January 2000

Taking a triage approach to nurses' anger

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ANA Convention Offers a “House” Big Enough For All

Eight Alabama State Nurses Association delegates and several other members gathered with nurses from all over the county to accomplish a great deal at the ANA Convention held June 21-28 in Indianapolis, IN. Approximately 615 delegates worked together in an effort to continue with the work done by immediate past ANA president, Dr. Beverly Malone. The ANA Board of Directors and members of the House of Delegates worked diligently to make sure that the foundation for the ANA house continues to be strong and that there is room for diverse opinion within the house. Throughout the convention week many ANA members participated in various events, including attending the House of Delegates sessions, numerous CE sessions, special events and exhibits.

In addition, ASNA sent one delegate to the first National Labor Assembly meeting of the United American Nurses (UAN). The UAN is the national labor arm of ANA and ASNA joined as a member last year. Christopher Davis, a registered nurse from the Tuscaloosa VA Hospital bargaining unit traveled to Indianapolis to be a part of this historic first meeting.

The entire ANA House of Delegates worked long and hard on a wide selection of national issues (see articles in “National News” section). Representing ASNA at the ANA House of Delegates were Charlotte Wynn, ANA President; Ruth Harrell, Juanetta Flowers, Susan Webb, Bobbie Holt; Helen Wilson, Susan Dushner and Charlene Roberson. Karen Pakkala, ASNA Executive Director attended in a staff support role. These dedicated delegates worked very hard, and exhibited the best of professionalism on behalf of the nurses of Alabama. Please join us in thanking them for all of their hard work!

A highlight of the convention was when Tipper Gore addressed the attendees congratulating them on the work they do. Access to health care was highlighted during Gore’s speech. She called upon ANA to unite with her in securing policies and legislation that ensure all children have health care coverage. Gore ended her talk by stating, “Let’s stand together as a country and give nurses the respect they deserve and express that by giving nurses the workplace safety they deserve. And last but not least, let’s give nurses the pay they deserve.”

The election of new ANA leadership was an exciting process that lasted the whole week! The numerous candidates for office had very enthusiastic campaign volunteers and walking to the House of Delegate was like participating in a ticker-tape parade! There were banners, posters and lots of supporters handing out buttons, pens, notepads and candy. The campaign speeches were exciting and informative. The ASNA delegation also had the privilege of meeting with Mary Foley and Barbara Blakeney, candidates for the office of president to discuss issues relevant to their campaigns. After the dust settled, Mary Foley, the current president was elected to a full two-year term. For more information on the election results visit www.nursingworld.org.

The 2000 ANA Convention was an action packed event that kept the ASNA delegates busy each and every day. To quote a delegate, “Serving as a delegate to our national association was a privilege and an honor. I would recommend that other members think about running for the office of ANA Delegate next year.” According to all attendees, the week was positive, productive and energizing for all.

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For the past few months I have crisscrossed the United States speaking to groups of nurses. Most of the nurses were gathered for meetings of their state or district nurses associations. Convention themes bravely proclaimed, “Embrace the Future,” “Power: Use it or Lose it,” or “Wake Up! Power Up! Speak Up!” I liked these themes because I had come to talk to my nurse colleagues about transforming their workplace to make it easier for nurses to deal with patients who are angry, and they are hurting. Studies by my research team have revealed many causes for nurses’ anger and pain (Brooks, Thomas, & Droppleman, 1996; Smith, Droppleman, & Thomas, 1996; Thomas, 1998). The corporatization of health care offends our values, because profit has become more important than patient welfare. Health care “reform” has been a cruel joke and “reengineering” a euphemism for registered nurses getting the shaft. As RN staff levels fall, workloads increase. Nurses in downsized institutions report heavier assignments, increased acuity of patients, and a decline in the quality of patient care. Demoralized, some nurses leave. Others remain on the job, burned out, but still going through the motions. Every health care setting has its share of dispirited nurses: the walking wounded. Their anger, like a malignant growth, has choked the love of nursing out of them. Of course, the management response is to cut costs. “It’s the economy,” they say. “Cut staff.”

These are tough times for nurses. American nurses are angry, and they are hurting. Studies by my research team have revealed many causes for nurses’ anger and pain (Brooks, Thomas, & Droppleman, 1996; Smith, Droppleman, & Thomas, 1996; Thomas, 1998). The corporatization of health care offends our values, because profit has become more important than patient welfare. Health care “reform” has been a cruel joke and “reengineering” a euphemism for registered nurses getting the shaft. As RN staff levels fall, workloads increase. Nurses in downsized institutions report heavier assignments, increased acuity of patients, and a decline in the quality of patient care. Demoralized, some nurses leave. Others remain on the job, burned out, but still going through the motions. Every health care setting has its share of dispirited nurses: the walking wounded. Their anger, like a malignant growth, has choked the love of nursing out of them. Of course, the management response is to cut costs. “It’s the economy,” they say. “Cut staff.”

Taking a Triage Approach to Nurses’ Anger

by Sandra P. Thomas, Ph.D., RN, FAAN

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The E.D.’s Notes

I love to read. Recently I was reading an article about the future of organizations (read “associations”) and it really got me to thinking.

Management guru Tom Peters, in one of his recent books entitled *The Circle of Innovation* (1997; Vintage Books), shared some powerful advice. Advice, I might add, that could, and probably will, change the way we think about organizations. A major red flag raised in his discussion was that organizations (read “associations”) are disappearing. He says that boundaries between organizations are disappearing, human relationships are increasing in value, and empowering the customer (read “member”) is more important than ever.

**WOW! That is powerful stuff!**

As an organization (read “association”) we must be very careful as we consider the implications of this message to our members. How do we grow and prosper in this competitive market? How do we bring new talent into the fold? How do we let go of the old thinking and become open to new ideas? How do we get up to speed with our technology so that we can communicate effectively and interact with nurses across the state, or across the country? How do we develop the high-value computer applications that make membership indispensable? To accomplish all this Tom Peters would say “throw caution to the wind.” Now many would say that just would never work in a nursing organization... or would it? Maybe it is time to do just that. Maybe it is time to really listen to what our members (and other nurses we want to join us) need and how we can best provide that. We recently heard from many “potential” members in response to our survey. They tell us that they don’t join because the dues are too high. That is a much too simplistic answer for me, really not much more than an excuse. I believe that people usually can find the money to buy that which they value. What they’re really saying to me is that we have not given them a reason to value membership in ASNA. We need to address that soon before our organization (read “association”) does a disappearing act!

So, do I sound passionate about this? Well, you can bet that I am! Despite the changes swirling around us, I have never been more excited about this association’s prospects for the future. I believe though, that we cannot continue to be “all things to all people” as it is the mantra of many nursing associations, ANA included! So, let us hear from you. You tell us what the ASNA of the 21st Century should look like. What do you, as a professional nurse value? What do you need from your association? How can we best communicate with you? Let us stop protecting what is in place right now (as leaders tend to do) and look to embracing a new future. A future where ASNA really is “all that it can be”... a vital, alive, and responsive association for all registered nurses in Alabama.

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- **President Elect:** vacant
- **Vice President:** Carolyn Holman, CSN, CRNP
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**President’s Message**

As the final days of my term as president draw to a close I am so appreciative of the voice this association has for the most professional and brightest nurses are members of the Alabama State Nurses’ Association. Each of our committees and task forces are full of knowledgeable, vocal and energetic volunteers. These members enjoy what they do to advance the profession and protect the patients we serve. This is very evident from the work produced by them this year.

Ruth Harrell proceeded me as president of this association. She took the effort to mentor me both during my term as president-elect and president. When the resignation of our executive director occurred last year, Ruth Harrell became the volunteer executive director. Her talents and direction helped this association through the transition. I would like to thank her on behalf of this association for her seemingly tireless devotion to nurses in Alabama.

I look forward to working with the officers and leaders who will assume their positions in October. I hope you will join me in offering our support in their effort to be the voice of nurses in this state.
Every registered nurse fears a disciplinary notice from the Alabama Board of Nursing (BON). Yet such notices are all too common. In fact, every BON quarterly publication lists names of numerous nurses who are undergoing such ordeals. What do you do when the dreadful letter arrives by certified mail? The answer is just use good common sense: don’t panic, do seek assistance from someone who can help.

Many Board of Nursing notices imply that the nurses’ only options are to voluntarily surrender licenses or face disciplinary hearings. However, less drastic measures often are in order.

The Alabama Board of Nursing’s primary objective is to get the nurse straightened out. If the licensee has a drug problem, then the Board may approve counseling and rehabilitation, with probation, as an alternative to license surrender.

When a so-called practice issue is the basis for the discipline, probation again is often an alternative to loss of license.

What a registered nurse, especially a member of the Alabama State Nurses’ Association, should avoid is facing the board without competent counsel. ASNA members should call their professional organization immediately after receiving a disciplinary notice from the Alabama Board of Nursing. Make the call before contacting the BON. Often an office professional can offer comfort and assistance. In addition, ASNA members have one hour free legal consultation available to them each year as part of their membership, so they can avail themselves of that consultation.

On an issue as important as losing your license, it is imperative that you have assistance. A professional has a property right to the license she has earned and with a property interest comes due process. The hearing procedure for registered nurses facing discipline is set out in Section 23-21-25, Code of Alabama 1975, and Section 610-X-8-.05(c)(e), Alabama Board of Nursing Administrative Code. Yet while the statute and administrative code gives the nurse hearing rights, a consent order short of an adversarial hearing always is best if the nurse has committed a punishable offense.

If a nurse has a drug problem, the board may call him/her to seek counseling and drug rehab, with conditions set forth in the consent order. After all, if an RN does have a drug problem, the rehab will benefit her and her patients. No one can do his best under the influence of drugs. And in today’s high-pressure society, practically anyone is subject to addiction or misuse of drugs.

Relative to practice issues, often the problem is not so much that the procedure was not followed but that the nurse tried to cover up or was dishonest about the mistake.

Whenever an employee is caught being untruthful, hospitals and other employers have an open opportunity to terminate employment. Then the board likely will act on that termination.

In summary, if a dreaded disciplinary letter arrives from the BON, don’t despair. It’s not the end of the world, but a very serious matter. Don’t panic but do seek assistance.

Don Eddins is a practicing attorney in Auburn, Alabama, and serves as Legal Counsel to the Alabama State Nurses’ Association. Every ASNA member is entitled to one-hour free consultation on any legal matter by calling the ASNA office.
anger into power. While nurse anger is very understandable, it is mismanaged. Many nurses are bogged down in conflict with each other or with the system. The result: their negative emotion harmlessly. When a nurse’s rights or the rights of a patient have been violated, strong anger is a gift. Nurses need to learn to turn that anger into power. While nurse anger is very understandable, it is mismanaged. Many nurses are bogged down in conflict with each other or with the system. The result: their negative emotion harmlessly. When a nurse’s rights or the rights of a patient have been violated, strong anger is a gift. Nurses need to learn to turn that anger into power.

Parish Nursing: A “new” approach to nursing practice

Parish nurses work as members of the local churches’ ministry team in providing holistic nursing services to members of their respective congregations. This concept is one of the newer, yet older models of health care delivery. Churches have been involved in the delivery of health care for more than 200 years. The revival of the modern concept of congregations as health care delivery units occurred in the 1980s and is credited to Granger Westberg, a Lutheran minister and former hospital chaplain in the Chicago area. There are now over 2,000 churches throughout the United States who have initiated this concept.

The goal of the parish nurse is to enhance the quality of life for the congregational community by focusing on the holistic needs of the congregation as a whole. Parish nurses recognize that nurses are an integral part of the local churches’ administrative team.

In 1996 the Practice and Education Committee of the Health Ministries Association Inc. developed the Scope and Standards of Parish Nursing Practice. The standards were acknowledged by the American Nurses Association, the Society of Faith and Nursing Practice in 1998 and are available from American Nurses Publishing. Some educational pro-

forms of horizontal hostility must be extinguished. I am con-
vinced that every nurse must make a commitment to sup-
portive cooperation. Collegial unity is essential for having an impact on workplace policies and health care legislation at the state and national levels. Nurses must form alliances with others that care about issues such as understaffed units and unsafe conditions for patients. That may mean creating a district nurses association committee or a political action task force. Clearly, this is not time for declining membership in ANA.

What a pleasure it was for me to see a vital, active district nurses association in Ohio and to hear the creative ideas of nursing students in New York. In Massachusetts, I heard inspirings accounts of collective action, including marches, motorcades, petitions, and parades. Nurses have also used leaflets to mobilize the media and the public to the statewide campaign for safe care.

What most nurses want is really pretty simple: a patient caseload that is realistic and a working environment that facilitates, rather than hinders, their nursing practice. Nurses value their unique opportunity to be present with the injured, the sick, and the dying, providing comfort. The joys inherent in this work keep us hanging on during the dizzying roller-coast ride of changes in the health care system. Yes, we have been on a painful downer, but I think we’re on the way back up.

History shows that when groups are threatened by outside forces, they become more cohesive within their own ranks. Nurses are not endangered species if we unite, adopt a forward-looking, optimistic mindset, and use our anger for empowerment.

Sandra Thomas, PhD, RN, FAAN, is professor and director of the doctoral program in nursing at the University of Tennessee in Knoxville. She is also author of the book, “Transforming Nurse, Anger and Pain,” which has been named th Brandon Hill Selected List of Print Nursing Books and Journals. The prestigious list includes essential materials for nursing libraries and is published annually in “Nursing Out-Look.”

References


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Parish Nursing: A “new” approach to nursing practice

Have you ever thought of becoming a Parish Nurse? “A what?” you say. The emerging specialty of “parish” or “congregational” nursing is attracting increasing numbers of nurses who long for a way to practice in a way that best meets the holistic needs of individuals and families.

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MEMBERSHIP NEWS

Be an Active Member

NEW MEMBERS LIST

The following members joined in June, July and August 2000

DISTRICT 1
Lillie Mangrum
Bret Ballard
Joel Southern

DISTRICT 2
Jeanette Royster
Deborah Davis Pullen
Debra S. Humphrey

DISTRICT 3
Debbie Davenport
Robin Boggs
Betty McGreevey
Dr. Youngshook Han
Jeannette B. Debardleben
Crystal F. Hicks
Ann M. Limbach
Paula Christian-Taylor

DISTRICT 4
Jennifer Lynne Williams
Theodora Darlene Halvorson
Lisa Ingraham

DISTRICT 5
Patricia S. Ellis
Candice Popwell Williams
Barbara Middleton Haigler
Katie Duke
Linda Walters Yell

DISTRICT 6
Jacqueline Moultrie

DISTRICT 7
Jeannie Buntyn
Beverly Joyce Kilcrease

DISTRICT 8
Linda L. Padgett
Romelyn A. Obligacion

DISTRICT 9
Roger Burnett
Phyllis Lovoy

DISTRICT 10
Dawn Brooks
Sammye Bradley
Angela Campbell
Frances Green

DISTRICT 11
Scot Harrison

Serve on an ASNA Committee for 2000-2001 (the FINAL committee assignments are made at the post convention board meeting).

An association is truly the highest form of participating democracy because YOU, the members, determine absolutely everything that happens. It is through member participation on committees, councils and special task forces that the future of nursing in the state can be determined.

If you are willing to commit your time, expertise and hard work to serving the profession, please indicate your interest on this form and return it to ASNA headquarters before October 6, 2000.

___ Awards Committee ___ Government Relations Committee
___ Bylaws Committee ___ Membership & Public Relations Committee
___ Current & Long Term Goals Committee ___ Ways and Means Committee
___ Elder Abuse Committee ___ Enforcement Regulatory Issues Task Force
___ Ethics & Human Rights Committee ___ Multi-State Licensure Task Force
___ Finance Committee ___ Peer Assistance Task Force
___ Practice Issue Task Force

Name ________________________________________________________________________________________

Credentials ____________________________________________________________________________________

Address ________________________________________________________________________________________

City, State & Zip ________________________________________________________________________________

Home Phone ______________________________________ Work Phone _________________________________

District ___________________________________________

I am interested in shadowing a Board or committee member from my district so I can volunteer next year. I am interested in: _____ ASNA Board _____ Committee

All ASNA committees meet in Montgomery at the ASNA office usually two to four times a year. Committee chair and members decide dates and time.

Mail to: ASNA, 360 North Hull Street, Montgomery, AL 36104-3658
Fax to: 334-262-8578
At ASNA, we are interested in the opinions of the nursing community at large. Recently, we conducted a survey of nurses who do not choose to join the association. The reason stated most often was cost. In this day and age, $240.00 for a full membership does seem to be a huge amount of money. Unfortunately, few people realize that they are getting a three-level membership (national/state/district) for the price of one! What nurses are really asking is “where does the money go, and what does it do for me?”

Did you know that $85.00 of every full membership goes to support nursing at the national level? In the days of special interest groups who seek to control public policy, nurses must fight for the attention of lawmakers. We have been successful in our efforts to help patients and nurses. For example, the changes in Medicare have allowed advance practice nurses to be reimbursed. Millions of additional dollars have been funneled into nursing education and research. Your membership dollars work for you, your profession, and your patients at the national level.

After the ANA dues are paid, the remaining $155.50 goes to the Alabama State Nurses’ Association, who then sends $10.50 per member to each district association. That leaves just $144.50 for ASNA to fund all its activities. Our state association works constantly for you across the entire state of Alabama. Recent legislative efforts passed a bill to specifically identify nurses and introduced another bill to provide for safer needle systems in health care facilities. In addition ASNA continues to encourage passage of a bill to protect nurses who report unsafe conditions. These legislative efforts, in addition to other programming efforts, all reaffirm patient rights and directly affect both you and your patients. In this very costly society, membership dues does not even cover the cost of doing the work of ASNA and new sources of non-dues revenues are always being investigated.

When examining membership issues, an interesting perspective is to compare ASNA dues to the other state nurses associations dues. These numbers vary greatly beginning with a low of $180.00 in Delaware. A sample of other state nurses association fees include: Colorado $250, Massachusetts $374.50, Florida $198-$220, South Carolina $204, Washington State $411.12-$466.80 and New York $346-$598. The current story in town is that the Steelworkers Union (USWA), who wants to represent nurses across the country, charges $40 per month for their dues! That is twice the cost of ASNA dues and gives none of the benefits of belonging to a professional association devoted to furthering the practice of nursing.

Besides the networking benefit that is so popular in associations, there is a real dollar value to the cost of belonging to ASNA. Your membership entitles you to discounts on over 100 benefits and services, including the ability to obtain malpractice insurance at a reduced cost. It can also protect you by providing one free hour consultation per year to an attorney who regularly deals with nursing matters, should you need it. ASNA provides quality continuing education to all nurses, and members receive a discount. Did you know that if you are interested in being accredited in your specialty area by ANCC you will save 40% on the examination fee by being a member of ASNA! One member we know of even saved $225.00 on her auto insurance through the ANA plan. Do you use these benefits? Do you see the value of them? Can you save enough by using several benefits to pay for the cost of your membership? You may access more benefit information by calling the ASNA office. Ask to speak to the Membership Coordinator.

All of these benefits cost only about 66 cents a day! Less than a cost of a sweet tea at McDonalds! One of the easiest ways to pay dues is by using the Electronic Dues Payment Plan. By debiting your checking account for only $20.32 per month you automatically pay your membership throughout the year. This takes a much smaller bite of the budget and simplifies the membership payment process. It will keep you informed and connected. All in all, ASNA membership is a good value. It is the hallmark of the professional nurse!
MEMBERSHIP NEWS

Member Benefits
Save You Money

What you see are valuable group programs for members—far more affordable than the individual plans you could obtain for yourself.
Offered by ASNA, they can help you and your family get more out of life and your hard-earned money.

Personal/Financial Benefits

Professional Liability Insurance: Plans designed specifically for nurses, with special provisions for graduates and advanced practice nurses. Contact Maginnis/Seabury & Smith at 800-621-3008, ext. 45105 and request the application for SNA members.

Long Term Care Insurance: Affordable insurance coverage for unexpected illness and accidents for members and their families. Qualify for premium discount and excellent benefits. Call Jerry Boden at Long Term Care Solutions, Inc. 800-872-0706.

Major Medical, Dental Insurance and Best Benefits Program: ANA's insurance plans offer comprehensive coverage and discounts on services such as eyewear, prescription drugs, chiropractic and hearing services. Call Maginnis/Seabury & Smith at 800-621-3008, ext. 45284.

Accidental Death, Hospital Income, Life and Disability Insurance: If you are ever injured or unable to work, these coverages can help pay your medical expenses. Contact ANA Membership Services at 800-421-1470 and request the program for ANA.

Auto Insurance: Stay safe while you drive! Your SNA membership can help you save on Insurance. Call MBNA/AIG Auto Insurance Program at 800-297-4431, ext. 45284.

Disability Insurance: Offered members a fixed-payment line of credit. Call ANA at 800-621-3008, ext. 45284.

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PAC Contribution

Time is Here!

There is power in numbers (over 60,000 nurses in Alabama) and there is power in dollars! The Alabama Nurses Political Action Committee (AN-PAC) needs (and deserves) your support in the form of a monetary contribution. Every year, nursing goes to the Legislature to ask for assistance with a wide range of issues. AN-PAC works hard to get nursing’s agenda passed. We will do better when we have the ability to contribute to the campaigns of nurse-friendly candidates.

This year’s election cycle is apt to be very competitive. Professional books for nurses, seeks proposals for topics or bag-in-tight races with candidates whose interest in health care and nursing issues is unknown. AN-PAC needs your contribution to help our friends with their elections. Please help today with a contribution: AN-PAC needs it, and you deserve the right to participate in this way.

There is more than one way to contribute also! Checks may be mailed to: AN-PAC, 306 No. Hall Street, Montgomery, AL 36104. Or, if you prefer, you may make a less painful monthly donation via electronic funds transfer directly from your checking account. Call Karen at ANSA to inquire about the details.

The nursing community thanks you for your assistance to increase our ability to influence!

Do you have knowledge to share? Why not write a book?

A merican Nurses Publishing, a leading publisher of professional books for nurses, seeks proposals for books and monographs on a variety of professional nursing topics, including managed care, ethics and human rights, quality of care, primary and advanced practice, workplace issues, continuing education, nursing administration, and various clinical topics. For more information, request free guidelines for submitting manuscripts from:

Editor/Project Manager

American Nurses Publishing

600 Maryland Ave. NW

Suite 100W

Washington, DC 20024-2571
e-mail: anpubinfo@ana.org

What’s the Difference?

The Alabama State Nurses’ Association (ASNA) and the Alabama Board of Nursing (ABON) are often confused because they almost sound the same. Do you know the difference? Based on the telephone calls and requests received daily in both offices, there is definitely some confusion. Hopefully the following will help clarify this.

Alabama State Nurses’ Association
360 North Hall, Montgomery, AL 36104-3658
Phone: 334-262-8321; 800-270-2762
Fax: 334-262-8578
E-mail: alabanas@mindspring.com

Description:
• Professional membership association composed of registered nurses
• Board of Directors elected by membership
• Founded in 1914
• One of 54 constituent members of the American Nurses Association (ANA)

Executive Director: Karen Pakkala, MSN, RN, CNA

Purpose: The purpose of the Alabama State Nurses’ Association (ASNA) is to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care.

Functions:
• Promote through appropriate means the standards of nursing practice, nursing education, and nursing services established by the American Nurses Association (ANA)
• Ensure adherence to the Code for Nurses established by ANA
• Propose and influence legislation, governmental programs, and state and national health policy
• Promote and protect the economic and general welfare of nurses
• Promote and provide for the continuing professional development of nurses
• Represent nurses and serve as their spokesperson with professional and community groups and the public
• Promote the advancement of human rights related to health care and nursing
• Provide for representation in the ANA House of Delegates
• Promote relationships with the Alabama Association of Nursing Students
• Promote nursing as a career choice
• Stimulate and promote research in nursing, disseminate research findings, and encourage the use of new knowledge as a basis for nursing
• Provide services to district structural units
• Maintain communication with members through official publications
• Assume an active role as consumer advocate

Alabama Board of Nursing

P.O. Box 303900, Montgomery, AL 36109-3000
Phone: 334-242-4060, Fax: 334-242-4360
Web Site: www.abn.state.al.us

Description:
• Created by the Legislature in 1915
• Legally constituted body that regulates the education and practice of licensed nurses within Alabama
• Board comprised of eight registered nurse members (two of whom are advanced practice nurses), four licensed practice/nurse (LPN) members, and one consumer member. Board members are appointed by the Governor.

Executive Officer: N. Genell Lee, MSN, RN, JD

Purpose:
• Safeguard the public health, safety and welfare through the regulation of nursing education and practice, entry into nursing practice, and promotion of continuing nursing practice education
• Write and adopt rules and regulations for the enforcement of Nurse Practice Act
• Prescribe and approve curricula for nursing education programs; deny or withdraw approval from educational programs for failure to meet prescribed standards
• Establish qualifications for licensure; adopt standards for nursing practice and continued competence
• Examine, license and renew the licenses of duly qualified applicants
• Investigate complaints against licensees and conduct hearings and proceedings concerning alleged violations of the law and regulations of the Board
• Cause the prosecution of all persons violating the provisions of the Nurse Practice Act
• Maintain a register of all licensees
• Regulate the legislatively mandated program of continuing education as related to the licensure of nurses
• Monitor licensees through disciplinary and non-disciplinary programs
• Regulate advanced practice nursing
• Maintain Joint Committee for Advanced Practice Nursing with the Alabama Board of Medical Examiners to regulate the practice of Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives® (CNM®)
• Administer a scholarship program for post-baccalaureate reeducation of nurses provided for under the Alabama special education trust fund
• Perform duties to “foster and improve nursing and the regulation thereof and the public health of (this) state.”

Nurses, Share Your Stories

by LeAnn Thienman

Co-Author

After 30 years as a nurse, I’m thrilled to be co-authoring a book with Chicken Soup that will inspire and pay tribute to our profession. As a professional speaker and author talking to thousands of nurses, I know the importance of Chicken Soup for the Nurses’ Soul. 101 Inspirational Stories to Touch the Hearts and Rekindle the Spirits of Nurses. I invite you to contribute your true story, article, or anecdote that will lift up, motivate and honor your colleagues.

Topics will include:
• On Learning and Teaching
• A Matter of Perspective
• The Power of Faith
• On Family

I’m looking for inspirational, true stories, 1200 words or less, that will make readers laugh, cry, or sigh. Stories should be positive, universal, and non-controversial. The “point” or “message” should be evident without preaching.

You may submit more than one story, whether original or a favorite from magazines, newspapers, or other sources. For each story published in the book, a 50-word biography will be included about the author and a permission fee of $300 will be paid. All submissions are preferred. Send stories with your name, address, and phone number to Chicken Soup®@LeAnnThienman.com. If unable to email, please mail stories (hard copy and on disk if possible) c/o Chicken Soup for the Nurse’s Soul, 6600 Thompson Drive, Fort Collins, CO 80526 (Please keep copies as we are unable to return material). Finalists (only) will be notified as the publication date nears. Call me at 1-877-THIEIN if you have questions.

Thank you for joining me in touching the hearts and rekindling the spirits of millions of nurses everywhere. We’re making final selections soon, so please send your stories to StAT!}

LeAnn Thienman

with Jack Canfield, Mark Victor Hansen, and Nancy Auto
## The 2000 Convention Continuing Education Agenda

### CONVENTION 2000

#### A: Diabetes Care in the 21st Century
- **5.4 Contact Hours**
- **Sponsored by: Cooper Green Hospital**

- **What is Diabetes? Pathophysiology at a Glance**
  - Mark Wilson, M.D., Medical Director of Outpatient Services, Cooper Green Hospital

- **New Drug Therapies in Diabetes Care**
  - Mark Wilson, M.D.

- **The Diabetic Foot – Keep Them in Shape**
  - Donna Robertson, MS, Certified Pedorthist, Pedorthic Care Center, Inc.

- **Diabetes and You: Eating Right!**
  - Ann Heard, BS, RD, Clinical Dietitian, Cooper Green Hospital

#### B: Transplants in the 21st Century
- **5.4 Contact Hours**
- **Sponsored by: UAB Hospital**

- **Welcome**
  - Debbie Ragan, MSN, RN, Director Transplant Services, UAB Hospital

- **Pre-Transplant Issues: Donor Awareness &Recipient Evaluation:**
  - Ann Rayburn, Alabama Organ Center
  - Connie Williams, MSN, RN, Transplant Coordinator, UAB Hospital

#### STAFF NURSE TRACT

<table>
<thead>
<tr>
<th>Time</th>
<th>Session I</th>
<th>Session II</th>
<th>Session III</th>
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<tbody>
<tr>
<td>9:30 - 10:30</td>
<td>A. Resource Management System: Staffing With a Purpose</td>
<td>A. Critical Thinking: A Skill for Resolving Conflicts</td>
<td>A. Nursing and the Law</td>
</tr>
<tr>
<td></td>
<td>Mary Nash, PhD, RN, FAAN, UAB Hospital</td>
<td>Patricia White, MSN, RN, Jacksonville State University</td>
<td>Genell Lee, MSN, RN, JD, Executive Officer Alabama Board of Nursing</td>
</tr>
<tr>
<td></td>
<td>Florence C. (Beth) Clarkson, BSN, RN, UAB Hospital</td>
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<td></td>
<td>Kathleen L. Kniphter, BSN, RN, UAB Hospital</td>
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<tr>
<td></td>
<td>Debra (Debbie) Ragan, MSN, RN, UAB Hospital</td>
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<tr>
<td>9:30 - 10:30</td>
<td>B. Polypharmacy in the Elderly</td>
<td>B. Update on Hypertension</td>
<td>B. Emerging Options for Management of Peripheral Artery Disease</td>
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<tr>
<td></td>
<td>Elizabeth VandeWaa, PhD, US College of Nursing</td>
<td>Joan Williamson, DSN, CRNP, UAH College of Nursing</td>
<td>Mitzi A. Ekers, MS, RN, CVN, Vascular Excellence</td>
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<td>(provided by an Unrestricted Educational Grant from Pharmacists &amp; Uppjohn)</td>
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<td>(Provided by an Unrestricted Educational Grant from Pharmacists &amp; Uppjohn)</td>
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<tr>
<td>9:30 - 10:30</td>
<td>C. Helpful Hints for the Potential Nursing Doctoral Students</td>
<td>C. Turnover and Retention: Old Issues, New Insights</td>
<td>C. Critical Factors in Regulating for Continued Competence in Nursing Practice</td>
</tr>
<tr>
<td></td>
<td>Barbara Broome, PhD, RN, CNS, USA College of Nursing</td>
<td>Mandarin Davis, PhD, RN, UAB School of Nursing</td>
<td>Joyce Chappelar, MSN, RN, Alabama Board of Nursing</td>
</tr>
<tr>
<td>9:30 - 10:30</td>
<td>D. Foster Care 2000</td>
<td>D. Pediatric Allergies</td>
<td>D. Promoting Resiliency in Inner-City Children with Asthma</td>
</tr>
<tr>
<td></td>
<td>Cheryl DeFontaine, MSN, CPNA, ARNP</td>
<td>Rebecca Ball, BSN, RN, Children’s Hospital of Alabama</td>
<td>Joy O’Brian, RN, RRT, Children’s Hospital of Alabama</td>
</tr>
<tr>
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<td>Teena M. McGuinness, PhD, RN, CS, USA College of Nursing</td>
<td>Mary Pat Hemstreet, MD, Children’s Hospital of Alabama</td>
<td>Kim Dutton Brindley, MEd, LPC, NCC, RPT, Children’s Hospital of Alabama</td>
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#### ADVANCE PRACTICE TRACT

#### EDUCATION TRACT

#### CHILD HEALTH TRACT

**SPONSORED BY:**
- Children’s Hospital of Alabama

**SPOONSORED BY:**
- Children’s Hospital of Alabama

**SPOONSORED BY:**
- Children’s Hospital of Alabama

**SPOONSORED BY:**
- Children’s Hospital of Alabama
### 2000 ASNA Convention Agenda

#### Wednesday, October 25
- **10:00 - 12:00** Pre-Convention ASNA Executive Committee Meeting (Samford University, SON, Rm 109)
- **1:00 - 5:00** Pre-Convention ASNA Board of Directors Meeting (Samford University, SON, Rm 112)

#### Thursday, October 26
- **Registration 7:30 - 12:00**
- **8:30 - 9:30** Role of the Treasurer (New District Treasurer Orientation)
- **8:00 - 1:00** Concurrent Sessions
  - A. Diabetes Care in the 21st Century (Sponsored by Cooper Green Hospital)
  - B. Transplants in the 21st Century (Sponsored by UAB Hospital)
- **10:00 - 12:00** House of Delegates Opening Ceremonies
- **12:00 - 1:30** Lunch on your own
- **1:30 - 3:00** Plenary Session I
  - Melissa Mauser Galvin, PhD Executive Director, Commission on Aging
- **3:00 - 3:15** Break
- **3:15 - 5:00** House of Delegates - Open Forums
- **6:00 - 7:00** President’s Reception
- **7:00 - 9:00** Awards Banquet (Sponsored by ELI LILLY)

#### Friday, October 27
- **Registration 8:00 - 9:30**
- **8:30 - 11:30** House of Delegates
- **8:30 - 3:15** Poster Presentations
- **11:30 - 1:30** Keynote Luncheon
  - Roy L. Simpson, RN, C, CMAC, FNAP, FAAN (Sponsored by Cerner Corporation)
- **1:30 - 5:00** House of Delegates
- **3:00 - 3:15** Break
- **5:30 - 7:30** Post-Convention Board of Directors Meeting

#### Saturday, October 28
- **Registration at 7:00**
- **7:00 - 9:00** Exhibitor Set-up
- **8:00 - 2:15** Continuing Education Sessions
- **8:00 - 9:00** Plenary Session II
  - Darla F. Graves, MPH Executive Director of Alabama Indian Affairs Commission
- **9:00 - 9:30** Break - Visit Exhibits
- **9:30 - 10:30** Concurrent Session I
- **10:30 - 11:00** Break - Visit Exhibits
- **11:00 - 12:00** Concurrent Session II
- **12:00 - 12:45** Lunch - Visit Exhibits
- **12:45 - 2:15** Concurrent Session III
- **2:15** Adjournment

### How to Register

1. Fill out the registration form. Make check payable to Alabama State Nurses’ Association and mail to: Alabama State Nurses’ Association, 360 North Hull Street, Montgomery, AL 36104-3644 or, if paying by credit card, fax to 334-262-8578 (do not mail if faxing).

2. For hotel reservations, contact the Wynfrey Hotel at 1-800-WYNFREY (996-3739) or (205) 987-1600. Room rates are $108 for a single or a double room. $128 for triple or quad. Please inform the hotel that you are part of ASNA when making reservations to receive the discount rate. ALL RESERVATIONS MUST BE MADE BY SEPTEMBER 25, 2000, reservations after that date will be taken on a space and rate availability.

### Dr. Mable Lamb Continuing Education Day
- **7:00 - 9:00** Exhibitor Set-up
- **8:00 - 2:15** Continuing Education Sessions
- **8:00 - 9:00** Plenary Session II
- **9:00 - 9:30** Break - Visit Exhibits
- **9:30 - 10:30** Concurrent Session I
- **10:30 - 11:00** Break - Visit Exhibits
- **11:00 - 12:00** Concurrent Session II
- **12:00 - 12:45** Lunch - Visit Exhibits
- **12:45 - 2:15** Concurrent Session III
- **2:15** Adjournment

### Registration:
- Preqistration is required for all CE program sessions. Session admission will be a first come, first served basis. Individuals who choose to register onsite for program sessions will be limited to those sessions which still have openings. Attendees earn 9.7 contact hours for full convention. Thursday concurrent session is 3.4 additional contact hours.

### Refund/Cancellation:
- If cancellation is received in writing prior to October 10, 2000, a refund minus a $15.00 processing fee will be given. After October 10, 2000, no refund will be given.

### Confirmation:
- Your returned check or credit slip will be your confirmation. No confirmation letter will be issued.
The ASNA 2000 Convention is fast approaching, but it’s not too late. You may still register to attend. Fill out this form and send it in today!

**Attention Staff Nurses**

The ASNA 2000 Convention has something for everyone! Special “Staff Nurse” track on CE Saturday, October 28! See page 9 for more information.

---

**2000 ASNA Convention Registration**

October 26-28, 2000  The Wynfrey Hotel  Birmingham, Alabama

“We are the Difference...See the Future”

**Name:**  
Preferred First Name for Name Tag: ______________________  Member ID#: ______________________  District #: ______________________

**Address:** ______________________

**City/State/Zip:** ______________________

**Day Telephone:** ______________________  **Social Security Number:** ______________________

**Please check all that apply:**

[X] ASNA & RN Member  [X] Delegate  [X] First Attendee at Convention  [ ] Student

**Registration - includes Thursday, Friday and Saturday:**

<table>
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<tr>
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<tr>
<td>Delegate</td>
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<tr>
<td>Non-Delegate</td>
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<tr>
<td><strong>Student</strong></td>
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**PRE-REGISTRATION IS REQUIRED FOR ALL CONCURRENT SESSIONS**

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**BANQUET MEAL SELECTION**

(If no selection is made you will have steak)

[X] Salmon  [X] Steak

Additional Banquet tickets @ $38.00 each [X] = $________

Additional Keynote Luncheon tickets @ $25.00 each [X] = $________

Additional President Reception tickets @ $10.00 each [X] = $________

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**CE SESSIONS: Daily Rates**

(Check each block you wish to attend)

<table>
<thead>
<tr>
<th></th>
<th>Thursday 10/26</th>
<th>Saturday 10/27</th>
<th>Sunday 10/28</th>
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<tr>
<td>Members</td>
<td>$60.00/Day</td>
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<tr>
<td>Non-Members</td>
<td>$55.00/Day</td>
<td>$55.00/Day</td>
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**Optional Event**

[X] Special Nurse Practitioners Night at the  
McWane Center (CRNP Council)

**PAYMENT INSTRUCTIONS**

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<tr>
<td>Registration Fee</td>
<td>$_____________</td>
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<tr>
<td>Additional Fees</td>
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<tr>
<td>Total Registration Fee</td>
<td>$_____________</td>
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</table>

**Method of Payment:**

[X] Check  [X] VISA  [ ] MasterCard

Card Number ______________________
Exp. Date ______________________
Signature ______________________
(Credit Holder)

---

**SATURDAY, OCTOBER 28 CE CONCURRENT SESSIONS**

**PRE-REGISTRATION IS REQUIRED FOR ALL CONCURRENT SESSIONS**

**PLEASE CIRCLE YOUR PREFERRED CHOICE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>A</th>
<th>B</th>
<th>C</th>
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</thead>
<tbody>
<tr>
<td>9:30AM - 10:30AM</td>
<td>SESSION I</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
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<tr>
<td>11:00AM - 12:00NOON</td>
<td>SESSION II</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
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<tr>
<td>12:45PM - 2:15PM</td>
<td>SESSION III</td>
<td>A</td>
<td>B</td>
<td>C</td>
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</table>
Are You Latex Allergic?

The only decisive way to know if you are allergic to natural rubber latex is to be appropriately tested by an allergist, preferably one who is versed in the treatment of latex allergy. There are several “high frequency” signs and symptoms that can provide clues to a person regarding an allergic response to latex.

Consider:
- If you are asthmatic, have you noticed an increase in the frequency of asthma “attacks”?
- Without a history of asthma, have you experienced the acute onset of asthma, especially as an adult?
- Do you have frequent conjunctivitis or “pink eye” including watery eyes, runny nose, sneezing or facial itching?
- Do you develop urticaria or pale wheal, hives or contact dermatitis after using latex or “hypoallergenic” gloves?
- Have you had a noticeable worsening of “seasonal allergies”?
- Experienced an inability to tolerate latex products (e.g., rubber balloons, condoms, envelope glue)?
- Do you have itching or redness after gynecological procedures or intercourse with a latex condom?
- Have you experienced swelling or irritation around or in the mouth after a dental exam or procedure?
- Have you suffered anaphylaxis (severe allergic reaction) of unknown cause?

It is much more significant when (or if) these episodes occur in or around a hospital, natural rubber latex plant, or dental office, laboratory, florist who uses rubber balloons or any other environment that has a high content of latex devices or products. These episodes should not be dismissed. Instead, you should seek prompt medical attention by a physician.

Tips for Reducing Risk for Latex Allergy

The American Nurses Association provides these tips in reducing the risk for latex allergy in a health care facility, or anywhere nurses work:

- Use powder-free gloves that are low in protein and chemical-allergens;
- Wear gloves that are appropriate for the task;
- Avoid latex gloves for food service, cleaning, hair dressing and other situations where latex will contaminate the environment and cause unnecessary risk of sensitization;
- Wash, rinse and dry hands thoroughly after removing gloves or between glove changes;
- Use a pH-balanced soap and avoid cutaneous contact with damaging chemicals;
- Remove gloves at least hourly to air and dry hands;
- Use only non-oil based hand care products with gloves while at work;
- Apply non-sensitizing products outside of work to restore the skin’s lipid barrier;
- Wear synthetic gloves or cotton liners with latex work gloves for wet work;
- Seek early medical diagnosis and use gloves that match that diagnosis;
- Get information about your workplace and its use of latex products.

Drug Addiction in the Workplace

Newspapers and television tell the story of increasing drug use. People abuse drugs in schools, at home, in public places and even in the workplace. Drug abuse is a widespread problem that continues to get worse. Twenty-three million Americans use marijuana regularly (at least once a month) while six million use cocaine regularly. One-half million Americans are addicted to heroin. Sixty percent of the world’s production of illegal drugs is consumed in the United States. The U.S. Chamber of Commerce reports a survey of drug-abusing employees who sought help revealed that:

- 75 percent had used drugs on the job
- 64 percent believed drugs had adversely affected their job performance
- 44 percent had sold drugs to other employees
- 18 percent had stolen from co-workers

When a chemically dependent person comes to work, the problems associated with Alcoholism and other drug use come with that person. Chemical dependence leads to absenteeism, accidents and lowered productivity. Often, without knowing it, those who make up the workplace (coworkers, managers, support staff) create an environment that actually makes it easier for an employee’s alcohol and other drug problems to continue and worsen. Experts call it enabling. An enabler is someone whose actions shield the person from the consequences of their addiction. The following indicators may help employers recognize those employees experiencing a decline in job performance that may be associated with drug abuse:

- Excessive tardiness and/or absenteeism
- Lack of concentration
- Inconsistent work patterns
- Interpersonal problems with people on the job
- Decline in work performance
- Denying problems or blaming others
- Increased health problems
- Isolation from others
- Accidents or mistakes
- Change in attitude or personal appearance

Approximately 30 percent of people with panic disorder abuse alcohol and 17 percent abuse such drugs as cocaine and marijuana.

Did You Know?

- One out of every five American adults has a mental disorder in any given year.
- One in four families will have a member who will experience a mental illness.
- Major depression is the leading cause of disability in the United States.
- Depression increases the risk of having a heart attack.
- More than 19 million Americans age 18 and over suffer from a depressive illness (major depression, bipolar disorder or dysthymia) each year.

October 5, 2000
National Depression Screening Day
For more information call 1-800-573-4433
Protecting Your Health at Work—Recognizing and Reporting Hazardous Conditions

by Evelyn I. Bain
MEd, RN, COHN-S

Traditional safety programs in hospitals and other industries address injuries and illnesses that have been reported to supervisors or health or safety departments. Interventions are then planned to prevent similar injuries. But, the overwhelming majority of injuries and illnesses that happen at work are never reported. Nurses are too busy to report, they don’t think reporting will accomplish anything or they don’t associate their health problems with work environment. Even needlestick injuries, which can be seen and felt, are reported less than 30% of the time.

The most effective way to prevent work related illness and injury is to identify and correct unsafe or unhealthy (hazardous) conditions. OSHA requires safe working conditions that are free from recognized hazards, in all work environments, even in health care. Nurses should not be exposed to chemotherapy drugs in the hospital, medical office or the subacute unit, without proper engineering controls or personal protective equipment.

Corrective actions exist to address hazardous conditions. Remember people work safely with dynamite every day.

To make it easier to spot hazardous conditions, use the classification system familiar to occupational health nurses. In the health care industry, hazards can be classified as chemical, physical, biological, psychosocial and ergonomic. Hazards may contribute to single or multiple illnesses and injuries. Unprotected exposure to patients with active tuberculosis (biological hazard) may result in a bacterial illness while an assault from a violent patient (psychosocial hazard) can result in musculo-skeletal injuries as well as physical and emotional illnesses.

A good place to begin locating the problems on your unit is to listen to conversations your co-workers have with you and each other about how they feel and what hurts. Who is out of work and why? What illnesses and injuries they have reported to supervisors, employee health departments and the safety committee. What are the health problems of the patients on your unit? Do the patients require lifting? Are they in distress? Police? Excessive working hours, mandatory overtime and work related illness and injury. Are the patients requiring lifting? Are there adequate postures for lifting? Are there proper lifting devices used? Are the patients disoriented or confused? Are the patients rubbing their arms to relieve pain? Is lifting equipment readily available, or is it available at all? Is it in good repair?

You can’t hit the teacher or the judge, why has it been OK to hit the nurse? Psychosocial hazards include physical or verbal aggression directed at workers. Even pushing, punching and threats are considered expressions of violence. Have you had violence de-escalation training? Are assaults reported to police? Excessive working hours, mandatory overtime and reduced control over working conditions create stress that is considered a psychosocial hazard.

Now, go look for hazards with the awareness that hazard control strategies are well developed. Report the hazards to your supervisor, manager, the safety committee and your union committee. Work together to implement the standards or guidelines that have been developed by the regulatory agencies. In fact, OSHA, NIOSH (National Institute of Occupational Safety and Health) and the CDC (Centers for Disease Control) have guidelines to protect workers from the majority of hazards that exist in healthcare. The OSH Act of 1970 clearly states: employers shall furnish employees employment and a place of employment free from recognized hazards.

Reprinted with permission from the Massachusetts Nurse Association
Meet Mr. Nightingale

by Ted Roberts

When my chronologically mature, but young at heart wife, and I sat down to review the career fields open to a lady of her talents, we first considered motorcycle police lady or undercover drug agent. But I scratched them quick- ly - since they interfered with supper. A wide choice still remained; from Abalone Diver to Zinfandel Taster. We had 250 pages of the Government Occupational Dictionary to choose from. As we got to the end of the “N”s and wearily considered noodle boilers, noodle cutters, and noodle tasters, there, bouncing off the page, was our answer - Nurses. Just like Florence Nightingale.

It wasn’t long before I was standing in the garage watching my wife leave for her first day of nursing school. I was unconscious learning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of

Skeletal Issues for the Primary Care Health Professional

This hands on half-day workshop will review basic diagnosis and management of common skeletal conditions. It will be held November 4, 2000 at the Sheraton Civic Center Hotel in Birmingham, Alabama. For additional information call (205) 934-2687.
With an eye toward ensuring safe patient care, as well as improving working conditions for RNs, the American Nurses Association’s (ANA) policy-making body, the House of Delegates (HOD), overwhelmingly passed recommendations that focused on key issues in nursing such as appropriate staffing, mandatory overtime and preventing system-based medical errors. Representing their constituent member associations (CMAs), the more than 600 delegates addressed these key topics along with a range of other issues important to nursing during their annual meeting in Indianapolis, June 23-28.

In approving a resolution on appropriate staffing, delegates instructed ANA to promote its “Principles for Nurse Staffing” in health care agencies and educational institutions. The ANA principles look at a number of important factors that should be considered when staffing, such as the experience level of nurses on the unit, staff mix and patient acuity. Delegates also want ANA to develop workplace advocacy and collective bargaining strategies that help RNs address their concerns about inappropriate and unsafe staffing and to work toward ensuring that RNs are involved in staffing decisions, as well as in designing patient acuity tools. And, they called for increased research on the link between staffing and patient outcomes and the need for ANA to advocate for federal and state legislation and regulatory guidelines that address the sufficiency of nurse staffing.

The HOD also voted to oppose mandatory overtime under any circumstances. The overtime measure states that the refusal to accept additional hours does not constitute patient abandonment and it calls for ANA to work with CMAs to ensure that policies support this position. The HOD passed a resolution that outlines strategies to ensure patient safety and specifically prevent medical errors, which are estimated to lead to as many as 98,000 deaths annually. ANA has long been advocating for efforts aimed at ensuring safe patient care using a systems approach, but recently stepped up its efforts following the highly publicized release of an Institute of Medicine (IOM) report, “To Err is Human: Building a Safer Health System.”

As part of this action, the HOD directed the ANA to inform the public and policy makers about the effects of downsizing and restructuring on patient care; support specific IOM recommendations on preventing medical errors; and promote passage of whistleblower legislation. The measure also calls for ANA to promote the development and implementation of policies that support appropriate nurse staffing levels and that call for the use of nursing quality indicators data to demonstrate improved quality of care and reduced errors.

To stop an attack against advanced practice registered nurses’ (APRNs’) ability to practice by the American Medical Association (AMA), delegates passed an emergency resolution opposing the “AMA Citizens’ Petition to the Health Care Financing Administration” regarding billing under Medicare. The “citizens’ petition is part of a larger campaign by organized medicine to restrict the scope of practice of APRNs, as well as other non-physician health care providers. The HOD recommended that ANA advocate for APRNs’ ability to secure Medicare reimbursement in both independent and interdisciplinary practice through statements to regulatory bodies and the public. In a related resolution, delegates passed a sweeping measure recommending, in part, that ANA pursue legislative and regulatory language that protects the rights of all APRNs to practice fully within their scope of practice unencumbered by legal, business, institutional or regulatory barriers.

Collaborating with efforts by the Association of periOperative Registered Nurses (AORN), delegates passed a resolution that seeks passage of federal and state legislation and regulatory actions that will protect the practice and assure reimbursement for RN First Assistants (RNFAs). RNFAs deliver direct surgical care by assisting the surgeon in controlling bleeding, suturing and other critical processes.

Although the role of RNFAs has existed since 1983 and their educational preparation and certification clearly is defined, a significant barrier to their full scope of practice remains - lack of Medicare reimbursement for their services. RNFAs also are faced with the threat of the reported use of unlicensed surgical technicians and other facility employees as first assistants. To combat this problem, the HOD resolution recommends that ANA support the recognition and reimbursement for certified RNFAs and appropriately qualified APRNs as “first assistant” in federal statute.

In another patient protection issue, the HOD voted to create a position statement on patient restraint and seclusion that provides direction to nurses who are practicing in varied settings. The statement would be based on numerous principles, including the authority of the RN to exercise independent professional judgment in determining the need for and use of appropriate restraints and/or seclusion; the appropriate ongoing assessment by the RN to prevent injury or complication from use of restraints and/or seclusion; and the protection of human rights.

In a separate action, the HOD approved a motion recommending that ANA create a position statement that would provide direction to nurses on the use of chemical restraints for all patients in all practice settings. ANA and nurses historically have been advocates for appropriate pain management. To further advocate on this issue, delegates agreed that ANA should promote the view of pain as the “fifth vital sign,” requiring assessment and management by registered nurses.

Anna House of Delegates Calls for Improvements In RN Working Conditions and Patient Safety

Tackling a society-wide problem, delegates passed a resolution that deals with the increasingly violent behavior of youths in schools and other settings, as well as nurses’ roles in promoting non-violent behavior. That recommendation, in part, calls for ANA to promote multiple strategies, including primary, secondary and tertiary prevention efforts, to eliminate violent behaviors in schools and to advocate for RNs having a key role in promoting healthy youth development in all education systems.

In an effort to continuously build the profession, the delegates approved a bylaws amendment that creates a nine-member Commission on Workplace Advocacy, whose purpose, in part, will be to ensure that nurses have meaningful access to workplace advocacy through ANA and the CMAs. This completed significant work to update the structure of ANA begun at the 1999 HOD. In 1999, ANA passed bylaws changes to create the United American Nurses (UAN), the labor arm of ANA. The UAN held its first National Labor Assembly prior to this year’s HOD.

Additionally, to promote and strengthen nursing globally, the HOD directed the ANA to explore the feasibility of an exchange program or partnership with one or more national nurses associations, and engage in collaborative exchanges with nurses of the international community with a focus on achievement, partnerships, flexibility, inclusiveness and visibility.

Among other business brought before the HOD, delegates agreed that ANA should affirm its opposition to any further reduction in Medicare payments for home health care; urge the Occupational Safety and Health Administration to publish a “permissible exposure limit” on glutaraldehyde and educate nurses of the health effects of such exposure; and ensure that an appropriate number of staff nurses are on all task forces, ad hoc and other committees appointed by ANA and that staff nurses be considered “experts.”

The House also passed a resolution endorsing efforts to improve immunization information, including ANA’s continued involvement in the National Network for Immunization Information. The resolution also directed the ANA to endorse efforts to ensure that all nurses have resources and access to accurate immunization information to communicate effectively with parents, patients and the public about the benefits and risks of vaccines.
American Nurses Associations’ House of Delegates Approves Creation of Workplace Advocacy Commission

Motion expands nurses’ strategies for securing workplace, patient protections

The ANA cemented another cornerstone in building a strong professional association for all nurses when its House of Delegates (HOD) voted in overwhelming numbers to establish the Commission on Workplace Advocacy at its June meeting, held in conjunction with ANA’s Convention in Indianapolis, IN. Workplace advocacy is not a new focus for ANA - advocacy for nurses and their patients is part of the association’s 104-year-old history as well as its promise for the future. Rather, this ANA Bylaws amendment creates a formal center that synthesizes, translates, and distributes workplace advocacy information, programs, services and products. “I am thrilled with the voting results and excited by the possibilities,” stated Karen Utterback, RN, MSN, CNA, president of the Mississippi Nurses Association. Ohio Nurses Association Executive Director Gingy Harshey-Meade agreed. “Nurses need to know all their options for addressing workplace issues,” she said. “ONA has a strong collective bargaining program but we also need a strong workplace advocacy program for members and potential members that do not belong to a collective bargaining unit.”

The seeds of the Commission on Workplace Advocacy were sown during the 1999 HOD when delegates approved the creation of a task force to develop strategies and recommendations to ensure that nurses who are not represented by collective bargaining have access to meaningful workplace advocacy. The diligent work of the task force to develop the bylaws and operating guidelines for the new Commission paid off when a large percentage of the delegates, including those from constituent member associations (CMAs) that are members of the newly formed United American Nurses, ANA’s labor arm, voted to support all the strategies registered nurses use to advocate for patients and themselves.

Advocating for nurse’s concerns

Workplace advocacy is used successfully in various practice settings across the country to help registered nurses secure protections for themselves and their patients in the workplace. For example, Debbie Jones, RN, MNSc, a former Arkansas Nurses Association’s (ArNA) Workplace Advocacy Program Education Committee member, recalls a situation in which an RN called on behalf of nurses at a hospital who were concerned over the facility’s practice of floating nurses to other units, particularly those that required skills unfamiliar to the “float” nurse. The nurse, not a member of her state nurses association, needed help.

Jones sent the nurse a copy of the Arkansas State Board of Nursing’s position statement that clearly affirms that all RNs must have either formal education, in-service, continuing education and/or experience in all nursing tasks before executing these tasks. Further, it states that nurses who practice outside of their competency area(s) are subject to disciplinary action. This information and document were discussed with the RN along with the inherent practice implications. Next, ArNA reviewed the basic steps for addressing and resolving workplace issues with the nurse as outlined in its workplace advocacy program.

With up-to-date information, expert guidance, a regulatory reference tool and a written plan of action, the nurse made an appointment with the appropriate hospital administration staff that ultimately resulted in a change in the hospital policy on “floating” which includes guidelines on how best to utilize nurses who are new to a practice setting. The nurses at the hospital now have the support to accept only those assignments that are within their professional and individual scope of practice. And, the nurse who originally sought ArNA’s help is now a member of the association.

Building on success

ONA’s story is just one of many examples of a successful outcome from a state-based workplace advocacy program. ANA plans to build on the successes of the states through a centralized workplace advocacy program, established by the Commission on Workplace Advocacy, that provides all CMAs and their members the opportunity to discover, access, utilize, share, develop and distribute workplace advocacy information, products, programs and services.

Members of the Commission on Workplace Advocacy are appointed by the ANA Board of Directors, and the Commission will represent all CMAs that have workplace advocacy programs. The Commission will:

• establish and implement an effective national workplace advocacy program within ANA
• determine programmatic priorities for the program that will direct the use of resources
• establish communication mechanisms to ensure dissemination and integration of effective workplace advocacy strategies within ANA and the CMAs
• utilize staff and financial resources to accomplish its purposes
• provide oversight and accountability for workplace advocacy within ANA

“Everything is in place for a terrific workplace advocacy program,” Utterback said. “Think about how you fit into this exciting line of activity. Simply by joining your state nurses association, your dues provide the needed financial support. Yet, your valuable insights, recommendations, ideas and efforts are the crucial elements to its continued success. If you’re not a member of your state nurses association, join now and develop the skills of workplace advocacy and the confidence of being a partner with ANA.”
Speakers at the recent American Nurses Association Convention plenary session entitled “Stopping the Blame Game”, stated unequivocally that systems, not individuals, are to blame for medical errors and that instead of punishing for errors, health care facilities and regulators should be finding out what works to reduce and prevent errors. Lucien Leape, MD, MPH, Harvard Medical School, Department of Health Policy and Management and the nation’s leading expert on hospital death and adverse drug events caused by medical errors, discussed the concept of “latent errors”, such as organizational culture, management decisions, process design, workload and team training, and how they cause the system defects that eventually lead to medical errors. He gave examples of a latent error as when a hospital decides that a nurse can take care of twice as many patients in the same amount of time. The system defect that results is an overworked nurse. “Health care is the only industry in America that doesn’t believe fatigue degrades performance,” he said to overwhelming applause from convention attendees.

Leape stated that principles that should be adopted to avoid human factor errors include avoiding reliance on memory, simplifying and standardizing processes and using checklists and protocols wisely. Most important in avoiding errors, he said, is learning to separate them from misconduct. “Regulation is a major barrier to safety when it fixates on punishment and focuses on individuals,” Leape said, noting that such a climate stops people from reporting errors, hindering attempts to address system problems. “Enlightened regulation is when we stop punishing for errors, continue working with impaired people and set standards for safe systems.”

David Keepnews, JD, MPH, RN, who served as ANA’s director of policy and is now an assistant professor in the Department of Health and Clinical Sciences at the University of Massachusetts Lowell and adjunct professor of nursing at New York University, agreed that errors are the result of system failure and should be addressed as such. “Just as nurses are accountable for their practice, there should be accountability on the part of institutions for identifying and fixing system flaws,” Keepnews said. “In addition, the non-punitive climate should not just be for reporting errors but for reporting unsafe conditions.”

One unsafe condition that both men discussed was hospitals’ use of mandatory overtime as a solution to short staffing. Keepnews discussed the success of recent strikes in Massachusetts and New York in addressing the use of mandatory overtime, noting that the nurses who stood on the strike line not only improved patient care at their facilities but raised awareness of the issue nationwide. “The right to refuse mandatory overtime is a fundamental issue for the profession,” Keepnews said, adding that nurses are exercising their professional judgement when they determine they’ve reached their limits. “Institutions refusal to support this is a betrayal of the public trust.” Dr. Leape also had harsh words for the practice of mandatory overtime, saying, “It ought to be illegal.”
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Adventures In Language: What Is A Nare?

by Betty Davis, RN

What is a “nare”? Do you think you know? Can you say “nogonia”? What about “pneumoniae”? Does the word “Hysterosalpingography” give you the willies? If it does, relax, you are not alone. Even teachers of nursing are not immune to poor or marginally correct pronunciation of scientific terms. And not every good nurse is also a lover of good science or of good English language usage. Let’s face it, you don’t need perfect pronunciation or great spelling to give excellent nursing care to your patients. So what’s the big deal?

The truth is that correct use of scientific terms and correct pronunciation of them is very important in the status of our profession in the medical community. Nurses are second-class citizens in the medical community, and it is our own fault. We deal daily with highly educated doctors and allied health professionals, and too often we stumble over medical terms.

Laxity in our education of scientific language can be disastrous, even resulting in the creation of non-existent words. Remember my first question? You guessed it. There is no such thing as a “nare.” The correct medical term for the nostrils is “nares,” this is true. So, one nostril must be a “nare,” right?

Unfortunately, no. But don’t feel bad. This term is so widely misused in our profession that it appears in the national board exam. The correct usage is naris, singular, nares, plural. This is a typical Latin usage of changing the singular word which ends in “-is” to plural by changing “-is” to “-es.”

So how did this word come about? Incorrect pronunciation will do it every time. If we have two chairs, we have one chair. But if we have two nares, do we have one nare?

It would seem so. But nares does not rhyme with chair, it is a two-syllable word that rhymes with Larry’s. Learning the term makes so much more sense logically and linguistically if we see that both singular and plural forms of the word are two syllables, i.e., “nar-ES,” “nar-ES.”

Poor pronunciation can also filter down to chronic misspelling of a term. Hydatidiform mole is often mispronounced as hy-dat-i-form mole. As a result, even some textbooks use the latter as a correct spelling. So, we perpetuate each other’s mistakes for generation after generation of nurses, and no one seems to be aware of the problem.

If we as nurses are going to achieve the professional status we seek, we must raise our standards. Correct pronunciation of scientific language should be a basic skill, taught as part of the medical terminology class, and should precede all other coursework.

It is not as hard as you think. There are basic rules of pronunciation, but too many to go into here. My first Biology 101 class in college was devoted to scientific pronunciation. Dr. Cross never tolerated incorrect pronunciation in his class. A couple of important ones are:

When two vowels occur together, BOTH are pronounced. So, oogonia is pronounced Oh-oh-GOAN-ee-ah. Pneumoniae is pronounced New-mOAN-ee-ae.

When a word consists of many syllables, the correct accent is usually what sounds the best and what is easiest to say. Here’s a good one for you: craniocleidodysostosis. You just have to work these out. First divide into syllables, this is usually not hard. CRA NI O CLEI DO DYS OS TO SIS. Phew! Now, just try it until it sounds the best (you do have to work, but you CAN DO THIS).

KRA-i-o (that’s easy) KLY-do (now the hard part) DIS-6-DOO-i-sis? dis-OS-toe-sis? dis-os-

TOE-sis? The last option sounds the best, doesn’t it? We all have a medical dictionary. Pronunciation of any term we need is laid out for us. Anyone can pronounce words from a dictionary. All we need is the will to learn and a system. If you are a practicing nurse, jot down words you have trouble with, and look them up later. Practice them a few times, and you will own them. If you are a student, learn the tough words as you go along.

The next time you read a path report to a physician over the phone, you will do your profession proud. Reply with your comments to bfoxxydavis@aol.com.

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District 8
Nov 21 7:00 PM, Spanish Fort United Methodist Church

District 9
Nov 14 6:30 PM, Decatur General Hospital

District 10
Nov 11 6:30 PM, Four MC’s Family Restaurant (Quarterly Meeting)

District 11
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MACON COUNTY SOCIETY
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Nov. 2, 2000, Jan 4, 2001, Feb 1, 2001- VA Hospital – Montgomery

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