top 50 Distinguished Nursing Alumni Award, the Rockland County Excellence in Nursing Award, and the Excellence in Clinical Practice Award from the Alpha Phi Chapter of STTI. In addition to liaison to the Bylaws Committee, Tanya is the ANA-NY BOD Secretary and a member of the BOD of the Northeast Multistate Division of ANA. Tanya also remains busy traveling (she has been to all seven continents), building houses with Habitat for Humanity in Rockland County and serving as a Direct Patient Care Volunteer for United Hospice of Rockland.

Verlia M. Brown is a graduate of Kings County Hospital School of Nursing. She earned a Master of Arts Degree in Community Health from Brooklyn College of the City University of New York. Her Master's Thesis was, "Nurses' Attitude and Anxiety Towards Death and Dying." Verlia retired in 2012 from Kings County Hospital Center an affiliate of New York City Health and Hospitals Corporation after 38 years of critical care nursing. She served in various capacities, and was the evening head nurse/nursing care co-ordination for adult critical care units for more than 30 years. During her tenure she was also the ICU designee for the hospital-wide Rapid Response Team.



During her employment she served on many committees but was most vocal at the Nurse Practice Committee. She was a member of the task force that helped to develop the Categorization of Emergency Facilities for dedicated services toward improving the Medical Services for the people of New York City/Trauma Centers. Miss Brown worked as a Per Diem nurse in critical care at North Shore University and Syosset Community Hospitals/Northwell Health Care System. Miss Brown is past President of the New York State Nurses Association and the NYC/Health and Hospitals Corporation Council of Nurse Practitioners. She was elected to the American Nurses Association Congress on Nursing Economics. She was the first staff nurse from New York to be elected to the American Nurses Association Board of Directors. She was trustee and secretary to the American Nurses Foundation. Miss Brown served two 5 year terms as an Auxiliary Member for the New York State Education Department/Office of the Professions. She served on the New York State Inspector General Advisory Committee that established guidelines to prevent Medicaid fraud. Currently is a member the Board of Directors of Nurses House. She is also a member of the finance/audit committee. She is on the ANA-NY Board of Directors, and is a member of the Bylaws Committee, Board Liaisons to the Annual Meeting and Conference Committee and NYS Association of Occupational Health Nurses. She has published of book, "My Journey On Becoming A Nurse: Contribution To The Nursing Profession." Miss Brown has published several articles on Ethics, Leadership and Refusal of Assignments. She has done three radio interviews as well. She is a member of the American Association of Critical Care nurses, Brooklyn College and Kings County Hospital Center School of Nursing Alumni Associations and Sigma Theta Tau International Society of Nursing Upsilon Chapter, New York University. In my free time I love to garden even-though I am afraid of worms, travel, read and volunteer in my church. I am still helping out as a mentor because of the phone calls I am getting from my past during colleagues. I still love nursing and would like to stay involved as long as I can. Keeping my experience and to myself would be selfish. This is part of my story.

Photos and Bios not available

Barbara Joslyn, RN Barbara Straub, RN Janet Van Cleave, RN

FROM THE HISTORIAN'S DESK



Women Come to Washington!!

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R

The Historian and her desk have moved from the Center for Nursing in Guilderland to Ackerman Hall of the campus of Russell Sage College!

As I contemplated what to discuss in this column, the press was filled with news about the 2019 freshman class of new members being sworn into both houses of Congress. Also in the news were multiple discussions about the impending 2020 ticket. Neither of these topics are the



Congresswoman Jeannette Rankin, 1918

subject of this column. The topic of this column is about the role of nurses in politics. Some of the nurses you may know, others may be new to you.

Before discussing nurses who were involved in political movements or the first nurse elected to Congress, the table must be set with a discussion about the first woman elected to Congress. That woman was Jeannette Pickering Rankin (1880-1973). She ran in the 1916 and 1940 elections and as the victor represented the State of Montana twice. Her first term – January 1917 to January 1919 - predated the United States' involvement in World War I. Her second term – March 1941 – March 1943 – predated our country's involvement in World War II. She was a staunch advocate for women's suffrage and voted against the United States' involvement in both World Wars.

Many advocates for women's suffrage were nurses such as Lillian Wald, Emma Goldman, and Lavinia Lloyd Dock. Dock was very committed to the fair treatment of women, was a member of both the International Council of Women and the International Council of Nurses. Her 1907 address to the Nurses' Associated Alumnae Association, which was published in the August edition of the AJN, Dock focused on the importance of nurses to follow current events and support the right of obtaining the right to vote saying:

"enfranchisement embraces the whole consideration of the many fields in which women are striving for a secure foothold, that they may live and express themselves and share those rights of life, liberty and the pursuit of happiness which Thomas Jefferson declared as inalienable."

She ended her address thusly:

"Let me close with this prophecy: Until we possess the ballot we shall not know when we may get up in the morning to find that all we had gained has been taken from us Dock firmly believed that until women had the vote, nursing could not become the profession it needed to be."

So the seeds were planted. The 19th Amendment ratifying Women Suffrage took its place within the U. S. Constitution in 1920. The stage was set. Nurses slowly started to think about being politically involved.

Eddie Bernice Johnson, MPA, BSN, RN started her professional career as a psychiatric nurse. She stepped into the political ring in Texas in 1972. She subsequently ran for a seat in the Federal Congress representing the 30th District of Texas and won. She has been serving as a Congresswoman for over 40 years. Her website outlines her



achievements of many firsts – "1st African-American



elected to Congress, 1st female ranking member of the House Committee on Research and Science Education placing an emphasis on STEM classes, 1st [professional registered] nurse elected to the U. S. Congress (https:// ebjohnson.house.gov/about/meet-eddie-bernice).

Lauren A. Underwood, MSN, BSN, RN hails from Naperville, IL. She is a public health nurse and assumed her Congressional duties on January 3, 2019. Her website notes that prior to her election, she had served the Obama Administration as a special assistant, and in 2016 Underwood served as a senior advisor at U. S. Department of Health and Human Services. Her duties included efforts to



implement the Patient Protection and Affordable Care Act (https://underwood.house.gov/about). Underwood also continues to education nurses through her position as an adjunct faculty at Georgetown University, Washington, D. C.

Do you think that all Surgeons General are physicians? If you do, I must ask you to readjust your thinking. In the recent history of this cabinet position, one nurse (who became a physician) served and another nurse is currently serving in this capacity.

Richard H. Carmona, MD, MPH, FACS, former Surgeon General of the United States in the Bush (43) administration did not enter his chosen profession as a physician. Initially, he was a professional registered nurse. As the Keynote speaker for the 2005 National Student Nurses Association Convention he shared the following:



One of the reasons that President Bush nominated me to be Surgeon General was because he had heard that I was a former nurse. Of course I had to tell him that he'd been given some incorrect information. I said, "Sir, there's no such thing as a 'former nurse.' I am a nurse. Once a nurse, always a nurse!"

As a nurse, I am very interested in the past, present, and future of our profession. I also have an added of patients is recognized and supported: My oldest daughter is a trauma nurse, and I know that she's looking over my shoulder today and every day. (https://www. surgeongeneral.gov/news/speeches/04062005.html)

motivation to help make sure that your work on behalf

Our current Surgeon General, Rear Adm. Sylvia Trent-Adams has been at her post since 2017. She earned her doctoral degree from the University of Maryland, Baltimore Co., her MS in Nursing and Health Policy from the University of Maryland, and her BS in Nursing from Hampton University. That same year Trent-Adams traveled to London, England



to receive an international nursing honor: The Florence Nightingale Medal. She was one (1) of 39 recipients from around the world who were so honored. The award is given biennially. The Florence Nightingale Medal will be awarded to the 47th class of honorees on May 9, 2019.

As I conducted background research for this article, I did not find professional registered nurses' names on the lists of either house of NYS or NYS federal legislators. As I close this column, please ask yourself these questions: How do I as a nurse impact the health of my patients, their families, my community? Could I ever envision a time when I might stand up and serve as a nurse in my state or federal legislature? I hope this column enhanced your understanding of the important role nurses have in our local, state, and national conversations about health care. Until the next issue

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https://www.bozemandailychronicle.com - photo of Jeannette Rankin, 1918

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Legislative Update

By Amy Kellogg

I am excited to be writing my first newsletter article for the ANA-NY newsletter. My name is Amy Kellogg, and I am a partner at Harter Secrest & Emery, LLP. I am a government affairs attorney, and we were recently retained to serve as the lobbyists for the Association. As a bit of background, I have been doing government affairs and lobbying for over 17 years. I have had the privilege to represent a wide variety of clients and work with elected officials across the political spectrum.

Our team also consists of Don Mazzullo, Ric Scanlan, and John Jennings, and we are one group within a large general practice law firm with offices in Rochester, Buffalo, Albany, Corning and New

York. We are looking forward to bringing our experience and expertise to the ANA-NY.

Each newsletter, I will submit an update on legislation of importance to the Association and a description of what we have been working on. Many of you may not be familiar with the legislative process or what lobbyists do, so for this first article, I wanted to start with a legislative 101 briefing.

The New York State legislature is comprised of two houses, the Senate and the Assembly. The Senate has 63 members and is controlled by the Democrats by a 39 to 24 margin. Senate Majority Leader Andrea Stewart-Cousins is the leader of the Senate. The Assembly has 150 members and is also controlled by the Democrats by a 107 to 43 margin. The leader of the Assembly is Speaker Carl Heastie.

Both Senators and Assembly members must run for reelection every two years, and the current members of the legislature were just elected in November 2018. Accordingly, they will serve until December 31, 2020 and seek reelection next November 2020.



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The legislature in New York is a part time body, and generally holds session from the beginning of January through the end of June. In New York, the fiscal year runs from April 1 to March 31, and the legislature must pass a new budget every year. Accordingly, the first couple of months of the legislative session is primarily focused on the budget process (although some non-budget matters will be addressed during that time).

From July through December, members of the legislature do not regularly travel to Albany for session. However, members will spend significant time in their district offices doing local constituent work and participating in various public hearings and committee

The other key player in the legislative process in Albany is Governor Andrew Cuomo. Governor Cuomo was reelected to his third four-year term in November 2018. He took office on January 1, 2019, and his term will run through December 31, 2022. The Governor plays an important role in the legislative process. He can introduce his own bills, which are called program bills, through the executive agencies, and he also is responsible for releasing the initial budget proposal that serves as the basis for the final budget negotiations.

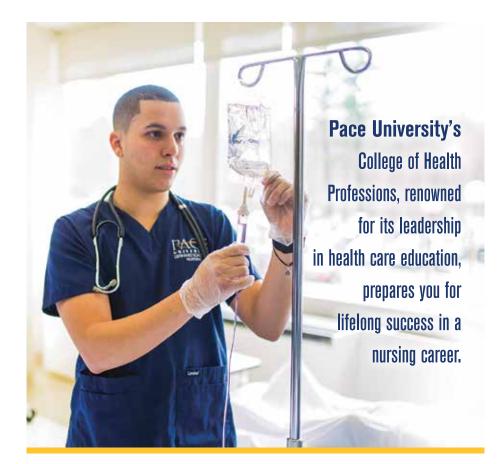
There are thousands of bills introduced in both the Senate and Assembly every session. In order for a bill to become a law, it must be passed by both the Senate and Assembly. It is then sent to the Governor for his review, and he can either sign the bill into law or veto it. This overall process may seem simple, but it is actually quite complicated.

One of my primary jobs as the lobbyist for the Association is to track the legislation that is introduced and to keep the Association updated on its progress. If it is a bill that the Association supports, I will work with the bill sponsors and committee chairs to let them know of the Association's support. If it is a bill that the Association opposes, I will work with the bill sponsors and committee chairs to let them know of the Association's objections and to see if we can make changes that will address the Association's concerns. If not, we will work to oppose the bill's final passage based on our objectives.

I will also be working with the Association to see if there is legislation that is not currently introduced that we would like to see introduced. I will work to draft the appropriate legislation and then work with the Senate and Assembly to find sponsors and help the bill through the legislative process.

One of the main jobs of a lobbyist is to ensure that the client has a voice in Albany. I will be working with the ANA-NY leadership to help raise the profile of the Association among members of the legislature and with the Governor to help ensure that your voice is heard in any discussions that involve nurses and nursing-care.

I hope this gives you some idea of how the legislative process works and the role a lobbyist plays. I will provide more detail on specific processes, legislation and issues in future issues of the newsletter. I will also be attending your annual meeting, and I look forward to meeting you in person and answering any questions you may have. On behalf of our entire team, thank you for making the decision to hire us, and we look forward to working with you this session.



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SEXUAL HARASSMENT PREVENTION STRATEGIES Benjamin Mudrick

Harvey Weinstein, Matt Lauer, Dr. Larry Nassar, former New York Attorney General Eric Schneiderman, and the list goes on. The #MeToo movement has created a national awareness of sexual harassment and misconduct both inside and outside of the workplace. At the same time, New York is imposing new requirements on employers regarding sexual harassment policies.

Under federal and state law, Employers must provide harassment-free work places. Where they fail to do so, they can be held liable for sexual harassment claims (and in some states, like New York, individual employees can sometimes be held personally liable). A 2015 study showed that employment and harassment disputes that went to litigation resulted in defense and settlement costs averaging \$125,000. Even those matters that resolved internally still had significant costs, averaging 275 days of time, energy, and resources to handle. Recent sexual harassment settlements included a \$10 million payment by Ford to Chicago workers and Twenty-First Century Fox has paid out more than \$45 million for claims against Roger Ailes.

But the consequences can go far beyond monetary costs. The emotional and physical impact on victims can be devastating. And employers' failure to prevent harassment can result in poor morale, turnover, and reputational harm.

Sexual Harassment Definition

Sexual harassment is described as unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Both the victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex. In addition, harassment does not need to necessarily be of a sexual nature. It can include offensive remarks about a person's sex such as making offensive comments about women or men in general. Sexual harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment. Employers, however, can take steps to help prevent harassment and bolster their defense of any legal claims.

Review Your Anti-Harassment Policies and Complaint Procedures

To promote a culture of respect and to defend against potential legal claims, employers should have strong anti-harassment policies that are distributed and readily available to employees. Policies should contain: a definition of sexual harassment; examples of prohibited conduct; a prohibition against retaliation; multiple avenues to report (managers/supervisors, Human Resources/Employee Relations, hotlines, etc.); an explanation of the investigation process; a commitment to maintain confidentiality to the extent feasible; and a statement that the company will take prompt corrective action when it is found that harassment has occurred.

Critically, New York enacted legislation that requires employers to implement sexual harassment prevention policies that: provide examples of prohibited conduct; provide information on state and federal laws concerning sexual harassment and the remedies available to victims; include a standard complaint form; include a procedure for a timely and confidential investigation of complaints that ensures due process for all parties; inform employees of their rights and all available forums for adjudicating complaints administratively and judicially; state that sexual harassment is considered a form of employee misconduct and that sanctions will be enforced against individuals engaging in sexual harassment and against supervisory and managerial personnel who knowingly allow such behavior to continue; and indicate that retaliation is prohibited. New York also recently added protections for non-employees (vendors, contractors, etc.) as New York employers may now be liable if the employer knew, or should have known, about harassment of non-employees and failed to take "immediate and appropriate corrective action." New York is scheduled to provide sexual harassment prevention guidance and a model policy by October 9, 2018.

Conduct Harassment Prevention Training

Employers should also consider conducting sexual harassment prevention training designed to set the standard for workplace interactions focused on inclusion and respect. Effective October 9, 2018, New York employers must provide an annual "interactive" training that includes: an explanation of sexual harassment and



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examples of prohibited conduct; information on state and federal laws concerning sexual harassment and remedies available to victims; a section addressing conduct by supervisors and additional responsibilities for such supervisors; information on employees' rights and all available forums for adjudicating complaints administratively and judicially. New York is scheduled to provide a model sexual harassment prevention training module by October 9, 2018.

On the Horizon

Numerous states have proposed legislation to address workplace sexual harassment, including Vermont, New Jersey, Virginia, California, and Florida. Proposed legislation includes banning non-disclosure provisions in sexual harassment settlements, prohibiting arbitration of sexual harassment claims, and policy and training requirements. We recommend continued monitoring of legislative developments to ensure compliance in this ever-evolving area.

Conclusion

Although employers must continue to comply with applicable laws, an employer's best defense against sexual harassment claims is to create a culture of collaboration, inclusion, and, most of all, respect. Promoting workplace standards that promote respective interactions will not only assist with harassment prevention, but also improve employee morale and satisfaction.

Benjamin Mudrick is a Partner in the Labor and Employment Law Group at Harter Secrest & Emery LLP where he provides real-world, client-focused employment law advice to public and private companies. Harter Secrest & Emery has extensive experience in counseling employers on sexual harassment prevention, regularly reviews antiharassment policies, and provides sexual harassment prevention training programs for employers. For more information visit www.hselaw.com.



Hunter College's School of Nursing has been a critical component of the NYC health care community for over 50 years. The School's undergraduate division consists of three programs leading to the Bachelor of Science (Nursing) degree: Generic, for undergraduate students who do not have a RN license; Accelerated Second-Degree, for students who have already earned a baccalaureate degree in another field; and RN-BS, for those students who have completed an associate degree nursing program and have a current license. In addition, graduate students are enrolled in 10 specialties toward the MS degree and DNP. The School also is a partner in the PhD in Nursing Science program based at the CUNY Graduate Center. Hunter College's School of Nursing is the nursing school partner for the Clinical Translational Science Center at Weill Cornell Medical College. This partnership affords faculty with

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ORGANIZATIONAL AFFILIATE SPOTLIGHT



New York State Association of Occupational Health Nurses

Patricia Sadowski BSN, RN, COHN-S/CM, Retired

The New York State Association of Occupational Health Nurses (NYSAOHN) is excited to become an organizational affiliate of ANA-NY. We are a not-for-profit 501(c)(6) organization committed to promoting the health, safety and well being of the men and women in the workplace and advancing the profession of Occupational and Environmental Health Nursing in New York State through mentoring, networking and providing educational programming for Occupational Health Nurses (OHNs). Our 200 plus members come from across the state. We work in industry, government, healthcare organizations and insurance companies and work within small to medium businesses as well as some of the largest Fortune 500 companies.

The New York State chapter got its start on April 21, 1951 during an annual American Association of Industrial Nurses (AAIN) Conference. Fifty (50) New York State industrial nurses were invited to attend. The purpose was to discuss formation of a NYS Industrial Nurses Association. These nurses were to go back to their clubs, as they were called, to put this request into action.

The founding organizational meeting of the New York State Association of Industrial Nurses (NYSAIN) was held in Syracuse, NY on December 1 and 2, 1951 at the Hotel Syracuse. One hundred (100) nurses attended from Syracuse, New York City, Rochester, Endicott and Oswego. The New York State Association of Industrial Nurses chapter incorporated with NY State in 1963. In 1977 the name was changed to the New York State Association of Occupational Health Nurses (NYSAOHN).

NYSAOHN holds an annual educational conference - the 2019 state conference will be May 17 at the del Lago Resort & Casino in Waterloo, NY. Our NYSAOHN Nurse of the Year award is given annually to an OHN who demonstrates association, professional and community

involvement. We also honor an OHN annually who exhibits leadership at the state association level with the Medique Leadership Award. Scholarships are made available to members to attend our state conference and the Northeast regional AOHN conference.

Today there are also five (5) local OHN chapters, each individually incorporated, across New York State who offer networking, mentoring and educational programming several times per year for their members at the local level. The Presidents of the local chapters make up the Board of Directors of the NYSAOHN organization. The local chapters and their geographic catchment areas

- Central NY Association of Occupational Health Nurses (CNYAOHN) covering Syracuse, Utica, Rome and the North Country
- Finger Lakes Association of Occupational Health Nurses (FLAOHN) covering Binghamton, Elmira, Corning, Ithaca and the Southern Tier
- Greater New York Association of Occupational Health Nurses (GNYAOHN) covering New York City, Long Island and the lower Hudson Valley
- Greater Rochester NY Association of Occupational Health Nurses (GRNYAOHN) covering Rochester, northern Finger Lakes, Buffalo and the Niagara Frontier
- NY Capital District Association of Occupational Health Nurses (NYCDAOHN) covering Albany, upper Hudson Valley and the Champlain Valley

The first record of occupational health nursing in the United States dates back to 1888 when nurse Betty Moulder cared for Pennsylvania coal miners and their families. The profession evolved with the growth of industry around the beginning of the 20th century as factories employed nurses to combat the spread of infectious diseases like tuberculosis, address health-related problems resulting from labor shortages during

World War I, and cut costs arising from new workers' compensation legislation. Today, the scope of practice includes disease management, environmental health, and emergency preparedness and disaster planning in response to natural, technological, and human hazards to work and community environments.

Poor employee health costs business about \$1 trillion annually, so business executives look to OHNs to maximize employee productivity and reduce costs through lowered disability claims, fewer on-the-job injuries, and improved absentee rates. Through their recognized value as business partners, OHNs implement occupational health service programs and provide budgetary input for programs and staffing, develop policies and procedures in alignment with company vision and mission, supervise and direct employees, and mentor co-workers in the effort to impact corporate improvement and workers, worker populations, and community group health and safety, thus contributing positively to the financial bottom line.

Nurses who specialize in occupational health must be particularly business savvy. From an indepth understanding of benefits planning, to project management, writing business plans, and documenting return on investment, nurses who deliver care to workers need strategic and creative thinking skills. As the business climate has changed in the USA and manufacturing has left New York State, traditional OHN positions in industry have been disappearing. With the emphasis on businesses shedding non-core activities, the OHN must be prepared to justify their position within the company or risk having their position eliminated or outsourced.

 Modern roles of OHNs are as diverse as clinicians to educators, case managers to corporate directors and consultants. The OHN's responsibilities have expanded immensely to encompass a wide range of job duties, including but not limited to:



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- Case management: OHNs routinely coordinate and manage the care of ill and injured workers. Their roles as case managers have grown more sophisticated with the coordination and management of work-related and non-work-related injuries and illnesses, which include aspects related to group health, workers' compensation, the Family and Medical Leave Act (FMLA) and short-term/longterm disability benefits.
- Counseling and crisis intervention: Besides counseling workers about work-related illnesses and injuries, OHNs often counsel for issues such as substance abuse, psychosocial needs, wellness/ health promotion concerns, and other health or work-related concerns. They may also assume primary responsibility for managing employee assistance programs or handling referrals to employee assistance programs and/or other community resources, and coordinate follow-up.
- Health promotion and risk reduction: OHNs design programs that support positive lifestyle changes and individual efforts to lower risks of disease and injury and the creation of an environment that provides a sense of balance among work, family, personal, health, and psychosocial concerns. Immunization, smoking cessation, exercise/fitness, nutrition and weight control, stress management, monitoring of chronic diseases, and effective use of medical services are just a few of the preventive strategies to keep workers healthy and productive.
- Legal and regulatory compliance: OHNs work with employers on compliance with regulations and laws affecting workers and the workplace such the Occupational Safety and Health Administration (OSHA), the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA) and the Health Insurance Portability and Accountability Act (HIPAA)
- Worker and workplace hazard detection: OHNs recognize and identify hazards; monitor, evaluate, and analyze these hazards by conducting research on the effects of workplace exposures; and gather and use health and hazard data to select and implement preventive and control measures as a continual process.

For additional information about our organization check out our website: https://nysaohn.nursingnetwork.com.

Patricia Sadowski BSN, RN, COHN-S/CM, Retired

I graduated from Keuka College, Keuka Park, NY with a BSN in 1975. After working in the hospital setting in Rochester, NY for 12 years, primarily in med-surg, the emergency room and recovery room, and with two children under two years of age, I decided to look for something with more traditional work hours. Occupational health nursing fit that bill and I found that I loved the specialty. So, I spent the last 25 plus years of my career working in various occupational health settings: in a multi-nurse clinic at a car parts manufacturer, as an ergonomics rehabilitation coordinator for the Distribution division of a copier manufacturer, a utility company, a Clinical Nurse Specialist at a NYS Department of Health Occupational Health clinic at a large university and finally as a workers' compensation nurse case manager for an insurance company.

Although I retired three years ago, I remain passionate about occupational health nursing and the promotion of occupational health nursing through NYSAOHN. I've been a member of NYSAOHN for over 20 years and have been active at the local, state and regional chapter levels in several different capacities: served on the Education Committee, as a Director on the Board, as President Elect and President of the Greater Rochester local chapter; chaired a Northeast regional OHN conference, served as Secretary, President Elect and now President at the state chapter level; and at the regional level I have served on the nominating committee, as a Director on the Board and as chair of the conference grant committee.

I enjoy networking with nurses practicing in the field, keeping in touch with nurse friends I've known for many years and mentoring nurses to assume leadership roles in our organization. Being active in our organization keeps me current on local, state and national issues affecting occupational health and healthcare in general.

I currently live in the Syracuse area with my husband, Nick, dog, Mickey, cat, Minnie and a 26 year old cockatiel, Bruiser. I have two sons, Jeffrey who lives in Rochester with his wife, Margo and Matthew is in Syracuse. I greatly enjoy my cottage on Keuka Lake in the Finger Lakes, boating, winery tours, taking walks, gardening, and reading.

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- Objectives:
 - Nursing faculty will be empowered to use the resources available to them through professional organizations (ANA).
 - Nursing faculty will empower students to recognize their own leadership qualities so they understand their role as part of the organization's team.

Nursing faculty play a major role in getting students involved in a professional nursing organization. Faculty must be role models for students and join the American Nurses Association (ANA) in addition to other specialty organizations. Faculty can begin by making a requirement in a nursing program for students to attend a Student Nurses Association (SNA) meeting every semester and connect it to a course grade. Students at Farmingdale State College (FSC) are required to be members of the Student Nurses Association and attend at least one meeting per semester. Failure to meet these requirements results in a deduction of half a letter grade from the clinical nursing course enrolled in for that semester. This strategy helps students to see the importance of these organizations and understand how their involvement contributes to shaping nursing practice. Faculty also emphasize the relationship of ANA to the National Students Nurses Association (NSNA) and the Nursing Student Association of New York State (NSANYS).

ANA RESOURCES FOR FACULTY AND STUDENTS

There are many ANA resources that faculty can use to facilitate empowerment and leadership in nursing students. ANA consistently respects the insights and contributions of students as the nurse leaders of tomorrow, and strives to support faculty and students

NOW HIRING!

As part of the NYS Office of Mental Health (OMH), the Capital District Psychiatric Center (CDPC) provides inpatient and outpatient psychiatric treatment and rehabilitation to adults who have been diagnosed with serious and persistent mental illnesses. CDPC also has outpatient treatment services for children and adolescents.

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Generous fringe benefits include health insurance, dental, vision and prescription drug coverage; paid vacation, personal and sick leave, access to group rates for life, home and auto insurance, 529 college savings program, employer sponsored tax deferred savings program and an outstanding pension plan. Additionally, there is continuous opportunity for training and growth as a CDPC employee including educational advancement and possibility for financial support and tuition reimbursement, if qualified.

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in their journey. There is no need for students to wait for licensure to start benefiting from ANA - as an ANA Student Subscriber; students are ahead of the game as ANA collaborates and partners with NSNA to help bridge the transition from nursing school to licensure and practice. ANA has been a sponsor of the NSNA Annual Convention for the past five years. As a member of NSNA, students are eligible to sign-up as ANA Student Subscribers and receive student subscriber benefits free

The Healthy Nurse, Healthy Nation Grand Challenge (HNHN) is another ANA initiative that faculty can use with nursing students. HNHN is a social movement designed to transform the health of the nation by supporting nurses to take positive action to improve health. ANA considers a healthy nurse as one who actively focuses on creating and maintaining a balance and synergy of the physical, intellectual, emotional, social and the spiritual domains within his or her life (ANA, n.d).

The HNHN challenge broadly connects and engages nursing students, individual nurses and partner organizations to take action within five focus areas: physical activity, sleep, nutrition, and quality of life. Faculty can use this challenge to emphasize the importance of individual nurses taking care of themselves first, and to strive to be healthy role models for the profession and for the patients they serve. Nurses taking care of themselves is also reinforced in the ANA Code of Ethics for Nurses (2015), Provision Five: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth (p. 19). Nursing faculty and students only need to text to subscribe to HNHN! ANA understands that faculty and students are always on the go so the organization has made it easy for nurses to receive the monthly challenge tips. Text healthynurse to 52886 to subscribe and receive challenge tips or email Jaime.Dawson@ana. org, who coordinates this program. Students will benefit from sharing simple strategies with their peers for daily exercise, healthy eating, and stress reduction. Students can use the knowledge gained to empower themselves, and to educate others about developing healthy

ANA offers the benefit of a Career Center as the organization represents the interests of the nation's almost 4 million registered nurses. The career center is ready to reach thousands of skilled nurses who are ready for a nursing position. ANA's Career Center gives employers instant access to qualified nurses working in all areas of health care. Nursing employers can post nursing jobs and search the database to recruit ANA members who represent the top talent in the nursing profession. Organizations come to ANA's Career Center to recruit

(a \$10 value).

nurses working in all areas of health care. The career center is a great resource for faculty and students to use in gaining knowledge about specific career opportunities.

ANA continues to be the major nursing organization responsible for exerting influence on policy and healthcare legislation. The focus of current ANA issues and legislation continues to be on fostering a healthy work environment. This environment includes those issues related to staffing, nurse fatigue, safe patient handling and mobility, and workplace violence and

Bullying also is an important part of workplace incivility. Education about preventing bullying begins at the student level. What faculty and students permit in the educational setting, they promote in the profession. Up to 50% of nurses report that they have been bullied in their career so addressing this issue has significance for nurses practicing in all types of healthcare settings.

Workplace Safety is another issue addressed by ANA and crucial to the success of new graduate nurses. ANA's goal is to prevent slips and falls in the workplace, sharps and needle stick injuries, to educate about the appropriate handling of potential chemical hazards, to protect individual nurses during exposure to communicable disease, and to educate nurses about how to respond appropriately in an emergency response.

ADDITIONAL RESOURCES:

The American Association of Critical Care Nurses (AACN)'s six essential standards for healthy work environments also addresses similar workplace issues and in conjunction with ANA standards, reinforces the development of leadership skills in students and in faculty. The AACN standards can empower students to promote a safe workplace. The AACN standards include skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition and authentic leadership. For example, skilled communication reinforces the importance of not only good clinical assessment skills, but also reinforces the importance of effective communication skills within nursing practice. The nurse needs to listen to his or her patient and respect the uniqueness and dignity that each patient brings with them. Authentic leadership addresses the idea that nursing leaders must fully embrace the importance of a healthy work environment, regardless of the setting in which they practice (AACN, n.d).

Professional Development is essential to both faculty and students and the emphasis should be on life-long participation through continuing education activities and through participation and membership in professional nursing organizations. Student membership in a professional organization provides many opportunities for obtaining essential education about the nursing profession, and reinforces classroom learning. A phenomenological study by Lapidus-Graham (2010) reported that student membership also reinforced the concepts of teamwork and collaboration, accountability, and responsibility in nursing practice.

Advocacy is another essential element for nursing practice and can empower faculty and students in practice. Advocacy is the act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue (ANA Code of Ethics, 2015). Advocacy for students begins in a Professional Organization. Faculty empower students by emphasizing that every day, in countless large and small ways, students make the world a better place for their patients and change lives by elevating the voices of vulnerable people, and improving conditions for those around you.

As the largest group of health professionals in America, and consistently the highest ranked in terms of ethical behavior by the public, nurses and those involved in a professional organization, are in a unique position to influence the direction of both the profession and healthcare. Faculty need to empower students by attending professional meetings with students, networking with both NSANYS members and ANA-NY members and lobbying about nursing issues and pending/ current legislation affecting nursing,

In conclusion, ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. Nursing faculty in conjunction with nursing students, nursing staff in the practice setting and with ANA-NY members, empower leadership in our future nurses.



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American Association of Critical Care Nurses (n.d). Six standards for a healthy work environment. Retrieved from https:// www.aacn.org/nursing-excellence/healthy-work-<u>environments</u>

American Nurses Association (n.d). Healthy Nurse, Healthy Nation. Retrieved from https://www.nursingworld. org/practice-policy/work-environment/health-safety/ healthy-nurse-healthy-nation/

American Nurse Association (2015). Code of Ethics for Nurses with Interpretive Statements. Published by Nursesbooks.org.

Lapidus-Graham, J (2010). Participation in a student nursing organization and the development of leadership behaviors: A phenomenological study. University of Phoenix

Registration

Name:
E-mail address:
Address
Phone number

Please return (all documents are required or will result in no certificate)

- Completed Post-test
- **Completed Evaluation Form**
- Completed Registration Form (Include e-mail address or will result in no certificate)
- Members are free, \$7.00 Fee for non-members

Continuing Education Post- Activity Questions

- 1. The major goal of ANA's Healthy Nurse, Healthy Nation initiative is to:
 - a. Support nurses in making healthy decisions
 - b. To address ways for nurses to improve the quality of their lives
 - c. To share strategies for health improvement with other nurses
 - d. All of the above

- 2. Student membership in ANA is
 - a. only available to NSNA members
 - b. free to all NSNA members
 - c. only available through faculty who are ANA members
 - d. Provides for full ANA benefits
- 3. Effective ways to empower students to become leaders include:
 - a. Role-modeling by faculty
 - b. Attending meetings without faculty guidance
 - c. Membership in NSNA
 - d. A and C
- 4. Advocacy in nursing is reinforced by all of the following EXCEPT
 - a. The ANA Code of Ethics
- b. Lobbying on legislative issues related to the nursing profession
- c. Incivility and bullying
- d. Improving the working conditions for those around
- 5. Workplace safety as outlined by ANA includes:
 - a. Preventing slips and falls
 - b. Meaningful recognition
 - c. Preventing needle stick injuries
 - d. A and C
- 6. A study by Lapidus-Graham (2010) highlighted that participation in SNA's reinforces which behaviors?
 - a. Teamwork
 - b. Collaboration
 - c. Accountability
 - d. Responsibility
 - e. All of the above
- 7. A major focus of a professional nursing organization such as ANA is:
 - a. To promote life-long learning through continuing education
 - b. To promote the interest of only nurses working in hospitals
 - c Promote legislation issues related to nursing and healthcare
 - d. A and C

EVALUATION

- 1. The learning outcome(s) for this activity was met?
- 2. I found this activity worthwhile for my professional practice. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

3. This activity will enhance my knowledge/skill / practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

4. The authors were knowledgeable about the topic:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

- 5. As a result of this activity, please share at least one action you will take to change your professional practice/ performance.
- 6. Was this independent study an effective method of learning?
- 7. What other topics would you like to see addressed in an independent study?



CONTINUING EDUCATION STATEMENT:

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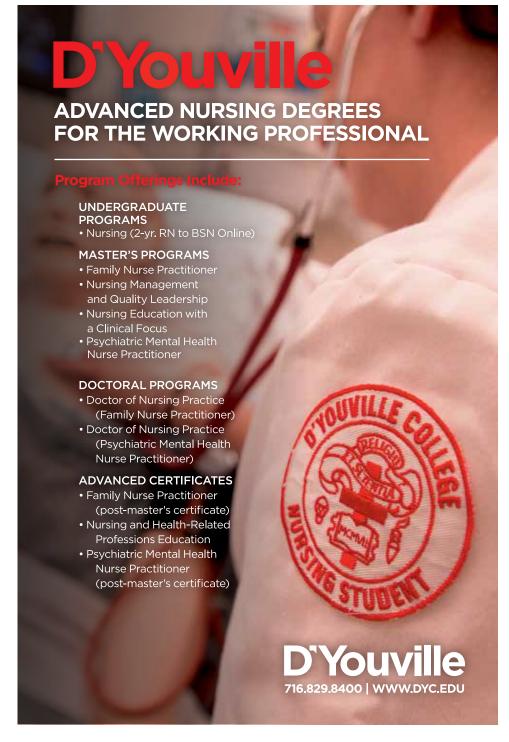
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www.calvaryhospital.org



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ANA-New York and Foundation of New York State Nurses, Inc. 2019 Research Fellow Application Packet

ANA- New York (ANA-NY) and the Center for Nursing Research at the Foundation of New York State Nurses, Inc. (FNYSN) are pleased to announce the 2019 call for Research Fellow applicants. This is a voluntary two-year program for nurses who are interested in improving their research skills under the direction of a coach from the Foundation's Cathryne A. Welch Center for Nursing Research. The Fellow chosen will participate in a study being conducted by members of the Center for Nursing.

What benefit might the Fellowship offer your career or the career of someone in your agency? This is a valuable opportunity to be involved with nurses who are involved daily in research activities; to have them available for consultation and support while completing a research project of your choosing. Today agencies are dealing with an emphasis on evidence-based practice in nursing. What benefit might the Fellowship offer an agency to have one of its nurses involved in this Fellowship program?

Please consider the potential and interest of the nurses you know and encourage them to apply for the 2019 Fellow position.

Applications and supporting documents from an individual interested in this position must be received at this address no later than **June 21, 2019**:

Jeanne Westcott, PhD, RN The Veronica M. Driscoll Center for Nursing 2113 Western Avenue, Suite 1 Guilderland, NY 12084

jwestcott@FoundationNYSNurses.org

The Application Packet for the Research Fellow includes:

- 1. Research Fellow Program Description
- 2. Application Form
- 3. Sample Timetable of Activities
- 4. Sample Supervisor Letter
- 5. Selection Criteria for Award (for informational purposes only)

Research Fellow Program Description

Overview

ANA-New York and the Foundation of New York State Nurses, Inc. are honored to sponsor the Research Fellow program for nurses interested in growing their research knowledge and skills to advance nursing practice. This voluntary commitment provides practicing nurses with an opportunity to participate directly with nurse researchers who serve on the Foundation's Cathryne A. Welch Center for Nursing Research. The Fellow will be coached by a member who will assist her/him in participating in an on-going study. In addition, the Fellow will participate in Center for Nursing Research meetings. The 2019 Research Fellow will:

Participate in all Foundation of New York State Nurses Center for Nursing Research meetings at ANA-New York expense;

Receive personalized coaching on a research-related goal such as:

- o an evidence-based practice project;
- o preparing a manuscript for publication;
- o preparing education programs related to research;
- o designing a research protocol for implementation.

Outcomes

Upon successful completion of the research fellowship, the Fellow will demonstrate competencies in research as evidenced by ONE of the following:

- 1. Presentation on research and/or research experiences to a group of health professionals or to members of the community; OR
- Presentation of a manuscript related to research;OR
- 3. Development or evaluation of an evidence-based practice protocol or other clinical intervention.

Fliaibility

- ✓ Registered Professional Nurse in New York State.
- ✓ Bachelor's degree or higher degree in Nursing, but not a doctorate or enrolled in a doctoral program.
- ✓ The 2018 Research Fellow will be sponsored by ANA-New York— therefore the applicant must be a member of ANA-New York (membership information is available at www.nursingworld.org/joinANA)

Application Form

1. Contact Information

Name of Applicant:	
Home Address:	
Telephone Number	
	(Home)
	Work)
E-mail Address (H):	
E-mail Address (W):	
Present Position/Title:	
Employer:	
Employer Address	

2. Eligibility Criteria

ANA-New York

Baccalaureate degree* or higher degree* in Nursing. Nurses with doctoral degrees or who are enrolled in a doctoral program are not eligible.

*Applicant may have a baccalaureate degree in another field if the applicant has a higher degree in Nursing

3. Required Documents for Applicant

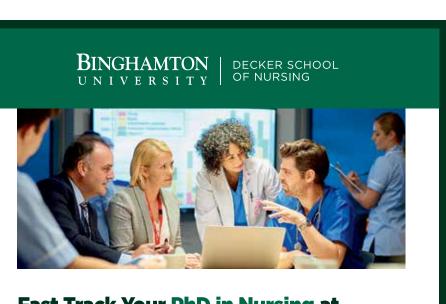
All required documents should be submitted with your name on each page, have one-inch margins, and at least 11 point font lettering.

- a. A current resume or curriculum vitae.
- List of organizational memberships, participation, and/or committee offices held if not included and/ or highlighted on your vitae.
- c. A two page statement that includes:
 - 1. a description of your current work responsibilities. Include if applicable, any activities related to research;
 - a description of what you believe this fellowship will help you accomplish;
 - 3. evidence of your potential for participating in research activities. Include examples of achievements and future plans in relation to research activities and educational goals.
- d. Provide a recommendation by a professional colleague who possesses a minimum of a master's degree and who is involved in research activities. This person does not need to be a nurse but should be able to address your potential for research activities and related scholarship.
- e. Provide a second recommendation from your supervisor that will attest to your organization's support for the Research Fellowship. See Sample Supervisor's Letter in this packet.

Please submit one electronic copy with electronic signature (may also send a scanned copy) of the above application form and all required documentation to:

Foundation of New York State Nurses
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 1
Guilderland, New York 12084-9559
jwestcott@FoundationNYSNurses.org
APPLICATIONS SHOULD BE RECEIVED BY 5:00 PM ON
JUNE 21, 2019

Jeanne Westcott, PhD, RN



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Sample Timetable of Activities

First Year			
Spring	 Review of applicants by Scholarship, Awards and Application subcommittee Appointment of Fellow by ANA-NY Board of Directors 		
Spring/Summer	 Orientation Program (1 day) (Place TBD) Discuss personal goals for Fellowship Complete initial interview/feedback questions 		
Spring/Summer	 Attend/participate in CNR annual meeting Be prepared to discuss your draft goals for the Fellowship Select a mentor 		
Spring/Summer	Attend/participate in CNR meetings as indicatedUpdate goals		
Fall/Winter	 Attend/participate in meetings as indicated Assess personal Fellowship goals Complete 6 month interview 		
September/October	ANA-New York ConventionAttend/participate in meetings as indicated		
Second Year	 Calendar as described above Evaluate Fellowship activities and goals Revise goals Plan program of activities to meet goals Complete Fellowship project Complete final interview 		

Please Note: Individualized learning activities can also be arranged for each Fellow with the various members of the Cathryne A. Welch Center for Nursing Research as well as the sponsoring organizations.

Sample Supervisor Letter for 2019 Application

Foundation of New York State Nurses, Inc. Center for Nursing Research The Veronica M. Driscoll Center for Nursing 2113 Western Ave, Suite 1 Guilderland, New York 12084-9559

Dear Selection Committee for Nursing Re	search Fellowship: for the ANA-New Yor
2019-2021 Nursing Research Fellowship. I	understand this two year program enable
to par	ticipate in the research related activitie
of the Foundation of New York State Nur	ses Cathryne A. Welch Center for Nursing
Research. I understand that (she/he) will re	
a project that will enhance (his/her) under	erstanding of research and evidence-based
practice.	
. I understand that	's participation in thi

i dideistand that	s participation in this
program will involve attendance at an annual	meeting and occasional telephone
conference calls. This will involve no direct of	cost to our organization but rather
's travel will I	be subsidized by ANA-New York. Our
organization is not obligated to offer	duty time to
participate in this program but we may consider	it because of the long term benefits
this program enables our staff member to bring to	o our facility.
We fully endorse	's nomination for this program

e to our ar or

ganization is not obligated to offe	r duty
articipate in this program but we r is program enables our staff memb	may consider it because of the long term learn to bring to our facility.
We fully endorse	's nomination for this p
nd look forward to the ways in wh ganization.	ich this valuable experience will contribut
Supervisor signature block	
Signature	Date
Printed Name	_
Title	_

Selection Criteria (For Information Only - Do Not Complete)

Please check whether the candidate's documents met or did not meet the indicated criteria, in addition, rank the *criteria using the below scale and calculate a total.

- *Degree to which a particular criterion was MET:
- 1 = average;
- 2 = above average;
- 3 = exceptional

Selection Criteria	Met Yes No	Score	Comments
Eligibility			
ANA-New York Member		N/A	
Baccalaureate or higher degree in Nursing		N/A	
Specific Criteria			
1. CVProfessionally presentedUp-to-date			
 2. Lists organizational membership, participation and offices if not included in CV Listed appropriately in CV or listed appropriately on separate paper Member of professional groups, including specialty Member of national honor societies Indicates active participation Indicates offices held 			
 4. Articulates a sense of what he/she wants to achieve as a result of the fellowship. Clearly stated? Feasible? Attainable within structure of program? 			
 5. Long-range plans for research activities Research activities stated clearly 			
 6. Narrative indicating potential for conducting research Clearly stated examples of achievements of: research activities educational goals Clearly stated examples of future plans: research activities educational goals All statements fit within 2 pages. Indicates potential of candidate in relation to research activities Indicates that candidate demonstrates scholarship in his/her work 			
his/her work Positive recommendation Total Score			

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BPC-Careers@omh.ny.gov or WNYCPC-Careers@omh.ny.gov







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Criminal Charges for Medical Mistakes? A Tough Pill to Swallow

By John A. Musacchio, Esq.

In February 2019, criminal charges were brought against a nurse in Tennessee alleging that she committed reckless homicide and impaired adult abuse of a patient. The charges arose out of a tragic mistake that cost a patient her life. RaDonda Vaught, the nurse who has been criminally charged, is reported to have accidentally administered the wrong medication to the patient, which turned out to be lethal.



John A. Musacchio

While there should be consequences for a negligent act, is it fair for a nurse to face criminal charges and potentially jail time for an honest mistake? This article will explore the multiple consequences that a nurse can face when a mistake is made.

Types of Penalties

When a nurse makes a mistake, especially one that causes harm to a patient, the nurse could potentially face a variety of outcomes, depending upon the circumstances. These include professional discipline by the governmental entity that regulates nursing licenses (in New York, that is the Department of Education's Office of the Professions), being named as a defendant in a private civil lawsuit for malpractice and/or negligence, and potentially being brought up on criminal charges. Let's take a deeper look at each of these possibilities.

Professional Discipline

There are several types of professional discipline which can be imposed if a nurse is found to have committed professional misconduct, regardless of whether the act resulted in patient harm. If a patient has suffered harm or death, it is, of course, more likely that a more severe penalty will be imposed, such as revocation of the nurse's license.

New York State has the goal of protecting everyone in the State, so the Office of the Professions can revoke a nurse's license if it feels that the nurse has done something so serious that future patients could be put at risk by allowing the nurse to continue practicing.ⁱⁱ

One of the most surprising aspects of the RaDonda Vaught matter is that the Tennessee Department of Health, which oversees nursing licenses and discipline in that state, determined that there was no basis for taking disciplinary action against her license before criminal charges were brought against her.iii To provide some context, it is much more common for a nurse to face professional discipline after being charged with or convicted of a crime. iv For instance, in New York and many other states, being convicted of a crime - including an offense that had nothing to do with the nurse's professional duties is grounds for disciplining the nurse, including suspension or revocation of his or her nursing license. In the Vaught case, by contrast, the nurse has been brought up on criminal charges even after the disciplinary agency had independently found that the nurse's actions would not have an impact upon her license.

Civil Lawsuits for Malpractice and Negligence

Nurses can be sued privately in court (referred to as a "civil" lawsuit) for injuries and death caused to patients that result from malpractice or negligence. A nurse who is held liable won't go to jail in a civil lawsuit, but it can result in substantial monetary damages being awarded to the injured patient or their family.

It is important to note that an employer will often extend the company's insurance coverage to its employees if both the employer and the employee are named in a lawsuit. However, there is no guarantee that an employer will do so, and some nurses feel more comfortable having the extra protection of his or her own nursing liability insurance policy.

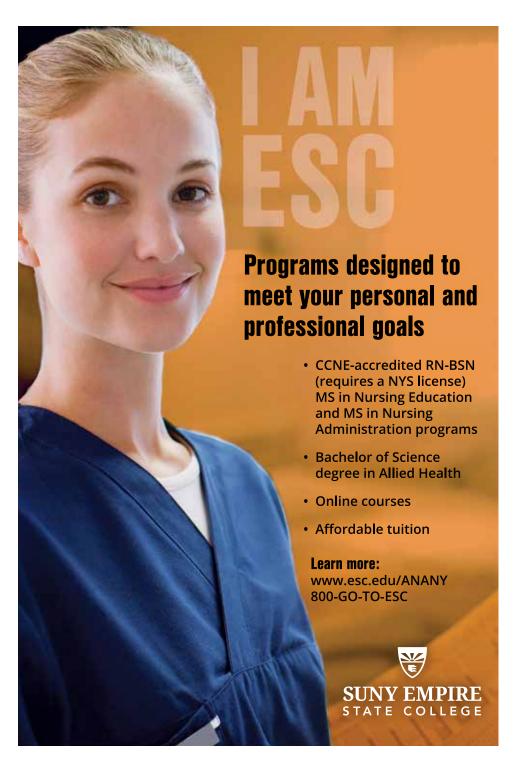
Note: Civil lawsuits and nursing liability insurance will be covered in one of my future articles in the ANA – New York Nurse Newsletter.

Criminal Culpability

This might be the scariest of all potential outcomes – the possibility of being sent to jail. While it is not absolutely unheard of for criminal charges to be brought against a nurse who has caused significant patient harm or death, it is rare. Historically, nurses have tended to face criminal charges because of either an *intentional* act or a medical mistake that was caused by a nurse's *gross negligence* (which is something more than a mere

Ways to Protect Yourself

- Understand and follow your employer's rules, policies and procedures
- Carefully review all orders and doublecheck (or even triple-check) to make sure you are providing the proper care and administering the proper treatment
- Keep complete, accurate charts and progress notes for your patients
- Keep copies of your positive employment evaluations, letters of reference, awards, and records of other professional accomplishments
- Do not steal, divert drugs, or engage in any other criminal activities
- If something goes wrong, hire an experienced attorney from the very beginning so that your license and your rights will be protected
- If arrested or investigated by law enforcement, hire a criminal defense attorney immediately who has experience defending nurses



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mistake). The question then becomes, how is "gross negligence" defined? The answer is not set in stone, but the following cases demonstrate some of the circumstances in which nurses have been convicted of serious crimes in recent years:

- In 2018, a nurse in California was sentenced to two years in prison after a patient died when the nurse failed to check the patient's vital signs for more than 6 hours and was found to have instead been using a computer for personal purposes; the nurse was also found to have falsified the patient's records."
- In 2018, a nurse in Colorado was sentenced to 14 months in prison after pleading guilty to stealing prescription painkillers intended for patients.^{vi}
- In 2017, an LPN in Pennsylvania was sentenced to two (2) years in prison after stealing prescription pain medications from nursing home residents where she was employed and fraudulently documenting the residents' records to indicate that the medications had been properly administered.^{vii}
- In 2016, a nurse in New York was sentenced to six years and 10 months in prison after admitting to stealing patients' oxycodone.
- In 2015, two nurses in Suffolk County, New York were convicted and sentenced to jail time – one to nine months and the other to six months – for their roles in causing a patient's death after failing to hook the patient up to a respirator; a third nurse was sentenced to 45 days in jail for attempting to help cover up the incident.
- In 2014, a nurse in New York was sentenced to four to 12 years for stealing patients' identities in connection with a credit card scam.*
- In 2013, an LPN in Georgia was sentenced to six (6) months in prison and ordered to pay \$80,000 in restitution for his role in falsifying time records to fraudulently obtain unearned wages. xi
- In 2011, six RNs and two LPNs in Florida were convicted of participating in Medicare fraud, with their sentences ranging from five months to 30 months in prison, in addition to orders to pay restitution (repay) amounts ranging from \$65,900 to \$594,000.xii
- In 1997, a nurse in New York was sentenced to five years in prison for drugging her three roommates

(also nurses) with medications that she had stolen from work.xiii

Conclusion

Attorneys and nurses alike will continue to watch the progression of the RaDonda Vaught case to learn what guidance it can provide. Regardless of the outcome, though, her unfortunate situation should serve as an important reminder to all nurses that even a simple mistake can have a variety of dire consequences — not only to the nurse, but to an innocent patient.

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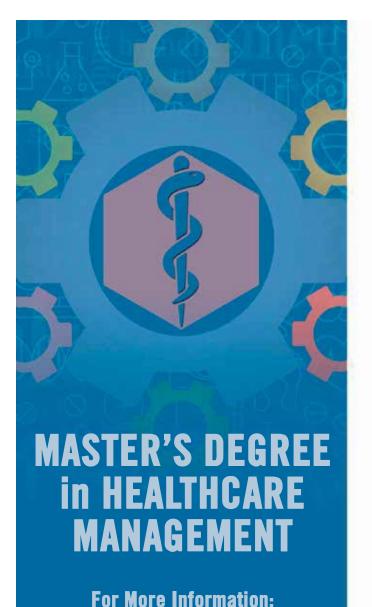
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Biography

John A. Musacchio is an attorney with the law firm Towne, Ryan & Partners, P.C., with four offices in Upstate New York and a fifth office in Bennington, Vermont. In addition to defending nurses in professional discipline matters, John also assists clients with labor and employment law matters, estate planning, Medicaid planning, criminal and DWI defense, compliance issues, personal injury matters, real estate transactions, business law, and litigation in all of these areas. He has been selected to the Upstate New York Super Lawyers Rising Stars list in 2015, 2016, 2017 and 2018. John is also the founder of the Facebook group Nursing Law 101: Protecting Nurses, where he offers daily legal tips and guidance for nurses.

John is proud to serve on the Committee on Character and Fitness for the State of New York Supreme Court Appellate Division Third Judicial Department, which reviews applications and interviews attorneys who have applied to practice law in the State of New York. He also proudly serves as Secretary of the Capital Region Italian American Bar Association. He is admitted to practice law in New York, Vermont and Massachusetts.

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Violence, Incivility & Bullying

Civility Best Practices for Nurses It's up to all of us Nurses should model respect and a professional demeanor to help reinforce civility and positive norms. Employers must

to help reinforce civility and positive norms. Employers must support and facilitate this process.

with respect,

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kindness

Avoid gossip and spreading rumors.

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Rely on facts and not conjecture

Collaborate and share information where appropriate.

Consider ho

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others.

Offer assistance when needed but accept refusal gracefully.

Take personal responsibility for one's own actions.

Recognize that abuse of power or authority is never acceptable.

Speak directly to the person with whom one has an issue.

Demonstrate openness to other points of view, experiences, and ideas.

Be polite and respectful, and apologize when indicated

Encourage, support, and mentor others.

Listen to others with interest and respect.

Above all, aspire to uphold the professional Code of Ethics.

American Nurses Association, www.nursingworld.org

While nursing is a profession dedicated to helping others, the highly charged nature of many of the environments in which nurses work can lead to situations where emotions boil over.

Incivility, bullying, and violence in the workplace are serious issues in nursing, with incivility and bullying widespread in all settings. Incivility is "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them." ANA defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient."

Such acts of aggression – be they verbal or physical – are entirely unacceptable, whether delivered by patients or colleagues. These incidents not only have a serious effect on the wellbeing of the nurse in question but also their ability to care for their patients.

ANA seeks to protect nurses from all types of workplace conflict through various methods including advocacy, policy, and resources. We want nurses, employers, and the public to jointly create and nurture a healthy, safe, and respectful work environment in which positive health outcomes are the highest priority.

Types of violence

According to The National Institute of Occupational Safety and Health (NIOSH), there are four types of violence that nurses might face in their work environment:

- 1. **Criminal Intent**. The perpetrator has no relationship with the victim, and the violence is carried out in conjunction with a crime.
- 2. **Customer/client.** The most common health care environment-based assault, the perpetrator is a member of the public with whom the nurse is interacting during the course of their regular duties.
- 3. **Worker-on-worker**. Commonly perceived as bullying, in these instances the perpetrator and victim work together though not necessarily in the same role or at the same level.
- 4. **Personal relationship.** In these incidents, the victim has been targeted as a result of an existing exterior relationship with the perpetrator, with the violence taking place in the workplace.

It is important to remember that none of the scenarios above are restricted to physical violence – verbal and psychological abuse can be just as damaging to both the nurse and their ability to care for patients. All such abuse comes within the scope of ANA's anti-workplace violence agenda.

How ANA is taking action on workplace violence

Currently, there is no specific federal statute that requires workplace violence protections, but several states have enacted legislation or regulations aimed at protecting health care workers from its effects. We support these moves by individual states, and are actively advocating further, more stringent regulation.

In 2015, we convened a Professional Issues Panel on Incivility, Bullying, and Workplace Violence to develop a new ANA position statement. You can read the full position statement here, and below are some key points:

- The nursing profession will not tolerate violence of any kind from any source;
- Nurses and employers must collaborate to create a culture of respect;
- The adoption of evidence-based strategies that prevent and mitigate incivility, bullying, and workplace violence; and promote health, safety, and wellness and optimal outcomes in health care;
- The strategies employed are listed and categorized by primary, secondary, and tertiary prevention;
- The statement is relevant for all health care professionals and stakeholders, not exclusively to nurses.

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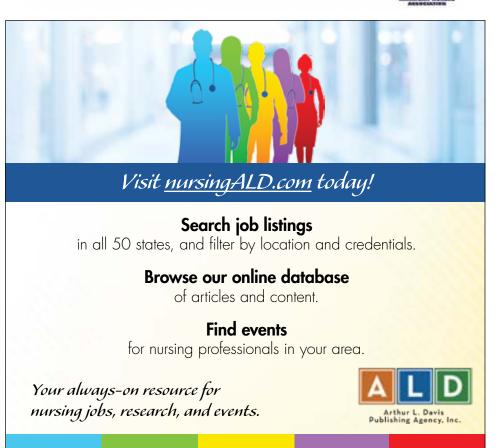
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How you can make a difference

Tackling workplace violence will take a united effort. To that end, we have collated a series of promotional and educational resources that can help you and your colleagues reduce incidents in your workplace, and help create safe health care environments by advocating for change.









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A Masters in Nursing degree in required. A doctoral degree in nursing or a related discipline (or enrollment in a doctoral program) is preferred. Experience with program development, student advisement and recruitment, distance learning and on-line teaching, and in thesis or project supervision are preferred and highly valued.

For consideration submit CV, letter of interest, copies of transcripts and contact information for three professional references in a single attachment to http://daemen.applicantpro.com. Review of applicants begins immediately and continues until the position is filled.

Daemen College is an affirmative action, equal opportunity employer and strongly encourages applications from women, veterans, people of color, individuals with disabilities and candidates who will contribute to and support the cultural fluency and diversity of our campus.

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8 steps for making effective nurse-patient assignments

By Stephanie B. Allen, PhD, RN, NE-BC

Reprinted from American Nurse Today

Successful assignments require attention to the needs of both nurses and patients.

YOUR MANAGER wants you to learn how to make nurse patient assignments. What? Already? When did you became a senior nurse on your floor? But you're up to the challenge and ready to learn the process.

Nurse-patient assignments help coordinate daily unit activities, matching nurses with patients to meet unit and patient needs for a specific length of time. If you are new to this challenge, try these eight tips as a guide for making nurse-patient assignments.

Find a mentor

Most nurses learn to make nurse-patient assignments from a colleague. Consider asking if you can observe your charge nurse make assignments. Ask questions to learn what factors are taken into consideration for each assignment. Nurses who make assignments are aware of their importance and are serious in their efforts to consider every piece of information when making them. By asking questions, you'll better understand how priorities are set and the thought that's given to each assignment. Making nurse-patient assignments is challenging, but with your mentor's help, you'll move from novice to competent in no time.

Gather your supplies (knowledge)

Before completing any nursing task, you need to gather your supplies. In this case, that means knowledge. You'll need information

about the unit, the nurses, and the patients. (See What you need to know.) Some of this information you already know, and some you'll need to gather. But make sure you have everything you need before you begin making assignments. Missing and unknown information is dangerous and may jeopardize patient and staff safety.

The unit and its environment will set the foundation for your assignments. The environment (unit physical layout, average patient length of stay [LOS]) defines your process and assignment configuration (nurse-to-patient ratios). You're probably familiar with your unit's layout and patient flow, but do you know the average LOS or nurse-to-patient ratios? Do you know what time of day most admissions and discharges occur or the timing of certain daily activities? And do other nursing duties need

What you need to know

Before you make decisions about nurse-patient assignments, you need as much information as possible about your unit, nurses, and patients.

Common patient decision factors Demographics

- Age
- Cultural background
- Gender
- Language

Acuity

- Chief complaint
- Code status
- Cognitive status
- Comorbidities
- Condition
- Diagnosis
- History
- Lab work
- **Procedures**
- Type of surgery
- Vital signs
- Weight

Workload

Nursing interventions

- · Admissions, discharges, transfers
- **Blood products** Chemotherapy
- Drains
- Dressing changes
- End-of-life care
- I.V. therapy
- Lines
- Medications
- Phototherapy
- Treatments
- Activities of daily living
- Bowel incontinence
- Feedings
- Total care

Safety measures

- Airway
- Contact precautions
- Dermatologic precautions
- Fall precautions
- Restraints
- Surveillance

Psychosocial support

- **Emotional needs**
- Familial support
- Intellectual needs

Care coordination

- Consultations
- Diagnostic tests
- Orders
- Physician visit

Common nurse decision factors

Demographics

- Culture/race
- Gender
- Generation/age
- Personality

Preference

Request to be assigned/not assigned to a patient

Competence

- Certification
- Education
- Efficiency
- Experience
- Knowledge/knowledge deficit
- Licensure
- Orienting
- Skills
- Speed
- Status (float, travel)

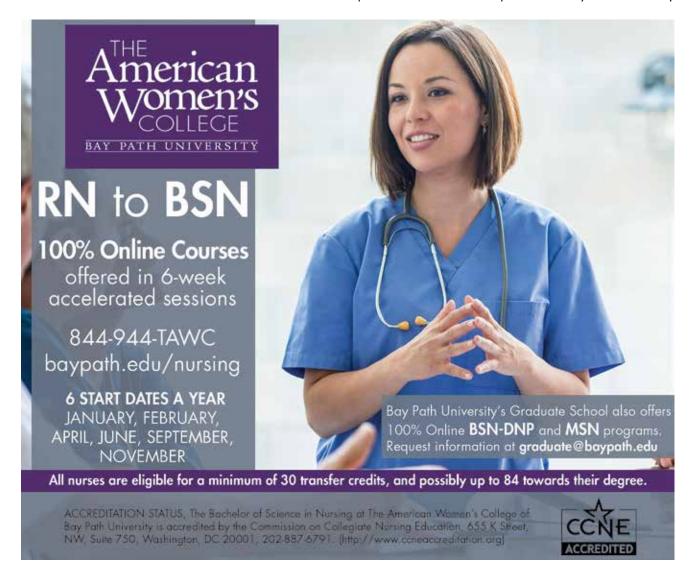
to be covered (rapid response, on call to another unit)? Review your unit's policy and procedures manual for unit staffing and assignment guidelines. The American Nurses Association's ANA 's Principles for Nurse Staffing 2nd edition also is an excellent resource.

Review the assignment sheet or whiteboard used on your unit. It has clues to the information you need. It provides the framework for the assignment-making process, including staff constraints, additional duties that must be covered, and patient factors most important on your unit. Use the electronic health record (EHR) to generate various useful pieces of patient information. You also can use the census sheet, patient acuity list, or other documents of nursing activity, such as a generic hospital patient summary or a unit-specific patient report that includes important patient factors.

Depending on your unit, the shift, and the patient population, you'll need to consider different factors when making assignments. Ask yourself these questions: What patient information is important for my unit? Does my unit generate a patient acuity or workload factor? What are the time-consuming tasks on my unit (medications, dressing changes, psychosocial support, total care, isolation)? Which patients require higher surveillance or monitoring?

Finally, always talk to the clinical nurses caring for the patients. Patient conditions change faster than they can be documented in the EHR, so rely on the clinical nurses to confirm each patient's acuity and individual nurses' workloads. Nurses want to be asked for input about their patients' condition, and they're your best resource.

Now ask yourself: How well do I know the other nurses on my unit? This knowledge is the last piece of information you need before you can make assignments. The names of the nurses assigned to the shift can be found on the unit schedule or a staffing list from a centralized staffing office. If you know the nurses and have worked with them, you'll be able to determine who has the most and least experience, who's been on the floor the longest, and who has specialty certifications. You'll also want to keep in mind who the newest nurses are and who's still on orientation.





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Decide on the process

Now that you've gathered the information you need, you're ready to develop your plan for assigning nurses. This step usually combines the unit layout with your patient flow. Nurses typically use one of three processes—area, direct, or group—to make assignments. (See *Choose your process*.)

Set priorities for the shift

The purpose of nurse-patient assignments is to provide the best and safest care to patients, but other goals will compete for consideration and priority. This is where making assignments gets difficult. You'll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff wellbeing, fairness, equal distribution of the workload, nurse development, and workload completion.

Make the assignments

Grab your writing instrument and pencil in that first nurse's name. This first match should satisfy your highest priority. For example, if nurse and any other returning nurses are reassigned to the patients they had on their previous shift. If, however, you have a complex patient with a higher-than-average acuity, you just assigned your best nurse to this patient. After you've satisfied your highest priority, move to your next highest priority and match nurses with unassigned patients and areas.

Sounds easy, right? Frequently, though, you'll be faced with competing priorities that aren't easy to rate, and completing the assignments may take a few tries. You want to satisfy as many of your priorities as you can while also delivering safe, quality nursing care to patients. You'll shuffle, move, and change assignments many times before you're satisfied that you've maximized your priorities and the potential for positive outcomes. Congratulate yourself—the nurse-patient assignments are finally made.

Adjust the assignments

You just made the assignments, so why do you need to adjust them? The nurse-patient assignment list is a living, breathing document. It involves people who are constantly changing—their conditions improve and deteriorate, they're admitted and discharged, and their nursing needs can change in an instant. The assignment process requires constant evaluation and reevaluation of information and priorities. And that's why the assignments are usually written in pencil on paper or in marker on a dry-erase board.

As the charge nurse, you must communicate with patients and staff throughout the shift and react to changing needs by updating assignments. Your goal is to ensure patients receive the best care possible; how that's accomplished can change from minute to minute.

Evaluate success

What's the best way to evaluate the success of your nurse-patient assignments? Think back to your priorities and goals. Did all the patients receive safe, quality care? Did you maintain continuity of care? Did the new nurse get the best orientation experience? Were the assignments fair? Measure success based on patient and nurse outcomes.

Check in with the nurses and patients to get their feedback. Ask how the assignment went. Did everyone get his or her work done? Were all the patients' needs met? What could have been done better? Get specifics. Transparency is key here. Explain

Choose your process

Your nurse-patient assignment process may be dictated by unit layout, patient census, or nurse-to-patient ratio. Most nurses use one of three assignment processes.

Area assignment

This process involves assigning nurses and patients to areas. If you work in the emergency department (ED) or postanesthesia care unit (PACU), you likely make nurse-patient assignments this way. A nurse is assigned to an area, such as triage in the ED or Beds 1 and 2 in the PACU, and then patients are assigned to each area throughout the shift.

Direct assignment

The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. For example, on a higher-acuity unit, such as an intensive care unit, the nurse is matched with one or two patients, so a direct assignment is made.

Group assignmen

With the third option, you assign patients to groups and then assign the nurse to a group. Bigger units have higher censuses and nurse-to-patient ratios (1:5 or 1:6). They also can have unique physical features or layouts that direct how assignments are made. A unit might be separated by hallways, divided into pods, or just too large for one nurse to safely provide care to patients in rooms at opposite ends of the unit. So, grouping patients together based on unit geography and other acuity/workload factors may be the safest and most effective way to make assignments.

You also can combine processes. For example, in a labor and delivery unit, you can assign one nurse to the triage area (area process) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics direct your process for making assignments. Your process will remain the same unless your unit's geography or patient characteristics (length of stay, nurse-patient ratio) change.

your rationale for each assignment (including your focus on patient safety) and keep in mind that you have more information than the nurses. You're directing activity across the entire unit, so you see the big picture. Your colleagues will be much more understanding when you share your perspective. When you speak with patients, ask about their experiences and if all their needs were met.

Keep practicing

Nurse-patient assignments never lose their complexity, but you'll get better at recognizing potential pitfalls and maximizing patient and nurse outcomes. Keep practicing and remember that good assignments contribute to nurses' overall job satisfaction.

Stephanie B. Allen is an assistant professor at Pace University in Pleasantville, New York.

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Research You Can Use continued from page 4

appropriate serving size for their child. Also, most parents did not have knowledge about recommended activity guidelines.

This study has many implications for providers. Parents are the gatekeepers for children's exposures to food, exercise and attitudes. Therefore, their opinion should be considered when designing any prevention or intervention program. Their busy schedules and lack of knowledge about their own or their child's health status may prevent them from engaging in more active prevention projects. Finally, other barriers such as money, and time must be considered. These barriers may cause parents to just give up. Intervention programs should include knowledge and guidance for parents to help the family live a healthier life.

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Page 22 April 2019 **ANA - New York Nurse**

Future Nurse Leader Award

The following schools of nursing have participated in ANA-NY's Future Nurse Leader Award. This award is provided to nurses with strong leadership skills that are vital to the future of the nursing profession and health care. As part of ANA-New York's (ANA-NY) commitment to encouraging new nurses to be professional, successful leaders, we have established an award program to recognize the leaders in the upcoming graduating class. The ANA-New York Future Nurse Leader Award, sponsored by ANA-NY and the American Nurses Association (ANA), will recognize new graduates, who, as nursing students, displayed exceptional leadership abilities. We are looking for students who show initiative, make significant contributions and can inspire others with their vision. While ANA-NY is conferring this award, the selected winner is determined by the participating school of nursing.

Criteria for Student Nomination

The ANA-New York Future Nurse Leader should be a graduating senior from an undergraduate nursing program who:

- Demonstrates leadership:
 - § Prepares, motivates, and impacts other students as leaders
 - § Participates in community activities and gives back to others
 - § Mentors fellow students
 - § Promotes activity in nursing organizations
 - Creates opportunities for engagement and involvement
- Makes a significant contribution to the overall excellence of the school
- · Sets a healthy example and promotes a healthy lifestyle
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- Embodies the ethics and values of nursing
- Demonstrates a clear sense of the direction for his/ her nursing career

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Members on the Move

Join ANA-NY in congratulating these members

Kim Glassman, an ANA member since 1997 is the proud recipient of the American Organization of Nurse Executives (AONE). The AONE fellow designation recognizes a nurse leader's sustained contributions to the specialty of nursing leadership, commitment to service and influence in shaping health care.



Alison Squires, an ANA-NY member since 2014 has been named the National Academy of Medicine (NAM) distinguished Nurse Scholar-in- Residence for 2019. The National Academy of Medicine (NAM) Distinguished Nurse Scholar-in-Residence, is a yearlong opportunity for a fellow of the Academy to engage with nurse leaders and other scholars at NAM while helping to develop health policy at the



ANA-NY would like to welcome Jeanne-Marie Havener back to NY. She has been a member since 2013. She was recently hired at the Office of Professions for New York State, replacing Marilyn Caldwell after Marilyn retirement.

federal level.







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MEMBERSHIP



ANA-NY and ANA Membership Activation Form PNEW YORK | PANA MERICAN NURSES ASSOCIATION NEW YORK | PANA MERICAN NURSES ASSOCIATION NURSES ASSOCIATION NEW YORK | PANA MERICAN NURSES ASSOCIATION NURSES ASSOCIATION NEW YORK | PANA MERICAN NURSES ASSOCIATION NUR





Essential Information	
First Name/MI/Last Name	Date of Birth Gender: Male/Female
Mailing Address Line 1	Credentials
Mailing Address Line 2	Phone Number Check preference: ☐ Home ☐ Work
City/State/Zip	Email address
County	Current Employment Status: (eg: full-time nurse)
Professional Information	
	Current Position Title: (eg: staff nurse)
Employer	Required: What is your primary role in nursing (position description)? ☐ Clinical Nurse/Staff Nurse
Type of Work Setting: (eg: hospital)	 ☐ Nurse Manager/Nurse Executive (including Director/CNO) ☐ Nurse Educator or Professor ☐ Not currently working in nursing
Practice Area: (eg: pediatrics)	Advanced Practice Registered Nurse (NP, CNS, CRNA) Other nursing position
Ways to Pay	
Monthly Payment	Membership Dues
Checking Account Attach check for first month's payment.	Joint Membership ☐ Monthly = \$22.17 OR ☐ Annual = \$260
Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA7) from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.	New Graduate \square Monthly = \$11.33 OR \square Annual = \$130 (within one year of graduating from nursing school)
☐ Credit Card	Dues: <u>\$</u>
Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association	ANA-PAC Contribution (optional)\$
("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.	American Nurses Foundation Contribution\$
Annual Payment	(optional)
☐ Check ☐ Credit Card	Total Dues and Contributions <u>\$</u>
Authorization Signatures	Credit Card Information Visa Mastercard AMEX Discover
	Credit Card Number Expiration Date (MM/YY)
Monthly Electronic Deduction Payment Authorization Signature*	A that after Charles
Lunderstand that I may cancel this authorization by providing ANA written notice twenty (20) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew	Authorization Signature
annually unless I cancel.	Printed Name
	Please note: 549 of your membership dues is for a subscription to American Nurse Today. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.
For assistance with your membership activation form, contact ANA's Membersh	ip Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Dolphins For Nurses Campaign to Raise Funds for **Registered Nurses** in Need From **April 12 - May 12**

(March 4, 2019) - Nurses House, Inc., the only national fund for registered nurses in need, just announced the launch of its eighth annual "Dolphins for Nurses Campaign" leading up to National Nurses Week. The initiative invites nurse groups and hospitals nationwide to raise funds for nursing colleagues facing serious illness or injury by offering paper dolphins in exchange for \$1, \$5 or \$10 donations.

The campaign will run from April 12 - May 12, 2019. If you or your group is interested in participating in the Dolphins for Nurses fundraising campaign by hosting a fundraiser during Nurses Week or the month leading up to it, simply contact Stephanie Dague, Director of Development, at sdague@nurseshouse.org or (518) 456-7858 x127 for a packet. Nurses House will provide all the necessary materials to host an exciting and successful fundraiser for your colleagues in need which can easily be incorporated into existing Nurses Week activities.

In addition to the opportunity to host an in-person fundraiser, there is also an online fundraising component which will allow individuals and groups to raise funds virtually. A link to the campaign page will be posted on the Nurses House homepage www.nurseshouse.org during the duration of the campaign.

Nurses House, Inc. is the only national 501(c)3 organization providing financial assistance to RNs in need. The organization's sole mission is to provide short term aid to nurses who are unable to support themselves financially as a result of illness, injury, or other catastrophic event. Since Nurses House began offering aid to nurses in the 1960's the organization has helped thousands of nurses in all fifty states regain health and productivity. In the past three years alone, Nurses House has distributed grants totaling over \$500,000 to RNs in need. Funds provided by Nurses House can be used to help cover housing and medical expenses. Any RN residing in the US who is facing a hardship situation and whose monthly income is insufficient to meet his or her basic needs is encouraged to apply. Applications are available on the Nurses House website www. nurseshouse.org or by calling (518) 456-7858.

Contact:

Stephanie Dague, Director of Development Nurses House, Inc.

(518) 456-7858 x127 sdague@nurseshouse.org



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