The Illinois Nurses Association (www.illinoisnurses.com).

President Obama thanked the American Nurses Association and the nurses for supporting health care reform. The president’s speech is on the INA website if anyone would like to view it.

When their daughter was sick as a baby, President Barack Obama shared his experience as a father and how nurses were there for him and Michele. He called nurses “the beating heart” of the U.S. health care system. He shared his experience as a family of warmth and support. Nurses were treating each other with respect, sharing information, and providing helpful comments. Our outgoing president, Rebecca Patton seems to be at a place of growth and peace during her final days as ANA president. We need to thank Rebecca and ANA for their work on health care reform and lobbying efforts for increased funding in nursing workforce development.

ANA provided an exciting legislative experience for more than 300 nurses during ANA’s lobby day on Capitol Hill. Nurses were able to talk with lawmakers about supporting important legislation. The RN Safe Patient Act was introduced in both chambers. The ANA legislative agenda is on the ANA website for members to review (www.nursingworld.org).

The Illinois Nurses Association (www.illinoisnurses.com) was introduced in both chambers. The ANA legislative agenda is on the ANA website for members to review (www.nursingworld.org).

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The Delegates voted to change the ANA bylaws to support looking at membership options that could grow the membership for both the state associations and ANA. Everyone realized that we have different membership needs throughout the states and must adapt to change. The Delegates worked actively to improve the nurse’s profession by participating in discussions and voting on resolutions that were put forward. The following resolutions were passed by the HOD and will be worked on for the next few years by the American Nurses Association and the members in each state:

- Hostility, Abuse, and bullying in the workplace
- Safety and effectiveness of reprocessed single use devices in healthcare
- Advanced Practice Registered Nurses signing and certifying for home care plans
- Social Networking and the nurse
- Mentoring programs for novice nurses
- Healthcare for undocumented immigrants
- Addressing health literacy through patient literacy
- Continuation of the automatic dues escalator

One of the greatest moments at ANA is when time was taken to recognize nurses for all of their accomplishment in their field of practice or what they do as nurses. The awards were many, which shows that nurse are “making a difference” every day. We must continue to recognize the efforts of nurses at the National, State, and local levels.

The Illinois Nurses Association has two members that must be mentioned for their hard work and contribution to the ANA House of Delegates. Ann O’Sullivan and Catherine Neuman were presenters in two forums that provided educational and practice information to the delegates. Both Ann and Catherine worked on the newly revised Social Policy Statement and Scopes and Standards of Practice. The ANA delegates were the first to enjoy the forum and to purchase a copy of the revised book. Cathy was one of five presenters for the forum on Pay For Quality Principles. The topic raised a big discussion at the microphone during the forum. Some of the delegates believed that pay for performance probably are one way to remove nurses pay from the room cost. There were also concerns about the process going bad. Get involved and support nursing through your professional association.

Mildred Taylor BSN, RN currently chairs the INA Appointments Committee and serves on the INA Marketing Committee. She is also an INA Delegate, an ANA Delegate and is a member of the Illinois Board of Nursing. Mildred will complete her MSN in December, 2010.
Making The Case For School Nurses—Call To Action To Support The Governor’s Veto!

Pam Robbins BSN, RN
INA President

National statistics on child health inform us that 30% of children, or almost one-third, have chronic health issues including Diabetes, Asthma, and hypertension. According to the Centers for Disease Control, one-third of school-aged children are obese or overweight; 13% require prescription medication use lasting three months; and slightly under 10% have asthma. The National Institutes of Health tell us that close to 125,000 children have type 1 Diabetes and some are being diagnosed with type 2 Diabetes.

How much do chronic health issues and children’s health needs manifest in our schools? The result is significant. We find that there are: students in schools with ventilators and/or tracheotomies who need suctioning; students who need tube feedings—and sometimes tube insertions; students who cannot void and need to be routinely catheterized; diabetics students requiring glucagon or sliding scale insulin; and students with (poorly controlled) Epilepsy requiring emergency (rectal) administration of Diastat. Add to this a range of other physical and mental health issues, such as Influenza, Cystic Fibrosis, Cerebral Palsy, Bipolar disorder, bullying, etc., all requiring ongoing and expert care management. Let’s look at one of these child health (and safety) issues that has been on the forefront in our state: insulin administration by unlicensed personnel.

In a 2005 New England Journal of Medicine article titled A Potential Decline in Life Expectancy in the United States in the 21st Century, Ludwig et al stated: “From our analysis of the effect of obesity on longevity, we conclude that the steady rise in life expectancy during the past two centuries may soon come to an end.” This generation of children in the US is predicted to live a shorter life span than their parents! We need school nurses to educate and assist these school children to lead healthy lives. Not only do the school nurses bring this expertise, but they are exquisitely located (when there are school nurses) where students spend the majority of their waking hours: in the schools. Surveys of such preventative diseases as obesity and its contributions to Diabetes Type II and hypertension are mechanisms to improving the quality of life for our Chronic diseases such as Diabetes Type I, Epilepsy, and Asthma must be managed to maintain a healthy child so he/she can be educated in our school systems.

Supporters of HB 6065 agree on one message—as does the Coalition—there must be a licensed health professional available to care for the child in school. The remedy cannot be handled by piecemealed legislation that proposes unsafe and inappropriate remedies to be managed by uneducated “volunteers” who already have a full time school job. The school nurse is that cost effective, qualified individual who is educated on all diseases processes, whether chronic or acute, and who can deal with trauma and emergencies. Which choice would you prefer for your child in school? The INA and the Coalition are dedicated to resolving this public safety issue and invite nurses, parents and the public to encourage your Illinois legislator to uphold the Governor’s Amended Veto of HB 6065 in the November Veto session and then, encourage the legislators to support a comprehensive legislative plan that assures every child has access to qualified healthcare in schools.

Proposed Nurse Practice Act Rules

by Sharon Canariato

Beginning June 1, 2010 registered nurses must complete 20 contact hours of Continuing Nursing Education by May 31, 2012. The Illinois Nurse Practice Act requires this continuing education every two years at license renewal. LPN’s are required to obtain 20 contact hours as well during their odd year renewal cycle. Advanced practice nurses are required to complete 50 contact hours per licensure cycle. Please remember, when referring to continuing nursing education, the term contact hours must be used and not CEU (continuing education unit). CEU (the equivalent of 10 contact hours) is a specific standard of educational achievement used to meet international criteria.

Continuing nursing education involves professional learning activities designed to augment the nurse’s basic knowledge and skills thereby enriching the RN’s contribution to quality health care and their pursuit of professional career goals. In most cases, in-service educational activities and general orientation processes cannot be awarded contact hours.

Section 1300.130 of the proposed Nurse Practice Act rules, contains the specific language regarding the continuing education requirement. You can view the act and rules in its entirety at the IDFPR website. Note that as these are proposed rules, they are subject to change. A summary of some of the proposed rules are listed below (list is not all inclusive):

• All contact hours must be completed in the 24 months preceding expiration of the license.
• Most CE hours will be verified by attendance in obtaining certificates of attendance/completion.

• Independent study that is approved for CE credit may be utilized (i.e. home study programs, articles from journals).
• IDFPR may require evidence of completion of contact hours via a random audit. A nurse may be asked to produce copies of certificates obtained proving they met the educational requirement.
• If there appears to be a lack of compliance with the requirement, you may be requested to appear before the Board of Nursing.
• Academic credits in nursing courses may be used to fulfill CE requirements. CE hours are not awarded for audited courses or core courses such as English, literature, math, music and PE.
• There are time equivalencies:
  1. academic semester hour = 15 contact hours
  1. academic quarter = 12.5 contact hours
  1. CME = 1.0 contact hour
  1. AMA = 1.0 contact hour
• Nurses licensed in Illinois but residing and practicing in other states must comply with the requirement.
• Waivers of the CE requirement are available for situations of extreme hardship or good cause. A request for waiver must be made to IDFPR prior to the renewal date.

There are many different ways a nurse in Illinois may obtain contact hours for continuing nursing education. You want to make sure that any educational activity is approved by a reputable accrediting body such as ANCC (American Nurses Credentialing Center) or AACN (American Association of Critical Care Nurses). Some ways to obtain CE credit are listed below:
Illinois School Nurses Fight for Safe Healthcare in Schools
by Cameron Truman RN, MS, ILNCNSN, President, Illinois Association of School Nurses

Media is filled with stories of school districts eliminating staff positions, cutting supplies and programs across the state of Illinois. It is not uncommon for districts to view their school nurses as superfluous and expendable during these financially challenging times. Professional school nurses are being cut and replaced with minimally trained health clerks, or no assigned staff, to care for all of the complex health needs of their students.

In the midst of these reductions school nurses in Elgin’s District U-46, fought valiantly advocating for their students’ health care and wellbeing. The Elgin school nurses mounted a comprehensive presentation for their school board, outlining how the reduction in staff would negatively impact their students’ ability to learn and function in school. The U-46 school board ultimately decided cut 22 school nurses, over half of their nursing staff, in 2009.

In 2010, Waukegan’s District 60 school nurses faced a similar school board decision to cut 16 of 27 certified school nurses, with no plan in place to ensure adequate care for their 17,000 students. Diane Driver, a Waukegan school nurse, and her school nurse colleagues organized and developed various strategies to produce and communicate a comprehensive response to the students’ need for best care and safety, academic success and financial benefits a school nurse provides a district. The Waukegan school nurses became political activists advocating for the students and attended school board meetings. The Waukegan nurses did their research identifying the needs of Waukegan’s large number of lower socioeconomically-challenged students. The school nurse is typically seen as the “primary medical provider” in these situations. Data was presented in testimony on state financial reimbursement for a certified school nurse in special education services, potential risk and liability issues using non-licensed staff to administer medications and treatments, the nurse’s impact on higher attendance rates, and other situations which are affected by the presence or absence of a school nurse. School officials were educated on the Nurse Practice Act and its implications for nursing care in schools. The Waukegan nurses collaborated with school administrative and board officials to develop a plan based on their data, to attend to the district’s budget, and continue to meet, revise, and implement this plan, all as a result of a group of school nurses who advocated for the rights of their patients, the children in their district. The Illinois Association of School Nurses (IASN) requests the public to respectfully ask legislators to view their school nurses as superfluous and expendable during these financially challenging times. Professional school nurses are being cut and replaced with minimally trained health clerks, or no assigned staff, to care for all of the complex health needs of their students.

Practice Corner continued from page 3

1. Illinois Nurses Association
   a. In person Presentations (see brochure at www.illinoisnurses.com)
   b. Independent study articles in “Illinois Nurse”
   c. CHART for INA members (Spring and Fall editions)
   d. Links on INA website for online CE programs
   e. Local/District meetings with presenters
   f. Biennial meeting, convention
2. Live Presentations
   a. Illinois Nurses Association
   b. AACN, NTI National Teaching Institute
   c. Employer educational sessions—some in-house classes do not count
3. Publications with Independent Study
   a. Illinois Nurse—mailed quarterly
   b. CHART for INA members (Spring and Fall editions)
   c. Nursing Spectrum
   d. Advance for Nurses
   e. AACN
   f. American Academy of Ambulatory Care Nursing
   g. Academy of Med-Surg Nurses
4. Direct Mail Independent Study—be sure to confirm accrediting body
   a. Catalogue
   b. Audiotape

Comment on the Status of HB 6065—The Care of the Student with Diabetes Act

Theresa Adelman, MSN, RN, CEN

In the fall of 2008, my daughter was diagnosed with Type I Diabetes Mellitus (DM). Fortunately, my daughter quickly grasped the knowledge and psychomotor skills necessary to immediately self manage with minimal assistance. This included the task of withdrawing and self-administering her short acting insulin. We were assured that a Registered Professional Nurse was available to my daughter at school. I felt a great weight lift from me knowing that this was possible.

Overall, the school has been responsive to the needs of my daughter. There was an incident where her right to privacy was trampled and she was marginalized as a child (in the lunchroom, “which one of you is the new diabetic kid?”). For 5th grade, she was strategically placed in a classroom led by a teacher with Type I DM (while I hoped she was not expected to provide healthcare while teaching). I have enjoyed a working relationship with the Health Clerk and am comforted in the knowledge that a Professional Nurse is available should the need arise. Currently, The Care of the Student with Diabetes Act (HB 6065) is awaiting Governor Quinn’s signature to become a law. The Act attempts to address issues such as discrimination, and the health and safety of the children of Illinois. As a parent of a child with Type I DM, I am pleased with many of the provisions in the Act. However, as a Registered Professional Nurse I also feel a sense of urgency. The language at the Act does not include terms such as “delegated care aide,” “civil immunity.” I am concerned about how this could negatively impact the nursing presence in our schools. Although it is important that school employees be knowledgeable, it is most important that they provide the services for which they were hired. I find it most alarming that the “delegated care aide” would be allowed to administer medication. This is in direct violation of the current Illinois Nurse Practice Act. Suzanne Elder, in support of HB 6065, responded to this fact presented by the Pam Robbins editorial in the Chicago Tribune. Rather than acknowledge that HB 6065 contradicts the Nurse Practice Act, she labels our professional regulation as “bad policy,” and “backward.” Regardless of the language proposed legislation needs to remain consistent with existing policies. Not all children are able to self-manage their DM, and these children deserve nursing expertise. In addition, why is there a clause for “civil immunity”? If this is a safe alternative to nursing judgment, why are these protections necessary?

Our nursing history, we have sometimes abdicated a position of our role. This is not the time to acquiesce. Read the bill for yourself at: http://www.ilga.gov/legislation/fultext.asp?DocName=f0050GCAMD=100112HJH35399&Type=Cmte&Session. Contact Governor Quinn to express your concern regarding The Care of Students with Diabetes Act (HB6065). His email address is: Pat.Quinn@Illinois.gov or his mailing address is: The Honorable Pat Quinn, Office of the Governor, 100 W. Randolph, Suite 16-100, Chicago, Illinois 60601. Let’s not relinquish more of our nursing role!

*Theresa Adelman is an Assistant Professor of Nursing at Bradley University, a member of the INA Editorial Review Board and a member of INA District 9.

An excellent listing of CE opportunities in Illinois can be found on the Illinois Center for Nursing’s website: http://nursing.illinois.gov/NursingCE.asp

How is the staffing at your hospital? Let us know!
https://www.surveymonkey.com/s/nursestaffing
Childhood Obesity: Controlling the Epidemic

Kely A. Schwend, PhD, RN and Amanda R. Lambie, MSN, RN, CPN

Childhood obesity has become a significant public health issue in the United States. The majority of individuals who are obese in childhood will continue to struggle with weight control issues and related health consequences into adulthood. This is a wide array of negative physical and psychosocial health consequences. The causes of childhood obesity are multifaceted and complex. Health care providers, public health officials, school personnel, and the public all play a role in working together to address the issue. Prevention strategies for all children should be emphasized along with intervention strategies for children who are overweight.

The prevalence of overweight children in the United States has increased significantly over the past 30 years (Taveras et al., 2009). Nationally representative samples of children suggest that 23 percent of US children reveal an increase in obesity prevalence from approximately 5% in 1963 to 1970 to 17% in 2003 to 2004 (Barlow, 2007). This increase in the weight status of infants during the first six months of life. The results demonstrated that rapid weight gain during the first six months of life was associated with a significant risk of obesity at 3 years of age. This finding is of critical importance as the average school age child spends 28 percent of the day and 14 percent of his/her annual hours in school (Counsel on School Health, AAP, 2008). It is imperative that the issue of childhood obesity be confronted, as the health and welfare of our nation is dependent upon it.

References


**Kely A. Schwend is an Assistant Professor of Nursing at Bradley University
**Amanda R. Lambie is an Assistant Professor of Nursing at Bradley University

First Lady Michelle Obama has taken the issue of childhood obesity and announced a national goal to solve the challenge with her Let's Move campaign. The First Lady reports 1/3 of all children born in 2000 or later will suffer from diabetes at some point in their lives, making the focus on national nutrition education imperative. Also, her Task Force on Childhood Obesity outlined steps to bring the nation closer to her goal, including, educating doctors and nurses across the country about obesity and increasing the number of schools involved in meal programs and physical activity education. Failure to meet the outlined goal could result in increases to the nation's current healthcare expenditure burden of $147 billion per year for obesity-related disease (Taveras et al., 2009).

The focus on obesity prevention and maintenance of a healthy weight must begin in infancy as demonstrated by the evidence of associations between the number of meals consumed and the weight gain of infants during the first six months of life. The results demonstrated that rapid weight gain during the first six months of life was associated with a significant risk of obesity at 3 years of age. This finding is of critical importance as previous studies have demonstrated rapid weight gain during infancy is a predictor of obesity and hypertension in later childhood and into adulthood (Taveras et al., 2009).

Household routines of US preschool-aged children were examined including family evening dinner patterns, amount of sleep during the night hours and amount of screen viewing time and their relationship with obesity (Anderson & Whitaker, 2010). Children, who regularly ate the evening meal with their family, received adequate amounts of sleep during the night hours and were limited in the amount of screen viewing time they were allowed had obesity rates 40 percent lower than children not exposed to these (days), bed times.

The Expert Committee on the Assessment Prevention and Treatment of Child and Adolescent Overweight and Obesity advocates for the regular and routine assessment of dietary patterns and physical activity levels of all children, not just those identified as overweight or obese (Bowdoin, 2008). The American Academy of Pediatrics (AAP) also recommends BMI monitoring to begin at 6 years of age. Some suggest additional training in pediatric weight management and behavioral counseling for all pediatric health care professionals who work with children (Bowdoin, 2008).

The AAP Expert Committee recommends that healthcare providers instruct patients and their families to adopt and encourage energy-dense foods:

1. limiting consumption of sugar-sweetened beverages;
2. encouraging consumption of diets with recommended quantities of fruits and vegetables;
3. limiting television and other screen time (the American Academy of Pediatrics recommends no television viewing before 2 years of age and thereafter no more than 2 hours of television viewing per day and removing televisions and other screens from children's primary sleeping area (although a relationship between obesity and screen time other than television viewing, such as computer games, has not been established, limitation of all screen time continues to be recommended for calcium expenditure);
4. eating breakfast daily
5. limiting eating out at restaurants, particularly fast food restaurants may be a risk factor for obesity in children, and families should also limit meals at other kinds of restaurants that serve large portions and high amounts of energy-dense foods;
6. encouraging family meals in which parents and children eat together (family meals are associated with a higher-quality diet and with lower obesity prevalence, as well as with other psychosocial benefits); and
7. limiting portion size (the USDA provides recommendations about portions, which may differ from serving sizes on nutrition labels, and a product package may contain >1 serving size).

The committee also suggests, on the basis of analysis of available data and expertise, the following behaviors:

1. eating a diet rich in calcium (the USDA provides recommendations about serving size and daily number of dairy product servings);
2. eating a diet high in fiber;
3. eating a diet with balanced macronutrients (energy from fat, carbohydrates, and protein in proportions for age, as recommended by Dietary Reference Intakes);
4. encouraging exclusive breastfeeding to 6 months of age and maintenance of breastfeeding after introduction of solid food to 12 months of age and beyond, consistent with American Academy of Pediatrics recommendations;
5. promoting moderate to vigorous physical activity for at least 60 minutes each day; and
The Illinois Nurses Association hosted over 1200 student nurses, faculty, RNs and LPNs on March 24, 2010 at its Student Nurse Political Action Day. Those in attendance were treated to continuing education programs such as: “The Importance of Political Activism”, “Hot Topics in Nursing”, “How a Bill Becomes a Law”, and “Who’s Who in Springfield”. Special “Legislator of the Year” awards were given to Representative Elizabeth Coulson and Senator William R. Haine for their strong nursing advocacy and willingness to stand with nurses to assure the public of safe and ethical healthcare services.

Speakers included: Pam Robbins, INA President; SNAI Board Members Andrea Barrett-Hollander and Reneka Turner; Joanie Larsen, INA-PAC Committee Chair; Debbie Broadfield, Consulting4Biz; Dan Fraczkowski, INA Board of Directors; Sue Clark, INA Lobbyist; and Susan Swart, INA Executive Director. A skit on good and bad ways to lobby was presented by Joanie Larsen, Sharon Canariato and Joe Williams. Warm and sunny weather greeted the attendees as they lined up outside Prairie Capitol Convention Center for the march to the Capitol. This is an annual event, so don’t miss out on this opportunity to learn as well as interact with your legislators next year. This event is not just for students!

Exhibitors included:
- IL Assoc of Nurse Anesthetists
- US Army Medical Recruiting
- University of IL College of Nursing
- IL Emergency Nurses Assoc.
- Milliken University
- IDFPR/IL Center for Nursing
- Gideons
- Elsevier/Mosby/Saunders
- Grand Canyon University
- Memorial Health System

Donations:
- ProForma
- 4Imprint
- Linda Roberts, MSN, RN

Raffle winners:
- Jodi Nutter from Peoria won the cash prize of over $400.00 and a collectable poster donated by Linda Roberts, MSN, RN
- Danielle Berman of Shorewood won a NetBook, external hard drive, six months Geek Squad help, six months antivirus protection and an INA Political Action Committee (PAC) carrying case (donated by INA District 9). She also won a collectable poster donated by Linda Roberts, MSN, RN
- Heather Kusler (faculty at ICC) won a beautiful wine basket donated by Pam Robbins, INA President.

Poster Contest Winners received NCLEX Review books, and/or miscellaneous other prizes to enhance their education.
- Christina Diaz (First Place)
- Amy Uswajesdakul (Second Place)
- Karen Vance (Third Place)

Banner Carriers:
- Janet Hubert and Bart Kluch from Western Suburban College of Nursing
- Linda Perez-Beller and Matt Buckley from Lewis University
- Linda Udeani and Mary Clawson from Lakeview College of Nursing
- SNAI Board Members
The role of mentoring nurses, new graduate nurses and experienced nurses, is paramount to advancing the profession of nursing and addressing the national crisis of the nursing shortage. The increasing complexity of patient acuity and nursing workloads can be overwhelming to the new graduate nurse. This in turn leads to costly high turnover rates. In addition, new graduate nurses may leave the nursing workforce entirely, thereby furthering the nursing shortage. Many new nurses leave the nursing profession within two years of graduating from nursing school. (McMahon, 2005). The cost to the health care institution is estimated to be approximately $50,000 to replace a Registered Nurse (Beccroft, Junzman, & Kroszek, 2002). Mentoring has been used quite effectively as a strategy to recruit and retain nurses (Bratt, 2009, Puskar & Bernardo, 2003, Sherman, 2005).

Mentoring is not new to nursing. The use of mentoring, especially the mentoring of nursing students, has been reported in the nursing literature since the 1970’s (Vance, 1979). There are many perspectives on the definition of mentoring. Traditionally, mentoring was described as the activities a mentor participated in for another person in order to help that person do a job more effectively and/or progress in their career. For example, traditionally the mentor was more of a preceptor or trainer and very task oriented. Mentors provided the guidance to complete the tasks of the job with little collaboration or communication dealing with interpersonal relationships, career advancement, professional growth, or career socialization. Today, there seems to be much ongoing discussion and debate about the definitions of mentoring and the roles of the mentor, but the foremost characteristic of mentoring is communication and the formation of a relationship with the mentee.

Boseman and Feeney (2007) define mentoring as “a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development.” Social capital, or social networking, provides a means of sharing core nursing values and socialization into the profession. They describe mentoring as a means of informal communication between a person who is perceived to have greater knowledge or experience in the area of specialty and a person who is perceived to have less knowledge and experience. A mentor can be an adviser, teacher, role model, advocate, and even a friend (NAS, 1997).

With the recognition of the need for nurses to be mentored many health care institutions as well as professional nursing organizations (e.g., Maryland Nurses Association and Illinois Nurses Association) have taken on the challenge of developing mentorship programs. Many mentoring programs were developed to support the new graduate nurse in their new role. Additionally, the goal of these programs is to provide leadership to the new generation of nurses and guide them in becoming involved in professional nursing organizations and in becoming leaders in the nursing profession. Organizations recognize that mentorship programs are integral to answering the call of the nursing shortage and the need for continuing support. The Journal of Continuing Education in Nursing, 40, 416-425.

References


Nursing Scope and Standards of Practice, Updated

by Ann O'Sullivan, RN, MSN, CNE, NE-BC Assistant Dean Blessing-Rieman College of Nursing, Quincy, IL; Chair, ANA Workgroup on Nursing: Scope and standards of Practice; Chair INA Commission on Workforce Advocacy; President INA District 8

Introduction

ANA introduced the 2nd edition of the Nursing Scope and Standards of Practice at the ANA House of Delegates meeting on June 19, 2010. This edition will replace the 2004 edition and will be available in print and electronically in late summer. Ann O’Sullivan, INA member and Vice-Chair of the ANA Congress of Nursing Practice (CNPE) and Economics, chaired the workgroup that created the new document. This workgroup consisted of 18 nurses from all areas of the country and roles and practice settings of nursing. They worked from August to December via conference calls and electronic media. The document was posted for 60 days for public comment and over 140 comments were received and considered. The ANA Committee on Nursing Practice and Guidelines, CNPE, and Board of Directors approved the new document.

The new edition of ANA's Scope and Standards of practice is built on their Competency Position Statement and the newly revised Nursing Social Policy Statement. Highlights of the edition include: addition of a section on targeted audience; strengthened tenets/beliefs upon which the document is based; discussion of professional role competence; standard which include competency statements which replace measurement criteria; the addition of two new Standards of Professional Performance; Healthcare consumer is defined to be the patient, person, client, family, group, community, or population who is the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies; clarification of legally recognized Advanced Practice Registered Nurse (APRN) roles and Specialty Nursing Practice.

Identification of Audience

Registered nurses in every role and setting constitute the primary audience of this professional resource. Legislators, regulators, legal counsel, and the judiciary system will also want to reference this document describing the scope of nursing practice and accompanying standards of practice and professional performance. Agencies, organizations, nurse administrators, and interprofessional colleagues will find this an invaluable reference. In addition, the people, families, communities, and populations using healthcare and nursing services can use this document to better understand what constitutes nursing and who its members are: registered nurses and advanced practice registered nurses. (ANA, 2010a)

Description of Scope of Nursing Practice

The scope of practice statement describes the “who,” “what,” “where,” “when” and “why” of nursing practice. The profession of nursing has one scope of practice that encompasses the full range of nursing practice. The depth and breadth in which individual registered nurses engage in the total scope of nursing practice is dependent upon their education, experience, role, and the population served. (ANA, 2010a)

Development and Function of Standards

Standards of professional nursing practice pertain to general or specialty practice. A professional nursing organization has a responsibility to its members and to the public it serves to develop standards of practice. As the professional organization for all registered nurses, the American Nurses Association (ANA) has assumed the responsibility for developing standards that apply to the practice of all professional nurses and serve as a template for the development of specialty nursing standards. Standards do, however, belong to the profession and, thus, require broad input into their development and revision. Nursing: Scope and Standards of Practice, Second Edition, describes a competent level of nursing practice and professional performance common to all registered nurses.

Tenets Characterizing Nursing Practice

Five tenets characterize contemporary nursing practice:

1. Nursing practice is individualized.
2. Nurses coordinate care by establishing partnerships.

Self-Study continued on page 10
3. Caring is central to the professional role, and nurses in the roles of supervisor, coach, mentor, or preceptor. Competence can be evaluated by using tools that compare how nurses perform with the regulatory standards and measures nurses provide quality health care and achieve optimal outcomes. (ANA, 2010a)

Standards of Professional Performance
7. Ethics
The registered nurse practices ethically.
8. Education
The registered nurse attains knowledge and competency that reflects current nursing practice.
9. Evidence-Based Practice and Research
The registered nurse integrates research findings into practice.
10. Quality of Practice
The registered nurse contributes to quality nursing practice.
11. Communication (new)
The registered nurse uses a wide variety of communicate skills in all areas of practice.
12. Leadership
The registered nurse demonstrates leadership in the professional practice setting and the profession.
13. Collaboration
The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice.
14. Professional Practice Evaluation
The registered nurse evaluates one’s own nursing practice relative to professional practice standards and guidelines, relevant statutes, rules, and regulations.
15. Resource Utilization
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.
16. Environmental Health (new)
The registered nurse practices in an environmentally safe and healthy manner.

Professional Competence
The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. The registered nurse is individually responsible and accountable for maintaining professional competence. It is the nursing profession’s responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards of competence to protect the public. The employer is responsible and accountable to provide a practice environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification mechanisms, regulatory agencies, employers, and other key stakeholders (ANA, 2008). ANA believes that in the practice of nursing, competence is definable, measurable, and can be evaluated. No single evaluation method or tool can guarantee competence. Competence is a function of the environment, and is both an outcome and an ongoing process. Content determines what competencies are necessary. An individual who demonstrates “competence” is performing at an expected level. A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment.

Competent registered nurses can be influenced by the nature of the situation, which includes consideration of the setting, resources, environment, and the person. Situations cannot either enhance or detract from the nurse’s ability to perform. The registered nurse influences factors that facilitate and enhance competent practice. Similarly, the nurse seeks to deal with barriers that constrain competent practice. The expected level of performance reflects variability depending upon context and the selected competence framework or model.
HOW TO EARN
CONTINUING EDUCATION CREDIT

This course is 1.0 Contact Hours

1. Read the Continuing Education Article
2. Take the test on the next page.
3. Complete the entire form

DEADLINE
Answer forms must be postmarked by July 1, 2012

3. Mail or fax the completed answer form.
   Include processing fee as follows:
   INA members—$7.50
   Non members—$15.00

Check or money order payable to INA or
credit card information only
MAIL: Illinois Nurses Association
Attn: Sharon Canariato
105 W. Adams, Suite 1420
Chicago, IL  60603
FAX: Credit Card Payments Only
312-419-2920

ACHIEVEMENT
• To earn 1.0 contact hours of continuing education, you must achieve a score of 75%
• If you do not pass the test, you may take it again at no additional charge.
• Certificates indicating successful completion of this offering will be emailed to you

ACCREDITATION
Illinois Nurses Association is an approved provider of
continuing nursing education
by the Georgia Nurses Association, an accredited
approver by the
American Nurses Credentialing Center’s Commission
on Accreditation.

SELF-STUDY CONTINUED FROM PAGE 10

TEST QUESTIONS:

1. The scope of practice statement describes the “who”, “what”, “where”, “when”, “why” and “how” of nursing practice
   a) True
   b) False

2. The Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently.
   a) True
   b) False

3. Registered nurses are accountable for their professional actions to:
   a) themselves
   b) healthcare consumers
   c) heir peers
   d) society
   e) all of the above

4. A new Standard of Professional Nursing Practice is:
   a) Health Care Environment
   b) Professional Practice Evaluation
   c) Education
   d) Quality Practice

5. A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment.
   a) True
   b) False

(Please PRINT clearly)

Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
City, State, Zip: ______________________________________________________________________________
Phone: _______________________________________________________________________________________
Email Address: ________________________________________________________________________________

Evaluation—CE 0710-29
Strongly Agree (5) Strongly Disagree (1)

Learner achievement of objectives:
1. List six questions that are answered by a scope of practice statement
   5 4 3 2 1
2. Describe how Standards of Practice differ from Standards of Professional Performance
   5 4 3 2 1
3. Define Professional Competence
   5 4 3 2 1
4. Identify new Standards of Professional Performance
   5 4 3 2 1

How many minutes did it take you to read and complete this program?  _____________________________________________________

Suggestions for improvement? Future topics? _____________________________________________________________________________

METHOD OF PAYMENT
❑ INA Member ($7.50) INA ID# ________________________________
❑ Non Member ($15.00)
❑ Money Order
❑ Check
❑ VISA
❑ Master Card
❑ American Express
   (note: a fee of $25 will be assessed for any returned checks)
   Card account number:  ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
   Credit card expiration date:  ____  ____ / ____  ____
   Signature   ______________________________________________________________  Date  _____________________________________

Mail all tests to: INA, Attn: Sharon Canariato, 105 W. Adams, Suite 1420, Chicago, IL 60603

References
District 2 is accepting applications for nursing student scholarships for qualified students who are members of INA District 2 or whose parent, grandparent, or spouse is a current member of INA District 2. The objective is to help worthy currently enrolled nursing students to continue their education. The Scholarship program consists of 2 – one year awards with a $500 fixed allotment. An application may be obtained from Mary Bortolloti, INA District Two President at www.mandkbort@aol.com. Included in the applications will be an essay, letter of recommendation from a teacher, counselor, school administrator in the nursing program; and a letter of recommendation from the INA District 2 member to whom you are related (Disregard if INA District 2 member is applying for the scholarship). Completed application must be postmarked by April 15, 2011. The INA District 2 Scholarship recipients will be announced each May through the INA District 2 Newsletter and in the Illinois Nurse.

District 20 is having its Annual Holiday Party on Saturday, December 4th, at the DoubleTree Hotel in Alsip, IL. SAVE THE DATE. More details to follow.

Meet Student Nurse Association of Illinois (SNAI) Board Members

My name is Samantha Ferguson. I am currently the Director of Community Relations for the Student Nurses Association of Illinois (SNAI) Board of Directors. I am a second semester junior at Saint Xavier University in Chicago, Illinois. I have the privilege of being the Vice President of the Student Nurses Association for Saint Xavier University. Along with these extracurricular activities, I also work as a student RN at Loyola University Medical Center in Maywood, Illinois. My free time is spent with my family and taking care of my puppy. As Director of Community Relations, my main responsibility is to keep in contact with the Illinois Nurses Association webmaster to update the SNAI website. Also, I keep the SNAI Facebook page updated so students across the state can read the latest SNAI news! Within SNAI, I participate actively on the Spring Event Planning Committee and the Awards Committee. Currently, SNAI is anxiously awaiting our 61st annual convention on October 8-9, 2010 at the Clocktower Resort in Rockford, Illinois.

My name is Sarah Brown and I am the Director of Membership for the Student Nurses Association of Illinois (SNAI). I am a senior at the University of St. Francis in Joliet, Illinois. My position entails contacting the National Student Nurses Association (NSNA) monthly to obtain a report of all the NSNA/SNAI members in Illinois. Also, I contact our members when there is pertinent information that SNAI wants our constituents to be aware of. Along with these duties, I am also the committee chair for all awards that are presented at the spring event and the annual SNAI convention. This is my favorite part of my position. It allows me to be creative and experience the wonderful feeling of rewarding nursing students across the state for their hard work. SNAI has given me many opportunities, such as going to the annual NSNA convention in Orlando and helping plan a leadership convention and annual state convention for our constituents. I am very grateful for this experience.

My name is Lyberti Hostetter, I am a senior at Methodist College of Nursing in Peoria, Illinois. I am a wife and a mother of two children, which can be a struggle at times in combination with nursing school. Also, I am part of the Student Nurses Association of Illinois (SNAI) Board of Directors. As Secretary for SNAI, I have many responsibilities to uphold. The most important job is to document meeting minutes at every meeting, regardless if the meeting is in person or via conference call. Once these minutes are documented and reviewed, the board will approve them and they will be forwarded onto the National Student Nurses Association (NSNA). I am also the Committee Chair for the Policies committee and sit on the committee for By-laws. These are important guidelines put in place for all members of SNAI. The SNAI Policies are reviewed and amended whenever necessary, and at least annually. Any amendments to the policies voted on and either approved or turned down by the SNAI Board of Directors. The Bylaw amendments are approved by the SNAI House of Delegates at the Annual Convention held each October.

I am enjoying my position on the Board of Directors for the 2010 year. Working together with my fellow board members is fulfilling and exciting. I was able to attend the NSNA Convention in Nashville, Tennessee in 2009, which lead me in the direction of serving on the SNAI Board of Directors. I am proud to be a member of the NSNA and the SNAI and will gladly become a member of the Illinois Nurses Association and the American Nurses Association upon graduation.
Illiinois Nurses Association
Membership Information and Employment Status Change Form

It is the responsibility of each nurse to notify the Illinois Nurses Association of any change in work status which may include, but is not limited to: name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit. This change must be done in writing either by using a Change of Information Form (mail to INA office) or sending an email to update@illinoisnurses.com.

The Commission on Economic and General Welfare (E&GW) policy states: “When a nurse is on an unpaid leave of absence, the dues are adjusted to the Reduced Membership Category during the unpaid Leave of Absence period. The accumulated dues payment is to begin within 90 days of return to work. The nurse will have up to 12 months to complete payment of these dues.” It is the responsibility of the nurse to notify INA of this change in work status.

PREVIOUS APPLICANT INFORMATION

Name:
Louisiana
Address:

Email: 
State: 
ZIP Code: 

Home Phone: 

Employer:

Employer address:

Nursing Unit: 

Work Phone: 

FTE worked: 

State of License:

RN License #: 

NEW/UPDATED APPLICANT INFORMATION

Name: 

Louisiana

Address: 

Current address: 

Email: 

Current employer: 

Employer address:

Nursing Unit:

Work Phone: 

FTE increased: 

Leave of Absence start date: 

Medical Leave start date: 

Maternity Leave start date: 

Leave Bargaining Unit: 

effective date: 

Join Bargaining Unit: 

effective date: 

INSTRUCTIONS:

COMPLETE THE APPLICATION ON THE REVERSE SIDE. IF YOU NEED ASSISTANCE OR HAVE QUESTIONS, PLEASE CALL THE INA MEMBERSHIP DEPARTMENT AT 312-410-2000. WE WILL BE HAPPY TO ASSIST YOU.

RETURN COMPLETED APPLICATION FORM TO:

Illinois Nurses Association
105 W. Adams, Suite 1420
Chicago, IL 60603
312-410-2923 fax
INA-PAC
Illinois Nurses Association Political Action Committee

Nurses want to provide quality care for their patients. The Illinois Nurses’ Association Political Action Committee (INA-PAC) makes sure Springfield gives them the resources to do that.

The work of INA-PAC is supported through the generous contributions of its members. In the coming years, some of the most significant nursing issues could be decided legislatively—making it crucial to maintain a powerful position among lawmakers in Springfield. Help PAC, help YOU!

So . . . . . . if you think nurses need more visibility . . . . . . . if you think nurses united can speak more effectively in the political arena . . . . . . . if you think involvement in the political process is every citizen’s responsibility

Become a INA-PAC contributor TODAY!

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Preferred Phone Number: _______________________________________

Please mail completed form & check to: Illinois Nurses Association
Attn: INA-PAC
105 W. Adams St., Suite 2101
Chicago, IL 60603
Karen Daley holds a diploma in nursing from Catholic Memorial Hospital, a bachelor’s degree in psychology from Boston College, and a master’s degree in public administration from Boston University School of Public Health. She also earned a post-master’s degree in nursing from Harvard University’s School of Public Health. Daley is a Certified Nurse Executive and a member of the American Nurses Credentialing Center’s (ANCC) Nursing Services Recognition Program (NSRP). She is also a member of the American Nurses Association (ANA), the nation’s leading professional nursing organization representing the interests of the nation’s 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 16-19 in Washington, D.C.

President Daley is a past president of the Massachusetts Nurses Association, the largest state nursing association in the country, and a past president of the Massachusetts Nurses Association and Massachusetts Center for Nursing. She served as a member of ANA’s Board of Directors (2000-2008) and as a director of the American Nurses Credentialing Center (ANCC). Looking to the future, President Daley called for nurse delegates to move forward with a newly energized commitment to the work of nursing. “We have exciting and challenging work ahead,” said Daley. “As an association and profession, we must draw on the strength of our values—high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

ANA delegates elect officers, board members and other leaders at 2010 House of Delegates Meeting

The American Nurses Association Elects Karen Daley

Karen Daley

The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.