The Kansas Nurse
A Publication of the Kansas State Nurses Association
May-June 2012

The Voice and Vision of Nursing in Kansas

National Nurses Week
May 6-12, 2012
Mission Statement
The Kansas State Nurses Association promotes professional nursing, provides a unified voice for nursing in Kansas and advocates for the health and well-being of all people.

Submission of Articles
Interested authors should send their written material to KSNA for review prior to possible publication. Electronic submission is preferred with “For Publication in TKN” in the subject line of an email addressed to ksna@ksna.net. Please provide the author’s complete contact information. A confirmation note will be sent to the submitting author and the article submitted will be peer reviewed. Any decision regarding publication will be forwarded to the author. Questions regarding the process may be directed to KSNA at 785-233-8638 or ksna@ksna.net
Change is often unsettling and uncomfortable. It is also often needed and beneficial. The American Nurses Association (ANA) is embarking on a series of sweeping changes that will alter the future direction of this powerful national association. As it heads down this new path, the Kansas State Nurses Association will also be engaged in important changes that will chart the future course of our association.

ANA is changing out of necessity. Its current course has seen its membership shrink by more than 100,000 nurses in recent years. The sharp reduction in members has shaken the financial foundation of ANA and threatens the organization’s credibility to truly be the voice of nursing in America. It is the sort of dramatic development that demands thoughtful and proactive change from doing business as usual.

The ANA has adopted a book that calls for radical change in how associations operate, called “Race for Relevance,” as its source for direction in charting a new course. “Race for Relevance” was written by Harrison Coerver and Mary Beyers and centers on why associations in today’s world must change how they structure their governance, how they structure membership, how they communicate with members, and the products and services they provide.

The first wave of ANA changes will happen in mid-June when the ANA convenes its House of Delegates, a gathering of representatives from state associations across the country which is charged with being the governing and voting body for ANA. When the House of Delegates convenes, they will consider a number of massive changes in how ANA is to be governed in the future, including:

- Eliminating the House of Delegates, which has become expensive to assemble, does not lead to decisions being made promptly or effectively
- Replacing the House of Delegates with an Advisory Group, comprised of state representatives and charged with electing the members of the ANA Board of Directors and providing advise on policy matters
- Reducing the size of the ANA Board of Directors to seven voting members and charging this small, nimble Board with decision-making authority and setting the strategic course for the organization
- Moving from the ANA’s “federated model” where the state association serves as the ANA member to an “individual member model” where a nurse becomes a member of both the ANA and their state association when they choose to join.

This first wave of changes will be up for consideration during the House of Delegates meeting in June. If adopted, they will lead to a number of equally significant changes over the course of the next year or two.

MEMBERSHIP: ANA plans to closely review and make significant changes to the overall membership structure. This will include simplifying how to become a member and looking closely at the cost of membership.

STATE OPERATIONS: As our network’s membership numbers have grown smaller, most state nursing associations across the country lack the personnel and revenue to provide the array of programs and services its members desire. In its changes, the ANA will promote regionalization so state operations can band together to more effectively deliver membership administration and services. While promoting regionalization, ANA says the current state associations will continue to exist and will retain their own governing rules, Board of Directors, and state lobbying responsibilities.

TECHNOLOGY: ANA wants to explore a common technology platform for the national operation and all its state affiliate operations to develop, maintain and keep members informed and involved. The hope is that sharing technology services will increase cost-effectiveness and efficiency, as well as making it simpler for nurse members to navigate for information they desire.

PRODUCTS & SERVICES: ANA wants to make membership more enticing by developing an array of products and services where members and their needs are the central focus.

Massive change does not happen immediately. ANA estimates their timetable to implement all the plans will take 18 to 24 months. The plans have already been altered and it can be expected that some current plans will be further refined, new ideas will be developed and some plans will be scrapped, during the implementation months. However, the current national and state association management climate makes clear that there will be change. The only question is will we respond to change that is happening around us or will we develop plans of action that sparks the changes underway.

As ANA embraces change, KSNA looks forward to reshaping its operation to be more effective than ever before and to continue being the association home for nurses and nursing in Kansas.
In a progressive country change is constant;...change... is inevitable.
—Disraeli

Perhaps we could paraphrase Mr. Disraeli and state that ‘in a progressive organization change is constant and inevitable’. You have heard much about the proposed ANA changes which are based on moving from a Federated Model to a Business Model. Since the seeds were planted last November at a meeting in Washington DC, the ideas have germinated and grown. Each idea has been closely inspected at every level for any imperfections. Additional changes have been made based on this input. The changes will continue until the final decisions are made at the House of Delegates in June.

The question on everyone’s mind is ‘what will this mean for KSNA’? I would like to summarize the main points as they are known today. By the time this is printed, additional changes may have been made.

The current model was adopted to facilitate ANA’s designation as a labor union. Many barriers have existed with this model. Under the new model ANA will no longer be a labor union. Rather than the state being the ANA member, the individual will be the ANA member. ANA membership will not be tied to union membership in the states with active unions. Honoraria and sponsorships have been precluded because of ANA’s status as a labor union and many highly qualified members, especially administrators, have been prevented from sitting on the ANA board under the current model.

ANA recognizes that every state has ‘critical’ work which includes legislative work and professional development. This work must be accomplished by each state. However, administrative work, such as publishing a magazine and managing the day-to-day operations of the organization, could be carried out in a multi-state structure thru contracting with experts within the geographic region. Currently, twenty states have 500 or fewer members making it difficult to carry out the operations of their state. Under the Business Model each state would retain their own publication but might share editing, and publishing costs. Each state would have their own convention which could be set up by someone with expertise in this area. Accounting costs could also be shared. ANA is not going to tell states what to do or how to group themselves. Currently, there are two multi-state pilot projects in progress.

Under the Business Model the dues structure will be simplified. Currently there are 500 dues categories across the states. This provides a formidable challenge when individuals try to navigate the enrollment process on the ANA web site. Simplifying the dues structure will remove one of the barriers to joining ANA. The state and district portion of the dues structure will continue to go directly to each state.

There will be more conversations in the weeks to come as we continue clarifying the changes and what they will mean for KSNA. It is very important for the members to provide input to the delegates. We are posting many items on the Website, www.ksnurses.com, and welcome your input through the blog or even by direct phone calls, emails, or letters. As President, I welcome your input as do the Delegates and Board members. Please share your views with us so we may provide informed representation. My telephone number is 785-623-9755.

To help in understanding the changes, organizational charts provided by ANA showing the current structure and the proposed structure follow on the next page.

Call for Papers: The Kansas Nurse
The Editorial Board of The Kansas Nurse requests all interested nurses to submit articles for publication to ksna@ksna.net as soon as possible. The deadline for the July-August issue of The Kansas Nurse is Friday, June 15. All unpublished articles of interest to registered nurses will be given peer approval and considered for publication in the next and future issues of The Kansas Nurse.

The journal is indexed in the International Nursing Index and the Cumulative Index to Nursing and Allied Health Literature. It is available at National Archives Publishing Company, Ann Arbor, MI 48106. The policy of the KSNA Editorial Board is to retain copyright privileges and control of articles published in The Kansas Nurse when articles have not been previously published or the author retains copyright.

For questions, please call the KSNA office at 785-233-8638 or email ksna@ksna.net.
*Under Proposed Transformational Bylaws

ANA GOVERNANCE AND AFFILIATES

While all lines show relationships, not all are the same.

1. While all lines show relationships, not all are the same.
2. Organizational Affiliates (OAs), Labor Affiliates (LAs), and Workforce Advocacy Affiliates (WAs) have one voting rep at HOD; one liaison for all OAs at BOD; one liaison for all LAs at BOD and one liaison for all WAs at BOD.
3. Constituent Assembly (CA) chairperson is a non-voting, ex-officio member of the Board of Directors (BOD).
**From the KSNA Office**

Kansas State Nurses Association
1109 SW Topeka Blvd.
Topeka, Kansas 66612-1602

**2012 KSNA Resolutions**

A resolution is a call for action on a subject of great importance to the member organization and is formally written. The KSNA Resolutions Committee stands ready to mentor individuals and groups who want to draft a resolution this year. The 2012 Resolutions Committee, chaired by Ken Sisley (District 18) includes Janet Ahlstrom (Board Liaison), Delyna Bohnenblast (District 21), Michele Hinds (District 2), Carla Lee (District 6) and Naomi Nibbelink (District 1). The Resolutions Policy and Procedures are located at [http://www.ksnurses.com/resolutions.html](http://www.ksnurses.com/resolutions.html) on the KSNA website. **The deadline for submitting resolutions to the KSNA office is June 30.**

**2012 Nominations for KSNA Awards & Recognition**

This is the last call for KSNA award nominations this year. It is important to recognize those fellow members who are exemplary role models in the profession of nursing. To nominate a colleague, provide a written statement about their value to nursing and what they have personally contributed towards deserving a specific award.

There are several categories of recognition including Honorary Nurse, KSNA’s highest award, which recognizes persons who have rendered distinguished services to the nursing profession at the district, state and/or national level (Bylaws Article XVIII). **The deadline for nomination is July 31.**

The **June 30 deadline** applies to the following awards. Nurse of the Year awards are given in the areas of 1) Administration, 2) Advanced Practice, 3) Education, 4) Practice and 5) Research. The Editorial Board will review writing nominations for both clinical and non-clinical articles as well as research.

Additionally, nominations may be made for a Nurse Volunteer to recognize someone who contributes to social or civic organizations that benefit citizens or communities through non-compensated volunteer services. A Media award will be given to a communications nominee who regularly provides accurate portrayals of nursing in Kansas. Other nominations are solicited for the Patricia A. Devine Award for Psychiatric Mental Health Nursing Practice and the Florence J. Nelson Outstanding Nurse Employer.

Other awards are made for the best KSNA District Newsletter and membership recruitment awards recognizing an individual and district.

Individual members are encouraged to self-nominate for the Excellence in Continuing Education Awards: Tract I, for RNs who have acquired 60 or more nursing contact hours over a two-year period or Tract II, RNs who have accrued the minimum 30 nursing contact hours, plus an additional 30 hours in one or more areas -- program presentation, professional publication or research participation. **The deadline for continuing education awards is September 30.**

For detailed information about these awards, please visit ksnnurses.com and select Awards and Recognition.

**Congratulations!**

Two KSNA board members have recently completed their requirements for Doctorate degrees.

**Bonnie Peterson, PhD, RN, NEA-BC**

KSNA Board Member Bonnie Peterson has earned her Doctor of Philosophy with special emphasis in Curriculum and Teaching a minor in Nursing from the University of Kansas. Her hooding ceremony is May 12; she defended her Dissertation on January 17 with the title of “The Effect of Computer Interactive Simulation on Situational Decision-making and Competency Development of Experienced Staff Nurses.”

**Laura Sidlinger, DNP, APRN-C**

KSNA Vice President Laura Sidlinger earned her Doctor of Nursing Practice from Vanderbilt University, Nashville, Tennessee; her hooding ceremony is May 11. She defended her Dissertation on March 20 entitled “Addressing Barriers Associated with Adherence to Diabetes Plans of Care at the Marian Clinic.”

Congratulations to both of these professional nurses and KSNA leaders.
In Memoriam

Sadly, KSNA mourns the death of District 5 member Roberta Thiry, RN, on Tuesday, April 24, at Salina Regional Medical Center. She was 94 years of age and remained an active member of KSNA until the end. She attended this year’s Day at the Legislature on February 9 in Topeka (see photo below). She will be dearly missed. She served as KSNA’s 27th President from 1975-1977 and was recognized in 1978 with KSNA’s Honorary Award. No public services were held. A memorial celebration of her life will be held later this year in Salina at Kansas Wesleyan University. Her obituary, written in her own words, follows this announcement.

DR. ROBERTA D. THIRY

Roberta “Bobbie” Thiry died Tues. April 24, at Salina. She was born December 12, 1926, in Washington County, Kansas, the daughter of Charles E. “Ed” and Otilla L. Beiter VanKirk.

After graduating from Barnes Rural High School, Roberta was briefly employed at Boeing, prior to entering the Cadet Nursing Program at Wesley School of Nursing in Wichita. She was employed for several years at Wesley Hospital in the Operating Room while attending Wichita State University (WSU) part-time. She began teaching part-time, then full time, in the diploma program at Wesley School of Nursing while completing a Bachelor of Arts degree and other courses in the Education Specialist program. Upon completion of the master’s degree in Medical Surgical Nursing from the University of Colorado, she became Assistant Director of the program until she was hired to establish the new BSN program at WSU in 1970. The program was developed and accredited in one year. Ms. Thiry then entered the Nurse Scientist (PhD) Program at the University of Kansas (KU) specializing in Communications and Human Relations. She continued working part-time for Hesston College on research projects and taught courses for KU as a PhD candidate. Upon completion of the PhD degree, she joined the graduate nursing faculty at KU. Dr. Thiry later spent a year as Associate Dean of Nursing at the Medical College of Georgia, Augusta, and eight years as Chair of the Nursing Department at Pittsburg State University (KS) before establishing the Associate Degree Nursing Program at Kansas Wesleyan University (KWU), Salina, in cooperation with Asbury Hospital. After retiring from the KWU nursing program in 1996 she assisted the KWU Business Department with coursework and support for the first group of Taiwanese MBA students who were admitted into the program.

Throughout her career and retirement Dr. Thiry was actively involved in professional and community service organizations, including the American Heart Association, on local and state boards, and as a member of the National Cardiovascular Nursing Council; she was a board member and instructor for the Wichita Area Red Cross, a member of the Salina-Saline County Public Health Advisory Board and active in the Kansas League for Nursing, serving eight years on the Kansas State Board of Nursing. She was President, Secretary, and served on numerous committees/councils for the Kansas State Nurses Association. She was a member of the American Nurses Association’s Congress for Nursing Practice, representing them on the National Joint Practice Commission. She was also a trustee and officer of the Kansas Nurses Foundation for many years. And, she provided consulting services to educational and practice settings, presented numerous continuing education programs for colleagues, and taught classes for individuals and families with Diabetes. She contributed chapters to several books, articles to nursing journals, and served as an editor and on two editorial boards. She received many honors for her service, the latest being the Women of Achievement Award locally.

Dr. Thiry considered her greatest contribution to be a mentor and supporter of nurses in advancing their education and career development; thus, there are three endowed scholarship funds honoring her at Pittsburg State University, Kansas Wesleyan University, and the Kansas Nurses Foundation. Memorial gifts may be made to one of the endowed funds. Cremation rites have been accorded and private services will be held at the United Methodist Church in Barnes on May 11. A celebration of life service will be held in the fall at Kansas Wesleyan University in conjunction with the Kansas State Nurses Association. Ryan Mortuary, Salina, is in charge of arrangements. For information/condolences, visit www.ryanmoruary.com.

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visit us at www.ksnurses.com
From the KSNA Districts

District 1

President Beth Browder reports that KSNA District 1 is a co-sponsor of Stormont-Vail HealthCare’s upcoming 2012 Nursing Symposium to be held Wednesday, May 9, at Stormont-Vail HealthCare’s Pozez Auditorium. Other sponsors are Stormont-Vail HealthCare, Sigma Theta Tau, Baker School of Nursing and Washburn School of Nursing. Any KSNA District 1 member may attend this symposium free of charge. In addition, members of District 1 will meet on June 18, 5:30 p.m., at Johnny Carino’s, 6th and Wanamaker. All are encouraged to attend as we will establish goals for our District based on the feedback and needs of those members in attendance.

District 2

President Angella Herrman reports that District 2 has been busy the past few months. On March 6 they sponsored an informational event at the KU School of Nursing on the new APRN regulation changes for 2012. About 100 nurses and nursing students attended; there was positive feedback about the event. They also hosted a booth at the KU School of Nursing’s “Lessons from Legend” event on March 9 and received a positive response from both KSNA members and nonmembers expressing their appreciation to KSNA for their work on behalf of Kansas nurses. Plans are to participate with the KU School of Nursing as other events develop. The group is working on future activities and they welcome ideas and input from all KSNA District 2 members. Your leaders thank you for allowing them to serve you.

District 6

President Carla Lee reports that District 6 will continue its annual recognition of National Nurses Week, May 6-12, with another signing of a proclamation by Wichita Mayor Brewer on Tuesday, May 8 at 9 a.m. in City Council Chambers, 455 N. Main. This year’s signing will recognize KSNA’s founding in Wichita (1912) and the current Centennial Year Celebration. An informal coffee will follow in the City Cafeteria. The District’s Annual Meeting will be held Tuesday, June 5, 6:15 p.m., at Office This, 4031 E. Harry, in the Hello/Goodbye Conference Room. Speaking will be Dr. Alicia Huckstadt, APRN-FNP-BC, DNP Director, Graduate Program, Wichita State University (1.25 CNE pending). In addition, the District’s annual meeting will be held including election results, amendments to bylaws and a State of the District report. Light refreshments will be available. Member cost is $20; nonmember $30 and students $10.

NURSING: Newman Division of Nursing, Emporia State University, invites applications for two nine-month, full time, tenure-track positions at the rank of assistant professor in a NLNAC accredited baccalaureate nursing program. Appointment effective August 2012. Responsibilities include classroom and clinical instruction in medical-surgical nursing and fundamentals of nursing. Candidates must be committed to undergraduate nursing education, research and service. Master’s degree in nursing required. Must be eligible for licensure in KS. Baccalaureate teaching experience and doctoral preparation desired. Salary commensurate with qualifications and experience. Screening will begin immediately and continue until the positions are filled. Send letter of application, current vita, unofficial transcripts and the names and contact information for at least three references to Judith Calhoun, PhD, APRN, Chair, Newman Division of Nursing, 1127 Chestnut, Emporia, KS 66801. Call 620-343-6800, ext. 5641 for additional information. emporia.edu. An AA/EOE institution, Emporia State University encourages minorities and women to apply. Background check required.

Spring Brings New District Life

A reminder to all KSNA Districts as you elect new officers and committee chairs to please let the KSNA office know of changes in your leadership. Please email your new roster of leaders to:

ksna@ksna.net or fax to (785) 233-5222.

KANSAS STATE NURSES ASSOCIATION DISTRICT BOUNDARIES
Welcome
New KSNA Members
Applications Received March and April 2012

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<th>District</th>
<th>Name</th>
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<td>Angela Gamber</td>
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<td>Steven W. Peterson</td>
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<td>Amy Leigh White</td>
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<td>Zita D. Mason</td>
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<td>Kimberly Goff</td>
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<td>21</td>
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Explore KSNA at ksnurses.com

Kansas State Nurses Association
The Voice and Vision of Nursing In Kansas
There have been a number of recent questions regarding types/levels of membership in the American Nurses Association (ANA) and the Kansas State Nurses Association (KSNA). Hopefully the following information will help to clarify member and prospective member concerns.

The dues structure is set by the ANA Board of Directors with approval from the Constituent/State Nursing Associations (C/SNA) by way of the Dues Task Force that was charged with addressing two issues. The first was to review the rebate program and to make recommendations about its future. The second charge for the Task Force was to examine current membership and related dues options for ANA and the C/SNAs; determine the need to revise/modify current membership dues structure to improve membership growth; and as necessary recommend changes/modifications to the ANA Board of Directors in order to meet established deadlines for 2012 House of Delegates resolutions, if warranted.

The Task Force recommended streamlining and standardizing membership dues rate definitions which were approved by ANA’s Board of Directors. The recommended reduced membership categories and the awarded membership category would mean a change for most C/SNAs.

These changes, recommended by the Task Force, are to be adopted on a voluntary basis by all C/SNAs for all non-collective bargaining ANA & State members. This standardization will make the administration of the membership billing and marketing processes easier and more effective for all. More importantly, the standardization of the member dues definitions will be simpler for the members. When a C/SNA decides to adopt these changes, it may require state Bylaws or policy changes.

Questions related to ANA/KSNA membership may be directed to Leslie Olinger at ANA, 800-923-7709 or to Michele Reese at KSNA, 785-233-8638. Individual membership profiles may be updated at nursingworld.org for ANA or ksnurses.com for KSNA.

KSNA District rosters are updated monthly and sent to District President’s the first week of each month. KSNA maintains a full list of members in the office, a monthly courtesy of ANA’s membership department.

Members are classified as Active, Grace Period (Renewal is due), New (joined within the month) or Reactivated (rejoined following a short lapse). When a member does not renew their membership in a timely manner they become inactive; if they later rejoin they start their ANA tenure all over again. There is value in consistently renewing an ANA/KSNA membership for recognition at the professional nursing level.

Prospective members may apply online for membership in ANA/KSNA at nursingworld.org or ksnurses.com. The ANA regularly sends out membership renewal information to its members; The KSNA also sends information to its members as ANA passes along the information to the office.
Your Membership Matters . . .

Your Continuing Membership is Important

by KSNA Membership Chair Mary Holland, RN

Membership is critical to the life of an organization. In The Kansas Nurse, November-December 2011 issue, an article published by Carla Lee, PhD, ARNP-BC, FAAN, and myself, entitled KSNA: A Novel Approach to Membership Engagement, states that, “Organizations usually function to serve an essential economic or social need, and form into a particular structure, be it bureaucratic or organic.” (Mintzberg 1983).

When members of an organization such as the Kansas State Nurses Association (KSNA) begin to withdraw their membership, the response to the need/purpose of the organization diminishes. The founders of KSNA saw a need in 1912 and developed a purpose/mission to promote professional nursing, to provide a unified voice for Registered Nurses in Kansas, and to advocate for the health and well-being of all people. Declining membership in KSNA is weakening the 100-year-old effort to maintain a strong voice and vision of nursing in Kansas.

The decline in membership is primarily due to the economic decline that is being experienced across the country. According to a survey conducted by KSNA’s Membership Committee, cost of membership is the reason most often mentioned for not renewing membership in the member’s professional association. But it is not only the cost of annual dues, but the cost of living expenses. As one member stated, “just not enough to cover it all.”

Many association believe it is more profitable to retain members than to recruit new members. In the book, Membership Marketing, by Arlene Farber Skinner and Miriam T. Meister, CAE, the authors propose that, “Most established membership organizations do not have a vast number of people to recruit for membership. Finding out about such organizations is not hard, so nonmembers have either decided not to join or don’t care enough to look into it.” There are more than 36,000 Registered Nurses in Kansas. The monthly membership in KSNA, on the average (2011), is 1,114. This indicates that in Kansas we have a lot of room for growth in KSNA membership.

Retention of members may be more economically feasible for KSNA. Research published in “Policies and Procedures in Association Management” (Volume 1 2006), suggests that associations spend more on acquiring new members ($10,000 per year) than on retaining current members ($6,500 per year). Other statistics in the volume demonstrate that associations acquire far fewer members each year than they renew each year. This is a challenge for members of associations such as KSNA to look at our renewal process and plans for the future.

The renewal process includes personalizing communication whenever possible, one-on-one contact with members, incentives for early renewal, promoting the value of the organization at every opportunity, simplifying the renewal process, and reminding members often of their importance to the organization.

There is no generalized standard for what makes a good retention rate for an association because it depends on the interest/purpose it serves, the investment that may affect the purpose, what the association does and how it operates. According to “Policies and Procedures in Association Management” (Volume 1 2006), the median response for membership renewal rate is 90 percent. For trade associations it is slightly higher. The renewal and retention process should be an integral part of the organization and should include some of the items mentioned above, as well as finding ways to engage members in the association activities and offering flexibility in the use of services.

In an article by David Meagar, How to Increase Membership Retention in Your Organization, he suggests seven ways:

1. Learn the names of members and use them. Followers are more likely to follow if you establish a personal relationship with them.
2. Meet regularly with each other; doing so indicates that you value your members.
3. Get to know one another, what each one does and what interests them.
4. Be sincere and open. People are more likely to trust someone who is honest.
5. Spend more time with new members. Mentor them into the organization. Attention in the beginning will pay off later.
6. Smile and be positive. People like being with happy folks. Moody, negative and whining people are turn-offs.
7. Say ‘Thank You’. Simple words that go a long way; use them often and on a regular basis.

Membership building is a continuous process. And, retention begins the moment a member joins.
5 Tips for Busy Nurses
“Too Busy for Your Own Good”
By Connie Merritt, RN, BSN, PHN

When we are unable to find tranquility within ourselves, it is useless to seek it elsewhere. – Francois de La Rochefoucauld

As nurses we have a great commitment to our profession in the care of our patients but often we don’t take care of our OWN lives. It is widely reported that we sacrifice a little of ourselves: our time, our energy, our lunch, and yes, our needs. Almost all of us know the challenge of back-to-back shifts! Inconsistent work schedules! Eating on the run! Standing on our feet too long! The stress of work obligations, family demands, and professional responsibilities often interferes with nurses’ ability to do what’s right for their own health.

As a nurse and business owner, I have seen the physical and the practical symptoms of America's busyness and stress epidemic. I am on a mission to help people maintain their spark for life. Here are some practical tips from my recent research and book released from McGraw-Hill: TOO BUSY FOR YOUR OWN GOOD that help unravel the issues to reduce stress levels and make a positive difference with your career, family, health, relationships and finances.

TIP 1: ACCEPT IT! Your care starts with YOU! Accept that it’s your responsibility to help reduce stress and manage busyness and that you can manage it, even if you are getting multiple demands from different areas. By taking responsibility for your time, it enables you to find the solutions far more quickly and you’re more likely to have the life you want this year.

TIP 2: BE PRESENT! Nurses live in a world that is always “on.” Hospitals and healthcare needs never close. It’s up to you to work your hours and then leave your concerns and worries. This involves confidence in your coworkers and strong interpersonal communications skills. An exercise you must commit to, in order to be successful, is to reduce stress and insure balance in your life and be PRESENT:
- Prioritize what’s important for your purpose
- Rest and restore your body
- Eliminate clutter and enjoy what you have
- Set “smart” goals (“specific, measurable, attuned to your life, realistic, with a timetable”)
- Encourage harmonious relationships
- No, politely needs to be communicated more often
- Trust in something greater than yourself

This is a vital exercise that needs to be reviewed almost daily! In fact, when you read the exercise – did you make plans to work through being PRESENT? OR, are you glossing over the exercise thinking you could not possibly fit this into your schedule? This is about you and your essential energy for life – your spark! When you live in the present, you are living where life is happening – and living in the present will change your life. Promise yourself you will do the work to be PRESENT.

TIP 3: ADMIT IT! Admit that you can do it – it’s possible – you can take control.

TIP 4: LET GO! What can you let go of? This one takes some figuring out – what and how to let go. Take the time and make the necessary changes (that includes people, places and things).

TIP 5: SAY NO! A big part of letting go is saying NO. No, may be the most powerful word to use to help relieve stress and find more time to take care of things that matter most to you. No, can save you time, enable you to focus on what’s important to you and – protect you from your own good-heartedness! While saying ‘no’ can be a challenge, you can express it pleasantly with a smile (in your heart and tone) with these “no” phrases:

“I have a prior commitment.”
“Sorry, can’t – let me know how it goes.”
“I am tempted, but I’ll have to pass.”
“You know I’d never refuse you if I could help it...but I’m afraid that won’t work for me.”

Research indicates that we all get busy and do not take the necessary time to do what we really need to do to manage our lives. Busyness destroys our balance, scrambles our priorities and leads us into stress and a cluttering of our lives with too many activities, endless to-do lists and not enough time to re-charge to do the things we really need to do. These tips will help you manage your time, make good choices with less stress and more balance – enabling you to take better care of you and your special spark for life!

Connie Merritt has been on a national media tour throughout the country this past year, with her latest book released from McGraw-Hill: TOO BUSY FOR YOUR OWN GOOD -- which offers readers specific insights into stress with techniques on how to assess and kick the busyness habit. Her messages have struck a chord with audiences and media throughout America catching the attention of national and regional media including USA Today, Fox Business, FIRST for Women magazine, Advance for Nurses, MORE magazine, Entrepreneur magazine, Ladies Home Journal, Lifetime TV as well as local and nationally syndicated radio and television programs throughout the nation.
KSNA

Hall of Fame Award

First Class to Be Named This Year
Nominations NOW Being Accepted

The KSNA Hall of Fame Award recognizes outstanding nurse leaders who have demonstrated excellence through sustained, lifelong contributions affecting health, social history of Kansas or the profession of nursing. Patterned after the American Nurses Association Hall of Fame, the KSNA Hall of Fame will be a permanent and lasting tribute to nurses whose dedication and achievements have enduring value beyond their lifetime. Inductees will exhibit excellence in one or more of the following areas: patient care, leadership, education, public service, nurse advocacy, research, heroism, patient advocacy, clinical practice, public policy, economics or literature. Members will be honored in a permanent memorial located at KSNA headquarters in Topeka.

The following criteria for nomination will apply:
1) The nominee must have demonstrated leadership that affected the health, social history of Kansas or the profession of nursing;
2) The nominee must have lived in, been educated in, or worked in/represented Kansas;
3) The nominee must have been a KSNA member at some point during their career. Exceptions include nurses that lived before nurses’ registration, Kansas statehood or KSNA;
4) The achievements of the nominee exhibit excellence and have enduring value to nursing beyond the nominee’s lifetime.

Anyone may nominate a person for the KSNA Hall of Fame Award, although self-nomination is discouraged. The nominee may assist in the nomination process by providing information necessary to support the nomination process. For deceased nominees, the nominating individual shall provide all necessary information.

The nominating form is available on the KSNA website, ksnurses.com and due by September 1. A selection committee has been named by the KSNA Board of Directors. The award is intended to recognize “outstanding leaders” and to be highly selective.

The first inducted class, to be called the “KSNA Founders,” will be inducted in 2012 at the KSNA Centennial Convention. Their names will be engraved on a permanent plaque to be hung at the KSNA headquarters and each inductee will receive an individual plaque and be invited to attend the awards banquet without charge. Photos and biographies for each award recipient will be posted on the KSNA website with an electronic guest book posted for viewer comments.

Please direct questions or nominations to the KSNA office: ksna@ksna.net; 785-233-8638 or fax 785-233-5222.

Dates & Deadlines

May 6-12 National Nurses Week
May 7 Centennial Committee Conference Call-7 pm
May 25 & 28 KSNA Office Closed, Staff Vacation Day & Memorial Day
June 11 Centennial Committee Conference Call-7 pm
June 12-13 Kansas State Board of Nursing Meetings, Topeka
June 15 Editorial deadline for the July-August issue of The Kansas Nurse
June 13-16 ANA House of Delegates Meetings National Harbor, MD
July 2-6 KSNA Office Closed, Staff Vacation & Fourth of July
July 9 KSNA Centennial Committee Conference Call 7 pm
July 14 KSNA Board of Directors meeting, Topeka
August 15 KSNA Election Ballots Drop Editorial deadline for the September-October Annual Report issue of The Kansas Nurse
August 25 KSNA Board of Directors meeting, Topeka
August 27 KSNA Centennial Committee Conference Call-7 pm
September 15 Deadline to receive completed KSNA Election Ballots
Deadline for Centennial Convention Exhibitors & Vendors to register
Abstract
The diagnosis of autism spectrum disorder (ASD) has increased dramatically. Those with autism have specific deficits in socialization, communication and behavior and also have special health needs. Definitions of three types of autism currently used as well as research into links associated with autism and medication used to treat symptoms are described.

Keywords: autism, autistic spectrum disorder, pervasive developmental disorder

Autism significance
April is Autism Awareness Month. This topic is being reviewed because of this and because of emerging information about autism which is very significant to the cost of education and to health care.

A sharp increase has been noted in the number of those diagnosed with autism. At this time, one in 88 children is diagnosed with autism, with males diagnosed one in 55 which is four times the rate of females. It is even more significant because this new ratio now indicates that an autistic syndrome affects "More children than are affected by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy or Down syndrome, combined" (Autism Speaks, 2012).

Definition
Autism is a group of behavior deficits in socialization, communication, and behavior. Socialization deficits include lack of eye contact with people from very early in life. Socialization is also affected as the individual has difficulty interpreting facial expressions or other nonverbal behavior. Developmentally, the child's progress beyond parallel play is delayed. Communication deficits include no language to perseverative language and other restrictions in verbal communication. Language may develop, and then be lost as well. Those with autism sometimes have speech sounds without the typical changes in pitch or stresses or conversely, the speech may be sing-song in nature. The behaviors are repetitive, such as spinning wheels or turning pages back and forth. Behavior can be impulsive and can be injurious to themselves and others. Brain growth is different in those with autism, especially in the prefrontal cortex which may account for the differences in responses to stimuli as this area is responsible for social behavior and impulsivity which are areas of deficit in those with autism (Courchesne, 2012). It is diagnosed in childhood and can be diagnosed as early as age two and suspicioned much earlier. The child may not be aware of stimuli that cause pain in typical children but may be oversensitive to sounds or textures (Silva & Schalock, 2012). Response to pain may be atypical and therefore, the cause of pain may be missed. Other symptoms many times associated to autism include poor immune response as well as sleeping and digestive difficulties (Ashwood, Enstrom, Van der Water, 2010; Goldman, McGrew, Johnson, Richdale, Clemons, & Malow, 2011; Richdale & Schreck, 2009). In addition, seizures occur in approximately 35% of those diagnosed with autism (Parmeggiani, Posar, Antolini, Scaduto, Santucci, & Giovanardi, 2007).

Autism spectrum disorders (ASD) include classic autism where all three areas of deficits are found, pervasive developmental disorder not otherwise specified (PDD-NOS) in which not all deficit areas are found or the deficits are observed after age three, and Asperger syndrome which is not clearly defined. One area of deficit must be present prior to age three (Autism Speaks, 2012). Although the term has only been in use since the 1990s, pervasive developmental disorder is scheduled to be removed from DSM diagnoses; however, attempts are being made to better define its use as a diagnosis (Mandy, Charman, Gilmour, & Skuse, 2011). Controversies exist at present regarding how to accurately diagnose Asperger syndrome, which used to be termed high functioning autism. The latest definition includes instances in which the person has developed language, but nonverbal communication deficits such as those involving gestures or eye contact exist. It also means that the person has an IQ of at least 70 and has no diagnosed developmental cognitive delay (Pasco, 2010).

Links to autism
Parents are concerned that mercury in fish or in dental fillings may impact development of autism. Studies have failed to show either of these as risk factors (Flaherty, 2011; Hertz-
Autism Spectrum Disorder Update
By Marilyn Masterson, PhD, RN

who have both autism and attention deficit disorder to reduce symptoms of impulsivity and inattention. The use of a broad spectrum antibiotic, minocycline, and vitamin B12 is also being researched in the treatment of the type of autism in which language disappears. Research is also being done in stem cell therapy to address problems in the immune system (National Institute of Health, 2012).

Medications currently in use include valproate, and antipsychotic and psychostimulant medications, all of which are used to reduce behaviors which can hurt themselves or others. Behaviors that occur related to overstimulation from the environment have been treated with clonodine (Parikh, Koleyzon, & Hollander, 2008). Perseverative behavior may also be treated with fluvoxamine as well as other SSRIs although these are used off-label with mixed results (Williams, Wheeler, Silove, & Hazel, 2010). Research is in progress on this; however, the medication has been prescribed in this way for several years. Current practice and research includes uses of behavioral and desensitization therapies to change the behaviors associated with sensitivities to environmental stimuli as well as speech therapy to improve language and communication.

Children should be screened for autism by their health care provider during routine wellness checks until three years of age (Autism Speaks, 2012). This should be done routinely and compared to the previous assessment (Bagnall, 2012). Several checklists can be utilized. The Modified Checklist of Autism in Toddlers (MCHAT) is one such screening tool used to determine whether additional testing is needed. Early education and treatment is a primary key for improving social and communication skills as well as behavior and in discovering medications or treatments that will give the child and family the needed support and advantages needed (Eikeseth, Klintwal, Jahr, & Karlsson, 2012).

References

Current practice and research
Research includes use of medications such as methylphenidate hydrochloride (Ritalin) for those children

Picciotto, Green, Delwiche, Hansen, Walker, & Pessah, 2010). However, research is ongoing. Other links have been illustrated among older mothers or fathers of the child, mothers who are obese prior to and during pregnancy, and mothers who have diabete during pregnancy to children with diagnosed autism (Krakowiak, Walker, Bremer, Baker, Ozonoff, Hansen, Hertz-Picciotto, 2012). Genetic links have also been implicated (Segurado, Conroy, Meally, Fitzgerald, & Gallagher, 2005).

Behaviors corresponding to those found in individuals with autism coexist in those with specific cerebellar disorders or malformations, central nervous system disorders such as cerebral palsy, chromosomal disorders such as Fragile X and Down syndrome, those diagnosed with epilepsy, those who have siblings previously diagnosed with autism, those delivered before 35 weeks gestation, valproate syndrome, and those with intellectual disabilities (Abhay, 2011; Bagnall, 2012; Maurer, 2012; Williams, King, Cunningham, Stephan, Kerr, & Hersh, 2001). Those working with individuals who have diagnoses such as these should investigate further for autistic spectrum disorders that may further complicate care.

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Autism Spectrum Disorder Update

By Marilyn Masterson, PhD, RN


Dr. Masterson is an Assistant Professor at Washburn University, Topeka. She has an adult child diagnosed with pervasive developmental disorder. Correspondence should be addressed to Marilyn.Masterson@washburn.edu.
Abstract
The best known ethical guide in healthcare is from the Hippocratic Oath “First, do no harm” (Purtilo, 2005, p. 65). In an effort to save the smallest of lives, it is possible to lose sight of the importance of involving the infant’s parents in the most basic of decisions: whether or not to attempt resuscitation of their preterm infant. Preterm deliveries can often occur very quickly and providing the parents with the most up to date information concerning outcomes isn’t always possible. Physicians and nurses have the training and expertise to save extremely low birth weight infants, but the parents may then be faced with infants who may be dependent on others their entire lives. An ethical dilemma is identifying who has the locus of authority in the decision to resuscitate: the parents or the neonatal resuscitation team.

Keywords: Neonatal, resuscitation, parent, authority, ethical dilemma

Purpose
There are not many things in life more anticipated than the birth of a baby. Parents make a multitude of decisions during pregnancy from making their birth plan to choosing a name. Preterm delivery is not usually a part of that planning process, and many parents are unprepared to make the difficult decisions that are required for our smallest and most vulnerable infants. A wide discrepancy can exist between the beliefs of healthcare providers and parents. In a study by Streiner et al. (as cited in Keenan, Doron, & Seyda, 2005), the authors discovered that 64% of parents with a preterm infant surviving into their teens thought that resuscitation should be initiated for all extremely low birth weight (ELBW) infants regardless of the prognosis, in contrast to only 6% of neonatologists and neonatal intensive care nurses. The healthcare team has the experience and expertise to determine whether or not to resuscitate, but the parents have the authority to determine the future of their infant. Purtilo (2005) stated that in problems with locus of authority, the goal should be achieving an outcome with a focus on caring. In neonatal resuscitations, the nurse can focus on caring by insuring informed consent is performed while also respecting parental autonomy.

Ethical Dilemma
Informed consent is an essential part of medical ethics. Patients have the right to be informed of their plan of care and to make decisions about their treatments. Provision 1.4 of the Code of Ethics for Nurses states “Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination” (American Nurses Association [ANA], 2001, p. 8). While newborns are unable to make decisions about their own care, the American Academy of Pediatrics (AAP) recognizes parents as the best secondary decision makers. Numerous ethical dilemmas may occur while attempting to comply with parental wishes while also protecting preterm infants. The ethical principles most apparent in resuscitation decisions include autonomy, beneficence, nonmaleficence, and justice. Autonomy is the rational patient’s ability to exercise self-determination with the exception of harming someone else (Purtilo, 2005). Justice is defined by Merriam-Webster’s dictionary as “the quality of being just, impartial or fair” (2011). Beneficence is an act that is seen to benefit others and maleficence is defined as preventing harm (Purtilo, 2005). Benevolent injustice is “concerned with the outcomes and consequences of these neonates’ healthcare courses” (Barnum, 2009, p. 133). Respecting the ethical principles of justice, beneficence and parental autonomy without resulting in benevolent injustice creates a locus of authority problem.

In regards to informed consent, the AAP states parents need honest and accurate information including benefits and risks of all the treatment options as well as time to absorb the information and ask questions (AAP & American Heart Association [AHA], 2011). Unfortunately this advice is not always implemented as preterm birth is frequently an abrupt event with little to no advance warning. Often, the available time prior to delivery is used to assemble the medical team and equipment needed for resuscitation. The opportunity to educate and inform parents of their choices is rare and the emotional turmoil typically associated with an imminent delivery makes any effort at informed consent challenging for parents to comprehend or interpret. To further complicate this issue, the AAP recommends not initiating resuscitation for < 23 weeks gestation, birth weight < 400gms, anencephaly or other lethal genetic disorders (2011), but there are no current standards of care or Federal laws to support this recommendation.

Review of Literature
Keenan, Doron, and Seyda (2005) investigated parental perceptions of informed consent prior to preterm delivery. Thirty-three counselors and 33 neonatologists completed a survey. While the majority of counselors believed informed consent was not discussed, emergency is the best secondary decision maker. The nurses in this study were more supportive of parental involvement in decision making when it came to resuscitation, but there was a lack of discussion on the topic of informed consent. This study highlights the need for further research on the topic of informed consent in resuscitation.
Parents vs. Neonatal Resuscitation Team: Who Should Decide?

By Amy L. White, RN, BSN

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visit us at www.ksnurses.com

The authority to determine the life path of their infant must be respected. In order to be the best patient advocate, nurses must assist in any way possible to ensure provider expertise does not outweigh parental authority. The difficulty lies in the balance between respecting those parental rights while also protecting the infant.

References


The discussion to begin or withhold resuscitation is most often a physician’s decision. The majority of literature on the topic involving parental autonomy concerns physicians and their perspectives. Many Neonatal Intensive Care Units (NICU) resuscitation teams consist of a physician, respiratory therapist, and one or more registered and/or advanced practice nurses. The nurse’s long standing role as patient advocate and educator creates a strong position to assist the family in resuscitation decisions. More research focused on the nurse’s role in determining the decision to initiate or withhold treatment of the neonate is needed.

Conclusion

How can Kansas nurses assist parents in making this most difficult of decisions? We as nurses must give parents the best and most up to date information at our disposal including morbidity and mortality rates for Kansas infants born preterm. In 2007, Kansas was ranked 40th in the nation for infant mortality where 7 of every 1,000 infants die in their first year of life (kansasinfantmortality.org). Only 0.8% of births are infants weighing less than 1,000 grams, but these births account for almost half of all infant mortality in the United States (United States Department of Health and Human Services, 2004). Henry David Thoreau said, “every child begins the world again” (2004, p. 21), but he also believed, “men have become the tools of their tools’ (2004, p. 29). In the effort to save infants, nurses must not allow technological advances to exceed our knowledge of what is the best practice. In order to practice beneficence towards infants, we should exhibit justice towards their parents. The parental right to be informed and to have


Amy White is a graduate student at Washburn University in the Clinical Nurse Leadership Program and an adjunct faculty member in obstetrics. She is a member of KSNA and the AWHONN (Association of Women’s Health, Obstetric and Neonatal Nurses).

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**CHEROKEE INSPIRED COMFORT AWARD**

Nominations Sought to Honor Exceptional Healthcare Professionals

Cherokee Uniforms, a leading provider of medical scrubs, is accepting nominations for its 10th annual Inspired Comfort Award through June 30. Winners will be announced in October. Entering its second decade, the award continues to recognize extraordinary nurses and non-physician healthcare professionals who demonstrate exceptional service, sacrifice and innovation in patient care and serve as an inspiration to colleagues, peers, family and friends.

Nominations can be entered at www.inspiredcomfort.com/nominate or via nomination forms available at Cherokee Uniforms retailers nationwide, which can be located at www.cherokeeuniforms.com/content/storelocator.php.

Nomination categories include Registered Nurses; Advance Practice Nurses; Licensed Practical Nurses/Licensed Vocational Nurses; students enrolled in nursing school; and other non-physician healthcare professionals. Cherokee professionals and former award recipients will choose winners who best meet the program’s criteria of exceptional service, sacrifice and innovation.

The grand prize in each category is an all-expense-paid Caribbean cruise for two. Other winners in each category will receive all-expense-paid trips to a 2013 U.S. medical conference of each winner’s choice and an annual membership to their preferred clinical association. All winners will receive a wardrobe featuring the best of Cherokee Uniforms and Cherokee Footwear worth more than $1,000, a crystal Cherokee Inspired Comfort Award, and other accolades.

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