The Alaska Nurse

Back-to-School
The Academic Issue
I hope everybody has been enjoying this most beautiful summer. As of yet, I haven’t received any feedback from any of the new nurses or the seasoned nurses. I’m still very interested in the stories that you all have experienced and I would like to provide a forum in The Alaska Nurse for you to publish those stories.

Recently, I had the opportunity of talking with my sister-in-law, who is a new nurse. She went to nursing school at the age of 49 and graduated with an associate’s degree in nursing (ADN). Her life experiences have given her a wealth of people skills; however, she has not been able to get a job at an acute care facility, for they are only hiring nurses with bachelors’ of science in nursing degrees (BSNs). Currently, she is working at a skilled nursing facility. She works in the behavioral health unit tending to Alzheimer’s patients. Her life skills have been a tremendous asset as she is able to relate to families and patients, developing rapport with both. Newer nurses often find it difficult to relate to the older patients and sometimes lack the know-how to find common ground with them. She would, however, like to work at an acute care hospital. In an attempt to accomplish this goal, she has enrolled in an ADN to BSN bridge program and will graduate with her BSN next year.

For those of you who do not have a lot of background on the comparison between the associate degree nursing program and the baccalaureate nursing program, there are a few important things to point out. For one, associate degree programs utilize the exact same nursing curriculum as do baccalaureate programs. Similarly, those who go through either path must pass the same exact NCLEX in order to become registered nurses. The BSN program does delve deeper into public health, research, nursing theory, and the humanities and sciences, but the ADN provides for nurses to get more bedside experience. Both have their advantages, yet acute care facilities prefer to hire nurses with bachelors’ of science in nursing degrees.

As the President of AaNA, I would like to know the thoughts of our members regarding the pros of having your BSN, the pros of having your ADN, as well as the cons of each. Are acute care hospitals doing the community a disservice by only hiring nurses who have their BSN, successfully alienating well-qualified ADN nurses and exacerbating the nursing shortage that plagues the Alaska healthcare community? If the hospitals are not going to be hiring ADNs, then why are universities still offering these programs? Currently both programs at UAA run at full capacity. Would resources be better allocated in creating a BSN program with higher capacity instead of splitting resources between the ADN program and the BSN program?

I would love to hear what you have to think! In future letters, I will be exploring these concerns and hope to create a dialogue on such an important issue.
Get Ready for a Happy and Healthy “Back to School”

By Cathy Stange, CPNP

After this beautiful summer filled with fantastic fun, it is time to get the children ready for starting and/or returning to school. With normal schedules gone by the wayside in the midnight sun, it is time to start returning to a predictable routine to help transition back to the school schedule. For many families, this means earlier meals, bedtimes and many changes in their “fun” summer routines. For children who will be starting kindergarten or taking the bus for the first time, it is important to begin the transition a few weeks before school starts to allow time for this adjustment to take place. Talking about school in a positive way, for example as if it were a new adventure, is one way in which you can direct your child to look forward to starting or returning to school.

Here are some helpful hints to a smooth transition!

1. Have your child start getting up and dressed in the morning at the appropriate time and:
   - Encourage your child to pick out his clothes the night before
   - Schedule morning activities to allow your child to practice his readiness in the morning
   - Start eating breakfast, lunch and snacks at school scheduled times

2. Encourage Independence!
   - Give your child chores or responsibilities he can handle: organizing his supplies, backpack and lunch box for school — many children can help pack their lunch the night before
   - Encourage your child to practice writing his name and numbers, reading or tying shoes to increase his confidence in these skills

3. Create a “Launch Pad:"
   - Designate a spot for your child to place school belongings before and after school
   - Post a list of things your child needs to bring to school (use pictures if child can’t read)

4. Establish a consistent time and place for doing homework.

5. Play an active role in your child’s school life by:
   - Attend orientation
   - Meet with teachers
   - Volunteer when possible

6. Allow your child to participate in setting routine by:
   - Making a chart to outline routine
   - Setting aside time for homework and/or play right after school

When children can become active in planning their routines, they will be more inclined to follow them. Allow them to participate. If your child has a happy and healthy, predictable schedule, the transition will be a smooth one!
Modern medicine has enabled the human race to push boundaries related to our health and longevity. A large part of the modernization of medicine happened with the invention of vaccines. The ability to inject compounds that stimulate an immunological response as well as aid in avoiding adverse effects from contracting a bacterial or viral infection has saved many millions of lives.

Governments and municipalities have recognized the importance of vaccines and made them mandatory for employment and attending school.

As of late, vaccines have not been in the spotlight for accolades alone. Individuals have come to doubt their effectiveness and have even blamed them for other detrimental side effects. Due to an increased number of individuals refusing vaccinations for a variety of reasons, lawmakers have allowed for exemptions to vaccinations. The number of exemptions have increased to the point where outbreaks of previously eradicated diseases are returning to populations that have not seen those diseases in more than a generation.

**It’s the Law!**

Alaska law dictates that all children attending school must be immunized. AS 14.07.060 states that children must be immunized from diphtheria, tetanus, polio, pertussis, measles, mumps, hepatitis A, hepatitis B, rubella and varicella. A parent wishing to exempt their child from immunizations must have a statement signed by a medical doctor, doctor of osteopathy, physician assistant or advanced nurse practitioner; this statement will indicate that it is the medical professional’s opinion that the immunization would be injurious to the child. For religious exemptions, the parent must sign an affidavit stating that the immunization conflicts with the family’s religious observations and practices. Alaska does not allow philosophical differences to be grounds for exemption.

**Exempt Yet Vulnerable**

Lately in the United States, the media has reported outbreaks of measles and other previously eradicated diseases have caused
many children to succumb to devastating effects and even death. As nurses, we should try our best to inform patients that it is in the child’s best interest and health to receive immunizations at the scheduled time. The possibility of contracting a potentially preventable disease outweighs the known risks of receiving a vaccination; risks that have not been proven to have causal links to autism diagnoses.

Although as Alaskans we don’t want to spend our summertime indoors, waiting until the school year begins can cause unnecessary delays if the child is due for an immunization. School nurses can help families understand their immunization schedules and direct them to providers who can ensure immunization administration. Also in this issue of The Alaska Nurse, we have included an immunization schedule as recommended by the CDC. This schedule was acquired from the CDC website and can be located at www.cdc.com/vaccines/schedules.

**Recommended immunizations schedule for ages 0 through 18 years — United States, 2015**

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its individual component vaccines. Immunization providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vacc-administration/contraindications.htm) or by telephone (800-232-0233). This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (https://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

The above recommendations must be read along with the footnotes of this schedule, which can be found at http://www.cdc.gov/vaccines/acip.
This April, I embarked on my first medical mission in Guatemala with Providence Health International and Faith in Practice. Opportunities like these are one of the many reasons why I became a nurse. I was thrilled to be part of a team that would set up clinics in El Soch and Belajú, in the remote highlands near Chicamán; a place where there is one doctor for every 10,000 people and incomes average less than two dollars a day.

There I met kind, hard working people who are passionate about their communities. A farm worker named Pedro helped us in the lab to translate Spanish into three different Mayan languages. In the summers, he works on the Pacific Coast of Guatemala carrying one or two “Quintals,” or hundred pound sacks of sugar cane, on his back up mountainous terrain to the roads that connect the sugar fields to towns where the sugar cane is processed.
He was one of my favorite translators because he not only spoke four languages fluently, but he also had a knack for explaining the lab tests that we needed administered. Additionally, people also seemed comfortable around him. Many people thought that peeing into a cup or having their fingers pricked for a blood sample was strange and invasive. There were many shy, modest people who had never been to a doctor’s office, and we provided them with one of their first medical experiences. Ladies would hold their scarves to their faces when asked for a urine sample. Pedro would explain why we were doing the tests and the patients would visibly relax, allowing us to check their blood pressure and do a fingerstick H and H. People would dutifully return with their urine cups, sometimes still giggling. To one patient that was reluctant to bring us a urine sample, Pedro posed a question: “The body is like a car, what is the point of looking good on the outside if the engine doesn’t run?” She brought us back the cup, though still well hidden under one of her scarves.

One day, outside of our lab, I heard the impassioned voice of Ana Garcia, RN, instructing a group of 20 women about sexual education; a much needed topic in a place where women are 10 times more likely to die from cervical cancer than in the United States and becoming a mother at the age of 14 is not uncommon. It was a hot, sunny day but everyone was paying attention.

When I was given the task of doing hypertension and diabetes education on the second day of our clinic, I spoke with Ana about the best way to explain these complex chronic conditions to people living in this region; people who are likely to have only a few years of formal education under their belts and little familiarity with allopathic medicine. During this time, Ana chose to share some aspects about her history. She grew up in a family of 15 children; her mother becoming widowed when Ana was very young. Her mother remarried and she fled an abusive step-father at the age of 9 to work at the front desk of a hotel in Guatemala City where she was given the chance to attend school. When she was a teenager, Faith in Practice gave her a scholarship to attend nursing school and she now works as a community health educator and does cervical cancer screening in clinics around the country. I was thrilled to meet a nursing colleague so far from home with such exemplary skills as a clinician and educator.

Women carried babies in shawls across their backs as did siblings with each other, mirroring their mothers up dusty mountain trails, across corn and sugar fields, and to our clinics.

Children without shoes walked miles with their families.
There was a woman named Maria that was carried to our clinic in a plastic chair by her brother and husband. She was one of our first patients and had bypassed the triage line to be placed squarely in front of myself and Clarissa, our team photojournalist and Spanish translator. She held a small square card in her hand and asked us for help.

After she visited one of the family practice doctors, I found out she was only expected to live a few weeks and that she did not want one of the 10 wheelchairs that we could offer to those with impaired mobility. She gave me a hug before she was carried back to her thatched roof house in her plastic chair.

I am honored to have had the opportunity to care for and work with all of the people I met during my time in Guatemala. Our team of 30 professionals, including doctors, nurses, dentists, nurse practitioners, physician assistants, translators and pharmacists took care of 1,573 patients, pulled more than 1,000 teeth, filled around 4,000 prescriptions, and made several surgical referrals in just four days. With the help of Mayan language translators, I was able to educate six people about hypertension and diabetes. This number may not seem large, but I spent about 20 minutes with each person and taught them about their medications through an educational approach tailored to the needs of each individual. People were truly interested to learn about how their medications worked as well as how to check their blood glucose levels. They wanted to learn how to improve their diets despite healthy food being costly and money scarce. I hope to return and provide education about chronic conditions that are becoming more prevalent in the Guatemalan highlands.

Resources for those considering a medical mission

Wyner, Gabriel. (2014).
Fluent forever: How to learn any language fast and never forget it.

Faith in Practice: www.faithinpractice.org.
Providence Health International: http://www2.providence.org/phs/phi/Pages/default.aspx.
Nurse of the Year Nominations Now Open

Nakia Halcom is one of the many exemplary nurses you will find at the Annual March of Dimes Nurse of the Year event. In 2013 she was nominated and then won the “Improving and Innovating” Category. Below are highlights from the information provided to the March of Dimes in her nomination packet. Please note when this information is sent to the judging panel all identifiers are deleted.

The busiest Labor and Delivery unit in the Pacific region is the 673rd Medical Group, JBER. Nakia is a registered nurse in the Perinatal Service Unit. Nakia was regularly selected for the roll of charge nurse, as she is a motivated catalyst for change and has made several vital process improvements in recent months. Nakia identified room for improvement in the practice of sending postpartum patients to the immunization outpatient clinic after their discharge to receive vaccines as many women were not obtaining the appropriate follow up, posing health risks to themselves and to their infants. Nakia spearheaded the immunization program; she researched the best evidence for each vaccine in writing an immunization policy to protect mothers and infants from infectious diseases. She tirelessly coordinated with the Women’s Health Clinic.

She developed a training plan and led the training of forty plus staff members with instruction on the program benefits. She was further inspired to improve skin to skin rates after Cesarean section deliveries. She championed the effort and ensured each staff member understood the physiologic need of a neonate to be with his/her mother. After gaining the support of hospital leadership, she developed a plan to incorporate kangaroo care in the operating room. She trialed the procedure with several patients then presented findings and recommendations during a staff meeting.

Nakia is passionate about teaching and improving nursing practices. She focuses on evidence based practice daily while motivating colleagues to provide the best in nursing care. Nakia exemplifies the fact that one nurse can make the difference in the health of patients and families.

The March of Dimes Nurse of the Year awards recognize and honor distinguished nurses for their outstanding contributions. The Alaska Chapter of the March of Dimes will hold its annual Nurse of the Year Awards Gala on Friday, November 20th at the Egan Center in Anchorage, Alaska. Please consider nominating an amazing friend or colleague for a Nurse of the Year Award in one of 15 categories. Each nominee will receive a congratulatory letter and invitation to the Awards Gala, where winners will be announced during the event. Nominations are due October 1, 2015.

To Nominate a Nurse online, please go to www.marchofdimes.org/alaska/events and click on Nurse of the Year, email DGolden@marchofdimes.org or call the office at 276-4111. Deadline for nominating a nurse is October 1, 2015.

The Case for Requiring Baccalaureate-Preparedness as Entry to Practice

By Andrea Nutty

For five decades, nurses, policymakers, educators, and healthcare administrators have waged a waxing and waning debate on the minimum required education for entry into the nursing profession, the level of education necessary to produce adequate bedside nursing skills, and how to construct scopes of practice around levels of education and levels of licensing. This debate has been forcefully renewed over the past few years, largely in response to the landmark report “The Future of Nursing: Leading Change, Advancing Health” issued by the Institute of Medicine (IOM) in 2010. The recommendations from the Future of Nursing report have been spearheaded into the Campaign for Action, a partnership between the Robert Wood Johnson Foundation and AARP. The IOM’s report calls for the percentage of employed RNs in the United States possessing a baccalaureate degree or higher to reach 80 percent by the year 2020. Currently, that figure sits at just 51 percent, according to the most recent data available from the Campaign for Action in 2013. At the time the report was issued in 2010, 49 percent of American nurses attained the IOM’s suggested education level.

Before I get into details, I’d like to begin with a disclaimer: I believe that our currently working bedside nurses who graduated from diploma and associate degree programs are just as competent and skillful as nurses who possess baccalaureate degrees. These associate degree and diploma nurses are wonderful, intelligent, adept professionals. But I’m not talking about today’s nurses — I’m arguing for increased education for our nurses of the future.

One of the most unique aspects of the nursing profession — at least as I see it — is that no standardization for entry into practice exists. In Alaska, one must possess at least an associate degree in nursing in order to become a licensed registered nurse. But across the country, that’s not always the case: multiple states still allow those who have completed hospital diploma programs to become registered nurses. Most other professions requiring occupational licensure do not have such a widespread issue of allowing multiple entries into practice; attorneys must receive a juris doctorate, public accountants must hold a baccalaureate degree, clinical social workers must have received a master’s or doctoral degree in social work.

I advocate for a future wherein there is a singular educational standard for entry into the nursing profession: the bachelor’s of science in nursing. I believe the only way to get there is to eliminate associate degree programs and put those resources towards baccalaureate degree programs, simplifying and streamlining overstretched university resources. An inordinately large percentage of currently employed nurses are nearing retirement age. Experts agree that the demand for nurses is expected to grow at an accelerated pace, peaking at the exact time all of our older, more experienced nurses start to retire. It’s clear that we will need

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to attain baccalaureate degrees, receiving the same pay as a diploma nurse makes their additional education worthless in terms of cost return-on-investment. For bedside nurses, it makes zero economic sense to invest time and money into baccalaureate degree programs when they won’t be receiving an increased scope of practice or increased pay upon graduation. There is no incentive to attain higher levels of education.

There is also no ability to attain higher levels of education — at least for many aspiring nurses. A 2009 report by the American Association of Colleges in Nursing estimated that upwards of 40,000 qualified nursing school applicants are rejected each year due to the schools’ inability to expand at a pace to match rising demand. The burden of maintaining separate associate degree and baccalaureate degree programs could be eliminated if our requirements for entry to practice were to change. The already-limited resources being focused on two programs could instead be more effectively utilized on just one, preparing more nurses at a decreased cost and higher level of education.

Studies on the economic benefits of having additional baccalaureate-prepared nurses have been limited thus far, but what has been examined to date is encouraging. “Economic Evaluation of the 80 percent Baccalaureate Nurse Workforce Recommendation”, a 2014 study published in Medical Care, studied 1477 nurses over a six month period and estimated that a savings of over $5.66 million dollars annually could be realized if at least 80 percent of the nurses in the study were baccalaureate educated; this is a savings of $3827.36 per nurse, per year. A quick extrapolation of that data (2.55 million currently working nurses at $38.27.36 per year) shows the real potential effect: a possible nationwide savings of $9.76 billion dollars annually.

Another reason to increase the entry-level required education to baccalaureate degree is that we already face a shortage of primary care practitioners, and as our population grows larger, older, and sicker, that shortage will become increasingly dire. Advanced practice registered nurses are an answer to this shortage, as they are able to provide quality, cost-effective primary care to patients. Unfortunately, according to the IOMs Future of Nursing report, only 20 percent of nurses (regardless of initial educational attainment) continue on to receive a higher degree. Only 4 percent of nurses who initially obtained an associate degree go on to complete a master’s degree or higher. Meanwhile, “almost 100 percent” of baccalaureate degree nurses who continue their education “obtain at least a master’s degree.” The difference is striking. While only 4 percent of associate degree nurses will, a full 20 percent of baccalaureate degree nurses will obtain a master’s degree and potentially go on to teach our future nursing students or become advanced practice registered nurses who bridge the chasm of primary care.

My arguments stem from a concern for the future of nursing, not from an insistence that a quantity of education is more valuable than quality of bedside care. The fact of the matter is, the American post-secondary educational system for nursing is not structured in a way that will adequately support the need for high-quality nurses in U.S. medical facilities. We must concentrate our resources on a singular educational path; a path which sets our nurses up for success in their career. Across the country, acute care facilities have made the determination that the acquisition of a Bachelor’s degree in Nursing helps to provide the best possible patient care. With that sentiment in mind, why would we not adequately equip our nursing schools to sustain programs where the largest amount of highly-educated nurses can be trained year after year?

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The Case for Requiring Baccalaureate-Preparedness as Entry to Practice

Yes, it is well understood that the push is for Registered Nurses (RNs) to have a Bachelor of Science degree in Nursing (BSN). This is particularly true in the hiring preferences of hospitals who are trying to receive magnate status. However, in Alaska there is, and will continue to be, a need for RNs who do not have those BSN letters on their badges.

Many of the most experienced nurses in Alaska are old-timers (and some not-so-old timers) who became RNs through Associate of Applied Science (AAS) programs, and even a few who came through certificate programs, and who have never, for a variety of reasons, taken the additional coursework to gain the BSN degree. The additional years of hands-on experience is not quantifiable in the way a BSN diploma is, but absolutely does something to mitigate what advantage might have been gained if that same time had been spent in a classroom pursuing a BSN. Would these nurses benefit from the additional coursework that pursuing a BSN would require well after they have entered the workforce? Potentially, yes; it is reasonable to argue that for some types of nursing the additional education in informatics, statistics, chemistry and the other disciplines is highly relevant and important. It is likewise reasonable to argue that for other positions advantages posed by additional classroom time would be minimal.

A sensible argument may suggest having an expanded scope for BSNs over AAS RNs in those positions where the additional education is deemed necessary, and additional licensure requirements, just as is already the case for Advance Practice Nurses. This would still leave plenty of “room” for AAS RNs to provide high quality care in appropriate settings.

Now, with the well-known marketability advantage of the BSN degree, why would someone just entering the field choose to enter an AAS program? A simple answer is that the AAS program is available to students for whom the BSN is not a viable choice. This lack of viability may exist for financial reason or because it provides access to a career in approximately half the time as the BSN track. Many students who choose the AAS path are working adults who are looking for a first real career or are second-career transitions for which the additional coursework and months spent waiting in the BSN queue for placement are just not an option.

The primary producer of these new AAS RN’s in Alaska is The University of Alaska (UA) System of which I am an alumnus. At this university, the AAS degree program is a competitive-entry model with only the top few applicants of each pool being placed in a cohort, in contrast to the BSN program where all students who meet the minimum qualifications are eventually placed after a long wait. In short, it draws in motivated, high performing people who are going to become excellent nurses.

The purpose of this argument is not to say that the BSN is without value as an additional step above the AAS RN education, for it is this former educator’s opinion that knowledge acquisition has a value unto itself, value found in personal development. And, in this case, the specifics of the additional education are absolutely relevant in certain job paths. Rather, it is to say that many AAS RNs are undervalued. In many settings the AAS education is wholly sufficient for these nurses to provide the highest level of patient care, and some of the best nurses currently in the field are “just” Associate Degree RNs.

“Many AAS RNs are undervalued. In many settings the AAS education is wholly sufficient for these nurses to provide the highest level of patient care, and some of the best nurses currently in the field are just Associate Degree RNs.”
Stress Reduction Tips for Nursing Students

By Stacia Thomas, RN, BSN

A few weeks before graduating from nursing school in 2006, my friends and I listened to Tulla, a fellow nursing student, practice her graduation speech. When she finished, we all laughed and agreed that her speech, though really funny, was a bit of a downer. It was full of humorous stories depicting the drama and stress experienced in nursing school. She talked about crying in the car after clinicals and other embarrassing moments as a floundering nursing student. We reminded Tulla that graduation speeches typically are uplifting and empower you to go out and embrace your future. A few weeks later Tulla stood up in front of our graduating nursing class and gave her speech again. It was a toned down version of her first draft with more positivity added to the end, but the spirit of the speech was the same as before. As I listened to Tulla talk about her experiences for the second time, I felt a sense of solidarity with the other nursing students in the room. We had all experienced stress and tears in nursing school.

Upon graduation, I spent the next five years working as an inpatient nurse in several different hospitals. After caring for hundreds of acutely ill patients, gaining an incredible nursing foundation, it was time to do something new. I began shifting my focus to health promotion and stress reduction. Mostly, I needed to do this for myself, but I also needed to do this for my marriage. It is my hope that I can help others find ways to reduce their various stresses as well.

Believe in the importance of your work

This is what carried me for the first five years. I knew that my work was worthwhile and fulfilling, and I was able to go back to it day after day knowing that I was meeting needs and making a difference. This is the reason why we do the work; a reason so powerful that it sustained me for the entirety of my first five years in nursing. I eventually discovered that this sense of importance within my work could not carry me forever. I needed to find other resources to reduce the inevitable stress that occurred in daily nursing practice. We are constantly zooming in and zooming out to get the job done. When we enter a patient’s room, we zoom in on that particular patient. We start with the broad reason why they are there and then move in closer to all the details as we assess their surgical site, tubes, drains, IV sites, etc. When we leave the room, we zoom back out, holding the whole picture of the patient in our awareness, then we zoom out even further to hold all our patients in our awareness. From there we can prioritize our next task. If we don’t zoom out, we get stuck in the details.

Do the best you can

As I began to gain more awareness by “zooming out,” I discovered that writing was an invaluable aid in helping me do just that. In July 2012, I attended a course called “The Intensive Journal Workshop.” I received continuing education credit for it, but I would have taken it anyway. During a break in the class, I was talking to the instructor and telling him about a situation where I was feeling regretful. I wanted to know how to move past it. He told me, “You did the best you could at the time, with what you knew then.”

After the workshop, I started journaling nearly every day, staying present with my life — zooming out by writing about my day to day actions, feelings and thoughts. Often while I wrote, a few words would strike me as helpful and important to remember. I kept a list of these words and sayings so that I could remind myself of them from time to time. One that came up frequently: “Do the best you can.” Another one that is very much related to the first: “You are learning.”

It is so easy to be hard on yourself when you are learning something new, to wish you could do it perfectly. Having patience with yourself and knowing that someday these things will come easier is important and truly freeing. We have to start somewhere — one foot in front of the other, one step at a time. At the end of the day, if I do the best I can then I can feel good about it, even if things don’t turn out perfectly.

Prioritize

As nurses, we prioritize all the time. Some tasks are simply more important and some patients require our urgent attention more than others. We can also prioritize in our personal lives as well. I realized recently
that my biggest mistakes were caused by a mismatch in my priorities. I will admit, I am a very sensitive person and I care a lot about everything and everyone. I was treating them all as if they had equal importance to me, and I was burning myself out with all the energy I was expending. I think this comes easier for some people, but if you are like me, you have to prioritize your caring; you have to care more about what is more important and less about what is less important. We have to dose it out appropriately. This has been an incredible realization for me in regards to my marriage in particular. It has allowed me to still have energy left over for the people close to me, because I am not giving so much of myself to all the little things.

This can be applied to studying as well. As a student, most of the time I was not able to read everything I was assigned to read, nor was I able to learn everything I would need to know as a nurse. I had to pay attention to the important concepts, then close in on the finer points. I studied very hard and with intention, but then I slept well at the end of the day. There will always be time to learn more details in the future.

Sometimes prioritization means simplifying. There were certain projects, activities and obligations that I had to give up while I was in nursing school; however, after I finished school there has been time to do them again, as well as lots of other new activities.

**Balance**

This is one of the hardest concepts for me to practice. When I was in nursing school, I sometimes felt that school was all consuming. I had very few activities outside of school. Even now, sometimes work seems to take over and spill into all aspects of my life. Taking time and space away from the stress of work allows me to regain my sense of grounding. These are my favorite self-care activities and resources: sitting on my deck in the sunshine, running, skiing, yoga, spending time with my husband, reading, writing, biking, taking warm baths, laughing, listening to music, drinking tea, mono-tasking, going on vacation, talking to my family and friends, getting caught up on chores, doing anything that I enjoy, and doing absolutely nothing. The more I am able to build up my internal and external resources, the more resilient I become. I would encourage all nursing students to pick at least one or two self-care activities to do alongside school.

Finding balance and enjoyment during clinical rotations and at work is always something to strive for as well. Taking rest breaks and eating meals while working is hard sometimes, but important. Strangely, nurses often (myself included) boast about not taking breaks or eating for 12 hours. We think we are heroes for neglecting ourselves and sacrificing our health for others. This is ridiculous and no nurse should ever feel so-to-speak, but that is impossible. We can only carry our own burdens; let go of our own burdens.

I breathe it all in — all the sorrow and all the burdens. Then breathe all of them out of my body. Sometimes I write it all out, then breathe it all out — as many times as I need to do so. Nine years have passed since Tulla’s graduation speech. There will always be stress and tears, but as I practice the things I have learned about stress reduction, they are fewer and less potent than before. By zooming out, you realize the joy is there to embrace amidst it all. May it also be there for you.

**Breathe it all in, breathe it all out**

There are some patients I continue to think about sometimes, and even though it has been years, I still cannot find the silver lining. This is when it is time to just let it be. We may feel like we want to carry the burdens of others, to lessen their load so-to-speak, but that is impossible. We can only carry our own burdens; let go of our own burdens.

**Find the silver lining**

As I said before, sometimes I find it hard to “zoom out” from the pain and the sorrow that come with taking care of the sick and injured. Most of the time though, there is a silver lining — something to be grateful for or some sliver of hope. It may take days, months, or years to discover it, but it is usually there somewhere.
Early this summer, senior nursing students at the University of Alaska Anchorage were tasked with promoting awareness of interpersonal violence within the Anchorage community and measures to prevent it. The students accomplished this task by hosting the 3rd Annual Swear to Care Interpersonal Violence Awareness Fair in downtown Anchorage. They have dubbed this event “swear to care,” because they are encouraging the community to take an active role in stopping violence. The students learned that one of the best defenses of interpersonal violence is that of awareness. By promoting awareness to all community members, the students strived to prevent violence at a primary level, with the goal of stopping it before it ever starts.

Four groups of students discussed hard topics such as child abuse, intimate partner violence, elder abuse, and sexual assault. Each student spent at least 90 hours over seven weeks preparing for the fair. The nursing process was utilized from start to finish. By the second week, students began assessing the community through paper and electronic surveys to determine what the general public knew about varying forms of violence, resources for victims, and reporting agencies and individuals in Anchorage. From there, the students began to form their nursing diagnoses in order to plan and develop interventions to best educate the public. Lastly, the success of teaching was evaluated through surveys of participants at the event.

The fair was held Saturday, June 13th, in Town Square Park. Games, live music, face painting, raffle prizes, and more were available all with the purpose of drawing in community residents to promoting interpersonal violence awareness in a light mannered way about some really difficult topics. Interventions were disguised as family friendly activities that allowed the students to assess, educate and evaluate understanding of the various topics.

The layout consisted of four booths held by nursing students, each with their individual activities and information relevant to their specific topics. They were also joined by representatives from community agencies such as Standing Together Against Rape (STAR) who also represented Green Dot, a sexual assault victim’s advocate from the Army National Guard, and a representative from the Abused Women’s Aid in Crisis (AWAIC) shelter. These resources proved valuable as participants wanted to know more about help that was available for victims in the community. The students appreciated having the representatives from community agencies at the event. “It was great to tell someone about an agency and
then walk them over to representatives from the same agency we just spoke about,” said Chelsea Berg.

One student booth focused on domestic violence, emphasizing that, “it takes a community to end domestic violence.” In order to achieve successful education, they created three activities to help educate the population. They had a fun bean bag toss game in which participants threw bean bags labeled: law change, childhood education, adult education, community resources and public awareness. The targets represented a stage of the cycle of violence; tension-building, explosion and honeymoon phase. The targets were color coded to match where each intervention would work best. Participants were surprised that different intervention strategies work best for the various stages of the cycle of violence.

The booth also hosted a trivia wheel, in which participants learned about different resources available in the community. Prizes were also given out to all participants. In addition the group encouraged a connection from the community to intervening when witnessing a violent occurrence, by pledging to directly intervene, distract the perpetrator or call for help. Those who pledged, put a yellow hand on a board and wrote their promise to intervene.

The atmosphere was contagious with excitement and strong feelings towards stopping this issue. The second booth focused on child abuse, informing the public that Alaska is number one in the nation for child abuse, and would still be number one even if the rate of occurrence was cut in half. Many participants were outraged by this statistic, and agreed this was not a first place ranking we want to be known for in our great state.

Participants practiced intervening with a role play exercise put on by the child abuse group. Elizabeth Erickson wore a sign that read “I’m being bullied” and walked around the fair to see how people would intervene in that situation. “I had the sign on for two hours and only three people said something to me. Two of the girls said that they were bullied themselves and so they knew how it felt, so they were like, ‘Hey, you’re being bullied, why? What’s going on?’ ... It’s hard isn’t it to see this in your face?” Erickson reminded participants that children don’t wear signs telling about abuse, but we need to be observant and watch for signs and intervene whenever anything is suspected.

The booth also informed the community about mandatory reporters that are available. Anna Kim stated, “Many children said that they had heard that there were people they could tell about abuse, but didn’t know what they were called.”

To pledge a commitment to ending child abuse, the nursing students asks participants to change their profile picture to “Ask, Act, Accept — Prevent Child Abuse.” They had a QR code and picture ready for smartphones.

The students promoting education about elder abuse found in their initial surveys that the public knew very little about the topic. When approached to be surveyed, respondents were quick to admit they did not know much. Some of the questions asked were
to list the types of abuse elders experience, community resources available to elders and agencies where abuse could be reported. Jessica Buchanan was shocked to find, when analyzing the results, that “a large number of people didn’t even list law enforcement as a reporting agency.”

From there, interventions were aimed at educating the general public about community resources and agencies that serve the growing elder population. When participants visited the booth, they were asked to list the major types of abuse elders experience: financial, neglect, physical, psychological and sexual. Then they were asked to participate in at least one of two activities which provided education. One was an elder abuse trivia game in which participants threw a small Velcro covered ball on a colored piece of felt. Each color represented one of the five types of abuse. The participants were then asked questions along the lines of describing signs and symptoms or defining what that abuse entailed. The other activity was aimed at promoting awareness of the resources available. A list was given to the participant with an explanation of the purpose each agency served. Then they were read a scenario to put them in the shoes of a bystander witnessing or suspecting abuse. They were asked to identify the type of abuse highlighted and then what community agency they would go to in order to report the abuse. A map of Anchorage was provided and participants were given a star sticker to place on the appropriate agency. After completion of the activities, the participants were given a quick survey to evaluate the effectiveness of the teaching. Of the participants surveyed, 98 percent could list at least one reporting agency and agreed with the statement, “I found the information presented on elder abuse helpful.”

The fourth group of students, with the slogan “break the silence, prevent sexual violence,” engaged the public by promoting bystander prevention techniques to empower community residents to stop violence. The group shared startling statistics about Alaska, including we are number one in the nation for violent crimes such as sexual assault, child sexual abuse, and have the highest rate of women who are murdered by a man that they know. According to FBI data, Anchorage is the second most unsafe city for women in the nation. Initial surveys of the population revealed a lack of knowledge from respondents about sexual violence and available resources for victims. Interventions were then aimed at educating participants about basic information of sexual assault and teaching bystander intervention techniques. Activities were developed to engage participants. The students developed a scenario role-playing game to teach effective bystander intervention, flip-cards to demonstrate the most locations of sexual violence in Anchorage, and interactive red dot/green dot yarn pom-pom demonstration. After the teaching, 100 percent of the 108 visitors to the booth were able to correctly demonstrate techniques of bystander intervention. Respondents averaged a 4.7 out of 5 willingness to intervene, up from 3.9 before the teaching.

Overall, the Swear to Care event was an amazing success. The students took pride in the results of all of their hard work. Participants seemed pleased and expressed gratitude to the students for hosting the event.

One of the biggest successes of this project is that the event helped the representatives from local agencies build significant relationships with the community at large. As the community becomes connected and begins to feel safe to address this topic, the silence is broken and the lasting change can occur.

The students wish to thank everyone who supported them — the key informants they consulted with; the faculty that attended the event; family, friends and volunteers; local businesses and individuals that made donations for prizes and supplies; and lastly, the residents of Anchorage that came out and pledged to swear to care and stop interpersonal violence. Follow Swear to Care on Facebook and Twitter for more information on next year’s event.

LABOR LINES

Nurses Ratify Contract with Providence Alaska Medical Center; Complete First Negotiations with National Affiliate

In July, the Alaska Nurses Association Providence Registered Nurses Bargaining Unit officially ratified a three-year labor contract agreement with Providence Alaska Medical Center. The agreement comes after four months of negotiations between the bargaining unit and medical center.

The new agreement affords Providence nurses benefits such as an increase in wages, new requirements for patient lift equipment and improved facilities for breastfeeding mothers. Other provisions in the agreement include changes to the grievance procedure, leave policy and shift rotation.

The recent negotiations were AaNA’s first with the backing of a new national affiliate. In April, the labor program formally announced its affiliation with the American Federation of Teachers (AFT) Nurses and Health Professionals. In doing so, they joined 85,000 registered nurse members across 19 states.

“We have appreciated the support and assistance AFT has provided throughout this process,” said Terra Colegrove, president of Providence Registered Nurses. “After months of negotiations and some compromising on both sides, we have arrived at an agreement.”

Providence Registered Nurses (PRN) is a local bargaining unit of the Alaska Nurses Association (AaNA). Providence Health & Services Alaska is part of the third-largest not-for-profit health system in the United States.
The Alaska Legislature finally ended on Thursday, June 11th; day 22 of the second special session and 143 days after the Alaska Legislature first convened in January. The House of Representatives passed the budget in a 32-7 vote. Shortly after, the Senate passed the operating budget 16-3.

There were very few pieces of legislation that were passed due to the ongoing budget crisis and the concern regarding Medicaid expansion. The budget did pass, but Medicaid did not due to concerns of the Republican legislators regarding a lack of federal funding for the program. The discussion continues and the governor may decide to call another special session or mandate it on his own.

Our own APRN Consensus Model Bill (SB 53), sponsored by Senator Cathy Giessel, moved along through the Senate to the House and will be taken up again in January 2016 for passage there and then on to the Governor’s desk for his signature. SB 53 creates nomenclature changes for CNM, CNS, FNP and CRNA that will allow all these disciplines to operate as APRN.

Other legislation of interest

**Union Contracts**: The legislature agreed to honor the cost of living increases for FY 2016 negotiated with the labor unions representing state employees, although the $30 million to fund these increases are not included in the approved budget.

Departments will have to make other reductions to fund these increases.

**FY 2016 K-12 Education Funding**: Another $16.5 million has been approved to fully fund the expected BSA amount for FY 2016. The cut of $32.2 million in one-time funding provided last session in HB 278 was not restored.

**Various Program Funding**: As part of the budget compromise, another $15 million was added to the FY 2016 operating budget for a range of services. Included in this list is another $1.75 million for AMHS operations, plus more money for senior benefits, foster care services, parents as teachers program, pre-K grants, and the University. There should be no change to the 2015 AMHS summer schedule, but there will likely be some proposed service reductions starting with the fall/winter 2015-2016 schedules.

**Erin’s Law/Bree’s Law**: Signed into law on July 9th by Governor Bill Walker as HB 44, Alaska’s Safe Children’s Act. The Safe Children’s Act mandates all Alaskan schools to educate students on how to identify sexual abuse and domestic violence and locate where to access help. Unfortunately, no funding was made available in the current budget. There are some private sources considering grants to fund the curriculum.

**Medicaid Expansion**: Governor Bill Walker announced the expansion of Medicaid on July 16th. Using his executive power to expand healthcare coverage to 40,000 Alaskans now without coverage and create 4,000 new jobs.

The AaNA will continue over the next legislative session to support our General Assembly resolutions voted on last October. Everybody is invited to participate in these discussions. Please feel free to contact Arlene Briscoe at arlene@aknurse.org if you are interested in the legislative activities or being a member of the legislative committee.
With education costs in America rising every day, more and more adults are finding themselves having to maintain a full-time working schedule while pursuing advance degrees. Often times, the “traditional” collegiate model is not conducive to this full-time work/full-time school reality. One way that nurses are overcoming these financial obstacles are by pursuing advance nursing degrees through programs that utilize distance education models. One of the universities at the forefront of this educational approach is Frontier Nursing University, a nursing program that was recently voted in the top 30 online nursing schools by U.S. News, who also ranked FNU’s Midwifery program as the #1 Midwifery program in the country!

Now, I am neither a nurse, nor a student at Frontier Nursing University, so to get the inside scoop on the advantages acquired by distance education I approached a current student of FNU, Mrs. Laura Giles.

Through our conversation, I was able to get the “inside scoop” so-to-speak on her experience with advanced nursing education, and FNU has made it possible to work towards obtaining her masters and becoming a nurse midwife. While the fact that this learning format allowed Laura to continue working full-time while she pursued her masters was a driving force in her decision, participating in FNU’s online midwifery curriculum has proven to offer a wide variety of advantages.

One of the primary topics we focused on during our conversations was the aspects of distance education versus traditional style classroom education. As a breakaway from traditional learning-teaching system, distance education relates to a methodology of teaching in the absence of a direct interaction between teacher and the student. This is not to say that absence creates some sort of deficiency. Having taken distance education course throughout my own college career, I can speak to their academic effectiveness. From speaking with Laura, I came to the understanding that her experience with FNU has not been diminished by the fact that she is not physically sitting in the classroom. Specifically, Laura often referenced her direct access to faculty and resources made available by FNU.

**Question:**
How would you compare your access to faculty currently with your traditionally-obtained undergraduate degrees?

**Answer:**
“Throughout my time with FNU, I have felt as if I have had more accessibility to faculty members then I did during my undergraduate career. Being that it is an online program, they frequently check in opposed to the traditional style learning model where you are only interacting with your teacher at the scheduled times of your classes or during office hours that are offered on a very limited basis.”

Irrespective of the medium or channels used in delivery, one of the greatest benefits of distance education centers on its individualized approach. The wealth of information Laura gained through her coursework is still immense, and her teacher’s active roles in her learning process have more than adequately prepared her for the clinical portion of her degree.

My conversation with Laura led me to understand the overwhelming amount of practicalities that make pursuing an online advanced nursing degree so advantageous. Beyond those practicalities though were a variety of reasons why pursuing an online degree specifically at Frontier Nursing University is so beneficial to a student-nurse.

**Question:**
Can you give me an example of a resource that FNU offers that made your responsibilities as a student seem less strenuous?

**Answer:**
“One of the most important parts of nursing education lies in the clinical portion of your training. FNU has a huge database of preceptors used in the past; thus, simplifying the process of locating institutions and midwives that would provide a positive clinical experience.”

This is just one example of how FNU has set Laura up for success within her educational goals. The Alaska Nurses Association is lucky enough to have Frontier Nursing University participating in our Professional
The Alaska Nurses Association, I will shortly be starting my own educational adventure as I begin earning my Masters in Business Administration. I am under no delusions that the process will be an easy one, but after speaking with Laura about her experience with distance education, I am certainly comforted by her success. I hope to find my educational institution as encouraging and beneficial as Laura has found Frontier Nursing University.

Laura Giles, previously Laura Goranflo, BSN, RN is a Masters in Nursing student at Frontier Nursing University. She received her Bachelors of Science in Psychology from Portland State University and her Bachelors of Science in Nursing from Oregon Health Science University. She has more than 5 years of experience as an RN both in the acute care setting and with Anchorage Women’s Health. She is currently a nurse in the ER at Providence Alaska Medical Center. She also makes the best bread you’ll ever eat.
Angelia Trujillo Receives ‘Journal of Forensic Nursing’ Education Article of the Year Award

Imagine you’re walking along a river that winds through a city when you hear a noise and see someone struggling in the water. You rescue the drowning victim and, just as you’ve resuscitated her, see two more victims struggling in the water. You yell for help and run to save them. Over time, you and others living in the city continue finding more people flailing in the river, so your response to those victims improves — with funding made available to improve rescue programs, teach people to swim and help victims recover.

One day, as you’re rushing to help another victim, you think, “What is going on upstream? Why do we have so many victims?”

AaNA Continuing Education Primary Nurse Planner and UAA Nursing Professor Dr. Angelia Trujillo is the recipient of the 2014 Journal of Forensic Nursing Education Article of the Year Award for her article titled “A Practical Guide to Prevention for Forensic Nursing,” published in volume 10(1) of the journal. Education articles published in 2014, specifically volumes 10(1)–10(4), were considered for this writing award. The editorial board made their selections based on innovation, significance, approach, potential impact and overall writing.

Trujillo, a forensic nurse from Anchorage, co-authored the article with UAA Faculty Dr. Tina DeLapp and Dr. Thomas Hendrix. The article became one of the Journal’s top-10 articles, placing seventh, based on views on OvidSP, between January and October, and second-most viewed on the Journal’s website. “Of note, your article was the only one to be in the top 10 for both lists for this time frame,” said Cindy Peternelj-Taylor, the Journal’s editor-in-chief, in a congratulatory email she sent to Trujillo.

Trujillo wrote her article to help forensic nurses take what they do every day — responding to violence — and incorporate the different aspects of prevention into their work and their lives.

Forensic nurses stand at the intersection of medical care and the law. They treat victims of violent crimes while collecting, photographing and otherwise documenting the blood, bruises, hair, semen, saliva and other evidence law enforcement can use to find and prosecute the people who hurt them.

There is no shortage of victims, because interpersonal violence (IPV) pervades the lives of men, women and children all over Alaska and the rest of the United States. One in five women and one in 71 men in the U.S. have been sexually assaulted, with half of the women being assaulted by someone they’re intimate with, according to the National Intimate Partner and Sexual Violence Survey, published this year. Alaska’s rates of sexual assaults, domestic violence and child abuse consistently rank among the worst in the nation.

IPV also affects the lives of people who aren’t being assaulted, costing the nation up to three-quarters of a billion dollars in additional health care spending. “In an environment of increasingly scarce health care resources, the prospect of reducing those expenditures should be sufficient to motivate policymakers to invest in IPV prevention,” Trujillo’s article stated.

There is a pressing need for forensic nurses in Alaska, a place with rates of sexual assault far above the national average — yet there are fewer than 75 trained SART nurses, statewide — so Trujillo travels to the Kenai Peninsula, Mat-Su, Juneau, Kotzebue, Nome, Dillingham, Bethel, Sitka, Ketchikan, Petersburg and Fairbanks to train local sexual assault response team (SART) nurses through a continuing education partnership between the Alaska Nurses Association (AaNA) and the Alaska Council on Domestic Violence and Sexual Assault (CDVSA).

While the forensic nurses she trains will help crime victims all over the state of Alaska, Trujillo wants to do more. “It’s always been...
she said.
• Primary IPV prevention focuses on the impact of social learning to promote change, especially in the way men and women behave toward each other.
• Secondary IPV prevention seeks to prevent further injury or violence once it has occurred — caring for victims and promoting a resolution through the criminal justice system.
• Tertiary prevention focuses on eliminating long-term harm both by helping the person who experienced violence, rehabilitating the person who inflicted violence and establishing policies, legislation, public education and other programs to keep violence from surfacing again.

“All levels of prevention should include awareness of issues of gender inequalities and impact of sociocultural norms,” Trujillo wrote in her article.

You don’t get a satisfactory answer when you voice your thought about why so many victims needed to be pulled from the river. Other rescuers tell you to focus on rescuing victims — that if people in the rural areas upstream needed help, they would say so.

So you venture upstream to see what’s going on and find appalling things: a bridge with holes in it that people fall through, no signs warning people of a nearby treacherous-looking waterfall, no protective fencing at the river’s edge and waterfall and a lack of money available to fix the bridge and offer swimming lessons. In addition, you see some people in the upriver areas routinely pushing others into the water.

You go back downstream and tell others what you’ve seen and find that the people in the city don’t believe that people upstream are pushing others into the water and won’t do anything to help stem the tide of victims.

Trujillo has seen, firsthand, what happens when no one ventures upstream. She’s seen everything that can happen to a person’s body in a violent context, to everyone from newborns to people in their 80s.

“What bothered me the most was that the child deaths that I saw as part of my doctoral training in Houston,” she said. “The other thing that bothers me is not the injuries to the children, it’s how they get injured, what’s happening in their home life. That’s why prevention is so very important. I’d like for kids not to get injured again. I would also like for women and men not to get assaulted. I would like them not to be victims of domestic violence. For me, prevention is

In recognition of her work, Trujillo is invited to attend an awards program and deliver a presentation at the International Conference of Forensic Nursing Science & Practice, October 28–31, 2015, in Orlando, Florida. The Alaska Nurses Association is proud of Trujillo’s exemplary dedication to the field of forensic nursing and congratulates Trujillo, DeLapp, and Hendrix on their prestigious achievement.

This article has been reprinted as a combination of two articles: “UAA Nursing Professor

Angelia Trujillo Receives ‘Journal of Forensic Nursing’ Education Article of the Year Award” and “Offering Forensic Nurses a New Way to Make a Difference,” which are licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. Both of the articles are available under Public License and first appeared in the University of Alaska Anchorage Green and Gold News on July 16, 2015, and November 26, 2014, respectively. Both of he articles have been combined and modified to include additional information on Professor Trujillo and her article “A Practical Guide to Prevention for Forensic Nursing,” available from the Journal of Forensic Nursing.
The seven-member Alaska Board of Nursing has an opening for an RN position. Any RNs who are interested and meet the full qualifications as stated in 08.68.010(4), should apply through the Alaska Boards and Commissions. All Board members are appointed by the Governor.

There has been a large increase in the number of applicants for Alaska nursing licenses. Usually there are 60 applicants a month, but recently there have been 130-158 applications every month. There is a notice posted on the Board of Nursing website stating: “Due to the high volume of applications (examination, endorsement and reinstatement) there is a delay in licensing. Applications are taking 4-6 weeks to license. Please make sure your application is complete prior to submission.” The Board and executive administrator noted that there is limited staff to review the increased volume of applications and many applications are incomplete when submitted, which requires further follow-up with applicants.

The Board continues to actively follow the nurse licensure compact organization. One major concern is that not all states involved with the compact require criminal background checks. Since a compact deals with interstate commerce, the Alaska Legislature would have to relinquish Alaska sovereignty. The Board will continue to follow the compact state licensure issue. NCSBN announced that there is new approval to begin an Advance Practice Registered Nurse compact and the Board will follow this development.

The Board discussed marijuana. The Board will adhere to the advisory opinion entitled “Position on Safety to Practice.” This advisory opinion is located on the Board of Nursing website. The Board states that nurses should be prudent on their free time. The Board stated that employers will have their own workplace policies.

Practice issues brought to the Board include LPNs being able to perform CIWA and COWS at the Ernie Turner Detox Center. The Board referred to their April 2007 decision made to the Department of Corrections stating CIWAs are not appropriate for an LPN to complete. The Board continues to discuss telehealth and telemedicine issues. The expansions of scope of practices were granted to M.A. Rowen, ANP for Laser therapy and the nitrous oxide administration program at ANMC. The Board approved a draft to define LPN scope of practice and will work this draft into regulations. The decision tree will be removed from the advisory opinions.

Two CNS addressed the Board regarding the lack of an exam for women’s health. There was a test when the students began their program but the exam was not available when they completed their program. The Board is working to work with them to allow them to practice to the full extent of their education.

A new massage therapist board has been formed. The BON made an advisory opinion stating an RN would need a massage therapist license to perform massages as defined in 08.61.100(5).

This was the last meeting for Dr. Nancy Sanders as Executive Administrator who is retiring July 31. The Board expressed their appreciation for her years of service.

The next Board of Nursing meeting will be in Anchorage, October 21-23, 2015, at the Atwood Building.
Calendar of Events
Save the Dates!

AaNA Board of Directors Meeting
4th Wednesday each month
4:30 to 6:00 p.m.

AaNA Labor Council Meeting
4th Wednesday each month
6:00 to 7:30 p.m.

AaNA Health and Safety Committee
3rd Wednesday each month
4:00 to 5:00 p.m.
Contact taylor@aknurse.org for times:
AaNA Professional Practice Committee
AaNA Legislative Committee
AaNA Editorial Committee
AaNA Continuing Education Committee
AaNA Special Events Committee

Providence Registered Nurses
Third Thursday of each month
4:00 to 6:00 p.m.

RN’s United of Central Peninsula Hospital
Contact for times: 907-252-5276

KTN Ketchikan General Hospital
Contact for times: 907-247-3828

Alaska State Board of Nursing
Upcoming Meetings
October 21-23, 2015 – Anchorage
Agenda deadline September 30, 2015
January 20-22, 2016 – Anchorage
Agenda deadline December 30, 2016
(Anchorage meetings are held in the Atwood building in room 1270)

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers and the public. To sign up for this free service, visit www.nursing.alaska.gov. Inquiries regarding meetings and appearing on the agenda can be directed to:
Nancy Sanders, PhD RN, Executive Administrator, Alaska State Board of Nursing
550 West 7th Ave., Suite 1500
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Email: nancy.sanders@alaska.gov

2015 Anchorage Heart Walk
September 26, 2015
Volunteer at our booth, donate online or join Team Alaska Nurses today!
www.anchorageheartwalk.org

Upcoming Continuing Education Events
Mental Health First Aid and Youth Mental Health First Aid
Contact Hours: 8.0
Multiple Dates and Locations
2015 Asthma & Allergy Conference
September 11-12, 2015
Tickets available online! conference.aaafalaska.com
2015 Nurse Practitioners Association Annual Conference
September 17, 2015
To register, or for details, see:
anpa.enpnetwork.com

Professional and Educational Recruitment Fair
October 9, 2015
Embassy Suites – Anchorage
A one-stop shop for meeting with tons of employers and nursing schools! FREE admission to all nurses and nursing students. See www.aknurse.org for details.

To register for these events, or more details, please visit the AaNA Continuing Education web page at: www.aknurse.org.

Remember to visit:
www.aknurse.org/index.cfm/education for frequent updates and information on local nursing contact hour opportunities and conferences.

Call 339-2000 to place your ad in this magazine.

Alaska Nurses Association
3rd Annual Trending Topics in Nursing Conference:
Everyday Leadership
October 9-10, 2015
Embassy Suites – Anchorage
Earn contact hours at our annual conference! 1.5 days of education focusing on nursing leadership. Scholarships and stipends available. See www.aknurse.org for details.

Alaska Nurses Association
General Assembly
October 10, 2015
Embassy Suites – Anchorage
Reflect on 2015 and help set priorities for 2016 at our annual membership meeting. See www.aknurse.org for details.

AaNA Nurses Night Out!
October 10, 2015
Embassy Suites – Anchorage
Join us for a fun and relaxing night out for nurses! Dinner, door prizes, entertainment, a scrubs fashion show, silent auction and more! See www.aknurse.org for details.

2015 Brain Institute:
Understanding Complex Issues
After Brain Injury
November 4-6, 2015
To register, or for more details, see: www.alaskabraininjury.net

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WOULD YOU LIKE TO BE PART OF YOUR ALASKA NURSES ASSOCIATION LEADERSHIP TEAM?

Call For Nominations

Positions up for Election
President—Board of Directors
Director at Large—Board of Directors
Rural Director—Board of Directors

Note** All positions are two year terms beginning 10/2015

If you would like to be considered for nomination please have your "consent to serve" form turned in by 09/04/2015
Forms available online at www.aknurse.org