President’s Message

Violence Against Nurses

Leah S. Kinnaird, EdD, RN

Sadly, violence has become an ever-present topic... Black Lives Matter, Blue Lives Matter, All Lives Matter...strong messages from a summer of violence. According to the International Council of Nurses 2009 Fact Sheet, “Health care workers are more likely to be attacked at work than prison guards or police officers. Nurses are the health care workers most at risk, with female nurses considered the most vulnerable.” If you did not know that, you might be thinking, “Why did I take this job?” If you’re a seasoned nurse, you’ve most likely witnessed or been a victim of violence.

Workplace violence was defined in 2002 by NIOSH, a CDC research agency in the Department of Health and Human Services, as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.” Notice, it is not where violence occurs, but that the victim is at work or on duty. ...the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the American workforce. Too frequently, nurses are exposed to violence – primarily from patients, patients’ families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabblings, shootings, and other forms of assault. (NACNEP, 2005, p 1).

As a naive public-health nurse in the 1970s, I once returned to the clinic and noticed a helicopter overhead. I was greeted with, “You haven’t heard yet? Lourdes [not her real name] has been shot!” One of our nurses had been shot in the neck while teenagers robbed and pushed her into her car. For

President’s Message continued on page 4
In addition, these other professors at the Nicole Wertheim College of Nursing and Health Sciences have speakers from FNA come to their classes to speak annually. Before his death, former lobbyist Bob Levy often expressed his pride in being asked to present to classes at FIU each year. This year, FNA President Leah Kinnaird made that presentation. She is pictured here with some of the aforementioned faculty and several others.

Several schools have a great connection with FNA and request speakers for classes on various topics including health policy and advocacy. We are always happy to oblige. It is a win-win for us to stress the importance of belonging to their professional organization. A large percentage of those members are faculty at a Florida college or university. These professors tend to work with students and even if they don’t join immediately, often they will revisit membership once they are more established in their careers. The initial contact stays with them, particularly if the faculty is role modeling professional commitment by being a member.

The faculty in FIU’s nurse practitioner program has taken this concept to a higher level by creating the opportunity for their students to join the professional association in lieu of purchasing a textbook. This is a bold, innovative and creative approach to encouraging students to become engaged in advocacy for their profession. We would like to recognize: Dr. Yovanna Gordon, Director; Dr. Charles Bucsemi; Dr. Desna Goldlist; Dr. Raquel Vera; Dr. Monica Scaccianoce; and Dr. Lucie Dlugosch.

Notes from the Executive Director continued on page 19

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ATTENTION FNA MEMBERS!

YOUR EMAIL ADDRESS IS NEEDED. FNA communicates via email throughout the year to order to receive all email updates, please send your personal email address along with your name and member number to membership@floridanurse.org as soon as possible.

http://www.floridanurse.org
Bravo! You stood up to rampant understaffing. After 25 yrs. in an ICU, with no support staff whatsoever, save Respiratory Therapy, someone has finally published our cry for help. Thank you.

Perhaps a reprint in the St Pete Times or an investigative reporter would be meaningful.

Zip code: 34695

I read the President’s Message on the cover of The Florida Nurse today: I have to say, “Absolutely!” What a timely message. After being told to hush up the staffing issues for years, although it’s obvious to the average visitor to hospitals, it’s great to hear that people are working on “transparency.” It’s ridiculous to see RNs having inadequate everything – coworkers, supplies, assistance – and expecting RNs to not report missed breaks or overtime. The pressure is on, if only to save money for the hospitals. Finally, I was shocked to consider applying for a local hospital (I have 22 years of ICU experience) to read, “Applicants will make novel use of limited resources.” That was in their ad! Who suffers? The nurses and especially their patients, who need care. Your article was timely.

Zip code: 33428

Dr. Kinnaird,

Having worked in a skilled nursing facility, I commend you for an excellent editorial. It was a very well written letter and right to the point. Amazingly, I have talked to many patients and their families about the state requirements for staffing in such a facility, which is 1 nurse to 40 patients. I believe everyone agreed that doing a good job with the increased acuity of our patients is nearly impossible. But what is being done about it? You might have more insight than I, but I would say absolutely nothing is being done and to me this is very baffling.

We have study after study that indicates better outcomes occur with greater nursing intervention. So yes, your point about it being a matter of life or death is very true.

I am not blaming the nursing association in any way. Because of strong lobbying efforts and companies making healthy profits, the only way for this to ever change would be for the general public to take a stance and force facilities to change staff requirements. Maybe I am being too pessimistic, but I unfortunately don’t see that changing anytime soon.

Sad to see the state of our current healthcare system.

Sincerely,
Gregg Christoff

Dr. Kinnaird,

Hooray for Leah Kinnaird! I am eighty-nine years old and still have my RN license. I have always been aggravated that the main problem of inadequate staffing is not recognized.

Yours truly,
Dorothy Fischler

Dear FNA Members,

As much as I love reading the articles from the FNA bulletin I was never drawn to write a response until this issue.

Your article on Staffing: A matter of Life or Death...I felt as if I was the one writing it. Until recently, I was an Administrative Nursing Supervisor at a very popular Rehab facility here in Florida and saw first-hand the population of patients coming in to the facility...sicker and more co-morbidities that require less patient load and more critical thinking skills. Inadequate staffing was always my pet peeve.

I saw first-hand how inadequate staffing can be not just a detriment, but a liability to an individual and a company. I tried to understand what part of “adequate staffing,” based on morbidity of a patient, the leaders did not understand that would deliver safe and quality care to the population, improve staff morale, and customer satisfaction.

Your article stated under GO PUBLIC...“patients and their loved ones need to know the impact of staffing on care”...be assured the fact that hospitals are allowing 24/7 visiting hours, it is becoming quite transparent the shortage of staff and nurse: patient ratios, therefore, they are seeing first-hand the impact understaffing is having on their loved ones.

Nurses are suffering “burnout”...the ones at the bedside that have been doing this for years.

I could write on this subject for hours, so let me stop here, great article.

Joy Prendergast RN, CRRN, MSN/Ed
Dr. Patricia Messmer, Florida Nurses Foundation President, encourages all nurses to contribute $10 dollars to the FNF “Give Back” Campaign to help fund scholarships and grants for Florida students in both graduate and undergraduate programs. The Foundation awards both scholarships and research grants to students enrolled in ACEN or CCNE nursing education programs.

To donate go to http://tinyurl.com/nzsqg8c.

Each year the Florida Nurses Foundation awards scholarships and grant money to nursing students from around the state. FNF wants to thank all of the volunteer educators who reviewed grants and scholarship applications.

Congratulations to the 2016 Grant and Scholarship recipients!

Scholarships
- Charlotte Liddell (District 5 Charitable Trust) Scholarship
- Edna Hicks, University of Florida
- Connie Dorry Memorial Fund Scholarship
- Lisandra Seijo, Florida International University
- District 4 Florida Nurses Scholarship
- Lauren Wright, University of South Florida
- District 6 (formerly District 18) Generic Scholarship Fund
- Marlene Faustin, University of South Florida
- Jade Engelhardt, Santa Fe College
- Isabella Martinez, Florida International University
- Victoria Clayton, University of South Florida
- Allison Miller, University of South Florida
- Ayleen Alzamora, Florida Atlantic University
- District 8 Charlotte Anzalone Scholarship
- Britanni Hayden, University of Florida
- District 14 Marcy Klosterman Scholarship
- Lisa Glinkscake, Florida Atlantic University
- Marnie Nickels, South University
- Jaclyn Cartwright, University of South Florida
- District 20 Evelyn Baxter Scholarship
- Sabrina Baker, Florida State University
- District 21 Louise Fiske Memorial Scholarship
- Gail Sullivan, Florida Atlantic University
- District 46 Olive Ramsey Scholarship
- Lynn Landesedal, American Sentinel University
- Sarah Fetter, Florida State University
- Edna Hicks Scholarship
- Joanna MaCaughlin, University of Florida
- Eleanor Bindrum (District 5 Charitable Trust) Scholarship
- Emilio Acosta, Florida International University
- Great 100 Scholarship
- Laura Joseph, University of North Florida
- Katherine Bombly, University of North Florida
- Lillian Hull, Friend of Nursing District 6

Grants:
- Jatuan Rawls, Bethune Cookman University
- Marion County District 3 Scholarship
- Fraineyls Cruz, Chamberlain College of Nursing
- Lisa Mosquera-Rosas, Nova Southeastern University
- Martha Russell (District 4) Gerontological Fund Scholarship
- Dina Grodson, Florida International University
- Mary York Scholarship
- Lauren Smith, Florida Atlantic University
- Ginger Kreigh, University of Central Florida
- Nina Brookins (District 5 Charitable Trust) Scholarship
- Amanda Thornton, Florida International University
- Olive Seymour, District 6 (formerly District 18) Generic Scholarship Fund
- Ashley Dye, Keiser University
- Ruth Finamore Scholarship
- Riley Lee, Lake-Sumter State College
- Ruth Jacobs District 46 Scholarship
- Alyssa King, Florida Atlantic University
- Undine Sams Scholarship
- Pam Furino, Rasmussen School of Nursing

Grants:
- Blanche Case Research Fund & Undine Sams Friends Research Grant Fund
- Elizabeth Olafton
- Research: Parental Decision-Making: Infants and Children Referred to Palliative Care
- Evelyn Frank McKnight Research Fund & Frieda Norton Research Fund
- Mary Ernst
- Research: Stress and Coping of African American Parents with a Child in the PICU
- Mid-Year Grant
- Lina Mosquera-Rosales, Nova Southeastern University
- Frainelys Cruz, Chamberlain College of Nursing
- JaDuan Rawls, Bethune Cookman University
- Jeanette O’Keefe, Pine Camp-Clarksdale University
- Lina Mosquera-Rosales, Nova Southeastern University
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The 2017 Scholarship and Grant Cycle will open on Monday, January 2, 2016. For more information and applications, please go to www.floridanurse.org and click on the Florida Nurses Foundation tab.

President’s Message continued from page 1

some of my frightened colleagues, that was their last day at work. For Lourdes, whose injury was permanently disabling, it was her last day of work ever.

The health department quickly responded, strengthening policies and safety practices. Today, health care is rich with data that detail the problem and underscore the need for comprehensive prevention and security strategies, Florida Statute §784.07 has applied stiffer penalties to perpetrators in emergency care; however, violence against nurses can occur in any setting where nurses work. The determinant need not be place of work, but rather being on the job, as defined above.

What needs to happen?

(1) Legislative action

FNA is promoting legislation in 2017 that will protect healthcare workers against violence and extend the penalties for crimes against nurses and other healthcare workers, such as that which exists for emergency medical-care providers.

(2) Culture of non-violence

A subtle way to reduce violence is to stop talking in violent metaphors. Sister Mary Jean Ryan, a nurse who was CEO of SSM Health Care in St. Louis and a highly respected leader nationally, brought attention to a culture of non-violence by raising sensitivity to violent language. For instance, at SSM there are no “bullet points” in presentations, and photographs are “enlarged,” never “blown up” (Sack, 2011). In healthcare, whether it’s “targets,” “war rooms,” “front lines,” or “being slammed,” language influences and reflects the way we think and behave.

(3) Responsible reporting

Under-reporting is a fact. Nurses sometimes accept violent behavior as part of the job, especially when it comes from patients with dementia or other conditions that might lead to excuse behavior. But hitting, spitting, intimidation, harassment, assault, threats (the list goes on) are not okay and need to be reported for trends to be identified and solutions to be found.

(4) Management commitment

Reporting of incidents won’t occur without management’s commitment to create an environment of trust in which accusations of assault are taken seriously, without minimization. As early as 2004, McPhaul and Lipscomb studied violence against nurses and published a valuable resource tailored to nursing situations.

All workplaces can benefit from measures to reduce violence. FNA has a particular interest in nurses, whose therapeutic role suggests the need for violence prevention. The next legislative session is an opportunity to educate lawmakers who have been sensitized to the national epidemic.

References


http://tinyurl.com/nzsqu8c
Student Forum

Hannah McRoberts
FSNA President

As my term as the Florida Nursing Student Association (FSNA) president is coming to an end, I feel very blessed to have had this experience. More than anything, I want to express my gratitude to the FSNA members. I share in the goal for the continuous improvement of FSNA and the student nurse experience. I look forward to seeing all of the Florida chapters in the House of Delegate at our 62nd annual convention. I am proud of the impact that the resolutions written and submitted by the student nurses have molded each of our careers.

The passion and dedication expressed in this convention is an inspiration for others to be involved in this most trusted career of nursing. Bringing this year to an end, FSNA is excited about our upcoming pre-convention/leadership retreat and convention. Pre-convention will be held on September 24, 2016 in Orlando using the theme of our convention “Together, Stronger, Bolder” and will include a leadership aspect. Attendees will be hearing from two leadership speakers Meryl Williamson, MSN, CRNA, and Dr. Rhonda Goodman, Ph.D., ARNP, FNP-BC, NCSN, AHN-BC, who will be presenting about how they strive for excellence in leadership! Please visit our pre-convention registration site for more information:
https://www.eventbrite.com/e/fsna-pre-convention-and-leadership-retreat-registration-24640017957

The 62nd annual FSNA convention will be held October 27-29, 2016 in Daytona Beach, FL with the theme, “Together, Stronger, Bolder.” The convention will also focus on technology and global nursing. You will have the opportunity to hear exciting speakers, such as Barbara Lumpkin, past FNA Lobbyist. Exhibitors will be in attendance to discuss their products. There will be nurse specialty and military nurse panels, NCLEX Jeopardy, simulation disaster, and many networking opportunities. FSNA will also be hosting our opening night party with the theme “Great Gatsby.” There will be dancing, a costume contest, and just lots of fun. For more information, visit our Convention website: http://fsna2016convention.weebly.com/

I was raised in Bell, FL where I graduated from the Business Academy at Trenton High School in 2009. While in high school, I also received my C.N.A. (Certified Nursing Assistant) license from Central Florida Community College. Shortly after graduation, I began to work as a C.N.A. at Ayers Health and Rehab in Trenton. FL in the evenings and attended college during the day. I graduated from Santa Fe College in 2012 with my AA in General Studies. At that point, in 2012, I chose to move to Florida Regional Medical Center to move to Orlando and pursue a BSN degree. After getting settled in Orlando, I applied to the BSN program at Adventist University (ADU) of Health Sciences and was accepted, expecting to graduate in the summer of 2016. I currently work at ADU as a peer tutor and in the nursing learning center lab. I hold the position of current president of our ADU Student Nurses Association chapter, and as of October 24, 2015, I am now the Florida Nursing Student Association President.
Nearly 300 representatives to the American Nurses Association’s Membership Assembly and observers convened in Washington, DC on June 24 and 25 to discuss important issues. Some of the topics addressed were advocacy for sexual minority and gender-diverse populations, strengthening the future of the profession and safeguarding the public.

ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, provided an overview of the continued challenges of the nursing profession today, the need to ensure nurses are prepared for a changing health care system, and strategies for positioning nurses and ANA as vital players and leaders in the future.

“We have made strides, but the view of nursing is still outdated,” Cipriano said. “There are still those who don’t know who we are or what we do.”

One area that she emphasized involves strengthening nursing’s ability to partner closely with consumers.

“Consumers are critical to our future,” Cipriano said. “We need to create a preference [for nurses and nursing care] in their hearts and minds. We want them to say, ‘Where’s my nurse?’”

She spoke of leveraging the power of the nation’s 3.6 million nurses, who present “the greatest value on health care teams.” She outlined aspects of ANA’s new strategic plan, noting ANA’s bold vision in which all nurses are a “powerful, unified force in engaging consumers and transforming health and health care.”

In closing, Cipriano said that ANA and nurses must increase their “footprint,” or influence. And she told participants, “You are the leaders who can change the world.”

Cipriano referred to the tragic event in Orlando and noted that the ANA Board of Directors will be bringing a declaration addressing gun violence to MA representatives for their consideration.

Dialogue forum
Also taking place during the morning session was a dialogue forum focused on nursing advocacy for sexual minority and gender-diverse populations. Prior to small-group discussions, Tanya Friese, DNP, RN, CNL, [USN (Ret.)], shared statistics and research on the LGBTQ population.

Among the troubling statistics were: 19 percent of transgender individuals have been refused medical care because of gender expression, 29 percent postponed or canceled needed care due to discrimination and 36 percent have attempted suicide.

Friese noted that many nurses and other providers expressed feeling ill-prepared to address the unique health care needs of the LGBTQ population. MA participants then shared their strategies to strengthen education, practice and advocacy.

Florida was pleased to have several members in attendance. Leah Kinnaird, served as the Florida Representative with Willa Fuller attending as Chief Staff Officer. Andrea Gregg serves on the ANA Board of Directors and also served as the Mistress of Ceremonies of the Awards Ceremony.

Suzanne Kunkle from IPN gave a presentation on Substance Abuse in the General Session. In addition, Former FNA President Ed Briggs served as Chair of the ANA Nominating Committee.

FNA was proud to have two honorees recognized at the Awards Ceremony. Dr. Patricia Messmer was inducted into the ANA Hall of Fame recognizing her lifetime contribution to the profession. Dr. John Lowe received the Luther Christian Award for his outstanding contributions as a man in Nursing. Both Dr. Messmer and Dr. Lowe brought friends and supporters from Florida to celebrate this wonderful recognition with them. Ernie Klein, FNA member and former Indiana State Nurses Association Executive Director joined the group as an observer.
East Central Region Update

Two celebrations of the Barbara Lumpkin Prescribing Act, House Bill 423, were sponsored by East Central FNA Region in the month of May. HB 423 was signed into law April 14, 2016 allowing Advance Practice Nurses (APN) prescriptive privileges for controlled substances beginning January 1, 2017. The passage of the bill was a monumental achievement and moved Florida from the rank of being the only state in the U.S. to not allow NPs this prescriptive privilege. Orlando Health hosted the Central Florida Advance Nurse Council (CFANPC) and FNAs joint celebration on May 12, 2016. Over 65 APNs and RNs attended the celebration with Barbara Lumpkin being present as the honored guest for her more than 22 years of lobbying for this bill. Janice Hess presented a PowerPoint outlining FNAs political activism history for over the past 100+ years. Willa Fuller, FNA Executive Director, spoke at the celebration emphasizing the importance of a collaborative nursing effort to remove laws that allow practice barriers to interfere with nurses being able to practice to the full extent of their education and clinical training. Janice Hess presented a PowerPoint outlining FNAs political activism history for over the past 100+ years. Willa Fuller, FNA Executive Director, spoke at the celebration emphasizing the importance of a collaborative nursing effort to remove laws that allow practice barriers to interfere with nurses being able to practice to the full extent of their education and clinical training. In honor of the past 100 years of political activism efforts, East Central Region provided each attendee with a gift bag containing a Barbara Lumpkin Prescribing Bill commemorative glass. The program concluded with a toast to Barbara and all the other lobbyists as well as nurses who joined efforts to see this bill finally pass and signed into law.

On May 12, 2016, as part of the Nurse Week Celebration, Marti Hanuschik received a certificate of appreciation for her continued efforts in coordinating the quarterly regional meetings at FNA headquarters. Her tireless efforts in finding clinical speakers for the continuing ed programs and providing networking opportunities for student nurses as well as members has helped grow the East Central Regional membership and is much appreciated.

Northwest Region Update

Greetings from North Central Region! It has been a quiet summer in the North Central Region with not much happening as far as events. Please let me know what activities or events you would like to see happening in the Region. We will have a telephone conference in the fall to discuss our annual regional event.

Marsha Martin
North Central Region Director

Volusia/Flagler celebration in Daytona May 23, 2016 at Stonewood Grill and Tavern.

Janice Hess, DNP, FNP-BC, ARNP East Central Regional Director.

Marti Hanuschik (l) receiving the Certificate of Appreciation Award from Janice Hess (r).

The Volusia Flagler Advance Practice Nurse Council (VFAPNC) along with East Central FNA and FLANP sponsored another celebration of HB 423. Barbara Lumpkin was unable to attend this second celebration on May 23, 2016 being on a well-deserved vacation and cruise. Dr. Robyn Gleason spoke at the meeting, which was sponsored by Keiser University. Dr. Gleason discussed the importance of unity of nurses in political activism efforts. East Central Region provided the 40 VFAPNC attendees with gift bags including a commemorative glass. A toast to Barbara and others who worked to see this bill passed was offered by Janice Hess, FNA East Central Regional Director, and Angie Bushy, FNA member and President of VFAPNC. Janice provided the group with a short discussion on the importance of a collaborative nursing effort to support political activism.

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East Central and Northeast FNA Regions Nursing Symposium Highlights

The East Central and Northeast FNA regions joined efforts offering a nursing symposium held at the Hilton Garden Inn on July 23, 2016. Approximately 40 nurses from across Florida attended the symposium. The program included a variety of clinical/political action topics and offered those attending an opportunity to network with other nurses while obtaining CE credits. Topics for the program included Novice Nurse: Academia, Suzanne Alunni-Kinkle, RN, BS, CARN, CPAS, Chief Nursing Intervention Project for Nurses; Alina Diaz-Cruz, MSN, RN; Peggy Davis, MSN, ARNP, Nurse Practitioner, Cornerstone Hospice; and Palliative Care; and StankBusterPen.com. The planning committee from the two regions worked collaboratively to provide this first joint program. Those who helped plan and organize the program included: Doreen Perez, Janice Hess, Palma Iacovitti, Gloria Milan, Cynthia Cummings, Angel Mills, Kay Fullwood, and Laura Bailey.

Approximately 40 nurses from across Florida attended the symposium held at the Hilton Garden Inn on July 23, 2016.

South Region Update

FNA South Region successfully held its 6th Annual Symposium and Awards Ceremony at Gulfstream in Hallandale. We are so grateful for our keynote speaker Dr. James Grant, American Nurses Association Vice President, whose thought provoking presentation received high praises from all the attendees. The 350 attendees who consisted of nursing faculty, practicing nurses, and nursing students exceeded our expectations as it was well above our previous attendance levels. We want to congratulate all the award and scholarship recipients and the Outstanding Nurse of the Year, Dr. Jessie Colin.

Thanks to the Nurses Charitable Trust, the Royce Foundation, and Dr. Sara Fishman’s family for sponsoring the nursing student scholarships. We are extremely appreciative of all our vendors and exhibitors and want to give a special thanks to our Silver Level Sponsor, American Data Bank. We had a very successful silent auction and would like to thank all those who donated items including the Miami Heat, Miami Dolphins, and Florida Panthers. Lastly, without the help of the Voluntary Leadership Council, we would have never been able to achieve the success we did. Thank you all very much for giving up your time to make this such a fantastic event where we honored nurses and the essential role they play in healthcare reform.

Voluntary Leadership Council

Alina Diaz-Cruz, MSN, RN; Peggy Davis, DHSc, MSN, Med, RN, South Region FNA Chair Program; Ann-Lynn Denker, PhD, ARNP; Marie Etienne, DNP, ARNP, PLNC; Sherree Mundy, MSN, BSc, ARNP; Steadley Foster, MSN,Ed., FNP;
Debra Hain, PhD, ARNP, AGNP-BC, FAANP, South Region FNA Director and Legislative Liaison; Lolita McCarthy, PhD, MBA-CHM, RN; Patricia R. Messmer, PhD, RN-BC, FAAN, Chair The Nurses Charitable Trust & Chair Florida Nurses Foundation; Elizabeth Olfason, MSN, MSEd, RN-BC; Barbara Russell, BSHSA, MPH, RN, CIC Vice President FNA; Karen Sinclair, MSN, MBA, RN; Ferrona Beason; Jill Tahmooressi, MBA, BSN, RN-BC, NCSN, South Region Activity Manager & Secretary FNA; Maxine Jacobowitz, BSN, RN, CPN South Region Chair of Gifts, Retired Honorary; Gene Majka, MS, ARNP, photographer.

We look forward to seeing everyone next year at our 7th Annual Symposium and Awards Ceremony at Gulfstream in Hallandale.

Nurses from FNA South Region were honored at the Marlins Game during Nurses Week. Several of the nurses were able to walk on field and be recognized for all the great work nurses do. Thank you Dr. Patricia Messmer for arranging this exciting event!

Please save the date for our Legislative Event on October 10, 6:00 PM, at Miami Dade North. It is important that the voice of nursing is heard during this major election year so we hope to see many of you at this exciting event.

Regional News

Deborah Hogan
Regional Director
Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Counties

Southeast Region Update

We want to meet your practice needs here in the Southeast Region! To accomplish that goal, we surveyed the membership in our Region last year and got your feedback. Based on that information, and based on discussions during our monthly conference calls, we plan to offer more programs this fall and winter. We hope you can join us to help plan them and to participate. Maybe you would like to volunteer to speak! The topics discussed include an FNA Leadership Training, as well as a meeting to provide continuing education on our two new CE requirements, “Nursing Rules and Regulations,” and “The Impaired Nursing Program.” Please join us on our monthly call on the first Tuesday of each month, starting in September, 9/6/16, at 7:30pm.

Theresa Morrison
Regional Director
Charlotte, Collier, Glades, Hendry, Lee, Counties

Southwest Region Update

Congratulations to seven Southwest Region members who presented posters at the 2nd Annual FNA Evidence-Based Practice & Nursing Research Conference July 23rd.

Upcoming event: August 24, 2016, Collier County, Co-sponsored dinner by AVOW Hospice and Option Care. Current registration 10.

Interdisciplinary Teams and Healthcare Integration.

Upcoming event: Late September early October Lee County, American House Senior Living Community dinner.

All members in Lee, Collier, Charlotte, and Hendry counties-remember you can plan an event anytime any place! Call me and let’s plan an event.

Have you signed in to Nurses on Boards Campaign? Our regional goal is to have at least three nurses add board appointments at each of our events.

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Florida Nurses Association-South Region

Don’t miss out! SAVE THE DATES!!!

Monday, October 10th, 2016
South Region FNA Health Policy and Advocacy Program/Dinner
Miami Dade College-North Campus
11380 NW 27th Avenue • Miami, Florida 33167
Science Complex Building - A104
6:00pm - 8:30pm

Saturday, March 25th, 2017
7th Annual South Region Florida Nurses Association Symposium and Awards Ceremony
8:00am - 2:00pm Breakfast & Luncheon Buffets Included
Gulfstream Park Sport of Kings Theatre
901 S. Federal Highway Hallandale Beach, FL 33009

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The Florida Nurse Page 9
September 2016
Deadly shootings in Florida and across our nation have reignited policy discussions on gun control laws not only in state capitals and courtrooms but also in healthcare facilities. Democratic lawmakers in the Florida Legislature attempted to convene a special session of the Florida legislature following the deadly shooting at The Pulse nightclub in Orlando to enact new gun control legislation, but Republicans in the majority voted not to pursue those measures at this time.

Meanwhile, a health aide and a patient were fatally wounded by an armed man at a Titusville hospital in July. “Hospitals and nursing homes should be havens of healing and safety – not places where patients and employees feel threatened by the presence of firearms,” said FNA Executive Director Willa Fuller.

There are no state laws that prohibit individuals from carrying firearms into healthcare facilities or onto their property, and pursuing such a bill would be an uphill battle against the powerful gun control lobby in our state and nation. Some healthcare facility administrations, however, have chosen to enact policies prohibiting weapons on their premises. The FNA Board of Directors would like to see a tougher stance on this issue and, as part of its agenda for the 2017 session of the Florida Legislature, recently voted to support “meaningful gun control legislation” in the event such a bill is filed. The board also wants to promote legislation that protects healthcare workers against workplace violence, including efforts to enhance penalties against those who commit such crimes.

Supporting safe practice environments for all nurses and patients has long been part of the board’s legislative agenda. But given the increasing amount of gun-related violence in recent years, the board stepped up its public awareness efforts last year through an anti-violence campaign, “Take the Scare Out of Care.” That initiative will continue when the Florida Legislature convenes on March 7, 2017.

The connection between gun control and healthcare has been in the forefront of legal and political battles in our state for quite some time. In 2011, Florida lawmakers passed a law that subjects healthcare practitioners – not just physicians – to disciplinary action if they ask a patient or patient’s family member about gun ownership in the home, unless the inquiry is relevant to the individual’s medical care or safety. Physician organizations and other groups challenged the law, arguing it would have a “chilling effect” on life-saving patient discussions. A federal judge in Miami agreed and voided the law, agreeing that it infringed upon a physician’s freedom of speech. That decision was overturned by a panel of judges at 11th U.S. Circuit Court of Appeals. The case is under review by all 11 appellate judges. While the law is the only one of its kind in the nation, it could affect other states that are considering similar restrictions.

It is likely that the 2017 session of the Florida Legislature will bring more debate about firearms restrictions and gun owners’ rights, whether it’s open carry bills or legislation allowing firearms on college campuses. The FNA’s lobbying team will monitor these bills for consideration by the board and membership. Please check our session reports at www.floridanurse.org under “Legislative Activity.”

Nursing Supply and Demand Data Now Available by Region and County!

To fulfill the statutory commitment to address nursing workforce issues in the state, the Florida Center for Nursing (FCN) periodically collects, analyzes, and produces technical reports on the status of nurse supply, demand, education, and demographics in the State of Florida. Data on the 8 regions and 67 counties in this state have been published on the FCN website and can be accessed at FCNCenterforNursing.org by clicking the “regional data” tab. A brief state-level summary of the reports are found below. Please feel free to contact our office with any questions.

Nurse workforce

In all 8 regions of Florida, registered nurses (RNs) remain the largest proportion of the nursing discipline. Consistent with previous years, RNs tend to be employed in hospital settings, and hospitals still create the largest demand for nurses in the state. By and large, most RNs work in acute and critical care settings. The percentage of RNs entering retirement has increased in the past five years reducing the overall number of experienced nurses working in the state. This decrease in senior nurses is occurring simultaneous to a greater demand for nurses in acute care settings as Floridians age and require more complex healthcare services.

Overall, Florida has a potential RN supply of 224,926 nurses, but only 192,963 (85.8%) are actually working in a nursing capacity. Among working nurses, 11.1% of RNs, 14.6% of ARNP, and 10.0% of LPNs were men; and over 62% of all nurses were white. In terms of age, 43.9% of RNs, 41.5% of ARNPs, and 38.1% of LPNs were age 51 and older. Since 2011, the percentage of Hispanic ARNPs has been increasing.

To read more about the nursing workforce in your county, please visit FlCenterforNursing.org and click on the tab labeled “regional data.”
violations that can initiate an investigation pose a danger to the public. The types of criminal the nurse is likely to defraud, deceive, or generally conduct is derogatory to the morals of the nursing as such convictions can suggest that the nurse’s no contest plea can trigger a board investigation, action by the board. Any criminal conviction or result in disciplinary action by the board.

Many criminal behaviors, like illegal drug use, perform her professional duties. However, certain behavior can directly affect a nurse’s ability to that extend to their working lives. This type of activities that are deemed to be in violation of the “morals,” “judgment,” and “good character” provisions of the boards’ rules and regulations. These provisions provide for discipline for a variety of perceived offenses, including those based solely on a person’s private life and personal conduct.

Most nurses clearly understand that certain behavior, like the use of illegal drugs or excessive and habitual alcohol use, can lead to problems that extend to their working lives. This type of behavior can directly affect a nurse’s ability to perform her professional duties. However, certain behaviors that one may believe are completely unrelated to patient care or professional life can result in disciplinary action by the board. Many criminal behaviors, like illegal drug use, in a nurse’s personal life can be regulated by the board. Any criminal conviction or no contest plea can trigger a board investigation, as such convictions can suggest that the nurse’s conduct is derogatory to the morals of the nursing profession, are unethical, dishonorable, and that the nurse is likely to defraud, deceive, or generally pose a danger to the public. The types of criminal violations that can initiate an investigation include: DUI; public intoxication; failing to pay child support; domestic violence; child/elder abuse or neglect; harassment; stalking; violation of a restraining order; indecent exposure/lewd acts (including public urination and sex acts in public); assault and battery (including fighting); theft (including shoplifting, robbery, and burglary); fraud; firearm charges; failure to file tax returns; and, the possession, sale, or distribution of controlled substances without a legitimate prescription.

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Who’s Business is it Anyway? The Board’s of Nursing…that’s who!

Nurses must remember that the primary function of a nursing board is to protect the health, safety, and welfare of the citizens of the state from the actions of the board’s licensees. The board has broad powers to not only investigate a nurse, but to prosecute that nurse, for activities far beyond the four walls of a nurse’s professional life and into virtually all areas of a nurse’s private life.

Your board of nursing is not only interested in your clinical abilities and your performance on the job. Nursing boards can take action against a licensee for unprofessional behavior, including activities that are deemed to be in violation of the board’s rules and regulations. The board has broad powers to investigate a nurse, for activities far beyond the four walls of a nurse’s professional life and into virtually all areas of a nurse’s private life.

You should also consider the risk to your license. Certain other behaviors are considered to be professional misconduct. It is misconduct to “knowingly falsify an application for employment,” including errors of omission, such as leaving out information from that employer who may be a bad reference. Also dangerous are exaggerations or misleading entries, but particularly dangerous is puffery involving your licensure status, education, clinical experience, or skill level. It is also misconduct to submit false information to the board on any application or other document. Any reported conduct that suggests that a nurse may have poor judgment or lapses in judgment can trigger a board investigation.

The board also considers misappropriating medications, supplies, or personal items belonging to either a patient or an employer to be misconduct. Before you are tempted to grab a box of Band-Aids or a handful of pens to take home, consider the risk to your license.

Another area of significant risk for licensure is the inclusion of social media. With increased use of social media, a nurse’s risk for disciplinary action also increases. A frequent violation is the inadvertent disclosure of protected patient health information. You must be extremely careful to avoid mention of any specifics related to the job or client on your social posts. And, in order to avoid inadvertent disclosure of patient photos, never, ever take a photo. Even if your patient gives you permission, it is not a guarantee that any subsequent disclosure is also permitted. Just don’t do it.

Additionally, beware that there really is no privacy setting on social media that provides protection from the media company using your private data. Additionally, all posts remain in cyberspace forever. Even if you try to delete posts, they can still be recovered. Although it might seem at the time like a great idea to post how awful your shift and your patients are, such a post can land you in front of the board.

For nurses, the ability to maintain a state license in good standing is the key to being able to work to provide for your family and put food on the table. In order to protect your license, you must be proactive – know the laws that apply to your practice and the appropriate boundaries they require of you. Anytime your license is in jeopardy, representation by a competent attorney with knowledge of the licensure process is critical.


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The Quality and Unity in Nursing Council (QUIN) is a collaborative effort of the organizations that represent, educate or regulate nurses in Florida. One of the goals of the council this year is to highlight the power of nurses to affect and shape healthcare and contribute to the dialog related to safety in the work environment of nurses. There are many variables involved in our nursing work environments that can lead to harm, physical or emotional, and nurses share the responsibility to identify problems, generate solutions and make changes to decrease the risk of harm. Our national, state and local nursing organizations are actively engaged in efforts to shape policy and affect change through the political process. This process can be used to assist in the development of laws and regulation such as safe staffing legislation or increasing the penalties for those who commit acts of violence against healthcare workers. Legislative change is a slow process and serves to develop broad regulation and policy that protects both nurses and the public.

In 1973, JoAnn Ashley wrote “About Power in Nursing,” and today over forty years later in “A Culture of Safety: The Power of the Individual” (2006) commented that there is untapped power in the numbers of nurses in the United States. She identified some simple effective means of using individual power for collective gain. Today in the U.S. there are over 3 million Registered Professional Nurses (RNs) and 800,000 Licensed Practical Nurses (Kaiser Family Foundation). If even half of all individual nurses were to communicate their concerns with their state and federal legislators by writing, calling or visiting their office to share their views and discuss solutions the results could be quite powerful. So, as we reflect on the perception that nurses have as being powerless, let’s work to create a paradigm shift and develop a toolbox of strategies the individual nurse can tap into to begin using his/her power. An essential first step is to represent yourself and your profession positively, communicating effectively with patients, families, and other health professionals. Refrain from complaining about problems, rather, work to identify them and create solutions, such as volunteering to become informed about the benefits offered to nurses advocating for policy and funding issues that affect you, your colleagues and patients advocating for policy and funding to improve healthcare. Become a preceptor or mentor helping our novice practitioners to assimilate to their new position and role.

Finally join a professional organization and become informed about the benefits of membership, the policy priorities and professional development opportunities.

Please visit the new website developed by QUIN Council to assist those who are interested in careers in nursing. This website is a great resource for those considering choosing nursing as a career or those who are considering advanced degrees. Do your homework, BEFORE you choose. Visit this helpful resource at http://www.choosewithcare.education.
Dr. Christopher Blackwell, PhD, ARNP, ANP-BC, AGACNP-BC, CNE, associate professor at the University of Central Florida (UCF) College of Nursing, has been inducted as a Fellow of the American Association of Nurse Practitioners (FAAN). Dr. Blackwell, who is one of 88 nurse practitioner leaders selected for induction in 2016, was recognized for his outstanding contributions to health care research and education. The American Association of Nurse Practitioners is the largest professional organization representing nurse practitioners in all specialties of all specialties. The 2016 inductees were honored at the national conference on June 23, 2016.

A national expert on gay, lesbian, bisexual and transgender (GLBT) health, Dr. Blackwell has devoted most of his career to improving outcomes in high-risk and vulnerable populations. His scholarly work, which has been shared in 26 peer-reviewed articles and 26 conferences, provides critical knowledge and skills for nurse practitioners to put into practice. Blackwell’s research addresses inequity in the workplace of GLBT nurses, mental health and substance abuse issues in GLBT individuals, online sexual decision-making by at-risk gay and bisexual men, HIV screening and prevention, including use of innovative methods, and increasing knowledge of vaccine needs of gay/bisexual men in providers and GLBT communities.

Patricia Messmer, PhD, RN-BC, FAAN, was inducted into the ANA Membership Assembly on June 23, 2016 in Washington D.C. Elected in 2007, the Luther Christman award recognizes the significant contribution an individual has made to the nursing profession. It is named in honor of Dr. Luther Christman and his outstanding service in advancing the nursing profession. Through this award, ANA acknowledges the valuable role of men in nursing.

Gloria Dobies, BSN, CDE, was the recipient of the ANA Honorary Nursing Practice Award at the 2016 ANA Membership Assembly on June 23, 2016 in Washington D. C. The award acknowledges a registered nurse who is directly involved in patient care and is recognized by their peers for their contribution to the advancement of nursing through strength of character, commitment, and competence. Gloria is an ANA member and lives in Florida.

John Lowe, PhD, RN, FAAN, was the recipient of the ANA Luther Christian Award at the ANA Membership Assembly on June 23, 2016 in Washington D.C. Established in 2007; the Luther Christman award recognizes the significant contribution an individual has made to the nursing profession. It is named in honor of Dr. Luther Christman and his outstanding service in advancing the nursing profession. Through this award, ANA acknowledges the valuable role of men in nursing.

Dr. Christopher Blackwell

(left to right): Dean Judith McFetridge-Durdie, FSU College of Nursing, and John Lowe

Patricia Messmer, PhD, RN-BC, FAAN, was inducted into the ANA Hall of Fame at the ANA Membership Assembly on June 23, 2016 in Washington D.C.

Dr. Angeline Bushy

(left to right): Andrea Gregg, Patricia Messmer, and Pamela Cipriano

The American Academy of Nursing is pleased to announce Cindy Munro, PhD, RN, ANP-BC, FAANP, FAAN, FANAAS, has been designated an Academy Edge Runner for her human-designed model of care, Oral Care in Mechanically Ventilated Adults. The Academy’s Raise the Voice Edge Runner campaign promotes new evidence-based health care models and innovations that better serve patients, lower costs, and have measurable results.

Dr. Munro, Professor & Associate Dean of Research and Innovation at the University of South Florida, College of Nursing, successfully focused her research on the long-term goal of providing definitive guidance for evidence-based oral care interventions to reduce VAP and other healthcare acquired infections.

You can view Dr. Munro’s complete Edge Runner profile at www.aanet.org/edgerunners.

Ora Strickland, PhD, RN, FAAN, Dean of Florida International University College of Nursing & Health Sciences, has been named a finalist for the 2016 GEM Award. She is the most prestigious awards program in the nursing profession sponsored by Nurse.com. She is a recipient of the Executive Leadership category for propelling the College to national prominence and advocating for those most in need by pioneering programs and research initiatives centered around delivering high-quality, accessible, culturally competent and compassionate care.

Dr. Ora Strickland

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For employment opportunities at the homes, call the FDVA Human Resources Office at (727) 518-3202, Ext. 5533. You can view Dr. Munro’s complete Edge Runner profile at www.aanet.org/edgerunners.

(907) 842-9323
Black and Blue, What to do: Identifying Child Abuse in Emergency Rooms

Bridget Henry

Child abuse is an unfortunate but common topic that needs to be addressed sooner rather than later. The sustained stress put on a child in an abusive environment can lead to both physical and mental disabilities. Long-term exposure to abuse can cause alterations in the brain and throughout life. These considerations, along with the fact that many diseases begin early in life, just emphasize the importance of early detection and intervention for abuse. Unfortunately, many cases of child abuse go undetected and this is unacceptable.

As healthcare professionals, we must come together to take a stance against child abuse. This doesn’t mean that there are not people out there fighting this fight already and doing their best to address the situation, but it does mean more people need to get involved and be more aware of the issue. With this in mind, it would make sense to amplify this awareness within the healthcare field. Healthcare professionals are some of the first people to come across children when an abuse case has occurred, especially those present in the emergency room.

However, there is no perfect way to identify and assess child abuse because each case is unique. There will be different symptoms, different children, different caregivers, and even different situations. Because each case is different, it would be beneficial for some kind of guideline or training to be implemented so that nurses will have the necessary knowledge to identify and intervene, thus improving the child’s outcome. By implementing a guideline and training, nurses will be able to more readily assess this difficult and sensitive issue. The knowledge nurses could gain from this training would provide them with the confidence and techniques necessary to identify and intervene successfully in each different situation. The reason some child abuse cases go undetected is because of the severity or gravity of the situations. Many nurses feel uncomfortable in these situations and do not want to implicate a parent or caregiver for possible abuse when that is not the case. However, in missing these cases the nurse leaves the child in a potentially fatal situation. It is better to bring up the possibility of abuse than to leave a child in an actual abuse situation. The training and guidelines would help address these fears by educating nurses on how to assess the situation and how best to approach it. It will encourage nurses to identify appropriate cases and intervene in those that are necessary. These tactics must be put into action, tried, and tested. The knowledge and confidence gained from these tactics will be immeasurable in changing or saving a child’s life.

Bridget is a nursing student in the Bachelors of Science program at Florida Gulf Coast University. She is passionate about children and of Science program at Florida Gulf Coast University. She is passionate about children and of Science program at Florida Gulf Coast University. She is passionate about children and

Substance Abuse in Nursing

Jessica Tieg, FNSA 2nd VP, Convention and Programs Chair
Adventist University of Health Sciences

Substance Abuse among nursing professionals is an issue. A nurse’s work environment is both physically and emotionally stressful and drives some nurses to seek relief through use of various chemical substances (Boulton and Nosek, 2014). This and the severe nursing shortage threaten medical care delivery across the globe. Approximately 10%-20% of nurses and nursing students may have substance abuse and addiction problems (Naurer, 2011). Nurses with substance abuse disorders have reported that this behavior began before or during nursing school due to stress and the demands of nursing education. This makes the early career phase of nursing (Nair, 2015).

There is assistance for those who find themselves with substance abuse and addiction disorders. The Intervention Project for Nurses (IPN) was established in 1983 through legislative action to ensure public health and safety through a program that provides close monitoring of nurses who are unsafe to practice due to impairment as a result of misuse of physical condition, which could affect the licensee’s ability to practice with skill and safety. For more information on IPN, visit www.ipnfl.org. If you find yourself thinking, "I won’t happen to me…read the Professional Practice Advocacy article, “Who business is it anyway? The Board’s of Nursing…that’s who!” by Jeanie Demehar, Esq.

References
It can happen overnight without realization. Years go by, and one day you wake up and find that it is too hard to get out of bed or you do not want to go to work. Compassion fatigue is something that may come to all of those working in a high stress job. Cops, lawyers, judges, doctors, and unfortunately, nurses. Many who stay in a high stress job can feel the ravenous effects of compassion fatigue. It drains you on a day to day basis. How exactly does this happen? We see so much sadness, death, and despair. In order to continue doing our job, we feel that it is necessary to flip a switch and turn off the barrage of emotions that we face every day on the job.

Flipping this switch comes at a very high price. It festers and boils and spills over into our daily lives. It weakens our relationships with our fellow co-workers and even with our families at home. How do we get past this compassion fatigue and ignite the fire back into the career we love so much?

This burnout that nurses go through is hard to combat when it goes unrecognized. This sequela can be reduced by first recognizing the signs of compassion fatigue, and secondly, to have programs in place to help with compassion fatigued employees. Education related to compassion fatigue would help tremendously. Fatigued employees. Many who stay in a high stress job. Cops, lawyers, judges, doctors, nurses. Many who stay in a high stress job. Cops, lawyers, judges, doctors, nurses. Many who stay in a high stress job.

So how do we fix this? We start within the classroom amongst ourselves. As students, it is up to us to change the behavior we exhibit towards others. We need to show the future generations of nurses and medical professionals that we can come together and work as a productive unit. If we do not address bullying amongst ourselves in school, we will not be able to change the behavior when we are licensed nurses. Being aware of our behavior and how we treat each other in school grooms us to be respectful and understanding of each other, which only benefits our clinical practice as nurses. Respecting our fellow colleagues will maintain the high standards of nursing practice and promote a positive and productive work environment for all individuals involved that allows us to provide the best possible care to our patients. In order to continue to make changes to benefit all of us. The next generation of nursing, to create change and continue to make changes to benefit all of us.

Change is necessary, but change has to start with us, the future of nursing.

Christy Copensky is a third year nursing student at Keiser University in Fort Lauderdale, Florida. After completing her Bachelors of Science at Arizona State University, she decided to switch her focus and enroll in nursing school. She is a member of the NSNA and looks forward to working with Pediatric Oncology in the future.

Horizontal Violence: Changing the Culture from Within

Shannon May, R.N., FNSA Region 4 Director, Nominations and Elections Chair Hillsborough Community College, South Shore Alumni

Nursing school is stressful. Any licensed nurse, professor, or student can attest to this. Whether it is learning new disease pathologies, performing new clinical procedures or studying for finals, escaping the stress of nursing school seems almost impossible. Stress can influence the behavior we exhibit towards our family, fellow students, and even our professors. This behavior can lead to bullying without even realizing it. Bullying is a topic that is discussed throughout the country, but often is not addressed adequately within nursing school and hospitals. It is intimidating being a student nurse walking onto a unit floor for the first time and not knowing exactly what actions to partake in. These feelings are normal and every person, regardless of their position, has felt intimidated and unsure of their abilities. In school, we are taught identification of diseases, how to perform procedures, and all the other “ins and outs” of being a nurse, but are never really taught how to cope with horizontal violence that is taking place in school and in our profession.

So how do we fix this? We start within the classroom amongst ourselves. As students, it is up to us to change the behavior we exhibit towards others. We need to show the future generations of nurses and medical professionals that we can come together and work as a productive unit. If we do not address bullying amongst ourselves in school, we will not be able to change the behavior when we are licensed nurses. Being aware of our behavior and how we treat each other in school grooms us to be respectful and understanding of each other, which only benefits our clinical practice as nurses. Respecting our fellow colleagues will maintain the high standards of nursing practice and promote a positive and productive work environment for all individuals involved that allows us to provide the best possible care to our patients. In order to continue to make changes to benefit all of us. The next generation of nursing, to create change and continue to make changes to benefit all of us.

Change is necessary, but change has to start with us, the future of nursing.
In addition to the keynote and the podium presenters, twenty one abstracts were presented by poster presentation.

- Adria Vincent, Florida Hospital Celebration Health
  - The Effect of Breastfeeding Self-Efficacy on Breastfeeding Initiation, Exclusivity, & Duration
- Amanda Tavares & Rose Benaime, South Seminole Hospital, Orlando Health
  - Changing the Culture: Catheter-Associated Urinary Tract Infection Prevention in the Progressive Care Unit
- Tina Mason, H. Lee Moffitt Cancer Center; Tampa FL
  - Equivalence Study of Oral & Temporal Artery Temperature Measurement Methods in Febrile Adult Oncology Patients
- Valerie Lapp, Arnold Palmer Medical Center; Orlando Health & University of Central Florida
  - Perceived Readiness to Transition to Adult Health Care for Youth with Cystic Fibrosis & Congruence with their Caregivers’ Views
- Ilia Echevarria & Michele Thomas, NCH Healthcare System, Naples FL
  - Creating and Sustaining a Culture of Safety
- Lillian Aquirre, Orlando Regional Medical Center, Orlando Health
  - Small Bore Enteral Feeding Tube Insertion without Radiographic Verification of Placement
- Yamina Alvarez & Kathleen Muniz, Benjamin Leon School of Nursing, Miami Dade College
  - Flips the Classroom
- Erica Schroeder, Jacksonville University
  - Evaluation of a Fellowship Pilot Program for Nurses in an Academic Environment
- Colleen McIntyre, South Seminole Hospital, Orlando Health
  - Collaboration Decreases Surgical Site Infections
- Candice Hickman, Boca Raton Regional Hospital & Christine E. Lynn College of Nursing, Florida Atlantic University
  - The Effect of a Patient-centered Delirium Intervention on Older Adult Orthopedic Surgical Patients
- Patricia Geddie, Orlando Regional Medical Center, Orlando Health
  - Seaps Screwing in Adult Oncology Patients
- Theresa Morrison, NCH Healthcare System, Naples, FL
  - E-News Tool to Prevent Hospital Acquired Infections
- Laura Williams, Orlando Regional Medical Center, Orlando Health
  - Improving Outcomes for Joint Replacement Patients: One Hospital’s Journey
- Lisa Fletcher, NCH Healthcare System, Naples, FL
  - Evaluation of Nurse Residency & Transition Program
- Kelly Henson-Evertz, Nova Southeastern University
  - Facilitating Tobacco Dependence Treatment through Nursing Education: An Evidence-based Practice Education Intervention
- Maribel Rodriguez-Torres, Carol Murphy, & Holly Higdon, UF Health Jacksonville Medical Center
  - Nurses Making a Difference to Improve Nutritional Support for Critically Ill Patients
- Christina Carranza, NCH Healthcare System, Naples, FL
  - Transferring Care and Decreasing Falls, One Leaf at a Time
- Cassandre Gousse, Kelly Trapp, & Angel DeVaney, NCH Healthcare System, Naples, FL
  - Keeping Falls Out of our Autumn
- Bar-Aron DiPietro, Sharon Harrison, & Cindi Alles, Winnie Palmer Hospital, Orlando Health
  - Treatment of Hypoglycemia in Transition Care Nursery
- Betty Welliver & Amanda Fetchko, NCH Healthcare System, Naples, FL
  - Code Unicorn: Alerts Staff of Workplace Violence

FNA would like to thank Arthur L. Davis Publishing Agency for their sponsorship. We also would like to thank the Research Conference Planning Committee for reviewing the submitted abstracts and selecting the excellent podium and poster presenters.

- Jose Alejandro
- Sandra Citty
- Tanya Cohn
- Carol Cox
- Juli Daniels
- Debra Hain
- Sue Hartranft
- Myra Keleher
- Stephanie LaManna
- Lois Marshall
- Peggy McCarr
- Ruth Neese
- Daleen Penoyer
- Gayle Russell
- Daryle Wane

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Implementing the Chronic Care Model at Volunteers in Medicine-Jacksonville

Cynthia Cummings
Rachel Picher
Chelsea Paxson

Volunteers in Medicine-Jacksonville (VIM) is a 501(c)3 nonprofit medical clinic in the heart of downtown Jacksonville that serves the uninsured working poor. The purpose of this community health project was to evaluate the effectiveness of Chronic Care Model interventions to improve the health status of patients with diabetes, hypertension, hyperlipidemia, and obesity. These chronic conditions are significant global and national public health issues; however, the population served by VIM faces significant barriers to managing chronic disease. The Chronic Care Model (CCM) uses a systemic approach to confronting and restructuring medical care to improve outcomes in patients suffering from chronic disease. In the Chronic Care Model (CCM), a multi-pronged approach is used to improve primary care offices in the care of their patients who suffer from, or are at risk from suffering, chronic illnesses. In this model, there are six components to its system: an organizational healthcare system, supported self-management (educational resources and patient empowerment), decision support, delivery system redesign (including evidenced-based care), coordinating care processes, clinical information systems, and community resources and policies (Stellerfson, Dipnarine, & Stopka, 2013). Primary care offices are the natural arenas for continuity of care rather than hospitals, satisfying the first part of this model. The second part of the model pertains to education of the provider and patient. Wagner, the creator of the Chronic Care model, saw a huge problem pertaining to education. Providers rarely had the time nor took the initiative to educate patients about their disease, and often patients were in the dark about what being diagnosed with their illness meant (Wielawski, 2006). In this model, both provider and patient are educated about the disease, evidenced-based practice, various resources of information, and appropriate self-management methods of the illness.

Deaths from chronic disease represent the majority of all deaths in the United States. In 2014, the adult obesity rate was 35% and increasing, and the population of adults with uncontrolled adult hypertension was 13%. The interventions being implemented at Volunteers in Medicine-Jacksonville (VIM) are directly in line with Healthy People 2020 (HP2020) objectives in four categories related to the prevention and management of chronic disease. Interventions already in place at VIM to improve chronic care include: daily chart auditing and review of labs, diabetes education, weight management, nutrition counseling, and collaboration with local hospitals and medical laboratories to improve continuity of care. For our project, data was gathered from new patient charts for visits in the last three months of 2015. Initial and three month follow up information was recorded for weight, blood pressure, lipid and HbA1C levels, EKG status, and counseling status. Negligible change was found in lipid levels but statistically significant decreases were observed in BMI, systolic blood pressure, and glucose control over the three month period. We learned a great deal from our work with the Volunteers in Medicine and were encouraged by the patient outcomes. It was so rewarding to see the work that the healthcare staff puts into caring for this community group, and it helped us to recognize the significant impact that the nurses can make in our community.

Rachel Picher and Chelsea Paxson graduated in the summer of 2016 from the Accelerated Nursing program at the University of North Florida. Rachel has a Bachelor of Arts in Gender and Women's studies from Scripps University and her interests are in women's health and community. Chelsea has a Bachelor of Arts in the Classics from the University of Florida and her interest is in women's health and midwifery.

Cynthia Cummings is a tenured Associate Professor at the University of North Florida and is also Accelerated Program Director. She has been with UNF for the past 9 years.

References
What is Zika virus?  
Zika is a mosquito-borne virus that is currently causing a large outbreak primarily in Central and South America. In addition, the Florida Department of Health has identified an area in one neighborhood of Miami where Zika is being spread by mosquitoes. The Centers for Disease Control and Prevention (CDC) has issued guidance for people who live in or have traveled to this area any time after June 15.

What are the symptoms of Zika virus?  
Only about 1 in 5 people with Zika virus will get symptoms of illness; because of this, many people may not realize they have been infected. If a person does develop symptoms, they’re usually mild and include fever, rash, joint pain, or conjunctivitis.

How does it spread?  
Zika virus is spread through the bite of an infected Aedes species mosquito. Zika virus can also be sexually transmitted.

Who is most at risk for complications from Zika virus?  
Pregnant women are most at risk for complications from Zika virus. This is because Zika can be passed from a pregnant woman to her fetus; infection during pregnancy can cause microcephaly in babies. Microcephaly is a birth defect where a baby’s head is smaller than expected. This birth defect can result in seizures, intellectual disabilities, and developmental delays, among other problems.

Currenty no vaccine or medication exists to prevent or treat Zika virus infection. CDC now recommends that all pregnant women in the United States be assessed for possible Zika virus exposure during each prenatal care visit.

CDC has issued updated guidelines (7/29/16) describing what couples can do to increase the risk of Zika virus transmission. Visit the CDC website for the most up-to-date information on how to prevent Zika transmission to pregnant women or women who wish to become pregnant.

How can pregnant women prevent Zika virus?  
Jean Kijek of the CDC recommends special precautions for pregnant women and women trying to become pregnant:

• Pregnant women in any trimester should not travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their healthcare provider first and strictly follow steps to avoid mosquito bites during their trip.
• Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow steps to prevent mosquito bites during their trip.
• Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness with their healthcare provider.

What are some tips to avoid mosquito (bug) bites?  
Mosquitoes that spread Zika virus bite both indoors and outdoors, mostly during the daytime; therefore, it is important to ensure protection from mosquitoes throughout the entire day.

• Use an Environmental Protection Agency (EPA)-registered insect repellent. Follow product directions and reapply as directed.
• If using sunscreen, apply sunscreen first and insect repellent second.
• Using an insect repellent is safe for pregnant women and nursing mothers.
• Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
• Avoid woody and brushy areas with high grass, brush, leaves, and standing water.

Additional resources
• CDC—Zika virus http://www.cdc.gov/zika
• Environmental Protection Agency—Find the Insect Repellent that is Right for You http://www.epa.gov/insect-repellents/find-insect-repellent-right-you

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