Pictured here are all the SCNA Presidents for whom we have photographs. See page 13 for a special Birthday contest!
Gwen A. Davis, President SCNA

I am truly honored and excited to serve as the president of SCNA for the next two years. During my past tenure on the SCNA board, we have moved forward on some important issues.

• In 2005, the SCNA board defined one of the organization’s purposes as being the ADVOCATE FOR ALL SC NURSES.

• In 2006 we held our first Annual meeting with over 60 SCNA members from across the state present. It was a morning of open dialogue and sharing of some terrific ideas to move SCNA forward.

• We have changed the way we do business with the SCNA board. We have moved of SCNA for the next two years.

• We committed to the costly renovation of our Center for Nurses. As we hear from you about the valuable workforce advocacy tools developed by the SC SNA and chair of the SCNF on our SCNA board. Their input is invaluable.

• We have partnered with SC DHEC to promote the inclusion of information on bio-terrorism in nursing curriculum across our state’s nursing education programs.

• We have revamped our website to enhance the information available and increase accessibility to important information that impacts all nurses in SC.

• We partnered with SC DHEC to promote the inclusion of information on bio-terrorism in nursing curriculum across our state’s nursing education programs.

• We have committed to the costly renovation of our headquarters at 1821 Gadsden Street in Columbia. We must develop a plan to assure we have the fiscal capability to maintain this as our headquarters.

As a candidate for president, I made four personal goals for my tenure if elected. They are

1. To improve communication with membership through the SC Nurse and a revamped web site to hear what our membership wants and needs. We are asking you to go to our website Contact page and send us an email to answer these questions. a. What is the most important issue for our profession today? b. What does SCNA need to do in the next year?
2. To continue to focus on the important relationships with the SC Student Nurses Association and the SC Nurses Foundation. We do have both the president of the SC SNA and chair of the SCNF on our SCNA board. Their input is invaluable.
3. To provide our SC practicing nurses with the valuable workforce advocacy tools developed by the Center for Nurses. As we hear from you about the important issues for our profession today, we hope to make more and more of these tools available.
4. To develop partnerships throughout the state to enhance the work of our organization. I look forward to talking with you to continue this important work.

2007 is promising to be a busy and exciting year for your nursing association. Take a minute to look at the opportunities that membership in SCNA offers you and get involved! The benefits are many for you and your profession.

South Carolina Nurse
1821 Gadsden St., Columbia, SC 29201.
Happy 100th Birthday, SCNA!

Judith Curfman Thompson, IOM
Executive Director and Lobbyist

Over 100 years ago a group of professional nurses banded together to form the South Carolina Nurses Association... actually the South Carolina Association of Graduate Nurses. What vision, what foresight, what a sense of purpose these founders had. In 1907, women did not even have the right to vote yet in the USA. Yet there they were, in Florence, South Carolina banding together to legally create an organization that represented the highest level of nursing education available in the country, to promote the profession of nursing.

As I mentioned to the SCNA Annual Meeting on November 11, 2006, associations are a hallmark of life in the United States. Even in the infancy of our nation, groups of people banded together to promote the common good of those living together for a variety of purposes. Alexis de Tocqueville wrote in his landmark work, Democracy in America, of the unique aspect about life in the United States, that of volunteers working together to better their communities and their lives. That work was published in 1835.

So, the founding nurses who created what has become the South Carolina Nurses Association were following in the noble traditions established as our nation began, was tested as it became independent of the “mother” country and then began to flourish and expand. It is a singularly wonderful line of descent to be able to follow as SCNA reaches its 100th year.

Included in this issue of the SC NURSE are the names of all the members who are on the membership rolls as of the beginning of December 2006. We thank each and every member for the support and sustenance that your membership means to SCNA. We are planning a wonderful celebration of the 100th year on September 13-14, 2007 at the Radisson Hotel and Conference Center in Columbia. Mark your calendar now, as you will want to be with us for this happy time.

Meanwhile, celebrate being a nurse in South Carolina every day of this the 100th year of SCNA! Happy 2007!
November 11, 2006 was not just an historic national holiday, but was an historic meeting as President Alice Wyatt gavelled to order the first SCNA ANNUAL Meeting held at USC School of Nursing. At this meeting every SCNA member who desired to be present was able to have full voice and full vote in all the proceedings. One of the really wonderful actions during the opening ceremonies for the meeting was the honoring of our nation’s veterans and the request for all veterans in the group to be recognized. It was a very impressively large group!

The work of the SCNA was presented to each participant in the form of the Annual Book of Reports, wonderfully prepared for us by the Arthur L. Davis Company, the publisher of the SC NURSE. Mark Miller, CEO of ALD also made a generous contribution to the functions of the meeting and SCNA is again grateful to him for the support of his company that does so much for the nursing profession in our state and nation.

The cover of the Book of Reports featured a picture of the new ANA flag. SCNA has received a flag for our use and is hoping to have sufficient funds during the 100th year to properly be able to display the flag. The goal is to create a flag that will feature a streamer with the name of each President of SCNA since the founding of the organization. This is similar to one of the flags that is in use at ANA as the President’s flag. The other flag is the organizational one and it features a streamer for each Constituent Member organization. President Alice Wyatt was the SCNA representative who presented the SCNA streamer during the 2006 ANA House of Delegates.

Some minor updates to the SCNA Bylaws were acted upon favorably by the attendees. The updated Bylaws can be found on the web site for SCNA at www.scnurses.org.

The Legislative Priorities for SCNA for the years 2006-2008 were adopted by the body. These may also be found on the web site as well as printed in this issue of the SC NURSE.

Those in attendance had the wonderful opportunity to “cruise” the new web site, with Rosie Robinson, Assistant to the Executive Director at the console, to ask questions about the use of the site and to make suggestions that will improve the use of this newly “renovated” asset of SCNA.

Each of the recognized new SCNA Chapters also had time to present a brief description of what the Chapter is all about and the focus for the future was discussed as the Chapters met after the meeting adjourned for the day.

President Wyatt had arranged a real surprise for Judith Thompson, SCNA Executive Director. The article that Polly Thompson, Judy’s daughter, had written about her for the SC NURSE had been framed by Mark Miller as a present and SCNA and Polly presented it to Judy during the meeting.

All newly elected Officers, Board members, Chapter Chairs, ANA Delegates and Alternates and Center for American Nurses Delegates and Alternates who were present were sworn in for their various duties for the coming year.

President Wyatt presented the President’s Pin and gavel to incoming President, Gwen A. Davis. Newly installed President Davis presented the Past President’s Pin to outgoing President, Alice Wyatt. President Davis then used the closing of the meeting to express her delight in having been elected and to outline her goals for SCNA for the upcoming year. She then declared the meeting adjourned for 2006.
President Alice Wyatt presenting the following President’s Awards to: Gwen Davis, Susan Clark, Nancy Smith, Judith Alexander, Connie Varn, Jane Lankford, Alice Wyatt, and Mary Ann Grass (not pictured) for their Outstanding Service to SCNA.
Board of Trustees:

2006 Officers: Renatta S. Loquist, RN, President; Karen Brown, RN, Vice President; Rebecca Carr, RN, Secretary; Veronica Parker, Treasurer.

2006 Committee Chairs: Ann Lee, RN, Development and Public Relations; Orlando White, Finance; Marlena Shaw-Wright, RN, Scholarship and Awards. Representatives to the Palmetto Gold Steering Committee were P.Johnson, RN, Ann Lee, RN, and Renatta Loquist, RN.

Additional Board Members: Mary Brown, RN, Carl Humphries, Marilyn Coleman, RN (SCNA appointee), and Alice F. Wyatt, RN (SCNA President, ex-officio).

Meetings of the Board of Trustees:
The Board of Trustees resumed a quarterly meeting schedule in 2006. The meetings were held on the following dates: November 18, 2005, January 13, 2006, April 14, 2006, July 14, 2006, October 13, 2006.

Summary of Fiscal Information:

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<th>Fund Balance December 2005</th>
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Scholarships Awarded in 2006:

Virginia C. Phillips Scholarships ($1000 each)
Undergraduate: Ellen Bouknight and Celeste Campbell
Graduate: Stephanie Barnhill and Ashley Tallon

Evelyn J. Entrezkin Scholarship ($750 each)
Jessica Stricklin and Bradford L. South

Nurses Care Scholarships ($1000 each)
Undergraduate: Tina Christy
Graduate: Angela Landis

Palmetto Gold Scholarships ($1000 each)
Stephanie K. Bell—Aiken Technical College
Ingrid B. Jones—Bob Jones University
Jane G. Unsworth—Central Carolina Technical College
Dayna M. Strong—Charleston Southern University
Laura Lynn Dodd—Clemson University
Jennifer Isgett—Florence/Darlington Technical College
Shana Kaye Lee—Francis Marion University
Beverly T. Phillips—Greenville Technical College
Nichole Christine Douglas—Horry-Georgetown Technical College
Jessica Lee Epp—Lander University
Patricia L. Fisher—Medical University of South Carolina
Rebecca Anderson—Midlands Technical College
Debra Hill—Orangeburg-Calhoun Technical College
Jennifer Estes—Piedmont Technical College
Jonque S. Walker—South Carolina State University
Sara C. Anderson—Technical College of the Low Country
Robert M. Holcombe—Tri-County Technical College
Jacquelyn S. Ammons—Trident Technical College
Emily Ann Raynor—University of South Carolina—Aiken
La Cresha Carraway—University of South Carolina—Columbia
Heather Arthur—University of South Carolina—Upstate
Jennifer Kimrey—York Technical College/USC Lancaster

Total Awards for 2006 $32,500.00

Committee Activities: Scholarship and Awards Committee

In addition to the awarding of the scholarships outlined above, there are three additional scholarship endowments – the Mary Ellen Hatfield School Nurse Scholarship Fund, the Appalachian District Nurses Association Scholarship Fund, and the Upper Savannah Educational Fund. Monies that were awarded to the SCNF by the Osteoporosis Coalition have been earmarked for funding the Healthy Communities grants for 2006 and 2007. Two awards of $1000 each will be made each year ($4000 total). The committee developed criteria for the Nurses Care Scholarships funded by proceeds from the sale of Nurses Care License Plates. The Board of Trustees has voted to award a $1000 scholarship each semester (Fall and Spring) to an Undergraduate student and a Graduate student for a total of four scholarships a year from this fund. A newly established Renatta S. Loquist Graduate Nurse Scholarship has been developed by the Palmetto Gold Steering Committee. Criteria for this scholarship are being developed by the Palmetto Gold Development Committee. The Scholarship Committee developed a template that outlines criteria and timelines for each award and developed a standard scholarship application form. These application forms will be provided online on the SCNF website.

(Continued on page 7)
Development and Public Relations

The Development Committee finalized the application process with the Guidestar and Networkforgood.com company to process online donations via the SCNF website. The website is currently under construction with specific instructions to users on how to make an online donation. Newsletter articles have been prepared for each issue of the SC Nurse highlighting scholarship information, Palmetto Gold information, and Foundation news. The committee members have also had as a priority seeking funding for the Foundation to broaden their investment into professional nursing issues, particularly faculty development initiatives and workforce development. Three grants have been submitted to funding agencies. As of this report, there has been no definitive word on the status of the requests. The committee continues to seek methods for increasing the Foundations assets to the General Fund account.

Finance Committee

The Finance Committee has been monitoring the Foundation’s Investment Portfolio with Morgan Stanley. Based on the advice of the financial consultant, the Board voted to move from a Moderate Conservative Balanced Index to a Moderate Balanced Index to maximize our investments while still remaining in a fairly conservative portfolio. The Board also has approved a 1.5% annual Administrative fee for managing investment accounts. The administrative fee is based on the closing balance each year in each of the investment accounts unless otherwise stated in the contract with the investor. These fees will assist the Foundation to maintain an operating base.

Palmetto Gold Steering Committee

The Palmetto Gold Nurse Recognition and Scholarship Program celebrated its fifth anniversary during the 2006 Palmetto Gold Gala. The total income for the 2006 Gala was $96,395.00 with expenses of $46,932.95, and net proceeds of $49,932.95. To date over 500 nurses have been recognized for outstanding contributions to nursing. In addition, over $100,000 in nursing scholarships have been awarded with an endowment of over $110,000. The 2007 Gala will be held at Seawell’s Convention Center on April 21, 2007. The theme will be “Palmetto Gold—A Carolina Tradition.”

Other Activities of the Board of Trustees

The Board has continued its membership in SCANPO as well as maintained its registration with the SC Secretary of State’s Office. A Form 990 was filed with the Internal Revenue Service. The President participated in the “One Voice One Plan” workforce summit and will be the lead agency in acquiring funding for nursing scholarships, stipends, and loans. Work continues to update and further develop the SCNF website (www.scnursesfoundation.org).
The South Carolina Nurses Foundation is pleased to announce the following scholarships and awards that will be distributed during 2007. Applications for the scholarships will be sent to nursing programs in the state in January 2007. Award criteria and applications will be sent to nursing education programs and to employment settings and be made available for download on the Foundation’s website (www.scnursesfoundation.org).

Scholarships

- **Evelyn J. Entrekin Scholarship**—A $750 scholarship is awarded to an undergraduate student enrolled in a baccalaureate nursing program.
- **Virginia C. Phillips**—Two $1000 scholarships are presented based on criteria established by the public health nursing membership. The awards are presented at the discretion of the South Carolina Department of Health and Environmental Control Office of Nursing.
- **Mary Ellen Hatfield School Nurse Scholarships**—Two new scholarships for $250 each will be presented to an RN and LPN in a school nurse role, who are continuing their nursing education. Criteria will be established by the SC School Nurse Coordinating Committee and awarded during the annual School Nurse Conference.
- **Palmetto Gold Nursing Scholarships**—Twenty-three $1000 scholarships are awarded each year, one for each approved registered nursing program in the state. Nominations are made by each school of nursing based on the scholarship criteria. In addition, the Renatta S. Loquist Graduate Nursing Scholarship will be awarded in 2007.
- **Nurses Care Scholarships**—Four new scholarships will be awarded from proceeds from the sale of Nurses Care License plates. A $1000 scholarship will be awarded to an undergraduate nursing student and a $1000 scholarship will be awarded to a graduate nursing student in both the Spring and Fall semesters.

**Ruth A. Nicholson Research Award**

A $1000 award is available to encourage and support nursing research through recognition of new or experienced nurse researchers. Applications will be accepted to May 15, 2007 and the award will be made by September 2007.

**Healthy Community Grants**

Two $1000 Healthy Communities grants will be awarded in 2007. The purpose of the award is to encourage and support nursing participation in health promotion related projects and/or disease prevention within the community. The successful recipient must demonstrate collaboration with a community group or organization, be led by a licensed nurse, and have a specific timeline for completion. The awards will be presented in September 2007.

For questions about the scholarships and awards, please contact Marlena Shaw-Wright at mshawwri@bellsouth.net or visit the South Carolina Nurses Foundation website at www.scnursesfoundation.org.

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**South Carolina Nurses Foundation Announces 2007 Scholarships**

**2007 Board of Directors**

**Time of Remembrance Service at the SCNA Annual Meeting**

The beautiful Time of Remembrance Service was participated in by all those who attended the SCNA Annual Meeting on November 11, 2006. The ceremony created by the Kansas State Nurses Association and adopted for use by the ANA and SCNA honors the memory of those SCNA members who have died since the last time that the annual gathering was held. SCNA began the practice of setting aside time during each annual meeting at the final House of Delegates meeting in 2005. The House adopted the plan to continue the practice at subsequent Annual Meetings.

The names of the deceased members are read by the President, if known to SCNA before the service, or spoken by SCNA members from the group itself as the ceremony unfolds. The names are then inscribed in the permanent Book of Remembrance. The Book of Remembrance, a single lighted candle and a single white rose complete the setting for the focus of the time of quiet remembrance together.

Honored for inclusion this year were:

- Judy Jefferson Bradley
- Mary Ellen Hatfield
- Helen Kay DeYoung, past SCNA President
- SCNA encourages all members to keep the organization aware of the death of any members each year.

Be There!
### New and Returning Members Report

**Welcome to SCNA**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
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<tbody>
<tr>
<td>Gloria Bacote</td>
<td>Effingham, SC</td>
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<tr>
<td>Cristy Busha</td>
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<td>Brenda Byrd</td>
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<td>Dawne Hershberger</td>
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<td>Kristie Hipdon</td>
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<td>Pamela Jennings</td>
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<td>Dana Kay</td>
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<td>Mary Liaghat</td>
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<td>Alcolu, SC</td>
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**Transferred In Membership**

**WELCOME to South Carolina**

- Elizabeth Abel
- Pamela Bosley
- Johnnie Davis
- Brenda Byrd
- Karen Irving
- Paula Jay
- Mary Williams
- Lawrence Eberlin
- Billie M. Boette
- Ruth Q. Seigler

**The South Carolina Nurse**—January, February, March 2007

**The Care and Concern of SCNA** are sent to:
- Billie M. Boette on the death of her father
- Lawrence Eberlin on the death of his mother
- Ruth Q. Seigler on the death of her mother.

**Lawrence Eberlin**

Lawrence Eberlin recently completed a two week People-to-People program to the People’s Republic of China, sponsored by Sigma Theta Tau.

**Be There!**
**APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION**

**Name**

**Last Name/First Name/Middle Initial**

**Street or PO Box**

**City**, **State and Zip Code**

**Employer Name**

**Home Phone**

**Graduation: Month and Year**

**Work Phone**

**RN License Number**

**E-mail address**

**APPLICATION FOR MEMBERSHIP IN**

**SOUTH CAROLINA NURSES ASSOCIATION**

**Membership Category (Check One)**

- **Full Membership Dues ($256.00)**
- **Reduced Membership Dues ($128.00)**
- **Special Membership Dues ($64.00)**
- **Electronic Dues Payment Plan (EDPP)**
- **Full Annual Payment**
- **Bank Card**
- **Visa/Master Card Number**
- **Expiration Date**

**Membership Due Information**

**Membership Category (Check One)**

- **Full Membership Dues ($256.00)** (Employed or Part-time)
- **Reduced Membership Dues ($128.00)**
  - RN not employed
  - RNs 62 years of age or older who are not earning more than social security allows without a loss of social security payments
  - RNs 62 years of age or over and not employed
  - Totally disabled
- **Special Membership Dues ($64.00)**
  - RNs 62 years of age or over and not employed
  - Totally disabled

**Make check payable to:**

American Nurses Association

**Mail payment to:**

South Carolina Nurses Association

1821 Gadsden Street

Columbia, SC 29201

**Payment Plan: (Check One)**

- **Electronic Dues Payment Plan (EDPP)**
  - Read, sign the authorization and enclose a check for the first month’s payment of $21.83-Full, $11.17-Reduced or $8.44-Special. This amount will be drawn from your checking account each month. An annual service fee is included in the monthly payments. AUTHORIZATION: In order to provide convenient monthly payments to American Nurses Assn. Inc (ANIA), (1) this is to authorize ANIA to withdraw 1/12 of my annual dues from my checking account each month on or after the 15th day of each month, (2) which is designated and maintained as shown by the enclosed check for the first month’s payment, (3) ANIA is authorized to change the amount by giving the undersigned 30 days notice, (4) the undersigned may cancel this authorization upon receipt by ANIA of written notification of terminations 20 days prior to deduction date as designated above.

**Signature for EDPP Authorization**

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**College of Nursing Faculty Selected to Train U.S. Air Force Personnel on Suicide Prevention**

Charleston, SC, (October 11, 2006) — Dr. Janet A. Grossman, has been selected by the Suicide Prevention Resource Center (SPRC) to train over 1,300 mental health professionals in the United States Air Force. As a national instructor with the SPRC, Grossman will travel to several bases across the country, including the Charleston Air Force Base. The U.S. Air Force contracted the SPRC due to the rising suicide rate among the military branch.

Grossman, an associate professor at the MUSC College of Nursing and a member of the SC Task Force on Suicide Prevention, will join several other mental health experts to conduct workshops to assess and managing suicide risk at 45 Air Force installations around the world. Over the next 12 months, SPRC Training Institute faculty will travel to Air Force bases across the U.S., as well as England, Germany, Italy, Japan, and South Korea. They will use the one-day Core Competencies curriculum developed for SPRC by the American Association of Suicidology to train active duty and civilian mental health professionals and mental health technicians.

The mental health professionals, including psychiatrists, psychologists, licensed clinical social workers, and psychiatric nurses and advanced practice nurses, will work with the Air Force’s Life Skills Support Centers and will be trained in a mixture of civilian and military training programs.

“Suicide risk assessment is an essential skill for Air Force mental health personnel and the Air Force will benefit greatly by providing additional in-depth training on this critical skill set,” according to Lt. Col. Steven Pflanz, the Air Force Suicide Prevention Program Manager.

Since its launch in May of 2006, the curriculum has been presented in 18 locations reaching more than 700 mental health professionals. Eleven trainings, in addition to the Air Force workshops, are scheduled in the coming months. “We’re very pleased with the pace of the rollout,” said Lloyd Potter, SPRC’s Director. “The level of interest we’re seeing from potential sponsors seems to confirm the need for this training.”

For more information about sponsoring an Assessing and Managing Suicide Risk workshop visit http://www.sprc.org/featured_resources/trainingandevents/training/clincomp.asp

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**Be There!**
Dear SC Nurses:

All of us became nurses for quite a variety of different reasons! Many have had family members that were nurses or in the medical profession, or had experiences with relatives who were sick and were lovingly cared for by a nurse, while some were influenced by a family member or friend as they had “those qualities” that became a nurse. My entry into this profession was quite different as it was on the recommendation of a guidance counselor in high school who suggested I should pursue nursing. I was the oldest of 8 boys and 1 girl and lived on a farm in rural Ontario, Canada. At this point in time I had no idea what I wanted to do… and knew that nursing was not even a consideration. I had never been in a hospital, had no interaction with anyone in the medical field, and had no idea if I had any of those qualities that are the foundation of nurses. I suspected that my Mom would have been happy if I had become a Catholic priest, however that meant church every Saturday night and Sunday morning and I didn’t think that I could commit to that hectic schedule? My Dad would have been happy if I had taken over the farm as we had a lot of cattle and much potential for growth, but I had asthma and lots of allergies that caused me all kinds of problems when working in the barn! So, when this guidance counselor suggested nursing, it came as kind of a shock! Why did she think I should become a nurse, and what did she know about me that I did not already know myself? I was best friends with her daughter and she had come to know me as that guy that came from the “big family of boys,” but why did she suggest nursing? I was actually insulted and hurt when she suggested this profession as it was a blow to my manhood! After all, I was 18 years old, am sure insecure as all 18 year olds were, and then someone who you don’t know very well suggests nursing as a career! Her other recommendations were child care worker (wo’t work… didn’t like kids), prison worker (won’t work… hate being locked up), and behavioral counselor (how could I do that when I was so unbehaved myself?). At her suggestion I went to hear a college representative that next week speak on the value of a nursing career. Needless to say, I was the only male in the room! But you know, everything that representative said was pretty cool, and I actually left that room with a different impression of nursing. I remembered that it was a caring profession and that you would help the sick to become better and enable them to live a longer life. Wow, an opportunity to help people to live longer, this must be a miracle profession as I thought that only Doctors had that power? I do remember going home that day and telling my parents that I wanted to be a nurse. Mom was extremely happy as she felt it was in line with her priesthood wishes (sacrifice, poverty, servitude), however Dad was not too happy! He basically said that no damn son of his would ever become a nurse and stormed out of the room. Well, maybe I could help “nurse” the crops? A reflection on the story of my entry into nursing over 30 years ago I can’t help but think how powerful the effects are of those who are in positions of teaching and education. It was a teacher that was able to see in me that I had what it took to be a nurse, and I have always been appreciative of her faith in me. Rachel (Mrs. Lamb—the guidance counselor) has since died from cancer, but I keep in contact with her daughter who lives very close to my home in Canada. Well, now I am that teacher that has the opportunity to shape lives and train our youth to be the best that they can be. Who would have thought that I would now be a Clinical Assistant Professor in a College of Nursing. Surely not my nursing instructors at St. Lawrence College in Brockville, Ontario Canada. It was there that I struggled through the program as it was my first time away from home. I was still unsure of my potential, and I probably parted a little too much which took me away from my studies. Somehow I mustered the courage to approach one of my clinical instructors and told them I was fearful of failing the program. Up until that time I always took the easiest patient assignments… those that had one or two medications, and hopefully being discharged soon. My instructor wanted me to do well and decided to challenge me by assigning me the most complicated patients! This was overwhelming and I was not sure if I would sink or swim, but guess what… I survived and was a better person for it.

If you are young, that’s two people who have had a significant effect on my life, and both were teachers! Well, there is one more piece to this puzzle that has made me the person I am today. I was graduating high school and I had a geography teacher that made the world come alive! I was captivated by the lessons and stories and could see myself globe trotting and visiting exotic places and discovering areas never seen before. My first chance at this dream was a high school trip to Greece. My family was very poor and there was no way that they could pay for this trip, so I started working two jobs in addition to school and work on the farm. I worked at a gas station pumping gas and bagging groceries, and I also worked in the local Catholic nun’s convent where I did cleaning… at Mom’s suggestion, of course! I was able to raise the funds for the trip, and we got to Greece with high school friends. My life would forever be changed as those geography lessons in high school had now become a reality that the reality was that I enjoyed foreign travel and adventure.

My travel to Greece was 53 countries ago. My wife Carol and I have shared this common love of travel and adventure for the past 20 years. This love also took me down paths that I would never have imagined as I have been able to combine my nursing experience and teaching to better the lives of those in other countries. For the past 12 years I have been involved in an organization, Partners of the Americas, where I have been able to send multiple shipments of medical supplies to Colombia, South America. Additionally, it was a year long trip through Latin America that helped me to decide that my doctoral dissertation would focus on the barriers that Hispanics face in accessing healthcare. And, it was on that same trip that I took another step that would forever change my life. That step was my foot stepping onto the top of Mt. Cotopaxi, a 20,000 ft. mountain near Quito, Ecuador. A chance encounter with a group of mountain climbers in Ecuador took me into a world that I had never before imagined. Who would have thought that I could summit a 20,000 ft. mountain? It was a challenge that would forever change my life. I was young and hesitating to do certain things for fear of an attack. Was this not inviting an attack? Surely the cold, crisp air would cause me to stop before I got too far, and too high. But, guess again, I made it! And I was hooked!

Since that summit of Mt. Cotopaxi in 1993 I have climbed many volcanoes, frequently visit Colorado’s “fourteener’s” and challenged myself on Washington State’s Mt. Rainier. After these training runs I was ready for a bigger challenge, that of the 7 Summits of the world. The 7 Summits are the highest mountains on each of the 7 continents. Even though they vary in height, each has its own logo. All challenges associated with access, weather, politics, and of course costs. I set out in 2001 to conquer this “holy grail” of mountaineering and to date have done one a year. The list of successful summits are as follows:

2001 – Mt. Aconcagua, Argentina
2002 – Mt. Kilimanjaro, Tanzania, Africa
2003 – Mt. McKinley, Alaska
2004 – Mt. Elbrus, Russia
2005 – Carstenz Pyramid, Indonesia
Future Plans for completion are as follows:
2006 – Mt. Vinson, Antarctica (December)
2007 – Mt. Everest, Nepal (March)

So, why this story and what’s the combination of nursing, mountain climbing and adventure? Well, all my life I have known that I am a little different (in a good way) and it seems that I have always taken on challenges that pushed me outside of my comfort zone. I have struggled consistently throughout school as nothing ever came easily to me. However, I have persevered and persisted and have gained much more confidence for doing so. I feel that I am in a much better position in life for having pushed myself, and hope that I can now help others (students) to see their potential. I want to take advantage of my completion of the 7 Summits to bring attention to the nursing shortage and the challenges that exist with the shortage of nursing faculty. By completing the 7 Summits I will join an elite group of less than 150 people in the world who have accomplished this feat, and will become the first nurse in the world to do so. I am hoping that my example of commitment, goal-setting, and determination can help influence students to persist in their chosen professions. The similarities between nurses and mountain climbers are very easy to see as both have strong communication skills, work well in teams, have safety as a priority, and deal in life and death situations. I’m not advocating for all nurses to become mountain climbers, but I am encouraging my peers to join me in contributing to a cause that is very important to me and no doubt to you also! During my past year as faculty at USC College of Nursing I have seen the challenges that students endure as they juggle heavy school schedules, work schedules, and feeble attempts to fit in family and friends. In recognition of my completion of the 7 Summits, the USC College of Nursing has established the Summit Scholarship for student nurses. My gift is to collect $29,035.00 which is one dollar for each foot of altitude of Mt. Everest, the highest mountain in the world. Our hope is to be able to award additional financial resources to students who aspire to be involved in their studies and not have to worry about working job(s) to make ends meet.

As a teacher, I have seen students play a very significant role in my life and have helped me to become the person that I am today. I hope that I can continue their legacies as I now find myself approached by many students seeking a profession. Next week I am planning to talk to a group of Boy Scouts about commitment and goal setting, and of course will bring up nursing as a very important profession of study. Of course, I do not expect these students to become future nurses, but the story and challenge that I have faced will hopefully inspire them to work toward their goals—Sursum ad Summum . . .

Member:

Patrick Hickey

Executive Editor note: SCNA member Patrick Hickey’s incredible journeys and achievements are truly outstanding. May he climb in safety and achieve all of his goals—Sursum ad Summum . . .
worthy profession. Males still comprise only 7% of nursing and it is unfortunate as there are so many opportunities for them. My Dad has made peace with my choice of profession and told me years ago that he is proud of what I have done in life. What better reward from a parent.

Help me to help my students by contributing to the Summit Scholarship. It will be the best investment in your future that you have ever made!

More information on my climbs can be found at www.Amercan.us

Patrick Hickey RN,BSN,MSN,Dr. P.H.,CNOR
Clinical Assistant Professor
College of Nursing
University of South Carolina
Columbia, SC 29208
Office: 803-777-7056
Room: 622
Email: Hickey@gwm.sc.edu
100th Celebration, September 13-14, 2007

Membership

Dues Deductibility for the SC Nurses Association Calendar Year 2006

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<td>Total Dues:</td>
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<td>$128</td>
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<td>$126</td>
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<td>SCNA &amp; Chapter Portion</td>
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<td>$65</td>
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Full Membership
- ANA Portion of dues that is non-deductible is 35.10% for a figure of $44.23 of your full ANA dues of $126.00.
- SCNA Portion of dues that is non-deductible is 36.1% for a figure of $46.93 of your full SCNA dues of $130.00.
- Therefore, a total of $91.16 is non-deductible of your total dues payment of $256.

Reduced Membership
- ANA Portion of dues that is non-deductible is 35.10% for a figure of $22.11 of your full ANA dues of $63.
- SCNA Portion of dues that is non-deductible is 36.1% for a figure of $23.47 of your full SCNA dues of $65.
- Therefore, a total of $45.58 is non-deductible of your total dues payment of $128.

Special Membership
- ANA Portion of dues that is non-deductible is 35.10% for a figure of $11.06 of your full ANA dues of $31.50.
- SCNA Portion of dues that is non-deductible is 36.1% for a figure of $11.73 of your full SCNA dues of $32.50.
- Therefore, a total of $22.79 is non-deductible of your total dues payment of $64.00.

Please check with your accountant as to whether in your individual case any of your SCNA dues fee is deductible for business/professional expenses as this varies widely.

This information is published each year in the South Carolina Nurse or you can call 803-252-4781.

Thank you for your continued support of your profession through your professional organization.

Name the SCNA President Contest

WIN A FREE REGISTRATION and HOTEL ACCOMMODATIONS FOR THE 100TH SCNA CELEBRATION SEPTEMBER 13–14, 2007 COLUMBIA, SC

Take a good look at the pictures of the current and past SCNA Presidents on the front page of this issue of the SC NURSE. Knowing who these wonderful leaders are could be your ticket to a free registration and hotel stay for the 100th SCNA Celebration at the Columbia Radisson on September 13-14, 2007.

So, how can you enter? Simply identify as many of the pictures of past Presidents as you can and mail your entry to SCNA on or before June 30, 2007. (SCNA, 1821 Gadsden Street, Columbia, SC 29201). Make a copy of the front cover to designate your identifications. The winner will be notified in plenty of time to make plans to attend the 100th Celebration in September. It is that simple. This prize carries no cash value and is usable only by the person who has the winning entry. The hotel room accommodation is for not more that two persons in the room. In case of a tie, the winner will be chosen by lot.

Get your entry in today! See you September 13-14, 2007 at the 100th SCNA CELEBRATION!

Returned to Sender—Is This YOU!

IS THIS YOU ~ IS RETURNED TO SENDER ~ IS THIS YOU!

If your name is listed below we have had mail returned to you during this past quarter. Please send a correct mailing address to rosie@scnurses.org.

Pauline Scott
Annette Gordon
Glenda Maker
Susan Walton
Charlotte Grecco
Theresa Fereday
Diane Cook
Christiana Martin
Jessica Burciaga
Pamela Lowry
Maxine Morales
Catherine Edgar
Capletta Williams
Nancy Davidson
Rebecca Collins
Theresa Gunter
Diane Budnick
Victoria Thompson
Gail Daniels
Audrey Joseph
Patsy Fowler
Joyce Lanneau
Deborah Craig

Time of Remembrance Service

A beautiful service of remembrance has been developed for use during a funeral or memorial for all nurses. This ceremony was adapted from the one created by the Kansas State Nurses Association and shared for the first time at the ANA House of Delegates meeting in June of 2005.

A printed copy of the ceremony can be obtained by sending a self-addressed, stamped envelope to SCNA. There is no charge for this service. SCNA encourages all RNs and LPNs to add this beautiful and meaningful service to their pre-planning for funerals and memorials.

We welcome inquiries from hospitals, nursing homes, hospices and others as well.
Abel, Elizabeth
Acres, Margaret
Adams, Linda
Adams, Miranda
Addins, Alice
Alexander, Ann
Alexander, Judith
Alkhabth, Kelly
Allen, Kimberly
Ambrose, Donna
Amelle, Elaine
Amendolair, Darlene
Amerson, Roxanne
Ancone, Janet
Anderson-Lofton, Wanda
Anderson, Cynthia
Anderson, Jo Ellen
Anderson, Virginia
Ani, Sally
Anthony, Candyce
Arduckle, Mary
Armstrong, Becky
Armstrong, Patricia
Arnold, Georgia
Arowssmith, Dianne
Aska-Curis, Catherine
Assey, Valerie
Atkins, Heather
Austin, Ann
Austin, Debra
Austin, Kathy
Baccari, Vincent
Baker, Wanda
Baker, Melanie
Baker, Wanda
Baldwin, Vickie
Ball, Janelle
Bell, Alison
Bell, Brenda
Belser, Beverley
Benn, James
Bennett, Dorothy
Bennett, Timothy
Benskin, Elizabeth
Berry, Carol
Best, Sonya
Betcher, Gaye
Beylotte, Susan
Bilclifite, Erin
Bishop, Gayle
Black, Gloria
Blackburn, Vickie
Blackmon, Cynthia
Blackwell, Jane
Blanchard, Kathy
Blanton, Nina
Boette, Billie
Bogart, Lynn
Boogs, Julie
Bogner, Mary
Boal, Teresa
Bolin, Diane
Bonadonna, J. Ramita
Bond, Sharon
Bonham, Phyllis
Boswell, Mark
Bouknight, Lillian
Bouley, Pamela
Bourguignon, Jennifer
Bouvette, Rosemary
Bowden, Gloria
Bowen, Kristina
Bowles, Heather
Bowser, Julie
Boxall, Gertrude
Boyd, Mary
Boykin, Mary
Brame, Patricia
Branyon, Stacey
Brarley, Merredith
Bremer, Sandra
Brenten, Janine
Brewer, Patricia
Bridges, Marie
Brightshair, Joan
Bristow, Margaret
Brock, Tonya
Broderick, M. Elaine
Brooks, Barbara
Broon, Rhonda
Brown, Hazel
Brown, Carol
Brown, Catherine
Brown, Deloris
Brown, Elizabeth
Brown, Jean
Brown, Joyce
Brown, Karen
Brown, Mary
Brown, Myrtle
Brown, Opal
Brown, Sandra
Brown, Sarah
Brown, Long, Sarah
Brown, Coleen
Browning, Kathryn
Bryant, Delene
Budnick, Diane
Buncagga, Jessica
Burgess, Carrie
Burgess, Nancy
Burgess, Stephanie
Burney, Karen
Burnell, Catherine
Burnell, Staci
Burnows, Rebecca
Burton, Debra
Burton, Kathy
Burton, Patricia
Busby, Tammye
Butsa, Sherry
Buster, Linda
Butler, Kenneth
Button, Lynn
Butts, Lee Ann
Byrd, Brenda
Byrd, Stacy
Cain, Donna
Caldwell, Toriah
Cailey, Elizabeth
Cama, Deborah
Campbell, Hope
Campbell, Sonia
Caniano, Karen
Cannarella, Joan
Cannon, Patricia
Capel, Pamela
Caputo, Janet
Cardenas, Maria
Carr, Rebecca
Carter, Pinky
Carter, Rebecca
Carver, Annie
Cash, Judy
Cason, Melanie
Caulie, Lexie
Cauthen, Miriam
Cephass-Lawson, Gloria
Cerrakna, Betty
Chandler, Theresa
Chapman, Wendy
Chappell, Thomas
Cheesman, Sarah
Chernecyk, Cynthia
Chisolm, Joyce
Chitty, Kay
Chtwood, Doris
Chmielecki, Kathleen
Chouhorn, Barbara
Christensen, Pat
Christoson, Betty
Christy, Cathy
Clardy, Susan
Clark, Mary
Clark, Susan
Clason, Linda
Coe, Evelyn
Cogdell, Cecilia
Cohen, Gail
Colarduso, Lisa
Colarucci, Sally
Coleburn, Amanda
Coleman, Kay
Coleman, Marilyn
Collins, Belinda
Collins, Dallas
Collins, Dolores
Collins, Rebecca
Collins-Yoder, Rhonda
Conley, Helga
Conlon, Mary
Connan, Eleanor
Conner, Connie
Connor, Scarlett
Cook, Angie
Cook, Diane
Cook, Elizabeth
Cook, Shannon
Cooms, Julia
Cooper, Pansy
Cooper, Shurley
Copeland, Ramona
Coom, Elizabeth
Costello, Jennifer
Couch, Janis
Cox, DeAnna
Cox, Paula
Craft, Siri
Craig, Brenda
Craig, Cheryl
Craig, Deborah
Craig, Janet
Crawdy, Rosemarie
Crawford, Gail
Creed, Joan
Creed, Mary
Crispyn, Mildred
Crosby, Jason
Crow, Sandra
Cullen, Janice
Culross, Mary
Cambe, Dorothy
Cunningham, Joan
Cunningham, Margaret
Cur, Anita
Czmerl, Cynthia
Daffin, Clyde
Dailea, Nira
Daniels, Deloris
Daniels, Gail
Dannelly, Molly
Dash, Ida
Daugherty, Bernice
Davidson, Nancy
Davis, Angie
Davis, Betty
Davis, Gail
Davis, Jennifer
Davis, Noipad
DeDancey, April
DeDancey, Eileen
Deering, Gail
Demi, Sara
Denton, Dennis
Desory, Kathleen
Devlin, Dagmar
DeWeese, Victoria
Dicks, Kathleen
Dickson, Brandi
Dilley, Elizabeth
Dillorenzo-Thames, Karen
DeLorenzo, Patricia
Dobberfuli, Audrey
Dobbs, Emily
Dobos, Carol
Donato, Annmarie
Doolittle, Mary
Doran, Shawn
Douglas, Gaye
Doughlas, Janet
Dowd, Laurie
Dowell, Marsh
Drake, Mary
DuBose, Sandra
Ducille, Katherine
Dufly, Margaret
Duffy, Nancy
Dulaney, Peggy
Daubari, Christy
Duncan, Candace
Duncan, Ellen
Dunlap, Darlene
Dvosak, Elizabeth
Dyches, Cathy
Dyson, Cynthia
Eagor, Catherine
Eberlin, Lawrence
Eckensone, Ethel
Ecklund, Susan
Edlund, Barbara
Edwards, Elizabeth
Edwards, John
Edwards, Mary
Egan, Brenda
Egg, Judith
Eggett, Julie
Ehrenst, Deborah
Elson, Sherry
Elliot, Susan
Ellis, Dorothy
Erlke, Elizabeth
Eriks, E
Evans, Patrice
Evans, Tamara
Evers, Cameren
Evers, Stephanie
Farlow, Patricia
Faulkner, Mary
Felder, D
Fellows, Sarah
Felty, Patricia
Felson, Wellington
Fereday, Theresa
Fields, Veva
Finch, Nancy
Finley, Lisa
Fisher, Mary
Fitzgerald, Preston
Flanagan, Brenda
Flanagan, Mona
Flegas, Debra
Fleischer, June
Flowers, Queen
Floyd, Cynthia
Floyd, Laura
Floyd, Phyllis
Fludar, Darlene
Fogel, Sharon
Ford, Gail
Forrester, Diane
Foster, Brandon
Foster, Janie
Foulis, Bonnie
Fowler, Gloria
Fowler, Latrell
Fowler, Patsy
Fracq, Regina
Frazele, Evelyn
Freeman, Suzanne
Frese, Barbara
Fulcher, Melissa
Fulcher, Ross
Faller, Janet
Faller, Sara
Fuseler, Jamie
Gaffney, Norma
Gage, Jeannie
Gallicard-McBride, Gladys
Gallagher, Laura
Galloway, Ann
Gatti, Lisa
Garca, Cassandra
Gardner, Betty
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Geddes, Anne
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Gentilucci, Tracey
Gibb, Katharine
Gibbs, Debra
Gibson, Lynette
Gibson, Merlyn
Gillespy, Barbara
Gillispy, Sandra
Gilmore, Kim
Giovannetti, Mary
Gitter, Amie
Glenn, Jeanette
Godsey, Annette
Goff, Connie
Good, Angela
Goodman, Patricia
Gordon, Annette
Gordon, Wanda
Gore, Betty
Graham, Darlene
Grainer, Wanda
Grant, Alicia
Grant, Margaret
Grass, Mary
Gray, Karen
Gray, Mable
Greclo, Charlotte
Green, Jennifer
Green, Joyce
Green, Marilyn

100th Celebration, September 13-14, 2007

Be There!

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Grossman-Rose, Fodi
Grossman, Janet
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Guedel, Alja
Guffey, Donald
Guilford, Freda
Gulesserian, Barbara
Gwalemy, Holly
Haddock, Kathryn
Hage, Janice
Hahn, Jill
Halderson, Erika
Hale, Sandra
Hall, Barbara
Hallcock, Anne
Hammerbeck, Anita
Hand, Beulah
Hanna, Sharon
Hardee, Ronnie
Hardwick, Theresa
Hardy, Karen
Harkins, Patricia
Harmon, Harriet
Harper, Linda
Harper, Mary
Harpine, Sandra
Harrison, Adrena
Harrison, Glen
Harter, Nadya
Harts, Valerie
Harvey, Terri
Hasan, Lois
Haselden, Mary
Hatcox, Teresa
Hayes, Bonnie
Hayz-Appleton, Janice
Head, Michele
Heim, Margaret
Heinly, Sue
Helms, Irene
Henderson, Bennie
Hennessey, Winnie
Heepburn, Joan
Herbert, Joan
Herman, Debbie
Herman, Jo Anne
Herndon, Samantha
Herrmann, Brenda
Hershsberger, Dawn
Hewlett, Peggy
Hickey, Pat
Hicklin, Joyce
Higdon, Kristie
Higgins-Jeffers, Kathleen
Hightower, Marjorie
Hightower, Tammy
Hildebrand, Margaret
Hildebrandt, Evelyn
Hines, Dorothy
Himlaw, Robin
Hobson, Julia
Hodge, Linda
Hodge, Mary Lou
Hodos, Michael
Hodson, David
Hogan, Diane
Hogan, Kathy
Hogarth, Christina
Hodlady, Bonnie
Holder, Barbara
Holland, Nancy
Hollerbach, Ann
Holmes, Hannah
Holmes, Louise
Holstein, Jennifer
Hollister, William
Koehler, William
Koehler, Marilyn
Kolb, Sherry
Korbe, Anita
Korn, Patricia
Kozlowski, Lisa
Kreickell, Valerie
Krosniak, Margaret
L'Euyner, Renee
LaFontaine, Mary Anne
Laken, Marilyn
Landis, Cathy
Lang, Elaine
Langford, Penny
Lanham, Janice
Lanier, Susan
Lane, Joyce
Lawrence, Kathryn
Lawson, Clara
Lawson, Elizabeth
Layder, Debra
Layfield, Juliana
Lee-Learned, Barbara
Lee, Ann
Lee, Annlyn
Lee, Clare
Lee, E
Lee, Jonathan
Levi, Pamela
Lewis, Marianne
Liaghat, Mary
Liles, Lee
Long, Frances
Long, Trina
Loquist, Renatta
Lorick, Robin
Love, Sandra
Lowry, Janice
Lowry, Linda
Lowry, Pamela
Lucas, David
Lutfkin, Sylvia
Lyons, Susan
Mabry, Pamela
McAuley, Donna
Macaruso, Patricia
Mackey, Marlene
MacLeod, Alison
Madeo, Maria
Mahon, Susan
Maines, Linda
Maker, Glenda
Malkassian, Louise
Malone, Noreen
Mandot, Barbara
Manigault, Virginia
Mann, Michelle
Marshall, Andrea
Marshall, Mary
Martin, Barbara
Martin, Brenda
Martin, Christina
Martin, Melody
Massey, Jean
Masters, Kim
Mattingly, Catherine
May, Evelyn
Mayberry, Patricia
McMillan, Loreta
McAbee, Paula
McCallister, Patricia
McCluridge, Sherrin
McConnell, Julia
McCray, Bonita
McCray, Marian
McCurry, Troy
McDonald, Kathy
McDowell, Betty
McDuffie, Betty
McElver, Marianne
McKinnon, Page
McKay, Sylvia
McClellan, Brenda
Meade, Marilyn
Meiligner, Domenica
Melba, Kay
Melcolm, Norma
Mello, Bonnie
Menasia, Arlene
Mesler, Linda
Metcalico, Barbara
Middleton, Ericka
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Join SCNA Today!

Be There!
The ramifications of LV in the workplace are many and powerful. LV, when it is allowed to go on, sets up a downward spiral that becomes costly to the individuals involved and to the organization as a whole. LV leads to low morale as trust is eroded and a negative atmosphere develops. This in turn results in diminished teamwork, which adds stress because teammates are not available for support. The ultimate result is a negative impact on patient care and outcomes. LV often targets student nurses, who are distracted by LV issues, are not focused on the patient.

Nurses will leave a workplace when LV is allowed to continue. This turnover is very costly in terms of the stress on remaining staff, with a vacancy being filled, but it is also expensive to the organization. Approximately 60% of newly registered nurses leave their first position within six months because of some form of LV perpetrated against them (Beecroft et al., 2001; McKenna et al., 2003; Winter-Collins & McDaniel, 2000). Since RN turnover costs up to two times a nurse's salary, the cost of replacing one RN ranges up to $145,000 depending on geographic location and specialty area (Wojsick et al., 2005). Furthermore, when a unit or an organization develops a reputation for having a negative practice environment, it can become even more difficult to recruit new staff. This problem is magnified by the projection of an RN shortage of as many as 800,000 by 2020 (Bueraus et al., 2006; U.S. Department of Health and Human Services, 2002). This shortage extends to the critically important nurse manager role and is related to the stressful nature of the position as well as the closure of nursing administration programs in some academic institutions (Shurey, 2006). In academia, reports of incidents of LV are a deterrent to recruiting new staff and new faculty.

What Causes Lateral Violence Among Nurse Colleagues, and Why Does It Continue?

Several nurse authors have suggested that nursing is an oppressed and essentially powerless group dominated by others. One author, Roberts (1997, 2000), has been published widely regarding the application of Oppression Theory (Freire, 1971) to nursing. When applied to nursing, this theory may explain why nurses seem unable to do anything about the way they are treated by other nurses at work. DeMarco and Roberts (2003) have described a cycle of oppressed group behaviors that we have all seen repeated in our workplaces. They and others have suggested that nurses deal with their feelings of powerlessness and frustration by directing their dissatisfaction toward each other in the form of oppressive behaviors described as LV (DeMarco & Roberts, 2003; Farrell, 1997; Griffin, 2004; McKenna et al., 2003; Skillings, 1992). It is also postulated that low self-esteem alone may be a major cause of perpetrating LV as well as tolerating being a victim of LV (Roberts, 1997). Some LV may be attributed to the stressful working conditions on our busy hospital units brought on by higher acuity levels and nursing shortages. There are themes in the literature that suggest unique stressors and pressures within the interdisciplinary team likely contribute to LV (Farrell, 2001 & 2006; Schaffner, Stanley & Hoehg, 2005).

Why does it continue? We (the authors) have been in nursing on average 30-40 years, and we agree that the phrase ‘nurses eat their young’ has been with us throughout our careers. We also have noted that LV ebb and flow with economic events that produce worsening shortages, reorganization, and shifting qualification requirements for managerial positions. The pressures on the Chief Nurse Executive (CNE) to produce the highest quality patient care (error free, no less!) on a minimalist budget sometimes means that negative events are the only impetus for changing staffing patterns and increasing the time RNs can spend with patients. Somewhat, it seems that the way our staff feels only matters when bad things begin to happen on a unit or to a patient. In other words, preventing LV loses its position on the priority list depending on the economic environment of the moment. Sniff competition for dollars in recent years has resulted in many hospitals hiring consultants to assist them with the work environment in order to increase productivity and achieve the most positive patient care outcomes. Is it working? How does LV fit in? What are the consultants writing about how staff treats each other? We would like share our experience in addressing and resolving these issues.

Interventions

There are several interventions that can be used to prevent LV and deal with it when it occurs.

- Raising awareness of the problem and giving it a name — Lateral Violence — is an important first step. Once nurses recognize LV behaviors, it is immediately more difficult for the perpetrators to continue their abusive patterns.
- Management must also have a zero tolerance policy toward LV. Too often the problem is either ignored or dealt with ineffectively, which may result in the violence merely going underground or spreading to other staff. LV cannot be allowed to become a behavioral ‘norm.’ RN exit interviews must be structured to allow for an honest and accurate accounting of work relationships.
- Nurse managers must be supported through provision of leadership training in skills for managing LV among nursing staff as well as support for enforcing a zero tolerance policy. Such training and support are especially important since individual managers with good conflict management skills can mitigate or eliminate LV behaviors.
- An excellent preventive practice is the development and enforcement of professional behavior standards. In 1985, Argyle and Henderson suggested 15 coworker ‘rules’ that continue to provide appropriate guidance today. In addition, both the Code of Ethics for Nurses (ANA, 2001) and Nursing: Scope and Standards of Practice (ANA, 2004) set forth standards of professional conduct that can form the basis for unit-specific or agency-wide professional behavior standards. Such standards are best developed and refined through staff participation. Many hospitals, including MUSC, are developing professional behavior standards as they strive to build a better environment of practice. Adherence to these standards must be linked to annual performance evaluations.
- Faculty, preceptors and other nurse educators must educate students and new graduates about the phenomenon of LV and teach them specific behavioral techniques to use if they are the victim of LV. They must also be prepared to coach all nurses in the use of these behavioral techniques.

(Continued on page 18)
Educational workshops that combine didactic and experiential learning activities have proven effective.

- Another step in the process of combating LV involves elevating the accomplishments of individual nurses and giving all nurses a greater voice in decision-making. These actions serve to empower nurses, highlight their critically important contributions to patient outcomes, and help them to value themselves and their work.
- Further measures are needed to eliminate LV in the nursing workforce. The MUSC Medical Center and College of Nursing are collaborating in research to identify and develop effective interventions.

Educational Efforts

As is the case with many of our most effective interventions, the educational effort to decrease LV began with one hospital nurse educator (Celeste Phillips) attending a conference where LV was discussed. Recognizing the importance of dealing with LV, she requested that a Psychiatric Consultation Liaison Nurse (PCLN) at MUSC incorporate information about LV and how to deal with it into a new educational series called “Leadership at the Bedside.” Interestingly, this series is now called “Excellence in Nursing Practice.” Clearly excellence is not possible where LV is permitted to exist. The PCLN (Karen Stanley) began LV educational sessions in the fall of 2004. The CNE, Marilyn Schaffer, PhD, RN, CGRN, quickly recognized the value of knowing the extent of LV at MUSC and asked the PCLN to administer a measurement tool to all nursing staff. As part of a pilot study the newly developed instrument to examine perceived vulnerability of nurses to LV was administered via the hospital intranet in 2005. Fourteen percent of the 663 study participants indicated that LV is a serious problem in their work area, and 24% rated it as a major cause of stress and tension. Interventions based on the study findings are being used to prevent LV in our medical center. Because of the networking skill of our CNE, news of the work of the PCLN and MUSC spread to other parts of our country and inquiries were received from such prestigious places as Stanford University Hospital and others. Further, international interest in LV and the MUSC experience was generated by the April 2006 PCLN presentation at the annual conference of the International Society of Psychiatric-Mental Health Nursing (ISPN) in Denver, Colorado. A more extensive half-day pre-conference workshop will be conducted at the April 2007 ISPN annual conference in Montreal, Canada.

The topic of Lateral Violence in Nursing was formally introduced in South Carolina at the 4th Annual South Carolina Magnific Conference in April 2006. The PCLN provided an overview of LV, a description of the MUSC study, and information about interventions and educational methods. The enthusiastic response to this presentation prompted one of the sponsors of the conference, the South Carolina Area Health Education Consortium (South Carolina AHEC), to provide ongoing education on LV in nursing. Since May 2006, Upstate AHEC has supported a number of workshops on the topic of LV provided by a nurse consultant (Peggy Dolaney) in an effort to raise awareness of the problem and teach nurses and faculty positive strategies for dealing proactively with this important issue. Upstate AHEC views the elimination of LV as a key factor in recruitment and retention of nurses. To date, Upstate AHEC has provided nine workshops for staff, managers and faculty at various locations around the upstate. A brief survey of the participants’ personal experience with LV has shown that 200 of the 210 participants report having been victims of LV at some time. The response to this training has been very positive. Participants have commented “I wish I had known these strategies years ago!” and “We need this training for all staff and managers.” It is only through increased awareness of the problem and appropriate training for staff, managers and faculty that we will be able to address LV in nursing and bring about a culture change. The goals are that nurses will learn to actively nurture and support their colleagues and that those who manage the environment of practice will institute and uphold policies that support positive nurse relationships.

References


Authors: Karen M. Stanley, MS, APRN, BC, FNP, Psychiatric Consultation Liaison Nurse, Department of Therapeutic Services, Medical University Hospital Authority, principal investigator for MUSC Lateral Violence in Nursing pilot study, stanleyk@musc.edu; Peggy Dolaney, MSN, RN, BC, Consultant in Private Practice, Greenville, SC; and Karen Stanley, martimmm@musc.edu.
The Communications Doctor Offers Remedies for 11 Things That Hurt Women’s Career Success

Don’t waste energy on relationships that are people have a tendency to stay in a relationship when the this reflects upon you. Our relationships are our base people who are more negative than positive. Ultimately, sense of certainty.

Communicate a sense of doubt. “I will” communicates a addition, by telling others that you “will try,” you yourself, which ensures you will achieve your goal. In saying “I will” you create a mental commitment to can be the difference between failure and success. By

You will put yourself in a better position if you are successful at a few tasks rather than mediocre at many. Say no just as much as you say yes. When asked to take on a new task, take a step back and breathe! Evaluate your personal and professional schedule to find a comfortable balance.

We don’t provide 3-step positive feedback
What are you doing to create a “good old girl network?” It is important to remember how hard the journey was that brought you to where you are today. Don’t get distracted with your own success and forget to say “thank you” to those who have guided you along the way. Realize that you have the ability to mentor others, so ask yourself, “Who can I help?” and then do it.

We don’t tout our own horn.
Positive impressions create positive results. Unknowingly, many working women quietly watch from backstage as their male colleagues take center stage. Go for the lead role. As a professional it’s important to step out from behind the curtain and become more positively visible. Don’t fixate on negative traits and previous failures. Let people know about your accomplishments, talents and strengths. Actively create the positive image you want people to see. Voice your talents in the workplace and you’ll receive an encore.

Being conscious of your behaviors is the first step towards a positive change. Remember, improvement comes with time. When addressing these issues be patient with yourself. For more information about how to improve your communication skills visit Dr. Susanne Gaddis’s Website at: www.TheCommunicationsDoctor.com

Be There!

Dr. Gaddis

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The difference between saying “I’ll try” and “I will” can be the difference between failure and success. By saying “I’ll try” you set the stage for procrastination. By saying “I will” you create a mental commitment to yourself, which ensures you will achieve your goal. In addition, by telling others that you “will try,” you communicate a sense of doubt. “I will” communicates a sense of certainty.

We’re not selective with whom we spend our time
Face it—sometimes you end up in the company of people who are more negative than positive. Ultimately, this reflects upon you. Our relationships are our base network. They need to be strong and encouraging. Most people have a tendency to stay in a relationship when the perceived benefits outweigh the perceived costs. Think about what happens when you get back less than you give. Don’t waste energy on relationships that are counterproductive. Find people who encourage you, challenge you and motivate you to succeed. Remember

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100th Celebration, September 13-14, 2007

Workforce Advocacy

By Diane E. Scott, M.S.N., R.N.

Many nurses start their careers highly engaged with a dedication and purpose that they think will carry them through a lifetime. With many substantial changes in health care environments and a waning economy, however, numerous career nurses have become disheartened and yearn to seek the passion and drive that encouraged them to enter the profession in the first place.

According to a study of nurses in five countries by Linda Aiken, Ph.D., R.N., published in the May/June 2001 Health Affairs, more than 40 percent of hospital nurses reported being dissatisfied with their jobs. This alarming statistic is a testament to becoming a self-advocate in your professional life in order to find happiness and fulfillment throughout the lifespan of your career.

According to Dr. Philippa Kennealy, executive and professional career coach, being a self-advocate in your professional life begins with a self-analysis. “Knowing your skills, developed from training, education and experience, is only the beginning,” she states. “Knowing your interests and passions are just as important to creating engagement and happiness within any professional endeavor.”

Happiness and a Meaningful Professional Life

Dr. Martin Seligman’s book, “Authentic Happiness,” speaks of the correlation between happiness and a meaningful professional life. Seligman writes that a vocation must have personal meaning to an individual. Meaning is derived from work that is aligned with your sense of purpose about what you are doing and your core values. Your work becomes meaningful when you are doing something you believe in.

His research shows that engagement with a career produces long lasting and positive effects on personal and professional development. Engagement means being absorbed, challenged and interested in what you do so that you almost lose track of time while you are working.

According to Dr. Seligman, talents and passions must coexist for true engagement in a given role. To become a self-advocate in your professional life, you must discover and recognize your talents and passions.

Finding Your Talents

According to Marcus Buckingham and Donald O. Clifton, authors of, “Now, Discover Your Strengths,” most of us have little sense of our talents and strengths, much less the ability to build our life around them. Instead, guided by our parents, teachers and managers, and by psychology’s fascination with pathology, we become experts in our weaknesses and spend our lives trying to repair these flaws, while our strengths lie dormant and neglected.

It is only when people begin to focus on their talents and build them into strengths that selfadvocacy can begin.

The authors state that talent is defined as any recurring pattern of thought, feeling or behavior that can be productively applied. Being inquisitive, charming, persistent, and responsible are all examples of talents. Our dominant talents contain the promise of developing a strength. A strength is defined as a combination of talents, skills and knowledge that are consistently and productively applied to achieve a desired result.

Finding Your Passions

Curt Rosengren, author of the Web site passioncatalyst.com, states that finding your passion will energize you and will strengthen your confidence. He states that passion is not some exotic, rare experience. Simply put, you get energy by bringing more of you into what you do. “To find your passion, begin with identifying what lights “your fire at a core level.” Rosengren states that it is important not just to state what you love, but also to identify why you love it. The second and most daunting task is to make choices based on your passions.

Career Coaching

Dr. Philipp Kennealy, president of Oya Consulting, works with many nursing and health care workers to help them discover the connection between passion, talent and professional career choices. “It behooves you in your professional development to know, first of all, your personal sense of purpose, and what your core values are,” she concurs. “A good career or professional development coach is a great resource to help you figure this all out.”

Dr. Kennealy describes her role as a “detective” who discovers what will bring meaning and purpose to an individual’s work experience, and then leads them on a path to self-discovery.

Self-Advocacy Begins With You

In learning to become your own self-advocate, you will find that your professional life will have more purpose and direction when you face health care environment changes. You will know what you seek from a role and what you will not compromise. If the role that you are in is satisfactory, knowing your passions may serve to enhance the aspects of your job that you truly enjoy. Becoming a self-advocate in your professional life will help give insight to the path that you must take to triumph over inevitable changes and be happy with your professional and personal choices.
Collaboration With Your Boss: Strategic Skills for Professional Nurses

by Diane E. Scott, M.S.N., R.N.

During your nursing career, you will have many bosses with varying leadership styles and interpersonal skills. Despite the disparity of personalities, the collaborative relationship you have with your supervisor can be significant and the effects long-lasting. Working well with your boss requires a concerted effort to obtain the knowledge and skills forming the foundation of a mutually beneficial relationship.

There is important evidence describing the benefits of a good boss-employee relationship. In May 2006, The Journal of Nursing Management published a longitudinal study of the causes of job satisfaction in the nursing profession. It stated support from a supervisor as one of the strongest predictors of job contentment for any professional nurse.

Conversely, a poor relationship between a nurse and supervisor can have myriad negative professional and physical consequences. Nadia Wager, a psychologist at Buckinghamshire Chilterns University College in England, documented the physical effects of nurses’s ambulatory blood pressure of working under unfavorably and unfavorably perceived supervisors. Nurses who perceived lack of respect, fairness or sensitivity in their supervisors had dramatically higher blood pressure throughout the day than nurses working for bosses who were judged as considerate and empathetic. The 2003 study, published in Occupation and Environmental Medicine, concluded that an unfavorably perceived supervisor is a potent workplace stressor, which might have a clinically significant impact on a nurse’s long- and short-term cardiovascular functioning.

Because of the consequences to your physical and professional well-being, it is necessary to perfect the art of communicating with your boss.

Skill #1. Understanding your boss’s role

The first skill in promoting a positive relationship with your supervisor is to understand what your boss’s role consists of. Learning her job requirements, priorities and goals can lay the groundwork for understanding her constraints and help you understand what exactly she needs from you to move toward meeting those priorities. Knowledge of the scope of her responsibility, her background in the company and career goals will give you valuable insight into what she needs from you. By observing and asking questions, you can learn a lot about your boss’s world.

Skill #2. Viewing your boss as a client

Nurses naturally value the relationships they have with patients and hospital clients. As a result, they often will extend themselves greatly to meet the varying and diverse needs of their patients, families and nursing students. Katherine Spencer Lee, an executive consultant at RHI Consulting, talks about the advantages of viewing your boss as a client. “You probably already go out of your way to accommodate clients or customers.” So why not think of your boss as you would a patient or a nursing student? Keep in mind that your relationship with your boss is one of the most essential relationships for your job satisfaction, and meeting the boss’s expectations is also important.

Skill #3. Communicating effectively

BosSES differ in their preferred communication style. Some managers like e-mail while others want face-to-face contact. It behooves you to ascertain how much information and how you interact with her your preferred working style enhances collaboration.

• Peer advice—If you have a colleague who gets along well with the boss, ask her for suggestions.

• Don’t take it personally—Everyone is entitled to a bad day or a less than perfect comment. Don’t take individual moments personally.

• Adapt your communication style—Take the time to listen to your boss. If she says something you agree with, say so.

It is necessary to perfect the art of communicating with your boss...

Conclusion

Forming a harmonious and productive relationship with your supervisor can have outstanding benefits for your personal life and your professional career. Like any skill, learning to adapt so you can nurture this type of relationship takes practice, but the rewards will be abundant.

The Center for American Nurses is a professional association whose mission is to create a community of nursing organizations that serve individual, non-union nurses by providing programs, tools and policies that address challenges and opportunities in their practice environments.
Nurse staffing has been a topic of concern for nurses for many years. Concern usually arises among the public and health care providers when there is a nursing shortage and declines when there is a nursing “excess.” However, nursing has seen a number of decades of shortages followed by excesses followed by shortages which means full employment followed by rising unemployment. These undulations have affected nursing service, as well as, nursing faculty.

For the practicing Registered Nurse (RN), staffing is an issue of professional concern because inappropriate staffing can threaten patients’ safety, RNs’ health and safety and the integrity of the professional’s commitment to patients. Staffing also concerns RNs because of the pressures put on them everyday by increasing patient intensity, increasing complexity of care and the fatigue they feel which increases over time.

Fatigue as it applies to RNs is a relatively newly researched topic. In 2004, Dr. Ann E. Rogers published an important article on fatigue and its impact on nursing and patient safety. The publication of this study was preceded by closed door testimony to the Institute of Medicine committee studying the nursing work environment. The findings demonstrate the effects of fatigue which not only endanger the patient but also the RN. These findings place new ethical pressures on both RNs as they decide whether to work overtime and on administrators as they develop staffing schedules and react to staffing shortages.

Much has been said about the environment in which the RN works. Most nurse satisfaction instruments ask questions about RN-RN and RN-MD relations and a number of questions regarding partiparcy involvement. A newer area of interest is the relationship between the RN and their managerial superiors, specifically, workplace bullying.

The issue of nurse staffing is not a simple one. Enjoy the diversity of this web site and help to solve the challenges of staffing to provide the best care to patients in a manner that is safe, rewarding and empowering for RNs.

**Appropriate Staffing: Recruitment and Retention**

The recruitment of Registered Nurses (RN) by a facility and then the retention of those RNs are major challenges in today’s nursing shortage environment. There are many factors that enter into why an RN chooses to accept a particular job and whether to stay at the facility once being employed there.

Factors, among others, that influence recruitment include the facility's reputation, salary, union status, and autonomy. Factors influencing retention include practice autonomy, inclusion in decision making, management’s respect of workers, work load, and shifts worked. As can be seen, there are overlapping concerns between the RN being recruited and the RN considering remaining employed there. Consideration of these factors which draw RNs and then make their employment fulfilling must be attended to if a facility is to obtain and retain a adequate nursing staff.

Retention is also a major challenge since once an RN is recruited and hired; the facility wants to retain that employee. Many factors play into the retention of any single nurse. Such factors include feeling they have autonomy over their professional practice decisions; that they are a part of decision making at the unit level; that they have reasonable workloads; that they receive continuing education; that they have flexible scheduling; that they receive competitive pay, etc. effect the RNs decision to stay or leave their place of employment.

With expectations such as those laid out above, management at all levels of the facility must work to try to meet the basic expectations of the professionals they employ. The success of facilities in meeting such expectations varies widely as seen by turnover rates from near zero to near 100%. Management must realize that RN recruitment and subsequent retention are competitive aspects of the health care business.

Listed below are some articles which speak to different aspects of the recruitment and retention process. These articles can be found at many public libraries or health sciences/medical libraries:

- Hales, TF. **1999.** The nurse practitioner’s role in clinical decision making: an analysis using Herzberg’s theory. *Nurse Practitioner* 16(4), 43, 46-56.
- Ulrick, BT, Buerhaus, PI; Donelan, K, Norman, L, and Dittus, R. **2005.** How RNs view the work environment. Results of a national survey of Registered Nurses. *Journal of Nursing Administration* 35(9): 389-396.
- Other articles can be found using bibliographic search terms such as nursing turnover, nurse retention, nursing shortage, patient safety, professional autonomy, management and retention.

**References**

The following articles are available at health sciences libraries.


**Appropriate Staffing Safe Staffing/Patient Outcomes**

Safe staffing and its relation to patient outcomes is a major topic in today’s health care (Continued on page 23)
About Appropriate Staffing
(Continued from page 22)

environment. You may hear people talk about “nurse- proof” to some extend inappropriately, or “adequate staffing” or “quality of care” or “adverse patient outcomes” or a number of other terms. All of these terms are used often and to different ends.

Explaining the terms to be used is often useful. “Nurse patient ratios” refers to the number of patients each nurse has to care for. For instance, if a hospital unit has two nurse care units the nurse-patient ratio is usually 1:1 or 1:2, one nurse for one patient or one nurse for two patients. Different ratios may apply to different units based upon patient need.

Safe or appropriate staffing is used to indicate whether there are enough nurses and the correct mix of nurses to care for the number of patients and their care needs. Theoretically, one must have safe staffing first, and then appropriate staffing. The same is true with quality of care: first, safe care; next, appropriate; and, only then, quality care. The tendency, however, is to speak only of quality of care, which theoretically, can only come after it is considered safe and appropriate.

“Adverse outcomes” or “adverse indicators” are a term used to serve as an indirect measure of the “quality” of patient. For instance, adverse outcomes seen very commonly in the research are: pressure ulcers, falls, pneumonia, satisfactions with several specific topics, failure to rescue, medication errors and many more. Currently, many, if not most, of the outcomes (i.e. indicators) being measured are negative—failures. There are some reasons saying that “positive outcomes/indicators” are needed because they will reflect adverse outcomes avoided. Some “positive” indicators are being tried to see if they are valid and reliable.

Research to find the link between staffing and outcomes

Research into the factors which influence patient outcomes has been formally conducted for about 35-40 years. Florence Nightingale, of course, recognized the linkage between having nurses on the battle fields during the Crimean Wars, but the more rigorous discipline found in current research has advanced our understandings about the reasons staffing makes a difference in outcomes. Since the 1980’s, tremendous public and private efforts and monies have been put into the study of the American health system due to undulating but continuously rising consumption of the gross domestic product (GNP) by health care.

Research has been trying to identify indicators which have meaning to health care professionals and to patients, and how the quantifying of this focus on the utilization of reimbursable medical procedures, treatments and visits. The American Nurses Association along with many others has linked the quality of care with fatigue; and problem solving is impaired. All of these links between fatigue and accidents, mistakes, errors and near errors. For instance, the airline and trucking industries have used permanent shifts, some rotating shifts and some work in particular pattern. All of these factors make nursing a very physically and emotionally draining profession.

Other industries have been aware for many years of the links between fatigue and accidents, mistakes, errors and near errors. For instance, the airline and trucking industries limit the number of hours pilots and truck drivers can fly/ drive. They also require a certain number of hours off in flight and on the highway.

Some nurses work night shifts; some twelve hour shifts; and then there are those that work a shift plus overtime. Some nurses work permanent shifts, some rotating shifts and some work in no particular pattern. All of these factors make nursing a very physically and emotionally draining profession.

Be There!
About Appropriate Staffing
(Continued from page 23)

system was deeply involved with determining the causes of adverse patient outcomes. In addition, the United States Pharmacopoeia (USP) met with professional organizations to discuss the findings of their adverse incident reporting system. Of no surprise to most nurses, the data show that major errors, near misses, and deaths were made for free.

However, the USP and people familiar with the health care system know there is much more to the findings than the raw numbers indicate; thus, the exploration into factors affecting adverse nursing-sensitive patient outcomes.

Evidence

In general, excessive total hours worked puts nurses and patients at risk. In addition, rotating shifts can also threaten patient safety. Research by Circadian Technologies Incorporated has found that the number of accidents for all shift workers is 1.2 times greater than that for traditional work hours working incremental cost to business is $8.5 billion. (Bureau of National Affairs, 2004).

Following a substantial review of the literature, the Institute of Medicine’s Committee on Work Environment for Nurses and Patient Safety found strong evidence linking excessively long hours and fatigue with patient and nurse outcomes. (IOM, 2004). This effect includes slowed reaction time, lapses of attention to detail, errors of omission, compromised problem solving, reduced motivation, and decreased energy for successful completion of required tasks. (IOM, 2004). Further, working hours in excess of 12 hours in any given 24-hour period and in excess of 60 hours over an 80-hour work week (ANA, 2001) has found that the number of medication errors increased. (IOM, 2004). It is clear that excess work-related stress may contribute to the development of musculoskeletal injuries among nurses. (Daily Labor Report, A-12).

Findings from a 2004 landmark study, The Working Hours of Hospital Staff Nurses and Patient Safety (Rogers, Hwang, Scott, Aiken & Dansereau) clearly demonstrates that the hours a registered nurse works is related to the errors she makes in providing patient care in any combination of scheduled shifts, days or nights, or voluntary overtime in excess of 12 hours in any given 24-hour period and in excess of 60 hours over an 80-hour work week. (ANA, 2001).

Towards this end, the IOM focused on institutional support and specifically delineates the ethical responsibilities of nurse managers and administrators to take action to curtail extended work hours and insufficient rest time between shifts. “Acquiring and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice” (ANA, 2001).

Although the Registered Nurse is held accountable for her/his practice, the institution also has a responsibility to the nurse, the patient, the facility and the public to recognize the need for a work environment conducive for safe patient care.

Summary

Fatigue and its impact on the individual Registered Nurse is a complex and individual occurrence. However, a safety and ethical issue. Nursing must work together so nurses do not feel the need to work additional hours on the job, or mandatory overtime, to make ends meet. Nurses must also not punish nurses that refuse to work overtime but accept their decision as one made with the best interest of the patient at heart. The question needs to be asked, “Is having a nurse working fatigued a greater threat to patient and nurse safety than not having anyone present at all?” Let’s work together so nurses turn down shift, which in this instance means putting our own well-beings first also.

Bibliography


Rogers, A. E., Hwang, W., Scott, L. D., Aiken, L. H., & Dansereau. (2004). Fatigue and its impact on the individual Registered Nurse is a complex and individual occurrence. However, a safety and ethical issue. Nursing must work together so nurses do not feel the need to work additional hours on the job, or mandatory overtime, to make ends meet. Nurses must also not punish nurses that refuse to work overtime but accept their decision as one made with the best interest of the patient at heart. The question needs to be asked, “Is having a nurse working fatigued a greater threat to patient and nurse safety than not having anyone present at all?” Let’s work together so nurses turn down shift.


AHRQ Issues Patient Safety Tips for Hospitals

The Agency for Healthcare Research and Quality today issued 10 patient safety tips for hospitals based on the agency’s research. The agency recommends hospitals survey staff to assess and improve the culture of safety; limit shifts of more than 24 hours for medical residents; eliminate intern shifts of more than 30 consecutive hours in intensive care units; adopt interventions to prevent ventilator-associated pneumonia; count surgical instruments and sponges before and after procedures and X-ray patients after surgery; use senior nurses and appropriate round-the-clock staffing levels in ICUs to prevent airway tube complications; make personal digital assistant-based drug data readily available at the point of care; download a software tool that identifies ways to improve outpatient medication safety; use computer-based order entry features to reduce urinary tract infections from catheters; and minimize interruptions and distractions for nursing staff.

AHA News Online Version (11-16-06)

10 Patient Safety Tips for Hospitals

Medical errors can occur at many points in the health care system, particularly in hospitals. These 10 tips for hospitals resulted from findings resulting from studies by the Agency for Healthcare Research and Quality (AHRQ), which has funded more than 100 patient safety projects since 2001.

Many findings from AHRQ research can immediately be put into practice in hospitals by following these simple steps:

1. Survey staff in individual units and throughout the hospital to assess and improve the culture of patient safety, as noted in the 1999 Institute of Medicine report, To Err is Human. The AHRQ survey and its accompanying toolkit materials are designed to provide hospital officials with the basic knowledge and tools needed to conduct a culture safety assessment, along with ideas for using the data.

2. Limit shifts of more than 24 hours for medical residents and make sure they do not drive home after working extended shifts. Medical residents who work longer than 24 hours are more than twice as likely to make a medical error the next day, and 5 times as likely to have a near-miss incident on the road than medical interns who work shorter shifts.

3. Eliminate the evidence that more than 30 consecutive hours by interns working in hospital ICUs. The rate of serious medical errors at two Boston hospital intensive care units (ICUs) committed by first-year interns dropped by 36 percent when 30-hour-in-work shifts were eliminated.

4. Adopt interventions to reduce the incidence of ventilator-associated pneumonia in critically ill patients. Putting patients in a semi-recumbent position and using sucralfate rather than H2-antagonists to prevent stress ulcers can prevent ventilator-associated pneumonia in critically ill patients.

5. Count surgical instruments and sponges before and after procedures, and X-ray patients after surgery to reduce the likelihood of objects being left inside patients. These simple techniques can reduce the incidence of these types of medical errors, which occur in more than 1,500 patients each year.

6. Use senior nurses and maintain appropriate round-the-clock staffing levels in ICUs to prevent airway tube complications. A study of adverse events occurring in adult and pediatric ICUs found that more than half were considered preventable. Airway events occurred less frequently during daytime hours (7:00 a.m. to 3:00 p.m.), and their negative impact was limited by skilled assistants, backup, and cross-coverage. ICU managers should be sure that appropriate staffing and training levels are maintained to limit the impact of adverse events.


8. Use computer-based order entry to reduce catheter-related urinary tract infections. A computer-based order entry feature prompted the removal of a prophyactic catheter after 72 hours decreases the duration of urinary catheterization by about one-third, or 3 days.

9. Minimize interruptions and other distractions faced by the nursing staff in their day-to-day routines. Research shows that interruptions from work and outside the ICU can affect patient safety.

10. Go to: www.ahrq.gov/qual/hospculture

References for Tips, by Number


AHRQ Publication No. 06-P020

Current as of May 2006
Are you in the know?
Do you know a nurse who’s involved in one of the great struggles of our time—the effort to improve people’s health by creating a healthy environment?
Nurses are key change agents in this struggle and Health Care Without Harm’s The Luminary Project exists to honor their work and to share their insights and experiences. Other nurses can learn from these stories—both practical advice about how to initiate change and just how much an individual nurse can accomplish.

Help us get the message out
If you or a nurse you know is working to improve the environment in any of the areas listed below, please let The Luminary Project web site know:
• Eliminating mercury
• Reducing waste
• Phasing out toxic chemicals
• Improving indoor air quality
• Changing hospital purchasing practices to support safe products
• Educating nurses about the links between health and our environment
• Educating the community about the links between health and our environment
• Advocating policy changes or legislation to foster a healthy environment

It’s easy to join the struggle for a healthy environment
Just send the name, contact information and a few explanatory words to nluminary@yahoo.com. We will take it from there.
Nurses profiled on the web site are interviewed by telephone by an experienced writer and receive a copy of the proposed text for their approval. If you haven’t yet seen the site, go to www.TheLuminaryProject.org. I’m confident that when you see what nurses have already accomplished, you will want to help foster more efforts—and more stories.

Together we can light the way to a healthy environment!
Karen A. Ballard, MA, RN
Coordinator for The Luminary Project
Chair, HCWH’s Nurses Work Group

ANA Partner—Health Care Without Harm, Releases Report on Asthma Risks in Health Care Settings
ANA is committed to protecting both nurses and the environment. At the June 2006 House of Delegates, ANA passed a resolution, “Nursing Practice. Chemical Exposure and Right-To-Know.” The resolution directs the ANA to educate nurses about the potentially harmful chemicals that are typically used in health care settings and safer substitutions for these products that are currently available. It also endorses efforts to ensure that nurses have full access to information and the right-to-know about these potentially hazardous chemicals. In addition, the HOD resolution directs ANA to be involved in state and federal legislative advocacy and policy development related to chemical policy.
ANA participates as a member of Health Care Without Harm (HCWH), an international coalition with 450 groups in 55 countries working to transform the health care industry so it is no longer a source of harm to people and the environment.

A newly released HCWH report, “Can Hospitals Cause Asthma?” reveals that substances commonly found in hospitals—including chemicals used to clean floors and medical equipment, fumes from building materials, latex gloves and other common substances—can trigger an asthma attack or cause the disease. Asthma is the most commonly reported workplace respiratory condition, and up to 23% of all adult-onset asthma cases are due to workplace exposures.
The HCWH report provides a step-by-step guide to help hospitals reduce problematic exposures. Key findings in the report include:
• The current state of the evidence indicates considerable cause for concern that substances commonly used and found in health care can cause or trigger asthma.
• Among the worst exposures in health care are formaldehyde (found in chemically treated fabrics, carpets, pressed wood and other products); cleaners, disinfectants and sterilants; natural rubber latex and biologic allergens.
• Some hazards identified in the report are of particular concern for nurses, such as the disinfectant gluteraldehyde and the sterilizing agent ethylene oxide.
• Hospitals can reduce the risk of asthma by switching to safer alternatives.

To obtain copies of the full report, see http://www.noharm.org/details.cfm?type=document&ID=1315 or contact Health Care Without Harm at 703-243-0056. For the executive summary, see http://www.noharm.org/details.cfm?type=document&ID=1404.

Join SCNA Today!
Be There!
Environmental Health Resources
Sites You Can Use

American Nurses Association:Center for Occupational and Environmental Health http://nursingworld.org/mosharm/newes.htm

Agency for Toxic Substance Disease Registry (ATSDR) For fact sheets and information on pesticides and other chemicals. Web site: http://attdr.atsdr.cdc.gov:8080/txfaq.html Information Center toll-free at 1-888-422-8373 or e-mail ATSDRRC@cdc.gov Emergency Response Hotline: 404-639-4270

Association of Occupational and Environmental Clinics good references and resources on the web on occupational and environmental health. http://www aoec.or/EducResr.htm

Center for Health, Environment and Justice: http://www.chej.org After winning the federal relocation of residents victimized by toxic waste at Love Canal, Lois Gibbs and other local activists were inundated with calls from people around the country who were facing similar threats and wanted help. CHEJ was founded in 1981 to address this need.


Clean Water Fund http://www.cleanwaterfund.org national 501(c)3 nonprofit, brings diverse communities together to work for changes that improve our lives, promoting sensible solutions for people and the environment.

The Collaborative on Health and the Environment (CHE) http://www.cchefoorth.org The Collaborative on Health and the Environment (CHE) is a network of organizations and individuals concerned about environmental contaminants and their linkages to disease. Here you will find much useful information, as well as options for getting involved with others who share your concerns and goals. They welcome your interest and participation. To join CHE: http://www.cchefoorth.org/g/np/coalition.html

Hazard-Map: Information on Hazardous Chemicals and Occupational Diseases by Jay A. Brown, M.D., M.P.H. http://hazmap.nlm.nih.gov-- an occupational health database designed for health and safety professionals. It provides risk assessment features and linking information about the health effects of exposure to chemicals at work. Hazard-Map links jobs and hazardous tasks with occupational diseases and their symptoms. It is one of the products and services made available by the National Library of Medicine’s (NLM) Toxicology and Environmental Health Information Program.

Health Care Without Harm http://www.noharm.org Health Care Without Harm is an international coalition of hospitals and health care systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental and environmental health organizations and religious groups. The mission is to transform the health care industry worldwide, without compromising patient care or safety, so that it is ecologically sustainable and no longer a source of harm to public health and the environment.

Hospitals for A Healthy Environment http://www.h2o-onine.org The primary goal of the H2O effort is to educate health care professionals about pollution prevention opportunities in hospitals and health care systems.


The National Association of County and City Health Officials (NACCHO) http://www.naccho.org/index.cfm-- National nonprofit organization representing local public health agencies (including city, county, metro, district, and Tribal agencies. Published “Creating A Healthy Environment: The Impact of the Built Environment on Public Health”

* The relation of land-use decisions to air quality and respiratory health;
* The built environment (including all manmade physical components of human settlements such as buildings, streets, open spaces, and infrastructure) in terms of whether it promotes or discourages physical activity;
* The impact of urban design on the number of pedestrian injuries and deaths, particularly among children;
* The choices communities make about the built environment that improve mobility and the quality of life for their elderly and disabled residents; and
* The ways that various land-use decisions affect community water quality, sanitation, and the incidence of disease outbreaks.

National Center for Environmental Health (NCEH), Centers for Disease Control http://www.cdc.gov/nceh/default.htm Provides expertise in environmental pesticide surveillance and disease outbreak investigations.

National Environmental Education & Training Foundation (NEETF): http://www.neetf.org addresses issues such as health, clean water, educational excellence, and global competitiveness through environmental learning. Has created the Health & Environment Partnership. http://www.nceh.org/health/index.shm which is a national program designed to improve the environmental education of doctors, nurses, and public health care providers so they can provide better health care and protect the public’s health.

Organization of Teratology Information Specialists (OTIS) OTIS.org is a national clearinghouse for information about exposures related to reproduction and pregnancy.

Pediatric Environmental Health Specialty Units (PEHSU) http://www.aoc.org/pesu.htm Objective: to increase knowledge base of pediatric environmental medicine by providing a forum for environmental specialists and pediatricians to combine knowledge.

Physicians for Social Responsibility (PSR) http://www.psr.org/index.php This national 501(c)3 nonprofit organization whose mission is to protect the health and safety of all communities from current and emerging health threats by strengthening the fundamentals of our public health defenses.

The Science and Environmental Health Network http://www.sehn.org/index4.html Advocates the wise application of science to protecting the environment and public health. SEHN serves as both network and think tank for the environmental movement, helping environmental organizations use science in their work, guiding scientists to public interest research and public service, informing public policy with science grounded in ethics and logic.

SOUTH TOWN http://www.toxtown.nlm.nih.gov/owa/town/main.html Tox Town is a project of the Specialized Information Services Division of the National Library of Medicine and was launched in October 2002. Tox Town is designed to give you information on:
  * everyday locations where you might find toxic chemicals
  * non-technical descriptions of chemicals
  * links to selected, authoritative chemical information on the Internet
  * how the environment can impact human health
  * Internet resources on environmental health topics

The Southern States Public Health Foundation (NEETF) http://www.toxnet.nlm.nih.gov a cluster of databases on toxicology, hazardous chemicals, and related areas.

ToxNet http://www.toxnet.nlm.nih.gov/owa/town/main.html Tox Town is a project of the Specialized Information Services Division of the National Library of Medicine and was launched in October 2002. Tox Town is designed to give you information on:
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  * Internet resources on environmental health topics

Trust for America’s Health http://healthyamericans.org Trust for America’s Health is a national non-profit organization whose mission is to protect the health and safety of all communities from current and emerging health threats by strengthening the fundamentals of our public health defenses.

University of Maryland School of Nursing http://www.ceuhealth.university of maryland.edu a one-stop shop created by the University of Maryland School of Nursing for nurses interested in environmental health.


Preventing Harm This is a resource and action center on children and the environment. http://www.preventingharm.org


Be There!
Because modern health-care offers such a range of treatment options, not all of which are appropriate for all patients, the general public often struggles with decisions about treatment. Without patient and family education about the benefits and burdens of each option, a patient’s request to “do all you can” appears to be reasonable. The consequences of such a choice may result in a lengthy course of aggressive treatment that does not yield a satisfactory outcome for patient, family or staff.

Educating the patient and family before securing an agreement for specific treatment is a more preferable course of action. This education involves the application of the ethical principle of autonomy to the practice issue of truth-telling, capacity and informed consent. While physicians bear the responsibility for initiating these discussions, nurses are great resources for patients in understanding what is being recommended. Not only can nurses assure that patients understand medical terminology, but they can talk to patients about the choices they have among suggested treatments. A simple method for learning what a patient needs to know is to ask the patient what she understands about her condition and the ways it can be treated. Next, ask what she wants to know. The answers to these two questions provide the nurse with a guide for tailoring patient education. Assisting the patient to anticipate possible outcomes by asking how she expects to feel after the treatment may give clues to whether the patient has realistic or unrealistic expectations and further education needs.

Nurses may also be in the best position to first notice that a patient lacks the capacity to actually participate in decision making or needs further explanation of a problem and possible solutions. The stress of a health crisis often interferes with the patient’s ability to receive and remember information. Repetition of instructions may be necessary to assist patients in reaching a decision or in formulating their questions. When lack of capacity is determined—a process completed by two physicians—nurses often help identify the appropriate substitute decision maker.

While securing consent appears straightforward, it may be helpful for nurses to consider the significance of their contribution to the process. It is in everyone’s best interest to understand diagnosis, prognosis and the benefits and burdens of treatment options. Communication between nurses and physicians and nurses and patients and their families is critical to the process.

Everyday Ethics will publish a case study and discussion in future columns so that nurses can appreciate their contribution to quality patient care. Case studies and questions are welcome.

Gail W Crawford APRN, BC
230 Wayne Street
Greenville, South Carolina 29609
864-242-4989
WANTED: A Few Good Leaders

Thank you for electing me to be on the nominating committee for SCNA. As chairperson, I need your help. Here is your opportunity to get involved with SCNA. You could be one of the lucky nurses to fill one of the following vacancies for 2007. See below positions with very brief description:

1. **Vice President** — Preside over SCNA business meetings, in the event of a vacancy by the President.
2. **Secretary** — Document official and unofficial minutes and other communications of SCNA executive committee, board meetings, planning sessions and retreats.
3. **Commission Chair — Public Policy/Legislative** — Establish an annual plan, oversees trends, developments and issues related to area of responsibility. Recommends SCNA actions, influence, and policy and procedure as needed. Communicates with SCNA membership and Board of Directors.
4. **Commission Chair — Marketing and Communications** — Establish an annual plan, oversees trends, developments and issues related to area of responsibility. Recommends SCNA actions, influence, and policy and procedure as needed. Communicates with SCNA membership and Board of Directors.
5. **Commission Chair — Workforce Advocacy** — Establish an annual plan, oversees trends, developments and issues related to area of responsibility. Recommends SCNA actions, influence, and policy and procedure as needed. Communicates with SCNA membership and Board of Directors.
6. **SCNA Board Member (seat 2)** — Assist Board of Directors with the business of SCNA, and provide a vote, and a voice for SC nurses.
7. **SCNA Board Member (seat 3)** — Assist Board of Directors with the business of SCNA, and provide a vote and a voice for SC nurses.

**Call for Nominations 2007**

The SCNA Nominating Committee has called for member suggestions for the 2007 election. In 2007, members will elect:

- **Vice President**
- **Chair, Commission on Workforce Advocacy**
- **Chair, Commission on Public Policy/Legislation**
- **Chair, Commission on Marketing and Communications**
- **Secretary**
- **Director, Seat 2**
- **Director, Seat 3**

Please use this form and send your nominations to:

Jane Lankford, Chair, SCNA Nominating Committee  
1821 Gadsden Street, Columbia, SC 29201

Both the nominator and nominee for the SCNA 2006 elections must be SCNA members in good standing. Call SCNA at 803-252-4781 if you would like more information on any of these positions.

**NOMINATING FORM: ELECTION 2007**

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**Return to SCNA no later than April 15, 2007. Nominators and Nominees must be SCNA members in good standing.**

**RETURN TO: SCNA**

1821 Gadsden Street, Columbia, SC 29201

SCNA needs you!

You may ask, what qualifications do I need? Well, according to the SCNA bylaws you need to be a registered nurse is at least one state of the USA, without suspension, or revocation in any state. You need to be a member of ANA/SCNA, or a registered nurse whose application for membership has been accepted. Lastly, as a member of ANA/SCNA, your dues need to be up to date. I believe you need to be someone who has a passion for nursing, enjoys teamwork, meeting new nurses, sharing ideas, and making a difference in the lives of your fellow nurses. Got ideas — we need them.

Also, you may wonder, what will my responsibilities include? You will need to be available to coordinate SCNA business throughout the year. This is usually accomplished by attending meetings centrally located in Columbia, SC at our SCNA building. You will be kept informed of SCNA business agenda items ahead of scheduled meetings usually by emails or other means of communication suitable to you. In the past, there have been issues that were discussed via email, to facilitate decision making at the meetings. You will enjoy getting to know and working with other nurses throughout South Carolina. By serving your peers you have the opportunity to increase their involvement with SCNA. So, how do I submit my name as a SCNA candidate for office?

- Complete and mail in the consent to participate form found in this issue
- Print the consent to participate form from the SCNA website at www.scnurses.org. Complete and mail in to SCNA, 1821 Gadsden Street, Columbia, SC 29201

And, when do I need to complete the consent to participate form? At your earliest convenience. Only you can do it, so why not do it now?

If you have any questions, please feel free to contact me Jane W. Lankford at jane.lankford@palmettohealth.org or one of the following members of the SCNA Nominating Committee:

- Pat Hickey, Hickey@gwm.sc.edu
- Cynthia Williams, cynthia3528@aol.com
- Mary Wessinger, mcgwessin@bellsouth.net
- Deanna Cox, dlcox@gwm.sc.edu

I look forward to hearing from you.

Jane Webb Lankford, MSN, BSN, RN

**Be There!**
The South Carolina Nurses Association has among its purposes:

1) The promotion of quality of life and health care for all people
2) The fostering of the nursing profession as a leading, positive force in the health care delivery system.

To achieve these broad purposes, the SCNA Legislative Committee will provide leadership for the association in the legislative and public policy arms.

To promote the quality of life and health care for all people in South Carolina, the SCNA Legislative Committee will:

1) Promote access to and delivery of cost effective, quality health services for the public,
2) Assure nursing care services to the public with emphasis on nurses’ role as qualified providers of health care services,
3) Support equal rights and opportunities for all peoples unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation. Accordingly, SCNA will foster equal employment opportunity,
4) Encourage legislation that promotes and protects environmental health in the home, at the worksite, in the community, and other public places,
5) Initiate and/or support legislation to assure comprehensive health care services to all people, especially vulnerable populations.
6) Support legislation which protects reproductive rights,
7) Support and promote legislation that guarantees parity of coverage of services for mental and physical illness.
8) Support Healthy People 2000-2010, an initiative designed to promote high level wellness of individuals, families and populations.

To foster the nursing profession in its evolution to the full provider, leadership, and collaborative roles in the health care delivery system, SCNA will

1) Initiate, monitor and respond to all legislative activity which would affect the practice of nursing, including advanced practice nursing,
   A) increase accessibility and affordability of nursing care to the public,
   B) provide for direct reimbursement for nursing services including psychological/mental health services,
   C) provide professional liability insurance to nurses at a reasonable cost,
   D) assure safe levels of staffing of licensed professional nurses in health care settings, including but not limited to direct patient care.
2) Assure nursing participation in planning, development, and evaluation of policies related to health care,
3) Support the rights of nurses in the workplace,
4) Initiate and support the procurement of public and private funding for nursing education and nursing research.

Adopted:
November 15, 2002
SCNA House of Delegates
Reviewed:
November 11, 2006
SCNA Annual Meeting
The Community/Public Health Chapter will be partnering in the upcoming year with the South Carolina Public Health Association, the USC Center for Public Health Preparedness, and other community partners. We plan to deliver interesting and affordable Continuing Education that will prepare nurses to respond effectively to disasters. We invite all interested colleagues to consider joining our dynamic group!

The Psychiatric Mental Health Chapter is eager to connect nurses in SC who are interested in issues affecting both the practice of psychiatric-mental health nursing and the care offered to our clients. One way we plan to do this is by actively using the new Forum available on the SCNA website. Members can go to www.scnurses.org and click on the Members Only section. All SCNA members recently received the password. If you don’t have it, contact Rosie Robinson (rosie@scnurses.org) for instructions. First go to Register at the top of any page to create your personal login and password. Once you have done that, you may go to the Posting section to find the Psych Mental Health Chapter Forum. The forum will give us an opportunity to discuss, in an on-line format, issues of common interest, ask questions of each other and generally network with other nurses around the state.

Currently we are exploring topics for a workshop in 2007. One suggestion is to do something on geropsychiatry, such as “meeting the mental health needs of an aging population.” Please go to the Forum or email Peggy Dulaney, Chapter Chairperson, at pdulaney@bellsouth.net to share your ideas.

You do not have to be working in the field of psychiatric-mental health nursing to become a Chapter member. The Chapter is open to any SCNA member at no extra cost, but you do have to fill out a Consent to Serve form (found elsewhere in this issue of the SC Nurse) and check that you want to join the PMH Chapter. Filling out the Consent to Serve form does not obligate you to run for office, it is just our way of being sure folks join the chapters in which they have an interest. We look forward to an exciting year with our new Chapter.

On October 21st the Psychiatric Mental Health Chapter provided a workshop on “What All Nurses Need to Know about Substance Abuse.”

The APRN Chapter executive committee will plan on meeting in January to review the results of the APRN conference evaluations. The information provided from the evaluations assists the planning committee in determining the content, speakers, meals, breaks, and a variety of other details that comprise conference planning. The executive and planning committee members appreciate your patience and support as we try a new venue. We would like to ask all the APRNs who have consented to serve, to encourage others to become a ‘member’ of the APRN Chapter.

The APRN Chapter held the 13th Annual Pharmacology in Advanced Practice Conference October 6-7 at the Marriott in Hilton Head.

Past APRN Chair Lynda Lowery presented Bob Adams President of InMed a certificate of appreciation for many years of support for the conference.

Everyone enjoyed the festive lunch during the conference.

Be There!
News You Can Use

Nurses: Join the Culture & Medicine Project!

As a nurse, do you feel that you are meeting the needs of patients from populations with unique cultural and linguistic needs? Enhanced cultural health skills can increase your ability to provide care to patients with diverse values, beliefs and behaviors and to tailor delivery of care to meet social, cultural and linguistic needs.

Put Cultural Quality Into Practice Today!

Now you can equip yourself with the skills and tools to close the disparity gap in medically underserved populations. *A Guide to Culturally Competent Care*, developed by the Office of Minority Health, is a comprehensive, yet easily accessible training program available to any physician or clinical staff member. This resource will help improve your ability to treat patients of culturally unique backgrounds.

You can increase patient satisfaction, improve patient compliance, and contribute to eliminating racial and ethnic health disparities. You will work through nine online modules, organized into three themes, covering every CLAS standard of care as follows:

- Culturally Competent Care
- Language Access Services
- Organizational Supports for Cultural Competence

By visiting the online modules, staff can view compelling case studies in streaming video. This free program can also provide physicians and pharmacists with up to 9 CME credits and nurses with up to 18.8 CEU credits. In addition to the training modules, you will find web links to current literature and valuable tools to help you integrate cultural quality into your practice.

To begin the Culture and Medicine Program, contact Donna Strong, MPH, CPHQ, Interventions Specialist at 1-800-922-3089, extension 3231.

South Carolina Population Increases 1990-2000

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<thead>
<tr>
<th>Year</th>
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<tr>
<td>1990</td>
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CDC Issues Guidance on ‘Superbugs’

The Centers for Disease Control and Prevention called on hospitals to step up their administrative support of infection-control practices in order to slow the spread of multidrug-resistant organisms, so-called superbugs.

Contact the CDC for CDC multidrug resistant org Guideline2006.pdf

Student Nurses

2006-2007 SNA-SC BOARD MEMBERS

Picture taken during the MidYear Conference in Atlanta, Ga. -Front row: 1st Vice President, Jenny de Leon Bourque, Community Health Chair, Theresa Lincoln, And 2nd Vice President, Britney Braelzel -Second Row: 2nd Professional Consultant, Lillian Bouknight, 1st Professional Consultant, Yvonne Dudderar, Treasurer, Shellie Webb, NEC Chair, Katelyn Liotta, President, Jessica Simpkins and 1st Executive Consultant, Rebecca McArthur -Back Row: Secretary, Edie Hardin, Break Through to Nursing, Amanda Reuis, Newsletter Editor & Website Director, Kelley Wilson, 2nd Executive Consultant, Ryan Bell, and Legislative Director, Maighdlin Anderson

We would like to recognize Award Winners from 2006 SNA-SC State Convention.

- Penny Wars—South Carolina State University
- Spirit Luncheon Chant—Lander University
- Spirit Luncheon Table—Trident Technical College
- T-Shirt Award—York Technical College
- President’s Award of Excellence—Edith Hardin
- Outstanding Advisor—Kim Blem, BSN, MN
- Who’s Who Award—Jennie de Leon Bourque
- Scholarship for SNA-SC—Nicole M. Hutch, Helen Le
- Community Health Project—Orangeburg Calhoun Technical College
- Community Participant—Orangeburg Calhoun Technical College
- BTN Points Award—OC Tech
- Most Outstanding Website—USC Upstate
- Top Dollar Award—Midland Technical College
- Most Pre-slated Candidates—Midland Technical College
- Immediate past SNA-SC President and current Chair of the Council of State Presidents Jordan Stoner, was featured in a NSNA “Imprint” article about the NSNA Board trip to Louisville and Mississippi to visit nursing schools.

Be There!
American Nurses Credentialing Center (ANCC) Announces Introduction of New Specialty Exams

The American Nurses Credentialing Center (ANCC) Commission on Certification (COC) will take a new approach toward developing specialty exams. Findings from recent role delineation studies revealed that there were not significant differences in the tasks and activities performed by the nurses, based on their initial educational preparation.

This means that one exam will be offered for nurses at the specialty level regardless of the nursing preparation. This approach will affect the following exams:

- Cardiac/Vascular Nurse
- Gerontological Nurse
- Medical-Surgical Nurse
- Pediatric Nurse
- Psychiatric and Mental Health Nurse

Role delineation studies are conducted at regular intervals in order to preserve the integrity of certification exams. Study findings provide objective, evidence-based assessment of the knowledge, skills and abilities required to practice competently in the specialty. A benefit of the current findings is that applicants will experience a streamlined process; this change will facilitate nurses’ application and eligibility process for specialty nursing exams, because only a valid RN license will be required to document completion of a nursing education program.

There is no change in any of the other eligibility requirements.

The first of the new specialty exams to be introduced will be the Medical-Surgical exam, January 1, 2007, with others being introduced according to a schedule to be determined. In addition to being introduced in the new form, the Medical-Surgical exam will also move from paper and pencil to computer-based testing format. This change will allow nurses to test year-round for medical-surgical certification, rather than waiting for the paper and pencil exams’ two testing windows in May and October each year.

ANCC Announces Next Generation Nursing Certification Credentials

The ANCC Commission on Certification (COC) announces the next generation certification credentials in concert with introduction of new specialty exams. (See attached communiqué: ANCC Announces Introduction of New Specialty Exams.) Beginning today, all ANCC-certified specialty nurses may use the new credential for their professional documentation; however previously issued certificates remain valid and will not be replaced until renewal. The new credentials, signifying that all ANCC-certified nurses are board-certified, are meant to simplify, clarify and unify professional credentials. The decision to announce next generation certification credentials was based in part on feedback received from nearly 3,000 ANCC-certified nurses who participated in a survey, in which over 75% approved this change.

With the introduction of the new credential, there will no longer be a difference in credentials based on education. Now, all specialty-certified nurses will receive the RN-BC credential. ANCC Director of Certification Mary Smolenski, EdD, APRN, BC, FAANP, CAE, said "The key message is that, as in other health care professions, you are either board certified or not. Consistency in titling contributes to building uniformity across health care professions, based on a common understanding of board certification." This communiqué is part of an on ongoing effort to review the credentials used in nursing certification. Studies are in progress on titling of ANCC-certified clinical nurse specialists and nurse practitioners.

The American Nurses Credentialing Center (ANCC) is the nation’s leading nursing credentialing organization, offering general and advanced practice certification in over 35 specialty areas. In addition, ANCC offers nursing continuing education contact hours and review course materials through its Institute for Credentialing Innovation, accredits organizations that offer and/or approve continuing education courses for registered nurses, and promotes excellence in nursing services through its Magnet Recognition Program®. ANCC certifications and designations are highly regarded by federal, state and local agencies and the for-profit and not-for-profit sectors across the nation and globally. Each ANCC program is offered on an international platform through the ANCC Credentialing International program. The American Nurses Credentialing Center is a subsidiary of the American Nurses Association (ANA). Its web site can be found at www.nursecredentialing.org.

2007 Official Call for Suggested SCNA Bylaw Revisions

Please consider this the official call for any suggested SCNA bylaw revisions for consideration at the 2006 SCNA Annual Meeting. A full set of current SCNA Bylaws can be obtained via the SCNA web site at www.scnurses.org. All proposed revisions must be submitted to SCNA by May 1, 2007. Please forward to:

SCNA-Bylaws Committee
1821 Gadsden Street
Columbia, SC 29201
FAX (803) 252-4781

Be There!
South Carolina is experiencing a critical and growing shortage of health care workers. The number of new RNs being educated in South Carolina is inadequate to meet the current and projected workforce demands of the state. These nursing shortages in both practice and academic settings have been the topic of discussion and planning. Several state wide forums, sponsored by the South Carolina Organization of Nurse Leaders, chaired by Marilyn Schaffner, and the South Carolina Council of Deans and Directors, chaired by Dr. Marsha Dowell and hosted by the South Carolina Hospital Association were held in the summer and fall of 2006.

The primary challenge facing the health care organizations is the lack of nursing staff and the primary challenges facing our colleges and universities are twofold: a shortage of faculty and a lack of sufficient classroom space to accommodate qualified students. By 2020, projections indicate there will be a 48% increase in our state’s need for RNs with only an 11% increase in supply. South Carolina hospitals are now spending approximately $77 million annually to hire temporary staff to accommodate for the shortage. Ultimately, the nursing workforce shortage will jeopardize quality of care and hinder economic development efforts in our state.

The forums, brought together nursing professionals, state legislatures, educators, chief nursing officers as well as representatives from the South Carolina Commission on Higher Education, area hospitals, Blue Cross/Blue Shield of South Carolina, Board of Nursing, Department of Health and Environmental Control, Area Health Education Centers, and the South Carolina Nurses Association to discuss legislative activity around the country, national and state nursing workforce data and develop a proposed plan for the future of the nursing workforce in South Carolina. The plan is entitled “One Voice One Plan” and addresses four major areas of common concern: 1) Creation of a plan to raise salaries of nursing faculty to more competitive levels; 2) Scholarships and other means of financial support for those nurses wishing to continue their education at the graduate level with specific emphasis on those that wish to teach to increase the number of qualified nursing faculty; 3) Development of new models and methods of nursing education, such as simulation based learning and 4) Creation of a center for nursing workforce data collection and workforce projections. These groups have committed to sponsoring ongoing forums to continue to address these issues.

Be There!

Join SCNA Today!

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One Voice, One Plan

by Dr. Marsha Dowell, Chair SC Council of Deans and Directors

Plans are underway for the sixth annual Palmetto Gold Nurse Recognition and Scholarship Program. The 2007 Gala will be held on April 21, 2007 at Seawell’s Banquet and Convention Center in Columbia. The purpose of the Palmetto Gold program is to annually salute 100 registered nurses that exemplify excellence in nursing practice and commitment to the profession. The net proceeds generated from the gala evening are used to provide nursing scholarships for students attending South Carolina registered nurse education programs and to build the Palmetto Gold Scholarship Endowment.

Palmetto Gold originated in 2002 when a coalition of nurse leaders from major nursing organizations came together to plan a strategy for showcasing the many contributions that nurses make to the health care system. The organizations include South Carolina Nurses Association, South Carolina Organization of Nurse Executives, South Carolina League for Nursing, South Carolina Colleagues in Caring Project, Sigma Theta Tau International, and South Carolina Nurses Foundation. The Palmetto Gold program is now a committee of the South Carolina Nurses Foundation, Inc.

Nominations for the award have been received from a wide variety of health care settings and the selection process is underway for 100 outstanding nurses to be recognized again this year. In addition to honoring the 2007 Palmetto Gold recipients, the 2007 Palmetto Gold Scholarship recipients will be featured and formally recognized. The first Renatta S. Loquist Graduate Nursing Scholarship recipients will be featured and formally recognized. The first Renatta S. Loquist Graduate Nursing Scholarship will also be awarded in 2007.

Palmetto Gold advertising and sponsorship opportunities are available for purchase for any business or individual interested. The Steering Committee is grateful to the many employers and benefactors that have contributed to the success of this program for the past five years. The impact of the program has been far-reaching as over $100,000 in scholarships has been awarded to student nurses and over $100,000 has been invested in a growing scholarship endowment. Five hundred nurses have been saluted for their excellence in practice and commitment to the profession. If interested in investing in the Palmetto Gold Scholarship Endowment, please contact either Pennie Peralta at 843-402-1399 (advertising) or Bonnie Wacker 864-560-3232 (sponsorship).

Reserve April 21, 2007 on your calendar for an exciting evening to celebrate nursing excellence. The theme for this year’s Gala is “Palmetto Gold: A Carolina Tradition”. Information on ticket purchase and registration will be available on the website (www.scpalmettogold.org) after February 2007.

Submitted by:

Penne Peralta
Palmetto Gold Steering Committee

Palmetto Gold 2007
### List of CE Activities Approved From January 1, 2005 to present

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<td>Adult Physical Assessment: A Comprehensive Approach</td>
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<td>Breast Cancer: The Front Line Challenge to Patient Navigation</td>
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<td>Our Journey of Hope</td>
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January 12, 19, 26, 2007 (Fridays)
Basic Cardiac Arrhythmias
8:30 am-5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses: 17.25 contact hours

February 7, 8, 2007 (Wednesday, Thursday)
ACLS for New/Non Critical Care Experience
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses: 12.25 contact hours

February 16, 2007 (Friday)
4th Annual Congestive Heart Failure Symposium
8:30 am–3:00 pm Summit Pointe (Behind Westgate Mall, Spartanburg, SC)

February 21, 22, 2007 (Wednesday/Thursday)
BLS Instructor Course
8:00 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Certificate of Attendance

February 23, 2007 (Friday)
2nd Annual Nursing Research Conference
“Research: It's Simpler Than You Think”
8:00 am–4:30 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses—will be provided

March 1, 2007 (Thursday)
Crash Course Cardiac Arrhythmias
7:30am–12n Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses: 3.75 contact hours

March 7, 8, 2007 (Wednesday, Thursday)
ACLS for Critical Care Experience
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses: 12.25 contact hours

March 8, 2007 (Thursday)
ACLS One-Day Recertification Course
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Credit: No continuing education credit is provided

March 10, 2007 (Monday)
Beginners: An Introduction to Excel in Healthcare
8:30 am–12:30 pm Classroom 3 Regional Education Center (next to Basil’s), Spartanburg
Nurses: 4.25 contact hours

March 21, 22, 2007 (Wednesday, Thursday)
PALS Provider Course
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Nurses: 11.5 contact hours

March 22, 2007 (Thursday)
PALS One-Day Recertification Course
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Target Audience
Nurses, Physicians, Resp. Personnel, Paramedics, Others
Credit
No continuing education credit is provided

March 26, 2007 (Monday)
Intermediate: An Introduction to Excel in Healthcare
8:30 am–12:30 pm Classroom 3 Regional Education Center (next to Basil’s), Spartanburg
Nurses: 4.25 contact hours

March 31, April 1, 2007 (Saturday, Sunday)
ACLS for New/Non Critical Care Experience
8:30 am–5:00 pm Tyner Auditorium, Spartanburg Regional Healthcare System
Credit
Nurses: 12.25 contact hours

Contact Information for all the above courses:
Registration and fees: Tonya George at (864) 560-6282 or tgeorge@srhs.com
Contents: Nelda M. Hope at (864) 560 - 6265 or nhope@srhs.com
All Programs require pre-registration and most programs require fees
Sylvia Denton/Royal College of Nursing

This is a copy of the remarks given by Sylvia Denton, President of the Royal College of Nursing, at the ANA House of Delegates Meeting in 2006. The SCNA Delegates to the ANA meeting were unanimous in wanting to share President Denton's remarks with all nurses in South Carolina.

It is indeed both an honor and a pleasure to be here today. And I bring you greeting from the Royal College of Nursing of the United Kingdom, our General Secretary Beverly Malone, our chair of council Elyris Warrington, our governing Council and the 387,00 nurses who are members of the College. May I at this point thank your President Barbara Blakney for her kind invitation to be here. I have known Barbara for several years now, from the day we first met at ICN and I, a raw recruit to the RCN presidency, sat alongside Barbara because of course country representatives at ICN sit in alphabetical order by country name, and our country’s names both begin with ‘United.’ Your camaraderie, wisdom and support Barbara has been exceptional, and I thank you, you truly demonstrate the skills and qualities of what it is to be a superb president, a wonderful ambassador for your country and for the profession of nursing. Thank you.

As you probably know the Royal College of Nursing is one of the world’s largest professional nursing organizations and our purpose—or what you might call our mission statement—is as straightforward as it is crucial. We speak out for nurses, for patients, and the society we serve. And we do that from the corridors of power to the corridors of hospitals.

In addition to being the President of the Royal College of Nursing I’m also somebody who’s been proud to be a frontline, hands-on clinical nurse for four decades. Now, I know what you are thinking... she must have started work at the age of seven. But no, whatever your eyes may be telling you right now, the truth is that I’ve really been a member of our profession for more than forty five years. My deceptively young looks are the result of vitamins and plastic surgery.

In fact, I started work as a nurse when my country’s National Health Service was in its first flush of youth... as so was I. Our National Health Service was just eleven years old then. And, of course, today’s nursing profession is very different from the one I joined.

Today we are professional clinicians and truly integrated members of the healthcare team. Today our work encompasses a huge range of roles within a diverse range of disciplines leadership and influence. And today, through organizations such as the ANA and the RCN, we contribute to shaping the political and healthcare agendas.

But while so much has changed, I’d argue that one thing has remained constant. And that one thing is “caring” Caring is at the very heart of all that we do as nurses. First, last and always ours is a profession defined and judged by the care we give. But it’s also a profession underpinned and sustained by trust and that’s because nurses aren’t simply caring professionals... we are trusted professionals.

Trusted with people’s health. Trusted with people’s lives. Trusted to always give of our best.

And we must live up to the responsibility of that trust... every minute of every day. That’s something I’ve come to learn during four decades in our profession.

But there’s something else I’ve learned down the years... and it’s this... as nurses our impact is felt as much in society as it is in the hospital ward or the doctor’s surgery. And that’s because nurses and nursing encapsulate a principle that’s the measure of what it truly means to be a civilized society... namely the ethos of public service.

In other words, nursing is as much about strengthening the bonds of social solidarity as it is about delivering quality patient care. And so, in a very real sense, we nurses are not simply the first line of defense in healthcare... we are crucial means of delivering social justice in our communities.

Caring. Trust. Public Service. These are the values that, as nurses, we all have in common... in the United States, in the United Kingdom and right across the nursing world.

These values enable us to have the vision and creativity to provide patient focused care. And staying true to them means we can deliver that care to all who need it... irrespective of gender, race, religion, sexuality, social class or age.

At the RCN’s annual congress in April this year we took the theme “Nursing the World.” I believe that this isn’t just a slogan it’s a living breathing reality. And that’s because twenty first century nursing is a global profession. Today, every member of the nursing family lives and works in “the nursing world.”

This is a world without borders... it has to be!! You know, since taking up the job of RCN President it’s been my privilege to meet with, speak to and learn from nurses all around this nursing world. A world in which a healthcare action in one country can have a healthcare reaction in another. And that means the work we do and the wellbeing of patients we care for, are often affected by decision trends and events that occur and originate far beyond our national borders. But no matter where I’ve travelled, there’s something I can say with total honesty and complete conviction. And it’s this... I have truly witnessed excellence in nursing... and I have now met many hundreds of nurses who are a credit to our profession.

I recognize that, no matter what side of the Atlantic you are on, nurses and nursing face many challenges. But I’m also confident about our future. And that’s because, after more than four decades in our profession, I have absolute faith in our capacity to turn those challenges into opportunities. It’s what we nurses do every day.

So nurses, I don’t care if you are in New England or Old England; London or Louisiana... here’s my message of support and solidarity to you from the Royal College of Nursing of the United Kingdom... let us be proud of who we are and proud of what we do... be proud... be proud.
BOARD VACANCY

The Nurse Practice Act signed by Governor Sanford on May 11, 2004, established an additional lay member for the Board of Nursing. There is currently one lay member vacancy on the Board. Lay members represent the public at large as a consumer of nursing services and may not be licensed or employed as a health care provider. No board member may serve as an officer of a professional health-related state association. If you know of any eligible candidates who are interested in this lay position, they should submit a letter of request, along with a resume to Boards and Commissions, Governor’s Office, Post Office Box 11829, Columbia, SC 29211.

RENEWAL 2008

It is not too early to begin thinking about your 2008 nursing license renewal. Online renewal is available from February 1 until April 30 on even years. Just a reminder of the competency requirements:

Section 40-33-40 of the Nurse Practice Act states that renewal of an active license biennially requires documented evidence of at least one of the following requirements during the two year licensure period:

- completion of 30 contact hours from a Board-recognized continuing education provider; OR
- maintenance of certification or recertification by a Board-recognized national certifying body; OR
- completion of a Board-recognized academic program of study in nursing or a related field; OR
- verification of competency and the number of hours practiced, as evidenced by employer certification on a Board-approved form.

Here are a few suggestions that we hope you will find helpful as you think about your 2008 renewal.

- On Valentine’s Day of even years (2008, 2010, 2012, etc.), think to yourself, “I love being a nurse, did I renew my license yet?” Online renewal is available from February 1 until April 30 on even years. You will use your same user ID and password each renewal.
- When you renew your license and choose a continued competency option, that option must be completed prior to renewal. When you complete your renewal, you are attesting that you have completed the competency option chosen and that all information on your renewal application is true and correct.
- As you review continuing education courses for renewal of your license, verify on the Competency Requirement Criteria that the course is accepted by the Board for your renewal. Remember that the requirement is 30 contact hours not 30 CEUs (continuing education units).
- Considering obtaining a special nursing certification? Review the Competency Requirement Criteria your certification may meet the requirements to renew your nursing license.
- If you receive a higher nursing degree during the renewal period (May 1—April 30th), you will be required to provide the Board with a transcript should you be audited.
- Make sure your employer can and will sign your Employer Certification—Verification of Competency and Nursing Practice Hours Worked form. Do not assume that your employer will sign the form. Please be aware that some employers, on advice of their attorneys, will not sign the forms verifying competency. If that option is available, ask your employer to sign the form at your annual performance review.
- Keep a special folder in a safe place for all of your nursing license information. As you gather information, place it in the front of your folder so that it is in chronological order. You will be ready should you be selected for the competency audit after renewal. Your folder should include but not be limited to the following:
  - User ID and password for online renewal.
  - Copies of your biennial online renewal form and receipt from your online renewal.
  - Copies of contact hour education certificates.
  - Copies of your certifications and re-certifications including the certificates for the required continuing education.
  - If you are in school to obtain a higher nursing degree and choose this option for your renewal, a copy of your transcript will need to be mailed directly from your educational institution if you are audited.
  - Copies of Employer Certification—Verification of Competency and Nursing Practice Hours Worked.
  - Mailer that your license comes on.
  - Copies of any documentation sent to or received from the Board of Nursing regarding your license.

We hope this information will assist you with your renewal. Online renewal is available from February 1 until April 30 on even years. Remember, it is never too early to begin planning for your next renewal.

Frequently Asked Questions—Education

Question: I am presently licensed as a practical nurse and would like to further my nursing education. What nursing programs does the Board accept for the education requirement for the registered nurse licensure?

Answer: Requirements for licensure as a registered nurse in South Carolina include completing all requirements for graduation from an approved nursing education program. Registered nursing education programs approved by the Board of Nursing are available on the web. Programs approved by other state boards of nursing may be found on the National Council of State Boards of Nursing (NCSBN) website at www.ncsbn.org. When you arrive on the NCSBN home page, select NCLEX Candidate Bulletin, Pages 20 through 39 of the bulletin list programs approved by other state boards of nursing. We recommend that you contact the school directly regarding admission requirements and enrollment plans. Also, South Carolina licensure requirements may be found under licensure. Education documents required must be mailed directly from the school to the Board of Nursing.

Question: I am interested in RN to BSN programs. What should I be looking for?

Answer: The South Carolina Board of Nursing does not regulate registered nurse (RN) to bachelor's degree in nursing (BSN) programs as they do not lead to initial licensure as a nurse. A list of RN to BSN programs in South Carolina is located at Nursing Programs on our Web site (www.llr.state.sc.us/pol/nursing). Also, you may find it helpful to check with the national accrediting agencies, e.g., the National League for Nursing Accrediting Commission (NLNAC) at www.nlnac.org or the Commission on Collegiate Nursing Education (CCNE) at www.aacnnn.org, etc; or with the State Board of Nursing in the state where the program is located at www.ncsbn.org (please choose boards of nursing from the Updates and Contacts listing on the home page).

Question: I am interested in a nursing program leading to initial licensure that includes classes that will be offered online.

Answer: First, check to see if the program is approved by one of the state boards of nursing. (Please refer to question 1 for more information.) Then ask yourself if you have the discipline to stay on track with the assignments. This method of study may be more convenient, however, will require motivation and self-discipline for completing the course. We do recommend that you contact the school directly regarding enrollment plans. Also, we advise that you make contact with the school and the clinical facility regarding procedures and availability for clinical experiences.

Question: I am interested in the National Council Licensure Examination (NCLEX) passing rates for South Carolina schools.

Answer: The NCLEX pass rates for nursing education programs located in South Carolina are listed under Nursing Programs on our Web site.

Question: Are students who are already registered nurses, required to have a current, active South Carolina registered nursing license if they are enrolled in a master’s degree in nursing program and are taking clinical nursing courses in South Carolina?

Answer: Yes, students who are already registered nurses are required to have an active, current license in South Carolina when enrolled in a master’s degree in nursing program and taking clinical courses in this state. The requirements for licensure as a registered nurse in South Carolina may be found under Licensure on our Web site.

HAVE YOU MOVED?

Section 40-33-38 (C) of the S.C. Nurse Practice Act requires that all licensees notify the Board in writing within 15 days of an address change. So that you do not incur disciplinary action or miss important time-sensitive information, such as your renewal and audit request or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. Please submit a letter including your name (as shown on your license), license number, former address and new address as well as your new telephone number and email address. You may also change your address online utilizing the address change form found under Online Services on our Web site: www.llr.state.sc.us/pol/nursing/.

BOARD MEMBERS

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Trey Pennington, Public Member
Sylvia A. Whiting, PhD, APRN-BC, Cong. District 1
Vacant—One Public Member [See Session 40-03-10A]

S.C. BOARD OF NURSING CONTACT INFORMATION

Main Telephone Line (803) 896-4550 Fax Line (803) 896-4525 Email Nurseboard@llr.sc.gov Web site www.llr.state.sc.us/pol/nursing/

Administration

Administrator, Joan K. Bainer (803) 896-4537 Office Manager, Pam Dunkin (803) 896-6949

(Continued on page 39)
South Carolina Board of Nursing Official Information

Assistant to Administrator, Dottie Buchanan
dbuchana@llr.sc.gov (803) 896-4533

Compliance/Monitoring
Program Coordinator, David Christian, III
cchristian@llr.sc.gov (803) 896-4532
Administrative Assistant, Tanya Styles
styles@llr.sc.gov (803) 896-4542
Administrative Coordinator, Sherry Wilson
wilsons@llr.sc.gov (803) 896-4659

Education
Nurse Consultant for Education, Nancy Murphy
murphy@llr.sc.gov (803) 896-4529
Administrative Specialist, Judy Moore
moorej@llr.sc.gov (803) 896-4743

LPN/RN/APRN Licensure
Licensure Program Coordinator, Annette M. Disher
disher@llr.sc.gov (803) 896-4504
Advanced Practice, Michael Rowland
rowlandm@llr.sc.gov (803) 896-4524
Data Coordinator, Steve Triplett, III
triplets@llr.sc.gov (803) 896-4531
Endorsements, Brandi Risher
risheb@llr.sc.gov (803) 896-4523
Examinations, Edwina Garrett
garrette@llr.sc.gov (803) 896-2365
Revenue, Debra Wade
waded@llr.sc.gov (803) 896-4539
Verifications, Kathryn Spries
spries@llr.sc.gov (803) 896-4530

Nursing Practice/Advanced Practice
Nurse Consultant for Practice, Maggie Johnson
johnsonm@llr.sc.gov (803) 896-4522

Office of General Counsel/Office of Investigations and Enforcement
Telephone (803) 896-4473

Office Location/Hours of Operation
The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site—www.llr.state.sc.us/pol/nursing/
Our mailing address is LLR—South Carolina Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.
Our normal business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Our offices are closed for holidays designated by the State.

Designated State Holidays for 2007
January 1 New Year’s Day
January 15 Martin Luther King, Jr. Day
February 19 President’s Day
May 10 Confederate Memorial Day
May 28 National Memorial Day
July 4 Independence Day
September 3 Labor Day
November 12 Veterans Day
November 22-23 Thanksgiving
December 25-26 Christmas

Board and Committee Meetings FOR 2007
January 25-26 Board of Nursing Meeting
February 2 Advanced Practice Committee Meeting
February 15 Nursing Practice & Standards Committee Meeting
February 20 Advisory Committee on Nursing Meeting
March 29-30 Board of Nursing Meeting
April 17 Advisory Committee on Nursing Meeting
April 19 Nursing Practice & Standards Committee Meeting
May 4 Advanced Practice Committee Meeting

Be There!

VISIT US ON OUR WEB SITE: www.llr.state.sc.us/pol/nursing/
The Board of Nursing Web site contains the Nurse Practice Act, Regulations, Compact Information, Advisory Opinions, Licensee Lookup, Disciplinary Actions, and other information. Under Online Services, you may check the status of your application or change your address.