KSNA Welcomes New Executive Director

KNF’s Honor a Nurse & Scholarship Winners

Annual Convention Informs, Involves & Inspires

Caring for Patients Having An ERCP

Practice to Live By

The Voice and Vision of Nursing in Kansas
From the KSNA President

What an exciting time for KSNA as we begin a new year that will culminate in our Centennial Celebration. We have made major progress in putting our financial house in order. Through the generosity of our members and Districts we have raised enough money to hire a half-time Executive Director, Terry Leatherman. The Centennial Committee has been hard at work planning a year of activities that will bring public awareness to our celebrations and promote membership in the process. The beautiful unique building we own will now be preserved for posterity. Registering the building with the State and National Register of Historic Places and the Topeka Landmarks Commission will ensure there is minimal alteration of the building.

We just completed a very successful convention. In general, the comments were very favorable and members supported having the business meeting during lunch on Thursday. Next year all continuing education programs will meet the one hour minimum required for credit. We also want to thank the many members of District 1 for their assistance and the University of Kansas Hospital for providing the American Nurses Credentialling Center credit.

Centennial Celebrations kicked off the day after convention when KSNA members participated in the Kansas Sesquicentennial Parade with members of the Kansas Association of Nursing Students and the Wichita Black Nurses Association. They displayed a banner proclaiming the KSNA Centennial Celebration and received a warm response from those along the parade route. Parade participation will be a fun way to increase public awareness about our Centennial Celebration. If anyone would like to use the banner please let us know. Also, if you need a truck to ride in or pull a float please let us know. There will be many St. Patrick’s Day and Homecoming parades across the State in the coming year.

Many members submitted their names to begin formation of a Speakers Bureau. Although the Bureau is designated to begin in 2012, we will provide contact information to any District looking for potential speakers now.

The KSNA Board is open to any ideas or suggestions as we go forward. Many members have contacted me with ideas and input which I really appreciate. Collectively the members have so much more knowledge and expertise than any one of us will ever have individually.

We are still in a formative period as we continue to strengthen our foundation and move forward. The collective knowledge, expertise, and wisdom of our membership are the backbone of our organization which keeps us on a steady course as we continue to navigate our way to calmer waters. We truly appreciate everyone who has had a hand in steering the ship, bailing water, manning the oars, cheering us on and helping keep KSNA afloat the past few years. I am looking forward to working with all of you.
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It is my honor to be the new Executive Director of the Kansas State Nurses Association. Quite literally, my first hours “on the job” were participating in your 2011 KSNA Annual Convention the first week of October in Topeka. More than anything else, I left our convention confident in the passion and dedication of our membership in the long-term success and growth of the Kansas State Nurses Association.

Since I am new to you, permit me to introduce myself. I am a seasoned association management professional, who has for more than two decades held every leadership position that exists for a number of different trade associations. I strongly believe in the power of professional associations. United under the banner of an association, the collective voice of the membership can be much more powerful than any individual acting alone.

In these first few weeks as your Executive Director, I am “taking the pulse” of the association. I anticipate an initial challenge to address that revolves around membership. Membership is the true measure of an association’s health. As a result, a healthy membership structure will reveal:

- There is a clear value to being a member, shown in a roster of benefits that come through membership.
- The member benefits are clearly explained in a marketing process that makes the case clearly why non-members should join KSNA and why current members should renew their membership.

Along with membership, I look forward to helping find ways to improve how our association communicates with its members. We want to take advantage of technology, so the membership receives timely and useful information. While we want to use technology, we don’t want to forget the value we realize when we meet face to face.

Another key initial challenge as your Executive Director will involve government advocacy. The Kansas Legislature returns to Topeka in early January for the next session of the Kansas Legislature. KSNA needs to be ready to engage in public policy issues that arise and matter to Kansas nurses. My legislative experience tells me the key to success will be having in place a nimble communication process that keeps the KSNA membership informed when issues arise, so they can respond by contacting their legislators. That is how we will be the collective voice on key public policy matters in the coming year.

I look forward to working with the KSNA Board of Directors and your new President, Sandy Watchous, in advancing the continual progress we need to make towards accomplishing our mission. I also look forward to hitting the road across Kansas to meet with KSNA members and to encourage others to join us in our important work.
From the KSNA Legislative Chair

Sarah Tidwell, MN, RN
KSNA Legislative Chair

Changes in Nurse Practice Act become effective January 1, 2012

The Kansas State Board of Nursing introduced Senate Bill 134 in the 2011 Legislative session to make changes in the Nurse Practice Act related to advanced nurse practice. The language of the bill was placed in HB 2182, passed by both chambers and signed by Governor Brownback. The changes include:

1. Title change from Advanced Registered Nurse Practitioner (ARNP) to Advanced Practice Registered Nurse (APRN).
2. Change certificate of qualification to licensure.
3. Change the term “categories” of APRN to “roles”.
4. Require a Master’s or higher degree in an APRN role.
5. Require continuing education hours in the APRN role.
6. Allow any ARNP who is registered to practice prior to the effective date of the bill to be deemed licensed to practice as an APRN without being required to file an original application for licensure to remain in practice.

The Board of Nursing is in the process of updating the ARNP regulations to incorporate these changes and to determine the number of continuing education hours needed for renewal. Watch the KSBN website for updates and possible hearing dates.

Principles for Social Networking Guidelines Issued by ANA

ANA’s Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient ― nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

News Release:

The American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN®) have mutually endorsed each organization's guidelines for upholding professional boundaries in a social networking environment.

The use of social media and other electronic communication is expanding exponentially; the latest statistics indicate that there are 150 million U.S. Facebook accounts and Twitter processes more than 250 million tweets worldwide on a daily basis. Social networking can be a positive tool that fosters professional connections, enriches a nurse’s knowledge base, and promotes timely communication with patients and family members. ANA and NCSBN caution nurses that they need to be aware of the potential consequences of patient-related information media and mindful policies, state and federal laws, and professional standards regarding patient privacy and confidentiality.

“Nurses must recognize that it is paramount that they maintain patient privacy and confidentiality at all times, regardless of the mechanism that is being used to transmit the message, be it social networking or a simple conversation. As licensed professionals they are legally bound to maintain the appropriate boundaries and treat patients with dignity and respect,” comments NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing.

“Social Media can be a powerful tool, one with the potential to enhance or undermine not only the individual nurse’s career, but also the nursing profession,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “ANA hopes these principles provide a framework for all nurses to maintain professional standards in a world where communication is ever changing.”

ANA’s e-publication, “ANA’s Principles for Social Networking and the Nurse,” provides guidance to registered nurses on using social networking media in a way that protects patients’ privacy, confidentiality and inherent dignity. This publication is available as a downloadable, searchable PDF, which is compatible with most e-readers. It is free.

continued on page 8
As the largest group of health care professionals in any health care unit, nurses have a vital interest in enlightened legislation. The Kansas State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing health care policy. As the professional association for registered nurses, KSNA supports:

### 2012 KSNA Legislative Platform

**Nursing Practice and Education**
- Representation by KSNA, or their designees, on all interdisciplinary bodies concerned with planning, implementing and evaluating health care services.
- Recognition of the Kansas State Board of Nursing as the sole regulatory authority for professional nursing practice and adequate funding for the agency.
- Ensuring the composition of the Kansas State Board of Nursing includes members whose professional qualifications relate to the functional responsibility of the state regulatory agency for nursing practice and nursing education.
- Promoting the role and protecting the practice of registered nurses. Nurses should practice to the full extent of their education and training.
- Efforts aimed at addressing the nursing shortage including expanding state funding to educate more registered nurses and encourage recruitment and retention in nursing by employers.
- Funding for: Nursing research to maximize nursing’s contribution to health; Nursing education programs and nursing faculty salaries; Advanced education for nurses.

**Workplace Advocacy**
- The right of nurses to bargain collectively on employment matters affecting them as employees and as professional practitioners.
- Maintenance of laws germane to the practice of nursing.
- RN staffing standards that ensure quality patient care.
- Enactment of legislation that protects the economic and employment rights of nurses, including their right to advocate for patients.

**Consumer Advocacy**
- Policy initiatives aimed at violence prevention.

**Financing Health Care**
- Funding to provide health care, mental health services, food and shelter to persons in need
- Recognition of nursing’s unique role in the delivery of comprehensive and cost-effective quality care.
- Ensuring funding for state health plans, public health and public health nursing services.
- An affordable health care system that is monitored to insure that quality of care, quality of life and patient safety are not compromised.
- Use of evidence-based cost containment incentives in the health care delivery system that do not compromise quality of care.

**Occupational and Environmental Health**
- Resources to increase the capacity of nurses to prepare and respond to disasters.
- Legislation and regulation that assures workplace safety and promotes occupational and environmental health.
- Research and education for the prevention and treatment of occupational and environmental health issues, through health policy, initiatives and funding.

**Policy Initiatives**
- Efforts to develop evidence-based health policy to ensure equal access to health care services and safe competent nursing care for individuals in the state of Kansas.
- Establishing, implementing and maintaining safeguards for the rights of all citizens, especially children, senior citizens, handicapped, and the economically and socially disadvantaged.
- Efforts aimed at health promotion, early intervention, treatment and referral.
- The ability of individuals to select an appropriate health care provider of their choice.
- Efforts aimed at eliminating substance abuse including tobacco and alcohol.

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Legislative Chair, continued from page 6

to ANA members on the Members-Only Section of www.nursingworld.org; non-members may order the publication at www.nursesbooks.org. ANA also provides additional resources at its Social Networking Principles Toolkit page.

NCSBN’s white paper:
“A Nurse’s Guide to the Use of Social Media” can be downloaded free of charge at https://www.ncsbn.org/Social_Media.pdf. NCSBN is also developing electronic and hard copy versions of a brochure for nurses and nursing students that details professional standards regarding patient privacy and confidentiality in social networking. A YouTube video on social media is also being produced. Both products will be available in late November 2011 and will be accessible via www.ncsbn.org free of charge.

2012 National Awards

Second Call for Nominations, ANA National Awards Program. Deadline: November 30, 2011. The Committee on Honorary Awards is issuing a second call for nominations for the following awards:

• MARY ELLEN PATTON STAFF NURSE LEADERSHIP AWARD, to recognize significant contributions to the professional advancement of staff nurses and improvement of the general welfare of staff nurses;

• SHIRLEY TITUS AWARD, for outstanding contributions to the ANA economic and general welfare program;

• STAFF NURSE ADVOCACY AWARD, for excellence in patient advocacy for staff nurses providing patient care;

• HONORARY HUMAN RIGHTS AWARD, for outstanding commitment to human rights and exemplifying the essence of nursing’s philosophy about humanity.

Welcome New KSNA Members
Applications Received August and September 2011

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<tr>
<th>District</th>
<th>Name</th>
<th>City</th>
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<tr>
<td>1</td>
<td>Katherine Elaine Garrett</td>
<td>Admire</td>
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<td>Cari R. Meats</td>
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<td>Danielle M. Spaid</td>
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<td>1</td>
<td>Sheryl Joy Stowe</td>
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<td>2</td>
<td>Abigail M. Black</td>
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<td>Branki Lynn Erickson</td>
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<td>Lisa Haliryn Harris</td>
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<td>Katie L. Hudson</td>
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<td>Jeff E. Knight</td>
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<td>Linda E. Moody</td>
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<td>Belinda D. Smith</td>
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<td>Cheryl Thompson</td>
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<td>Amy L. Smith</td>
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<td>Karen J. Staib</td>
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<td>Stacy A. Geil</td>
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<td>Synthia Rios</td>
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<td>Jill McCue</td>
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<td>Pamela Schmidtberger</td>
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<td>Lindsay R. Anderson</td>
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<td>Bevra Brinkman</td>
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<td>Dawn Barry</td>
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<td>Carol Carnahan</td>
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<td>18</td>
<td>Tresha Kay Flanary</td>
<td>Wamego</td>
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<td>Frieda E. Colbert</td>
<td>Baxter Springs</td>
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<td>20</td>
<td>Stephanie Hallacy</td>
<td>Arma</td>
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<td>20</td>
<td>Yaso Manel Jayawardhana</td>
<td>Pittsburg</td>
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<tr>
<td>21</td>
<td>Patty A. Fienen</td>
<td>Independence</td>
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<tr>
<td>21</td>
<td>Tawnya L. Madl</td>
<td>Neodesha</td>
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<tr>
<td>21</td>
<td>Heather Lee Pollet</td>
<td>Coffeyville</td>
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2011
KSNA Election Results

Tellers Committee Report

For the 2011 KSNA Election of officers, 1,114 ballots were mailed on August 15, 2011. On September 29, 2011 the Tellers Committee, led by Chair Cindy Light and including six Senior Nursing Students from Baker University School of Nursing, met to count the 218 ballots received for Vice President, Treasurer, Board of Directors and Nominating Committee. All but two ballots were counted; the two were received and postmarked after the deadline of September 15, 2011. The election results are as follows (winners list in bold):

Vice President, Laura Sidlinger, 206
Treasurer, Marian Jamison, 206

Board Members (Top 2 Elected):
Bonnie Peterson, 128
Angella Herrman, 113
Cynthia Reazin, 94
Loretta Forlaw, 67

Nominating Committee (Top 3 Elected):
Patricia Joyce, 169
Kathy Neely, 157
Sonya Curtis, 123
Carla Lee, 121
Becky Butts, 1

ANA Delegate-at-Large (Top 7 Elected):
Susan Bumsted, 189
Cynthia Hornberger, 189
Laura Hamlin, 176
Linda Luzier, 174
Marian Jamison, 164
Sonya Curtis, 156
Loretta Forlaw, 153
Terri Roberts, 152

Dates & Deadlines

November 24    Thanksgiving Holiday, KSNA Office closed through Friday, November 25
December 15    Editorial Deadline for January-February 2012 Issue of The Kansas Nurse
December 26    Christmas Holiday, KSNA Office closed
January 2    New Year Holiday, KSNA Office closed
January 9    Kansas Legislature Convenes
January 23    Discount Deadline for Exhibitors & Vendors and Attendees for KSNA's Day at the Legislature, Topeka
January 28    KSNA Board of Directors meeting, Topeka
February 3    Last Day to Register for KSNA's Day at the Legislature, Topeka
February 9    KSNA's Day at the Legislature, Topeka
February 15    Editorial Deadline for March-April 2012 Issue of The Kansas Nurse
March 12    KSNA Centennial Committee Conference Call-7pm
March 24    KSNA Board of Directors meeting, Topeka
April 16    Editorial Deadline for May-June 2012 Issue of The Kansas Nurse

E & G W Nominating Committee:
(All were write in votes)
Cindy Hornberger, 2
Frank Wheeler
Brenda Kuder
Bonnie Peterson
Terri Roberts
Patricia Joyce
Kathy Neely
Jerry Safarik
Duane Jaeger
Nancy Sinclair
Janice Madison
Laura Sidlinger
Marian Jamison
Sonya Curtis
Mary Schmit

Economic & General Welfare Committee:
(All were write in votes)
Terri Roberts, 2
Laura Sidlinger, 2
Kurtis Carrico
Marian Jamison
Cindy Reazin
Mary Schmit
Laura Hamlin
Brenda Nichols
Loretta Forlaw
Duane Jaeger
Frank Wheeler
Brenda Kuder
Janice Madisine
Jane Doweel
Mary Beth Fund
Patricia Joyce
Becky Butts
Bev Reeeave-Dudley
Joseph Kotsch
Bonnie Peterson
Kathy Neely
Tyler Kilian
Nancy Sinclair

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Introduction and Background

Membership in a social organization is a key aspect of societies, be it formal or informal, be it personal or professional. Societies develop and function through groupings. Groups encompass professional life in the forms of institutions, organizations, and associations. Institutions most commonly are composed of employment/business relationships as well as societal units. Max Weber was the early sociologist who described organizations in terms of economic and social terms as "a system of purposive activity of a specified kind" (Weber, 1947, p. 151).

One might ask how do organizations function, what are the key subsystems guided by goal and value statements, usually implied within the vision, mission, and philosophy statements? Organizations usually function to serve an essential economic or social need and form into a particular structure, be it bureaucratic or organic (Mintzberg, 1983).

HigherEd Jobs reports that if one is interested in furthering one’s career, joining a professional association, becoming an active member, engaging in the association’s activity, is paramount to a sense of security and trust. It further reports that one is helped to reach professional goals through association sponsors, being a part of the activities of a formal group, and developing networks for advancement (HigherEd, 2011). In enhancing the network, both within employment settings/groups as well as professional associations, one may find a mentor to help someone else flourish (Lee, 1986). Further, another aspect of membership is to take advantage of career resources. Associations provide literature, practice resources, job listings, educational listings, continuing education offerings, “tips” on resume and job

searching strategies.

More specifically, one might ask why join a nursing organization? Selected reasons offered are that a key function is that membership creates a community of nurses who can work together to promote and protect the profession. This power can serve to advance the profession within the public and its societies through lobbying to affect public policy as well as negotiating a bloc for nursing benefits. Benefits vary but most require an annual fee for its services, usually composed of professional journals, electronic databases, resources, networks, job listings, and educational opportunities through conferences, events, and continuing education programs (eHow.com).

Much literature exists on theories of organizations as well as styles of leadership as groups have formed over the centuries. Specifically the health care organization/system is one of the more complex, open environmental systems serving a pivotal function in society, encompassing the maintenance of health/life and honoring dignity in death. Nurses are the largest and most key persons in all the health care delivery systems as they serve as the center for caring for clients (be it the patient, their families, the community), so focused on the delivery of safe, patient-centered, high quality health care. There are 3.1 million registered nurses currently practicing in the United States. Active contribution to all aspects of professional care is paramount. It be through employment and/or associations. Kast and Rosenzweig (1985) provide a useful perspective of a health care organization which is to envision it as a system affected by other systems and within the larger health care delivery system (health care societal need) and
all other societal systems (environmental suprasystem or macrosystem (p. 113). Nurses, then, work as employees, mostly, in bureaucratic systems organized for economic and social needs of societies. Organizations utilize multiple units, committees, and other group components by which to function and deliver their economic product.

Noting institutions as a first societal approach, organizations as a second, one can then consider associations, also, as groupings formed to address specific needs of particular work-related or social groups. Nursing, as a profession, is no exception. Professional groups, such as the American Nurses Association (ANA) or numerous other specialty nursing associations, are generally formed to address professional issues as specified in their organizational documents, such as the Articles of Incorporation, Bylaws, vision, mission, and philosophy statements. In the organization, the nurse works in a variety of workgroups. Within an association, a nurse functions also, in various groupings, such as a committee, a council, a conference group, as well in leadership positions within a board of directors. The opportunities for group work, as well as leadership, are multiple and varied, both at work/employment or self-employed as well as with associations, be it the fundamental core association, ANA, or many specialty nursing association or other health care associations, such as the American Hospital Association. Group dynamics is at play no matter the type of grouping: institution, organization, or association.

Purpose

This article addresses principles related to group dynamics as a state group, Kansas State Nurses Association (KSNA) and its units, and attempts to address transitions in membership involvement in the midst of a national recession. In a crisis, one can seek to utilize already existing associations, such as the ANA, the largest practice association representing the voice of all nurses within the United States. The ANA has 177,000 members and 51 State Constituent Member Associations (S/CMAs) formed with its board of directors, councils, commissions, committees, conference groups, and other such units, such as districts with the S/CMAs. Effectiveness of both macro (ANA) or micro-systems (district) relate to eight key factors: goal-attainment, member participation, cohesiveness, decision-making, communication patterns, attendance, creativity, and power. According to Nunnery (2005), effective groups have an identified purpose or need for the named group as well as a commitment to the work process of the group (p. 177).

Attention to the needs of its membership is crucial to sustain membership, especially its communication modalities (Lee, 1984). There are also various theories of group development, the process by which the group forms and sustains itself (Arnold, 2003; Tuckman, 1965; Yalom, 1995). Arnold summarizes the stages as forming, storming, norming, performing, and adjourning (pp. 301 – 331). Each of these group development models is applicable to the work of nursing, both in employment settings or within nursing associations. Groups are distinguished by their primary focus and by the unique composition of its membership, its structure as well as its defined goal(s) and identified roles. Focus is classified as work-related, educational, therapeutic, or professional. A professional group, for example, addresses the discipline’s professional issues whereas a work-related group is task-directed to a particular work-related activity. Group composition may be heterogeneous or homogenous, so determined by the characteristics of its members. Structure may be formal or informal. Lastly, roles and ways of operations can also define groups as they progress through MCP stages. Refer to Table 1 on next page.

KSNA Membership Campaign Program

In light of societal changes with the recession of 2010 along with other shifts, during its annual 2010 assembly, KSNA prepared a program to address strategies to build for the future, especially its membership and their activities. Such was prepared by the state membership committee and presented at the state convention in Hutchinson. The formal Membership Campaign Program (MCP) was announced with specific structuring via MAC (membership area contacts) to increase membership as well as increase the breadth of activities in KSNA. The Membership Committee prepared a plan with a goal of obtaining an increase in members by 2% for the year 2010-2011. This would include new members, reactivated, and an increase in reduced group or lifetime memberships. This report shares the organizational plan as well as the results of the initial phase of the project. The introductory information for group dynamics was utilized throughout the planning to date. The overall plan of “train the trainers” was unveiled on February 19, 2011 at Kansas Wesleyan University composed of two components: 1) An overview of marketing strategies presented by Luzier Consulting and 2) KSNA Overview and Professionalism and Leadership by Holland and Lee. Full packets of all membership drive materials were prepared by the committee leaders and assembled by the KSNA office’s administrative assistant, Michele Reese. Specific responsibilities of each of the MACs were defined by the Membership Committee to facilitate contacts to 100 persons of choice within each of the nine areas using the Kansas State Board of Nursing list of licensed registered nurses. An investigator-developed survey was developed.
to obtain feedback on the membership drive. Summary results are presented in the Table II on page 13.

As KSNA progresses in this program, movement to the norming and performing stages of group development will be addressed, such as policy and procedures germane to Membership Committee functions, response to requests and plans of the Board of Directors, and refocusing as needed.

**Conclusion**

Nurses active in the professional association are crucial to the impact of health care in Kansas. KSNA was formed in 1912 and has served as the foundational voice of nursing in Kansas, soon to be 100 years. Its activities have influenced nursing’s contributions to Kansas health care throughout the century with its first and primary purpose of forming, to seek enactment of a nurse practice act as

<table>
<thead>
<tr>
<th>Stage</th>
<th>Planned Goal</th>
<th>Nursing Actions</th>
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<tbody>
<tr>
<td>Forming</td>
<td>Need of Trust &amp; Cohesiveness</td>
<td>Introducing need/rationale for group to form</td>
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<td></td>
<td>Need of Identity</td>
<td>Structuring group goals &amp; parameters of order</td>
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<td>Building a sense of group identity</td>
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<td>Facilitating interpersonal relationships</td>
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<td>Developing a group contract or structures</td>
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<td>Storming</td>
<td>Need of commitment</td>
<td>Encouraging ideas &amp; discussing issues of concern</td>
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<td>Need of effective communication</td>
<td>Facilitating interactions &amp; role development</td>
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<td></td>
<td>Need of participation</td>
<td>Utilizing coaching &amp; mentoring models</td>
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<td>Need of power &amp; control</td>
<td>Addressing confrontations, conflicts &amp; dissonance</td>
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<td>Setting limits and code of conduct</td>
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<tr>
<td>Norming</td>
<td>Need of purpose &amp; direction</td>
<td>Expecting consistent attendance</td>
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<td>Need for achievement</td>
<td>Generating creative &amp; novel ideas relevant to group goals</td>
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<td>Need for standards &amp; rules</td>
<td>Working collaboratively with clear assignments to specific activities identified by the group</td>
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<td>Writing standing rules, performance expectations in concise guidelines/documents</td>
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<td></td>
<td></td>
<td>Encouraging, continuously, unity, spontaneity and cohesion in a safe environment</td>
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<tr>
<td>Performing</td>
<td>Need for objectives &amp; plan</td>
<td>Identifying strategic &amp; operational plans</td>
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<td>Need for hope</td>
<td>Facilitating discussion &amp; decision-making</td>
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<td>Need for belongingness</td>
<td>Describing themes and patterns</td>
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<td></td>
<td>Need for affiliation</td>
<td>Refocusing direction as needed (SWOT)</td>
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<td>Selecting work processes &amp; timelines</td>
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<tr>
<td>Adjourning</td>
<td>Need for accomplishment</td>
<td>Summarizing activities &amp; accomplishments</td>
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<td></td>
<td>Need for closure</td>
<td>Facilitating utilization of knowledge</td>
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<td>Assuring closure</td>
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Table 1
Group Stages, Expected Goals as Applied to Nursing Actions

well as authorizing the establishment of a board of nursing accomplished in 1913. Much has transpired in its many years; one must only refer to the documents in the Kansas historical museum as well as articles relating to its history over time (Lee, 1987). Its first founders, as well as each president and the respective boards, have attended to the issues of the day as well as participated in pioneering efforts to expand and advance nursing’s role in multiple settings. However, it is noted that grassroots strengths lie in the contributions of its members, be they formal or informal, in their enactments. The active engagement of nurses throughout the years in all the nursing and health organizations has been noteworthy. As KSNA enters its second millennium, continued addressment of its individual members, its working groups and units, the voice of all nurses is vital to its core purpose in advancing the principles of professionalism to serve society in the provision of safe, patient-centered, high quality health care. Full engagement of as many nurses in the work of the association is so desired.

References


Table II Summary of 2011 YTD Membership Drive

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<th>District</th>
<th>Full Member Full Time</th>
<th>Full Member Part-Time</th>
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<th>Reduced Not Employ</th>
<th>Reduced New Grad</th>
<th>Reduced Soc Sec Working</th>
<th>Reduced Student</th>
<th>Special Retired</th>
<th>Not Working</th>
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</table>
2011 Honor A Nurse
The following individuals have been nominated by their peers for this special recognition.

Helen Halstead, PhD, MSN, RN
Wichita
Retired, Wesley School of Nursing and Wichita State University Programs

Terri Johnson, MN, ARNP
Gypsum
Kansas Wesleyan University, Salina

Carla A. Lee PhD, ARNP-BC, FAAN
Wichita
Newman University

Carolyn Middendorf, MN, ARNP
Topeka
Retired, Washburn University Volunteer KNF Staff

2011 Scholarship Winners

Leah Blanshan, Louisburg
Dorothy Ladd, KSNA District 9 Scholarship
KU School of Nursing

Brittany Garrelts, Wichita
Wesley School of Nursing Alumni Association Scholarship.
Midland University, Fremont, Nebraska

Heather Gruber, Stillwell
KSNA District 2 Scholarship
Baker University School of Nursing

Adriano Lozano, Topeka
Lois A. Newman Scholarship
Baker University School of Nursing

Ashley Lund, Topeka
Baker University School of Nursing
KNF General Scholarship

Jaime Maine, Topeka
KNF General Scholarship
Manhattan Technical College

Marissa Miller-Brumley, Lawrence
KNF General Scholarship
Neosho Community College

Ferra Samuels, Gardner
Morgan-Sanders Scholarship
Mid-America Nazarene University

Andrew Sledge, Lenexa
Geo. Devane Nurse Anesthesia Scholarship
KU Nurse Anesthesia Program

Cheryl Thompson, Hutchinson
Dorothy Astle, KSNA District 7 Scholarship
Hutchinson Community College

Kristen Wallace, Salina
Robert D. Thiry Scholarship
Kansas Wesleyan University

Barbara Welch, Lawrence
Hester L. Thurston Scholarship
KU School of Nursing Master’s Program

2011 Convention Donors
With Appreciation

KSNA Districts: 2, 4, 6, 7, 8, 10, 16, 17, 18, 20
Washburn University School of Nursing, Topeka
Pratt Community College, Pratt
Commerce Bank & Trust, Hutchinson
Egbert Liquor, Hutchinson
Laird Noller, Hutchinson
Shoji, Branson, Missouri
Massage Envy Spa, Wichita
Massage Envy Spa, Lawrence
Body Works/Kristi Adrian, Lawrence
KU Credit Union, Lawrence
Favorite Healthcare Staffing, Overland Park
Greg Long, CPA, Hutchinson
Wine Country Gift Baskets, Buena Park, California
Kansas Underground Salt Museum, Hutchinson

Authors: Eleanor Sullivan, Elle Durskin, Vicky Burnett
Suzanne Knorr, Lawrence
Martha Sanders, Hutchinson
Michele Reese, Auburn

photo not available
August 17, 2011

Kansas Nurses Foundation
1109 SW Topeka Blvd
Topeka, Kansas 66612-1620
Re: Elizabeth See Endowed Research Grant

Dear Members,

The members of the research team wish to thank you for your support. Enclosed you will find our abstract for your publication as fulfillment of our grantee responsibilities, per Dr. Carla Lee, your member. Further requests for information should be directed to:

Dr. Carla Lee, Principal Investigator
Newman University, Adjunct Faculty
3100 McCormick Ave
Wichita, KS 67213
316-942-4291

Again, thank you it was an honor to have been selected as your grant recipient.

Principal Investigator Carla A. Lee, PhD, ARNP, BC, FAAN, FIBA
Co-Investigators: Rebecca R. Boust, RN, BS, CCRN; Chanda J. Brown, RN, BS, CCRN; Erin R. Felkey, RN, BSN, BS, CCRN

Abstract

“Bridging the Gap from Didactic to Clinical Education in a Graduate Nurse Anesthesia Program: A Comparison Study of Stress Perceptions of the Student Registered Nurse Anesthetist Related to Preparatory Methods and Student Mentorship During the Initial Days of Clinical Experience.”

Principal Investigator(s): Carla Lee, PhD, ARNP, BC, CNAAN, CHES, FAAN, FIBA
Co-Investigator(s) Rebecca R. Boust RN, BS, CCRN, SRNA; Chanda J. Brown RN, BS, CCRN, SRNA; Erin R. Felkey RN, BSN, BS, CCRN, SRNA

It has previously been determined by prior student registered nurse anesthetist (SRNA) studies that the initial days of clinical learning are a significant source of anxiety and stress for the SRNA; The investigators sought to determine if implementation of a senior to junior SRNA mentorship review session, prior to the initiation of clinical education, would decrease perceived stress of the junior graduate nurse anesthesia student upon entering the clinical phase of their education.

The purpose of this study was to determine the efficacy of a student nurse anesthetist, peer-to-peer mentorship, in decreasing the anxiety and stress of the initial days of clinical learning. The investigators designed a mentorship model between senior and junior student nurse anesthetists. A pre-test and post-test design, developed by the investigators, was used with two comparison treatments. Treatments groups were a laboratory one-on-one mentorship and an operating room one-on-one mentorship between the Senior SRNA and Junior SRNA. The tool allowed for a quantitative assessment of the participants responses. The design was further strengthened by the inclusion of a control group within the study.

The researchers found overall that their review session was beneficial in the treatment groups. The control group showed an increase in perceived stress. Each treatment group showed a decreased level of perceived stress over their control group classmates. Of particular interest though, was that the laboratory group showed an increased benefit over the operating room treatment group, an unexpected finding by the investigators.

The researchers feel that though the nature of nurse anesthesia practice is stressful, some stressors can be modified. It was the quest of the researchers to develop a method of enhancing the interaction between the Senior and Junior SRNA’s of Newman University, Nurse Anesthesia Program. Through interaction and mentorship learning and growth can occur, on the part of both the mentor and mentoree. This study can be applied to and assist with the further development of positive outcomes for the learners, the educators, and the nurse anesthesia program itself.

This research study found it beneficial to include a peer-to-peer mentorship between Senior and Junior SRNA’s. The benefits were found to decrease stress and anxiety as related to the initial transition from didactic to clinical education. It appears, at this point, that further research and additional study with increased sampling is needed before the level of benefit can be determined and generalized.

Acknowledgements

The research team wishes to acknowledge receipt of the Elizabeth See Endowed Research Fund grant received from the Kansas Nurses Foundation, October 2010, for this study entitled “Bridging the Gap from Didactic to Clinical Education in a Graduate Nurse Anesthesia Program: a Comparison Study of Stress Perceptions of the Student Registered Nurse Anesthetist Related to Preparatory Methods During the Initial Days of Clinical Experience”.

The investigators would further like to thank Dr. Lori Steiner, Assistant Professor of Mathematics in the School of Science and Mathematics at Newman University, for her tremendous assistance with statistical analysis for the study.

Finally, the researchers would like to express their gratitude to the faculty of the Newman University Nurse Anesthesia Program as well as the students in the Newman University Nurse Anesthesia Class of 2012 for their participation in and support of this study.
Just shy of 100 persons attended this year’s KSNA Annual Convention in Topeka, October 5-7. Participants during three busy fall days came away better informed, enthusiastically involved and greatly inspired by the possibilities that lie ahead for America’s most trusted profession as KSNA moves into its Centennial Celebration in 2012.

With some nice changes to this year’s format, Conventioneers enjoyed a wealth of continuing nursing education workshops over the course of the three days. Conference Coordinators Janet Ahlstrom and Martha Butler deeply appreciate the time and effort provided by each speaker to develop and share their expertise.

### Wednesday

**Cultural Considerations and Challenges in End-of-Life Care**

Penny Chura, PhD, RN
Professor
Johnson County Community College, Nursing Program
Overland Park

### Thursday

**Keynote: Integrating Nursing Foundational Documents into Current Daily Practice**

**Advocacy: Creating Change at the Bedside**

Amy Garcia, MSN, RN, CAE
Chief Program Officer
American Nurses Association
Silver Spring, Maryland

**Exploring the “Write” Way**

Linda Adams-Wendling, PhD, APRN, GNP
Chair/Director and Associate Professor
Kansas Wesleyan University
Salina
Division/Department of Nursing
Carol Moore, PhD, ARNP, CNS
Assistant Professor
Fort Hays State University
Department of Nursing
Hays

Evidenced Based Practice: Benefits & Pitfalls
Nina Shik, MSN, RN, ARNP-CNS, CIC
Director of Nursing Practice and Clinical Excellence
University of Kansas Hospital
Kansas City

It Isn’t Just About Sexual Assault...Strangulation, Bites & Increased Lethality
Jennifer Johnson, APRN, WHNP-BC, MSN, SANE-A, SANE-P
Coordinator, Forensic Assessment Consultation and Treatment Program
Shawnee Mission Medical Center
Shawnee Mission

Social Media—Impact on Nursing (Panel Presentation)
Janet Ahlstrom, MSN, RN, ACNS-BC
Director of Professional Advancement
Shawnee Mission Medical Center
Shawnee Mission

Friday

**Sharing Data, Embracing Opportunity**

Laura McCrary, EdD
Executive Director
Kansas Health Information Network
Topeka

**Direct Thrombin Inhibitors or What is New Since Rat Poison & Osteoporosis—Bone Health—What Can Be Done to Avoid and Used to Treat**

Stephanie Porto
Clinical Pharmacist
Lawrence Memorial Hospital
Lawrence

**Medicinal Cannabis, Bane or Boon?**

Jon Hauxwell, MD
Science Officer
Kansas Medical Cannabis Network
Hays

One of the most notable format changes occurred as the annual KSNA Recognition and Business Meeting was held on Thursday, instead of Friday. As a result, more people were able to share in the awards ceremony and participate in discussions of the business meeting.
Those individuals recognized by their peers were:

**Nurse of the Year Advanced Practice**
Ronda M. Eagleson, MN, APRN, Newton, District 4, (formerly District 9)

**Nurse of the Year Education**
Cynthia S. Teel, PhD, RN, Stilwell, District 2

**Clinical Writing Award**
*Behavioral Response Team: A Strategy to Promote Workplace Safety in an Academic Medical Center*
Nina Shick, MSN, RN, Overland Park, District 2; Deborah Lang, BSN, RN, Topeka, District 1; Noreen Thompson, MSN, RN; Laura Burch, MS, BSN, RN

**Non-clinical Writing Award**
*What One Takes for "Granted" About Grant Writing*,
Kari Hess, MS, CNS, Emporia and Amanda Steffes, APRN, Olpe, both District 11

**Research Writing Award**
*Factors Influencing Nursing Education in Kansas*
Kurtis Carrico, MSN, RN, Topeka, District 1; Mary Elizabeth Fund, MSN, RN, Wamego, District 18; Peggy Fell, MSN, ARNP; Cynthia Hornberger, PhD, APRN, MBA, Lawrence, District 17

**Volunteer of the Year**
Frances Seymour-Hunter, RN, Topeka, District 1

**Excellence in Continuing Education**
Patricia L. Brown, PhD, RN Salina, District 5
Cheryl K. Giefer, PhD, APRN, Girard, District 20

**Membership Recruitment Awards**
Individual Recruitment – Mary Holland (28 New Members)
District Recruitment – District 6 (xx New Members)

**Presidential Appreciation & Recognition**
Outgoing Vice President Martha Butler (District 10)
Outgoing Treasurer Cynthia Hornberger (District 17)

**Highlights From The Annual Business Meeting:**
Represented Districts: 1, 2, 4, 5, 6, 7, 8, 9, 10, 13, 16, 17, 18 and 20 (14 districts present)

All KSNA Officers and Board Members were present, establishing a quorum.

- Terry Leatherman was introduced as the new KSNA Executive Director, serving in a part-time role.
- Standing Rules and Agenda for the 2011 Business Meeting were accepted as printed in the Sep-Oct 2011 issue of *The Kansas Nurse* (Vol. 86 No. 5) with the exception of adding the Tellers Committee Report to the Agenda (See Tellers Committee Report on page 9).
- The Economic & General Welfare Committee has been inactive for the last few years and the American Nurses Association has been consulted for advice in reactivating this group.
- Treasurer Cindy Hornberger reviewed the accomplishments from this past year including sale of the 1208 SW Tyler building and the meeting of past taxes and abatements. She expressed confidence that KSNA is on solid financial footing.
- Chair Carolyn Middendorf presented the Bylaws Committee report and proposed changes to the 2009 document (as printed in *The Kansas Nurse*, Sep-Oct 2011, Vol. 86 No. 5, page 22-24). The following changes were approved:
  - Article II, Membership, Section 5, regarding Lifetime Affiliation with the amendments “with the consent of the recommended individual” and “member can self-nominate with confirmation of District residence.”
  - Article XIII Standing Committees, regarding addition of the Technology Committee and its function.
  - Article XVI, Conference Groups, regarding description of Conference Groups and their criteria for meeting(s) with an amendment to change wording in section 5, line 3 from President to Chairperson.
  - Permission was also granted to correct punctuation/spelling throughout the Bylaws.
- The 2012 KSNA Legislative Platform was approved as printed in *The Kansas Nurse* (Sep-Oct 2011, Vol. 86 No. 5, page 31).
- Chair Mary Holland presented the Membership Committee report, describing the Membership Campaign that took place this past year and the goals set for 2012. Cindy Hornberger, District 17, shared that it is vital to the success of KSNA to increase membership and is important to protecting our practice as nurses and to “own our profession.”
- Vice President Martha Butler presented the Educational Advancement Task Force

*continued on next page*
recommendations found on page 26 of *The Kansas Nurse* (Sep-Oct 2011, Vol. 86 No. 5). These were approved as printed.

- Chair Carla Lee presented the Resolutions Committee report (individual resolutions are printed in this issue of *The Kansas Nurse* beginning on page 30). The resolutions were approved with much discussion.
- The following new officers and board members were installed: Vice President Laura Sidlinger, Treasurer Marion Jamison (not present) and Board Members Angella Herman and Bonnie Peterson (both elected after serving appointments to unexpired terms).
- President Pat Plank was recognized and appreciation was expressed for her two years of leadership; she now becomes Past President. President-elect Sandra Watchous assumed her new role as President as the gavel was passed.

The KSNA 2012 Annual Convention will be held October 11-13 at the Marriott Hotel in Wichita. It will be the highlight of our Centennial Year Celebration—100 years of nursing advocacy!

BOOK REVIEW

**Quantum Leadership: Advancing Innovation, Transforming Health Care (3rd Edition)**

By Tim Porter-O’Grady & Kathy Mallock
Sudbury, MA: Jones & Bartlett Learning

Reviewed by Carla A. Bouska Lee, PhD, MN, CNA, ARNP-BC, FAAN

Quantum Leadership, much like Quantum Theory, is based upon the notion that the facets germane to leadership are enlightening and enormous, (Rogel’s, 1962), as the authors so share in the preface. The thesis of the text is that embedded in the leadership role, expected of every discipline, is a host of behavioral, relational, interactional, and structural considerations that give form to the activity or function of leading (Porter-O’Grady & Mallock, 2011, p. xi). The authors further share that research in this area lines the shelves of every library in the world; centers for leadership exist in multiple organizations as well as universities.

Leadership has been entwined into nursing curricula with courses in team leadership, Kron’s well-known and early used nursing book. Today, such a course is a staple in higher education for any discipline. Keyes, in an introductory quote in *Quantum Leadership*, notes that “the hardest thing is not to get people to accept new ideas; it’s to get them to forget the old ones (p. I).” Dr. Tim Porter-O’Grady, Associate Professor, College of Nursing and Health Innovation, Arizona State University (ASU) & Senior Partner, Tim Porter-O’Grady Associates, Inc., along with Dr. Kathy Mallock, also Associate Professor at ASU, release this impressive 3rd edition (2011) of this exquisite leadership textbook for nursing and the health care system. Such is so needed, especially as we continue to address the inequities in health care and the complexities of the healthcare system in a multifactorial society. In introductory comments, they state that in the contemporary context of health care, a capacity for innovation is no longer an option (p. xiii) Among the multiple leadership theories, this particular book would be classified as transformational leadership (Hogan & Nickitas, 2009, p. 34). O’Grady and Mallock emphasize that every leader now must operate within an innovation mental model, they see innovation as much more than a process. They envision the role as a complex one requiring transformation that is much more definitive than it has been in the past. The authors stress that the role of the new leader is having the ability to create both context and conditions that can harness the energy for transformation and facilitate the discourse, discovery, and application of new knowledge in advancing the quality of life and our whole human existence (p. xiii).
What a challenge! How is this call to be enacted? Well, the authors in their first writing ask for the ability to coach people into the future while “allowing” people to be investors, partners, stakeholders in their own processes and to develop their necessary talents to become this new age leader. They recommend a “mental model” giving, as the rationale for such, that leaders must possess the ability to lead workers out of the “toxic and perennially sick or stuck work environment” requiring understanding and skills of care necessary to address neurotic and pathological organizations and those behaviors that prevent people and their organizations from embracing the changes they must adapt to in order to thrive in the new world of health care” (p. xiii). Wow, what a provocative statement and challenge!

Lastly, in this challenge the authors state that leaders must focus the energy and spirit within to become innovative, grow, and serve as models for others while we all search for our own meaning. So, the thrust of Chapter One is the proposal of a new vessel for leadership: they also share their rules for a new age, e.g. linear thinking replaces relationship and whole system thinking; structure is about wholes, not parts; the value of work is a function of outcome, not process; technology changes activities; health care will be provided earlier than in past; context is changing; use new model/frameworks. Thus, these foundational rules, necessary for this transformation, are presented thoroughly followed by 13 additional chapters presenting the principles for leadership in a quantum age followed by descriptions of various types of leadership as well as management venues, e.g. managing conflict, crisis management, and risk-taking.

About mid-way, Chapter 9, the authors call for “healing” brokenness, having emotional competence for the position as well as coaching skills to lead the transformation of people and systems. Both see the leader as needing to build a context of “hope” and close this challenging undertaking with a call to renew the spirit of leadership by becoming a living leader, self-management expressed in creative and spiritual contexts. Changing one’s self, so as to have the courage to fence the field. Socrates once said: “Let him that would move the world first move himself” (Hope, 2000). Shall not one, then, such as this text asks, take a look in the mirror? Shulman (2002), a leader in the transformation of education investigating the characteristics of doctoral education in America, once said “one of the most powerful motivations for change is looking into the mirror” (p. 3). Might we invite such as our beginning? The new vessel IS each of us as we seek to understand self, so as to understand others and systems. We must become sensitive to the needs of others (a compassion for service that has been our heritage since the founding of modern nursing by Nightingale (1849), but also become knowledge workers, the latter being the new impetus for the addressment of evidence-based practice (Sackett, 2000). Such, according to O’Grady and Mallock, requires the ability to do conceptual synthesis, provide competent care based on evidence, use of multiple “intelligences” along with mobile skill sets directed to outcome practice and teamwork (p. 3). In Chapter 2, definitions of chaos, complexity, change, & 10 principles (holism; value; systems; diversity; error linked to creation; system interaction; constant tension; change; and, lastly, revolution results from the aggregation of local changes) were presented for initial grounding. From this platform, the text addresses further topics such as the new health care valuation model, decision structures, specific types of leadership and handling of chaos, crisis, change, cycles of vulnerability, and, even the formidable “errors” in our systems (IOM, 1999).

Interestingly, in the final chapters they ask us to “relight” the lamp and to revisit the themes in Nightingale’s early writings-- so phenomenal and, yet, so simple; answers our discipline has known all along, yet need to restore, such as basic caring and healing practices, integration of the moral and metaphysical, the values of women and their sacred healing spirit, the wisdom to connect to the whole and finally, to recapture our sense of “calling” (p. 457). Such thoughts are also among the authors of the age-old duty to stewardship as well as servant leadership (Hogan & Nickitas, 2009). Are you ready for the quantum leap? We, like elephants, surely remember the way! If not, relight your lamp, retrace your steps, and enter the Geist.

References:
Caring for Patients Having An Endoscopic Retrograde Cholangiopancreatography (ERCP)

by Rose Howe, RN

Recently I was assigned to care for a patient scheduled to have an ERCP. My studies lead me to understand the value of this test and helped me to better educate my patient and families. According to the Cleveland Clinic, an academic medical clinic states that an "ERCP is a procedure used to diagnose diseases of the gallbladder, bile system, pancreas, and liver ("Services," 2009). It is the most commonly used diagnostic tool for the symptoms of abdominal pain, weight loss, jaundice, or if gallstones or a mass is seen using a CT scan or the biliary system. The Society of American Gastrointestinal and Endoscopic Surgeons maintains, "ERCP may be used before or after gallbladder surgery to assist in the performance of that operation." When the presence of a tumor is noted it can be biopsied and an indwelling catheter placed to bypass a blockage in the bile duct ("Patient," 2004). Cleveland Clinic continues. "During the procedure, an endoscopist, usually a gastroenterologist (doctor who specializes in the gastrointestinal system), uses a special endoscope (a long, flexible tube with a light and camera at the end) to examine the inside of the digestive system ("Services," 2009). Then a flexible camera is guided through the mouth, into the esophagus, beyond the stomach, through the pylorus into the duodenum where the ampulla of Vater (the opening of the common bile duct and pancreatic ducts) exists ("Endoscopic," 2011). “Once the source of the problem is identified, the doctor may than treat it by performing one of the following procedures: (1) Sphincterotomy, which involves making a small incision in the opening of the bile duct, which can help small gallstones and bile to drain appropriately, (2)Stent placement- a stent is a tiny plastic drainage tube that is placed in the bile duct and allows it to drain. (3) Gallstone Removal," states Cleveland Clinic ("Services," 2009).

“The major risk of [having] an ERCP is the development of pancreatitis, which can occur in up to 5% of procedures.” ("Endoscopic," 2011). Over sedation which can cause a drop in blood pressure, respiratory depression, nausea and vomiting. Another side effect from a Sphincterotomy is bleeding caused by the perforation into the intestine by the scope. When preparing the patient and family it’s important that instructions are clear and concise and to help answer questions and relieve anxiety.

A. Be sure to tell your doctor if you are pregnant or have a lung or heart condition. Contact your physician with any medical allergies. Notify your doctor if you have an artificial heart valve or if you have been told to take an antibiotic before dental or surgical procedures.

B. If you have diabetes and use insulin, your primary care provider will make an adjustment for that day.

C. “Inform your physician about the procedure if your taking blood thinners, such as Coumadin, aspirin, Persantine or Plavix. The primary care provider may prescribe an alternative method of thinning your blood before the procedure.”

D. “Do not discontinue taking any medications without discussing with primary care physician.” (quote)

E. “Do not eat or drink 8 hours prior to the procedure, this will prevent the risk of aspiration.

F. “After the procedure, it is recommended to have prearranged transportation to bring you home to avoid risk of injury related to sedative (“Services," 2009). Preparation for the procedure will be to have the patient change into a gown, remove dentures and eye wear, warm blankets can be helpful at this time to cover the patient on the cart to give comfort and help relax the patient.

The gastroenterologist performing the procedure will discuss what will happen during the procedure and will explain possible risks.” ("Services", 2009) The procedure will last one to two hours. Anesthetic spray is applied to the back of the throat, which makes the gag reflex diminished and insertion of the fiberoptic scope more tolerable. Cleveland describes beginning of the procedure, “A mouthpiece is placed in the mouth. It does not interfere with reathing.” ("Services, 2009") It helps to protect the teeth from the scope and scope from teeth bites, which can damage the scope.("Services," 2009) Lying on the left side during the procedure facilitates easier passage of the scope. Once the scope has reached the ampulla of Vater “contrast material is injected slowly into the pancreatic or biliary ducts while X-rays are taken. The contrast agent enables the ducts to appear on the X-ray.” ("Services," 2009). After the
procedure is over the patient may remain in recovery level observation anywhere from 2-4 hours, depending on the endoscopist’s discretion. No driving or operating machinery for at least eight hours after the procedure due to the sedatives. The doctor will want to be notified immediately or [for you to] go to the nearest ER if severe abdominal pain, continues cough, fever, chills, chest pain, nausea, vomiting [occur] within 72 hours after the procedure. (Services,” 2009)

Having an ERCP can be an excellent tool for diagnosing problems in the biliary tree. Feeling more knowledgeable about this procedure will help you better anticipate the needs of your patient and family.

Works Cited

Rose Howe has been a practicing registered nurse for 25 years and is currently practicing in an endoscopy lab at Mercy Regional Health Center, Manhattan.

KSNA Membership Committee Honors Special Members at Annual Convention

On Wednesday, October 5, 2011, the KSNA Membership Committee, led by Chair Mary Holland, hosted the Annual Convention Welcome Reception at the Ramada Convention Center, Topeka. Others participating included: President Pat Plank, President-Elect Sandy Watchous, Board Member Liaison Linda Luzier and district membership chairs Evelyn Parker (D7), Brenda Kuder (D9), Kristina Luzier (D4), Jackye Feldman (D10), Dorothy Pickman (D13), Lynn Skinner (D17), and Carla Lee (D6) as well as Verna Deckert (D4)

The purpose of the event was to honor those who have been long-standing members of KSNA, those who are retired but still active KSNA members and new members who joined KSNA within the past year. Listed below are the Lifetime Affiliate (Honorary) Members:

Thanks to everyone who attended and helped to make this a very special evening for all to enjoy. If you wish to be considered for Lifetime Affiliate (Honorary) Membership or Reduced Dues Retired, please review the KSNA Bylaws Article II, Membership or contact the KSNA office at (785) 233-8638 or email ksna@ksna.net.

Myrna Bartel, Manhattan
Janice Bergman, Donna, TX
Ruth Bigge, Salina
Vesta Brant, Dodge City
Beatrice Breitenstein, Newton
Carolyn Brooker, Pittsburg
Marilyn Chamberlin, Lawrence
Judy Curran, Wichita
Gertrude Davis, Garden City
Ellen Drees, Hays
Elizabeth Eck, Dodge City
Clarice Eckstrom, Lindsborg
Mary Eisenbise, Kansas City
Ida Finney, Winfield
Cleo Garrison, Emporia
Armella Gosch, Garden City
Anna Hinton, Frontenac
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Katie Sack, Hays
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Evelyn Scruggs, Kearney, NE
Nell Louise Sherman, Lawrence
Judith Shetter, Topeka
Gladys Sheverbush, Pittsburg
Marlene Smith, Paola
Norma Stangle, Lawrence
Viola Unruh, Newton
Cecilia Waggoner, Pittsburg
Evelyn Wassenberg, Fort Scott
Connie Weber, Newton
Margaret Wheat, Manhattan
Elia Wiebe, Hillsboro
Dolly Wilson, Salina
Marian Youmans, Hays
Neoma Youtsey, Salina

Rose Howe has been a practicing registered nurse for 25 years and is currently practicing in an endoscopy lab at Mercy Regional Health Center, Manhattan.

KSNA’s Upcoming 2012 Events
Mark Your Calendars Now!

Day at the Legislature
Thursday, February 9
Topeka Performing Arts Center

Centennial Convention
Thursday-Friday, October 11-13
Marriott Hotel, Wichita

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visit us at www.ksnurses.com 21
Both the medical and the nursing profession rely heavily on living subjects to practice skills as basic as interviewing and advanced as surgery. Students must be allowed to practice skills in order to achieve proficiency, but the threat of patient harm is always exponentially increased under the hands of the inexperienced. Atul Gawande (2002), a skilled surgeon, states, “You can’t train novices without compromising patient care” (p. 30). With the current economic climate in the United States (U.S.), patients in the hospital setting are more acutely ill and experience shorter hospital stays than ever before. Coupled with this is the financial crisis that many hospitals are facing with Medicare/Medicaid cut backs forcing strategic financial planning that often involves nursing staff ratios. Schools of nursing must quickly respond to the needs of society in order to maximize the health and safety of the population by producing new graduates who can recognize and act on progressive symptom development. How can this be achieved without compromising the safety of the client? Simply put, by fully realizing the potential of the patient simulator as a primary mode of instruction instead of using it as an ancillary toy.

Background

Human simulation has been around since the Roman Empire, with soldiers using wooden beams to practice ‘kill-strokes’ with swords. Images of simulated gaming activities (i.e. martial arts) are documented from as early as 400 B.C. Although society has changed significantly in their value for human life since these times, the pretext for the need to implement a simulation to enhance the learning experience and practice critical skills in life-like circumstances continues to be in the forefront of the educator’s mind. In the 1960s, the University of Southern California developed the first patient simulator for the school of anesthesia and the use of patient simulation has been in place in the baccalaureate nursing programs since the 1990s.

Nehring and Lashley (2010) state that “simulators, which serve as adjuncts to didactic learning, represent the closest possible technology to real patients and allow for repetitive hands-on learning in a safe environment where mistakes can be safely made” (p. xiii). Currently the Kansas State Board of Nursing “has no formal position regarding the substitution of simulation time with clinical time” (J. Robertson, personal communication, October 22, 2010). The Virginia Board of Nursing has restricted the number of simulation hours to no more than 20 percent of its total direct patient clinical hours within the state’s nursing school curriculum. As recently as 2009, the California Nurses Association restricted the number of simulation hours to no more than 25 percent of its total direct patient clinical hours. Although there is a plethora of research on the effectiveness of simulation learning, boards of nursing are slow and hesitant to embrace this new technology.

Literature Review

A simple literature search using CINAHL and ProQuest databases with the keyword ‘simulator’ realized 34,076 research articles on the use of simulation in learning. Limiting the search to ‘simulation’ and ‘nursing education’ reduced available articles to fifty-seven. Atul Gawande, MD points out in his book Complications: A surgeon’s notes on an imperfect science that an ever present conflict remains. “It is imperative to give patients the best possible care and at the same time, provide novices with experience” (p. 30). If the only theatre that a student can learn from is one in which a critically ill patient is at risk of injury, how can a student, who needs a safe learning environment, extract a positive learning experience? Training with simulation removes the risk for patient injury by 100 percent. Other professional fields recognize the importance of simulated-real-life, hands-on training experience prior to the critical situational real-time crisis. Friedrich (2002) speaks to this point by looking to David Gaba, MD, a Stanford professor of anesthesiology who led the design of the simulator used to study crisis responses in anesthesiology” (p. 2810). He recognized that the dynamic decision making associated with the practice of anesthesiology in the operating room is congruent with “what airplane pilots face in crisis situations in the cockpit” (Friedrich, 2002, p. 2810). Aviation training does not involve real human beings in its practice prior to proof of proficiency. Instead, simulation training is incorporated throughout the entire learning module and not until a pilot has been deemed proficient is he or she allowed to pilot an aircraft.

Why, since other professions realize the importance of simulation training in place of human-life-experience, is the profession of nursing slow to acclimate to available technology? Perhaps because nursing has a strong human element and some believe that to replace hand-to-hand training with a live patient is to reduce the profession and
somehow remove the intuition development. Lynham, Parkinson and Denholm (2008) support Benner’s theory that intuition plays an important role in the developing nurse. However, Friedrich (2002) refutes this theory by quoting Dr. Gaba. He states a “basic tenet [to learning] is that many factors that go into working as a team and managing difficult situations can be codified, taught, and practiced. You don’t have to rely on intuiting what effective people are doing and what ineffective people are not doing” (p. 2810). Friedrich also points out that “the Risk Management Foundation of Harvard Medical Institutions has offered a lower liability insurance premium to anesthesia faculty and staff at Harvard-affiliated hospitals who go through simulation training” (p. 2808). If insurance companies are getting on board with simulation, then risk ratios are falling for those who are trained with simulation. This can then be equated with higher patient-safety ratios within the category described above.

Comer (2005) addresses the importance of confidence-based clinical actions over demonstration of raw-skills in the classroom. Clinical simulations “of real-life patient care situations that relate directly to classroom material allow students to build patient care skills while applying theoretical knowledge in a controlled setting” (p. 357). Comer (2005); Gordon and Buckley (2009); and Lasater (2007); all concur that confidence is built within the simulation theatre where experiences can be controlled and critical thinking skills can be developed based on a sequenced methodology that is appropriate to the given scenario. Currently, Advanced Cardiac Life Support training involves an all-simulation scenario, allowing doctors and nurses to learn and practice and become proficient when the emergency occurs; and it is important to note, it’s not if an emergency occurs, it’s when it occurs. All nurses must be trained to encounter a base set of emergency situations prior to licensure and the best way to ensure a basic level of proficiency is through simulation.

**Recommendations**

Currently, most nursing schools across the U.S. utilize some form of simulation within their curriculum. Cost is certainly a factor when considering the benefit to cost ratio, the size of the school, and the faculty resources available to run and maintain a simulation laboratory. Laerdal Medical sells a full-scale patient simulator (SimMan) for $27,395 (manikin only). The cost of maintenance and supplies with an advanced video system is upward to an additional $12,000. The prohibitive cost of a full scale simulation lab with multiple simulators and hospital scenery forces schools to consider other alternatives: sharing or renting simulation lab time with schools that have simulation labs in place.

The other consideration is the lack of support from the nursing profession to implement a full-scale-simulation-school where hand-to-hand training is completely replaced with the simulation lab. Although there is a plethora of evidence supporting the successes of simulation implementation and its impact on didactic performance there are no studies supporting or refuting evidence that a nurse’s education inclusive of simulation clinical training is better or worse than facility based clinical training (Aronson & Squires, 2004; Brannan, White & Bezanson, 2008; Childs & Sepples, 2006). This writer proposes that a school equipped with a full simulation lab incorporate a year of simulation-clinical training into a junior year curriculum and test the confidence level, didactic scores and NCLEX-RN pass rates of this same group of nursing students. In addition, a post-graduation questionnaire could be implemented to measure level of competency after three and six months of independent practice and those statistics could be compared with a group who did not have the one year simulation clinical experience.

Many professions successfully utilize simulation as a sole means of training. With the economic constraints and the increased need for clinical sites, patient safety need never be compromised at the cost of nurses’ education. Incorporating simulation training as a primary tool instead of a toy to be used on occasion, the nursing profession could become much more proficient and successful in saving lives without risking patient safety. If the stigma of losing that hands-on experience is so important, this writer challenges nurse researchers to test evidence and theory beyond the bounds of contemporary nurses-education and step outside the constrictive restraints of today’s educational practice. Let’s not fear what isn’t known. Instead, let’s test it, use it and become better educators and nurses for our future generations.

**References**


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care scenario. Nursing Education Perspectives, 27, 154-158.


Heather Rhodes is an Assistant Professor in the Health Occupations-LPN Program at Johnson County Community College (photo not available).

Thank you
Shawnee Mission Medical Center
Sheri Hawkins
Vice President/Chief Nursing Officer
for your donation to the
2011 KSNA Annual Convention
Your support provided the
IPad®
which was won by
Jackye Feldman
KSNA District 10

Governor Signs Proclamation for National Nurse Practitioner Week, November 13-19, 2011

Kansas Governor Sam Brownback, surrounded by Nurse Practitioners (NPs) from throughout the state, signed a proclamation on October 28th in recognition of National Nurse Practitioner Week, November 13-19. The NPs pictured above include Serena Stutzman, Jane Peterson, Monica Scheibmeir, Diane Ebbert, Michelle Knowles, Carla Lee, Ronda Eagleson, Rebecca Carter and Debbie Brandt (NP student).

There are more than 148,000 licensed NPs in the United States and 2,300 in Kansas providing high-quality, cost-effective, patient-centered, personalized healthcare for nearly half a century. More than 18 percent of them practice in rural settings with populations of less than 25,000 people. These professionals practice in all but 11 Kansas counties.

Nurse Practitioners have graduate, advanced education and advanced clinical training beyond their initial registered nurse preparation; they order, perform and interpret diagnostic tests, diagnose and treat acute and chronic conditions, and prescribe medications and other treatments; they are true partners in the healthcare of their patients, in addition to clinical services they focus on health promotion, disease prevention and health education and counseling; they provide healthcare to people of all ages and in diverse healthcare setting; and it is well documented that patients of NPs are given more personal time and attention than they traditionally receive from other healthcare providers.

Congratulations to all Kansas NPs on this special recognition.
36th Annual Day at the Legislature (DATL)
Thursday, February 9, 2012, 9:00 a.m.-4:00 p.m.
Topeka Performing Arts Center
214 E. 8th (8th & Quincy), Topeka, Kansas

EARLY BIRD REGISTRATION DEADLINE: Monday, January 23, 2012 (postmarked) — No Onsite Registration

Name__________________________________________________ □ Student (School) __________________________
Address________________________________________________ □ RN License # __________________________
City, State and Zip________________________________________ RN Employer ____________________________
Best Telephone Contact ( _____ ) __________________ Email Address ______________________________________
KSNA Member _____ Non KSNA member _____ Student _____ Graduate Student _____
Fee $45 (After 1/23 $50) Fee $60 (After 1/23 $70) Fee $20 (After 1/23 $25) Fee with CE Hrs $40 (After 1/23 $45)

Boxed Lunch (Optional) ___Yes ___No ($7.50 extra—including sandwich, chips, cookie, fruit & water; not available for purchase day of event)

Method of payment: ___check (Payable to KSNA)
___credit card (Visa/MC/Discover) Name on Card (if different from registrant) __________________________
Credit card # __ __ __ __   __ __ __ __   __ __ __ __   __ __ __ __   Exp. Date (m/y) _______  3
(All information is secure and will not be used except as authorized by the card holder)

Total Fee(s) Enclosed: $__________ (registration/boxed lunch)

Registration: No onsite registration day of event. Early registration is recommended, see rates above. Deadline for receiving early bird registrations is Monday, January 23 (postmarked). REGISTRATION CONFIRMATION POSTCARDS WILL BE EMAILED TO REGISTRANTS AND MUST BE PRESENTED FOR ADMISSION. No registrations will be accepted after Friday, February 3. Mail completed registration with payment to KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612. KSNA fax number is 785-233-8638/ ksna@ksna.net Questions? Contact Michele at KSNA, 785-233-8638/ ksna@ksna.net

Contact Hours: KSNA is will provide continuing nursing education credits for RNs and LPNs. Provider number: LT0141-0927.

Student Fees/CE Credit: Student registration is defined as those taking nine college credit hours or more. Students who request contact hours must pay the higher fee (above).

Refunds: KSNA will honor refunds if cancellation is received in writing/by email at KSNA no later than 48 hours prior to the event ($10 service charge on all cancellations). Event does not cancel due to inclement weather on day of event; no refunds will be given.

Boxed Lunches: Pre-ordered boxed lunches are available to registrants for $7.50 each. Not available for purchase day of event.

Location: The Topeka Performing Arts Center is located two blocks east of the State Capitol on the corner of 8th and Quincy. For directions, visit tpactix.org.

Parking: Available at various locations surrounding TPAC, including parking garages. Participants are responsible for parking fees/tickets.

Exhibitors/Vendors: Many booths will be available for registrants to visit and some offer products for purchase. Please plan to visit these booths while you are at DATL.

Tentative Schedule of Activities:
8 a.m. Doors Open, Light Refreshments
Exhibitors/Vendors Booths Available
9 a.m. Welcome and Introduction
KSNA President Sandra Watchous
KANS President Liem Halim
9:30 a.m. Review of 2011 Legislation
KSNA Legislative Chair Sarah Tidwell, MS, RN
10:00 a.m. Break
10:30 a.m. Speaker
11:20 a.m. Keynote Address
12:10 p.m. Lunch Break (boxed lunches or on your own)
1:30 p.m. Announcements
1:40 p.m. Speaker
2:30 p.m. Break
3:00 p.m. Speaker
3:50 p.m. Wrap-up
Evaluations
Door Prizes (Must be present to win!)
The Kansas Nurse Index
Volume 86, Numbers 1-6 January-December 2011

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CANDIDATE BIOGRAPHICAL INFORMATION

2012 Consent to Serve on KSNA Committees & Councils

I give consent to being appointed to the KSNA committees and/or councils indicated below. I have read the responsibilities listed in the KSNA Bylaws and, if appointed, I agree to the term of appointments, to assume financial responsibility for my participation and to actively participate in each assigned committee and/or council.

Signature_________________________________________________________ Date___________________________

Please complete the information below and send to KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612-1602; FAX to 785-233-5222; Email to ksna@ksna.net. You will be notified of your appointment(s). Thank you for your willingness to serve in the position(s) indicated below.

I would like to serve in the following area(s); please rank order your preferences beginning with your first choice as 1, second choice as 2, third choice as 3, etc.:

___Finance (3-yr appt) __Nominating (1-yr appt) __Continuing Education (2-yr appt)
___Bylaws (1-yr appt) ___Resolutions (1-yr appt) ___Education (2-yr appt)
___Day at the Legislature (2-yr appt) ___Legislative Chair (1-yr appt) ___Practice (2-yr appt)
___Editorial Board (2-yr appt) ___Membership Chair (1-yr appt)

___________________________
Your Name & Credentials (please print)

___________________________
RN License #

___________________________
Home Address, City, State, Zip

___________________________
Employer

___________________________
Work Address, City, State, Zip

___________________________
Home Telephone  Work Telephone  Fax Telephone

___________________________
Cell Telephone  Email Address

___________________________
Educational Institution  Location  Year Degree Received

___________________________
Associates Degree

___________________________
Bachelors Degree

___________________________
Masters Degree

___________________________
Doctorate

___________________________
Present Employment Position  Areas of Expertise

___________________________
ANA/KSNA/District Offices Held (Current & Past, Indicate Years Held):

ANA

KSNA

District

Please Mail or FAX to KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612-1602 or FAX # 785-233-5222
Questions? Call 785-233-8638 or Email ksna@ksna.net
2011 KSNA Resolutions

SOCIAL NETWORKING AND THE NURSE

Whereas, social networking sites are the fastest growing application of the Web; and

Whereas, this new social venue is being utilized to create and maintain relationships between previously disparate individuals, groups, organizations, associations, and communities; and

Whereas, while social networking is creating beneficial experiences for its users, it may also create problems; and

Whereas, the full impact of this advancing social networking environment is yet to be fully determined by research and invluence;

Be it resolved that KSNA will support its application by communicating the availability of American Nurses Association’s foundational documents, i.e. Code of Ethics for Nurses, Nursing’s Social Policy Statement, and Nursing: Scope and Standards of Practice with the placement of these documents to the social networking system; and

Be it resolved that Kansas State Nurses Association will encourage and support research on the use of social networking as it relates to nursing and its delivery as well as the work of its associations and organizations; and

Be it further resolved that Kansas State Nurses Association will consider ways to increase social networking for nurses in Kansas by facilitating the development of district Web links as well as council, committee, and conference group Web links.

NEW GRADUATE MEMBERSHIP CATEGORY

Whereas, the number of nursing graduates has increased with approval of additional state educational funding directed to both public and private systems; and

Whereas, even with federal, state, and private assistance in school costs, the society is experiencing phases of economic recession, recovery, and new challenges, thus, affecting the costs of schooling; and

Whereas, availability of professional positions vary in sections of the state affecting employment status and benefits; and

Whereas, in consideration of the new graduates’ debt present upon graduation and challenges to address personal life issues, e.g., home and living costs; and

Whereas, the number of new graduates joining Kansas State Nurses Association hasn’t increased significantly, even with the 50 percent reduction dues category in the first year after graduation;

Be it resolved that the reduced membership dues category (50 percent reduction after graduation) be extended from the current one year plan to a three year plan; and

Be it further resolved that Kansas State Nurses Association after deliberation, if concurrence of this assembly, submit this proposed plan to the American Nurses Association.

References:

MENTORING PROGRAMS FOR NOVICE NURSES

Whereas, novice nurses’ first years of practice has been identified as a critically strategic time for successful transition to professional practice; and

Whereas, the issue of “burnout,” stress, as well as the need for improved retention within the nursing workforce, in particular recent nurse graduates, is a healthcare system issue; and

Whereas, investments in well-designed mentoring programs, in which essential nursing values and professional development can be nurtured, will not only benefit individual nurses but also contribute to the creation of a dedicated nursing workforce as well as academy of knowledge workers; and

Whereas, the importance of mentoring in the nursing profession has been noted, but model nursing mentorship programs need to be developed, and

Whereas, Kansas State Nurses Association is committed to ensuring that an adequate supply of skilled and well-educated nurses is available and is dedicated to meeting the needs of healthcare consumers as well as developmental needs of nurses;

Be it resolved that Kansas State Nurses Association will affirm its support for mentoring program development to facilitate the successful integration of novice nurses into the health system work environment as well as educational programs, all levels; and

Be it resolved that Kansas State Nurses Association consider the development of a leadership institute and/or internship program/experience within Kansas State Nurses Association; and

Be it further resolved that Kansas State Nurses Association will utilize its districts, committees, councils, and conference groups to develop a mentoring program or plan for such in the near future, as it completes its Decade of the Nurse program.

References:


HEALTH CARE FOR UNDOCUMENTED IMMIGRANTS

Whereas, there are an increased number of undocumented immigrants in Kansas impacting the healthcare costs in Kansas communities; and

Whereas, undocumented immigrants often secure life/health assistance through informal, even illegal, methods; and

Whereas, undocumented immigrants, including farm workers, face significant obstacles in accessing healthcare and other social/educational/ economic service systems; and

Whereas, undocumented immigrants often delay or forgo essential/necessary healthcare, such as prenatal care or occupational care, for fear of attracting attention of immigration and/or law enforcement officials; and

Whereas, undocumented immigrants often access care when their conditions have become acute and complex, resulting, then, in more expensive acute care, such as use of urgent care or emergency rooms; and

Whereas, undocumented immigrants, including farm workers, experience disparities in personal health, healthcare access, and healthcare insurance, including occupational health; and

Whereas, Kansas State Nurses Association believes that healthcare is a basic human right, as is liberty and the pursuit of happiness; and

Whereas, Kansas State Nurses Association endorses American Nurses Association’s position that “a system of primary healthcare (i.e. prevention of and chronic disease management) can alleviate much of the expensive acute care; and

Whereas, nurses have an ethical obligation to advocate for clients, be they patients or families, for their right to access basic healthcare services;

Be it resolved that Kansas State Nurses Association affirm a position that all individuals living in Kansas, including documented and undocumented immigrants, have access to healthcare; and

Be it further resolved that Kansas State Nurses Association design a plan to educate nurses regarding the diverse medical, social, educational, and economic reifications of undocumented immigrants, especially industrial and farm workers, lack of access to health care and other socio-economic services.

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