

Alabama Nurse



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Provided to Alabama's Nursing Community and Funded by the Alabama State Nurses Association.

Quarterly publication direct mailed to more than 84,000 Registered Nurses and Licensed Practical Nurses in Alabama
Alabama State Nurses Association • 360 North Hull Street • Montgomery, AL 36104

Inside Alabama Nurse



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Why Become a Member of the Alabama State Nurses Association (ASNA)?

Carthenia Jefferson, BSN, RN, JD

First, I want to thank you for electing me to serve ASNA. I am your newly elected ASNA Vice-President and Chair of the Membership Committee. I joined ASNA in 2009 because I wanted to have a voice as a nurse in the State of Alabama on issues that affect nurses and our patients, the citizens of Alabama.

I reviewed the mission, vision and values of ASNA and they are in direct relationship with my values as a nurse who has greater than 25 (twenty five) years of experience.



Carthenia Jefferson

OUR MISSION

ASNA is committed to promoting excellence in nursing.

OUR VISION

ASNA is the professional voice of all registered nurses in Alabama.

OUR VALUES

Modeling professional nursing practices to other nurses
Adhering to the *Code of Ethics for Nurses*
Becoming more recognizably influential as an association
Unifying nurses
Promoting cultural diversity
Promoting health parity
Advancing professional competence
Promoting the ethical care and the human dignity of every person
Maintaining integrity in all nursing careers

As our Executive Director, Dr. John Ziegler has stated previously "Politics impacts policy and policy impacts practice."

We have a stronger voice when our membership numbers are stronger. We can do more work in our communities with health fairs, blood pressure screenings, healthy lifestyle educational forums, more legislation impact, more networking opportunities, and more professional development, leadership and mentorship opportunities.

Why Become a Member of ASNA? continued on page 7



**SAVE
the
DATE**

February 10, 2016
Nurses Day at the Capitol - Montgomery, AL

April 12, 2016
Elizabeth A. Morris Clinical Education Sessions – FACES '16
Montgomery, AL

October 13-15, 2016
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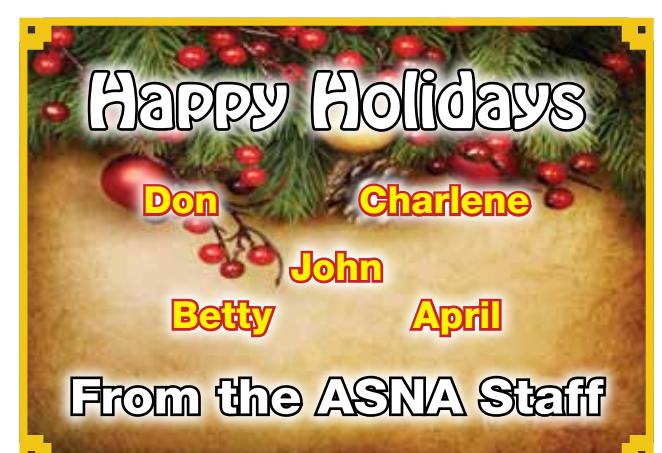
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**The ASNA Office Will Be Closed
For Business
December 24, 2015 Through
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ALABAMA BOARD OF NURSING VACANCIES

There will be 1 RN position open and 1 LPN position open as of January 1, 2016. The term of Amy Price, Nursing Practice will expire December 31, 2016. Applications must be in the ASNA office by July 15, 2016. RN applications ONLY are available from the ASNA office. Call Betty at 1-800-270-2762.



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Alabama Board of Nursing NOTICE!

State agencies will be closed on the following dates:

Thursday, December 24, 2015
Friday, December 25, 2015
Friday, January 1, 2016.

The Alabama Board of Nursing is a state agency and will be closed on these dates as well. Registered Nurses who have not renewed should carefully note the dates. **Following the Christmas holiday, the last day the Board office will be open is Thursday, December 31, 2015.**

The law states that any LPN's license not renewed as of December 31, 2015 (at midnight) shall automatically lapse. Online renewal is available 24 hours per day, 7 days per week at www.abn.alabama.gov. There is a late fee for those LPN's who wait until December 2015 to renew.

PUBLICATION

The Alabama Nurse Publication Schedule for 2015-2016

Issue	Material Due to ASNA Office
March/April/May	January 25, 2016
June/July/August	April 25, 2016
Sept/Oct/Nov	August 1, 2016
Dec/Jan/Feb 2017	October 17, 2016

Guidelines for Article Development

The ASNA welcomes articles for publication. There is no payment for articles published in *The Alabama Nurse*.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11.
3. All references should be cited at the end of the article.
4. Articles should be submitted electronically.

Submissions should be sent to:
edasna@alabamanurses.org

or
Editor, *The Alabama Nurse*
Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104

ASNA reserves the right to not publish submissions.

Alabama nurse

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Our Vision

ASNA is the professional voice of all registered nurses in Alabama.

Our Values

- Modeling professional nursing practices to other nurses
- Adhering to the *Code of Ethics for Nurses*
- Becoming more recognizably influential as an association
- Unifying nurses
- Advocating for nurses
- Promoting cultural diversity
- Promoting health parity
- Advancing professional competence
- Promoting the ethical care and the human dignity of every person
- Maintaining integrity in all nursing careers

Our Mission

ASNA is committed to promoting excellence in nursing.

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The President's message

Is it “The View,” or Our Vision?

Brian Buchmann, BSN, RN, MBA

Hello Alabama nurses! Thank you for being a nurse. Thank you for the sacrifice you make each and every day as you care for patients and; family members, educate nurses, provide leadership, and the many other roles you serve. You are appreciated!

I know most of you are aware of the controversial topic that came up on the television show “The View” about why a nurse was wearing a “physician stethoscope” and that nursing is not a talent. Many nurses were upset regarding these comments. As a nurse and someone that looks to improve the image of nursing and create excellence in nursing, it made me think about our vision for nursing. Every nurse should have a vision for his/her nursing career and every nursing organization should have a vision for our nursing profession. “When people wander aimlessly through their profession and personal lives, they tend not to accomplish the same results as those who are more focused” (Grossman & Valiga, 2013). The public’s view of nursing may be directly linked to our vision(s) or lack thereof. Does our vision(s) give direction for improving our nursing image? If others have such a poor image of nursing, then as nurses we should take an active role in changing that view. We should take every opportunity to tell the public about our profession so they can be more informed. “Nurses must clearly define what they do and communicate it to the public so that consumers will be able to understand the role of the RN and APRN” (Grossman & Valiga, 2013). According to the Gallup poll, nursing has ranked #1 for the most trusted profession for thirteen consecutive years, but some people may not understand the full scope of what we do, our technical skills, competence level, critical thinking ability, communication skills, changes we make to improve patient outcomes, and what we are doing to help improve our healthcare system.

Yesterday I was talking to a person riding an elevator with me. When I told him what I did for a living he stated that he was a medic in the army years ago and thought about becoming a nurse but didn’t want to clean people up after they have a bowel movement. It is interesting how the public may view the nursing profession. I took the time to explain to him everything that we do. As a nurse, please take every opportunity to educate the



Brian Buchmann

public and improve the image of our profession. Let’s start by creating nursing visions that will help lead to this outcome. The Alabama State Nurses Association (ASNA) has the vision to be the professional voice for all registered nurses in Alabama. For years, one of ASNA’s strategic goals has been to improve the image and visibility of Alabama nurses. Let’s take an active role in educating others and work together to promote our profession!

As your ASNA President, I would like to keep you informed of ASNA activities and ways you can be active in ASNA and our nursing profession. Please review the following list of updates and upcoming ASNA activities:

- **Nurse Car Tag – “Nurses Save Lives”** – Car Tags are available! Remember, the money created from car tags will go to the Alabama Nurse Foundation (ANF). The ANF is a non-profit ASNA set up years ago for promoting the profession, education, and nursing scholarships.
- **Nurses Day at the Capitol – February 10, 2016** – this annual event, hosted by the Alabama Coalition of Nursing Organizations, is the perfect environment for nurses and nursing students to promote our nursing profession and unite our voices.

I would like to encourage you to be active within your ASNA District. Your District is where you build relationships, do community-service, network, attend continuing education events, and receive more ASNA communication. I encourage you to recruit your nurse friends or co-workers that are not a member of ASNA to join. The more members we have the stronger our voice as a nursing profession. Please contact your District Presidents below regarding your District activities and involvement:

- District 1 – Sarah Wilkinson, MSN, BSN, BA, RN – swilkinsonrn@yahoo.com
- District 2 – Julie Savage Jones, MSN, RN – juliesavagejones@yahoo.com
- District 3 – Wanda Spillers, DNP, RN, CCM, NE-BC – wbspillers@yahoo.com
- District 4 – Erica Elkins Little, MSN, RN – ericaelkinslittle@gmail.com
- District 5 – Janice Wynn, RN-BC – jmwyynn@samc.org

References

Grossman, S., & Valiga, T. (2013). The new leadership challenge (4th ed.). Philadelphia, PA: F.A. Davis Company.

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LPN Corner

The E.D.'s Notes

What Has Happened to Our Ability to Wonder?

Greg Howard, LPN

Being old school and fighting technology, to some degree, causes me to wonder if we get everything as fast as Google can share it. Will we ever research anything? Has this phenomenon crippled our power?

I believe that discovery is still a good thing and that discovery teaches us patience. On the other hand, being able to get an answer in a matter of minutes serves a very good purpose and I am sure, save lives and allow people to make quick informed decisions.

I also believe "mistakes are the building blocks for wisdom", most of the time. And that "we create reality by the choices we make".

I can imagine each of us has a story we could tell to support or discredit my way of thinking and that's alright. There is one thing we can all agree on, "If You Don't Use It, You Will Lose It" and "A Mind is a Terrible Thing to Waste".

Life is a "special occasion" and we should enjoy it.

No matter what your preferences are, we are all one, we balance each other. It only takes one person with a vision of what you can do to make a difference in your life. This is why we need to support each other as much as possible. And more than that support the people we serve.

Regardless of how you learn what you learn, or how you get information, the most important thing is to use it for good. Our differences are what make us unique. A very wise woman uses this quote and I would like to share it with you...

"Ideology separates us, dreams and aspirations bring us together." So make a point of just wondering sometimes, to see or remember how it feels.



NO, YOU'RE NOT!

READER WARNING: If the beginning of this article does not grab your attention, read on...it heats up in the middle.

A SHOCK TO MANY NURSES: "You are not a member of the Alabama State Nurses Association... just because you receive this publication. I've talked to hundreds of nurses who THINK THEY ARE MEMBERS OF ASNA because they receive "The Alabama Nurse." Year after year I encounter this misconception with nurses as I travel across the state. I've tried every "polite" response. I have explained that membership and receiving *The Nurse* are not synonymous. However, the misconception is still widespread.

The Alabama Nurse is an ASNA publication, regularly circulated since 1947. In fact, as an ASNA service, it is sent FREE OF CHARGE to every licensed nurse (over 93,000) in the state. That's a lot of work and imagine, the postage costs! In the future when someone says, "I'm a member of ASNA because I get The Alabama Nurse" perhaps I should be more direct and respond, "NOT NECESSARILY!" Then politely say, "You have to join." By the way, if you are reading this...and you are not a member...please join. Membership benefits your career and your profession. Go to <http://alabamannurses.org> and click the join tab. If you are a new grad, or if you've gone back to school for a higher degree, you can belong to ASNA and ANA for 1/2 price. That's less than \$13 a month. Bottom line... you're not a member because you get *The Nurse*... you need to join.



YES, YOU ARE!

I am often asked, "As a member of my professional organization, am I really making a difference." My answer is, "YES, YOU ARE! In the workplace, it is sometimes hard to know if we make a difference (verses a someone else doing our job). Measuring our individual significance is even more difficult in professions such as nursing. ASNA membership helps you "stand out" and through the strength of a group, KNOW that you're making a difference. Things are heating up in our competitive healthcare system and changes are occurring so fast it's hard to keep up. THIS IS A CHALLENGING environment for nurses. To stay informed, adjust to changes, learn new software, policies, and protocols shifting team assignments and on and on... It's like driving a car at night. The faster you go, the farther down the road you need to see with brighter headlights. Not smart to go 60 mph down a dark two-lane highway with dim headlights. That's why being engaged in your professional organization makes a difference. You can drive or you can be a passenger, but rest assured, being part of ASNA not only helps you see farther down the road...it helps you significantly influence the future direction of your profession.

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Alabama Nurses' Foundation

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Legal Corner

A Good Reason to Join ASNA

Don Eddins, BS, MS, JD

Quite often clients have sat across the desk from me and exclaimed, “I never thought I would have to see a lawyer.”

Unfortunately, even the best registered nurses can make mistakes. Negligence is something no one is immune to. And any mistake can have substantial consequences. A hospital or nursing home, for instance, normally is obligated to report a nurse practice error to the Alabama Board of Nursing, which in turn is obligated to conduct an investigation.

Often the registered nurse has not been negligent or done anything wrong. When patient outcome does not go as expected, the family seeks someone to blame and often that is the attending nurse.

That is why membership in the Alabama State Nurses Association is so important. The staff and legal counsel of ASNA have been there. We can guide you through the process to make it much less stressful.

Best part is that I as ASNA will represent you before Board of Nursing at no cost to you if an investigation is commenced against your hard-earned license. Whether it is working out an agreement with the BON attorneys or representing you at a hearing, you are covered. I have been representing nurses for more than 20 years, so normally I can tell the RN what to expect – whether it be a letter of reprimand, probation, suspension or revocation.

The stipulation is that you must be a member of ASNA when the act or omission complained of occurs. (You cannot wait until the house catches fire to purchase insurance.)

That is the most important component of the ASNA legal program, but there’s another significant one.

ASNA membership entitles members to free consultations with the ASNA attorney on any legal matter for which the attorney feels competent to consult on – whether it be real estate, divorce or whatever. No charge for up to an hour.

Sometimes RNs call and indicate they are members because they receive this publication, the Alabama Nurse. Actually, this newsletter goes to all registered and licensed practical nurses in Alabama, whether they are members or not. You must sign up for membership in ASNA, and membership rewards are many. Savings on programs like professional liability insurance can pay the cost of membership.

Moreover, nurses who are members of their professional association just feel better about themselves and their careers, because they know they are among the elite in their profession. After all, ASNA has been the voice of nursing in Alabama for more than 100 years.

Perhaps the best way to arrange payment is to have the small amount of dues taken from your bank account each month. My wife, Nikki, who is a nurse, has dues deducted from our bank account and does not have to worry about writing a check.

So, if you’re not an ASNA member already, visit the Alabama State Nurses Association website or call ASNA at (334) 262-8321 today to become a part of Alabama’s oldest, largest and most respected nursing organization.

Krystal C., Alumna
Trauma Nurse. Mom.

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Clinical Corner

Pre-Exposure Prophylaxis (PrEP): Can HIV be Prevented?

Daniel Salter, MSN, RN-BC, EMT-P, Primary focus is emergency nursing and hospice; employed in PRN Pool Providence Hospital, Mobile, Alabama. Danielsalter.rn@gmail.com

Thirty-five years after the HIV/AIDS epidemic was first identified, there is still no cure. Although we may still be years away from this cure, a new prevention method, Pre-Exposure Prophylaxis (PrEP) was approved for use by the FDA in 2012. Kruger (2015) defines PrEP by stating “PrEP, or Pre-exposure prophylaxis, entails an HIV negative person taking a single pill once a day to prevent the acquisition of HIV. In fact, this pill is more effective than condoms at preventing HIV” (Kruger, 2015, p. 1). If there is such a pill that can be used to prevent HIV, that is more effective than condom use, one must wonder why are primary care providers and nurses so undereducated about its use.

I recently queried my PCP (Primary Care Provider), a very educated nurse practitioner, about the use of PrEP. I was amazed to note that she had never heard of it; therefore, I took the opportunity to educate her about the use of PrEP. I later followed up with her and she stated to me that she had implemented its use in her primary care practice.

If PrEP prevents HIV, then prescribing PrEP should begin at the primary care level. Which leads to another other issue. Are PCP’s having the appropriate conversation with their patients and are they comfortable talking about HIV with them? Is there still disparity and discrimination in regards to HIV and its prevention? In 2015, I feel that providers and the public should be educated about the use of PrEP. I feel even more so certain that PCP’s need to be comfortable about discussing sexual practices so that they can prescribe the best treatment plan. One tablet of Truvada daily, a medication that has been used to treat active HIV since 2004, is the drug used for PrEP. PrEP used alone is associated with minimal side effects; but patients taking it must be observed clinically by the prescriber. Wilson (2015) acclaims: “Preexposure prophylaxis (PrEP) is the first biomedical intervention with promise for reducing HIV acquisition in transwomen. The iPrEx randomized controlled trial in MSM and TGW demonstrated a 44% reduction in HIV incidence among individuals who received once daily emtricitabine/tenofovir (FTC/TDF), and an estimated >90% efficacy among those with detectable blood drug levels. Based on compelling data from iPrEx and other PrEP trials, the US Food and Drug Administration approved FTC/TDF for the prevention of sexually acquired HIV infection in July 2012” (Wilson, et al, 2015, p. 2).

This study was focused primarily on transgender males, yet the information is substantial and, regardless of the study participants, it provided us with extremely important information about the use of PrEP. Current evidence suggests that PrEP can prevent HIV and can reduce the transmission risk of HIV. I recently visited both Atlanta and Chicago and noted that many people were on PrEP. Yet, in southern Alabama, providers

appear to be ill-educated and unsure about it. Although HIV is more prevalent in highly populated areas, like the aforementioned cities in the US, shouldn’t we all be aware of PrEP? Shouldn’t this regimen be available to our population as well? To go further, Advocate (2015) even states: “Truvada is beneficial because people already stopped using condoms, not the other way around. There are currently 50,000 new infections every year in the U.S. The cost of prevention is approximately one third the price of treatment. Why not offer people a tool to stay HIV negative, and save costs? Consider the fact that condoms overall are about 70% effective, whereas PrEP, used daily and consistently, is up to 99% effective. I’m going with the science on this one.” (Advocate, 2015, p. 11).

I am sure that substantial research went into the identification of PrEP and gaining FDA approval for an off label use, but we have not done enough to educate our prescribers and nurses about this life-changing and life-saving drug. Let’s get this information out there so that there are no disparities with PrEP use, even in rural areas. For complete prescribing information please go to: <https://start.truvada.com/hcp/prescribingtruvadaprep#>.

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Advocate. (2015). PREP VERSION 1.1,2.0, AND BEYOND. Advocate, (1078), 11. Retrieved from <http://www.advocate.com/>
Kruger, J. (2015). SEROSORTING IN THE AGE OF PREP. Advocate, (1080), 30. Retrieved from <http://www.advocate.com/>
Wilson, E., Jin, H., Liu, A., & Raymond, H. (2015). Knowledge, indications and willingness to take pre-exposure prophylaxis among transwomen in San Francisco, 2013. PLoS One, 10(2), 1-11. doi:10.1371/journal.pone.0128971.

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Why Become a Member of ASNA? continued from page 1

The ASNA 2015 Strategic Plan includes the following goals:

- Providing leadership for health policy and legislative activities
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Purpose:

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Cost:

\$75

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Registration

9:00 am – 3:00 pm

• Accreditation program overview

• Eligibility

• Education Design Process

• Quality Outcomes

• Developing the Self Study

• Conflict of Interest

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Suicide Assessment and Prevention

Author: Charlene Roberson, MEd, RN-BC

Contact Hours: 1.5 (ANCC) and 1.8 (ABN) contact hours valid November 4, 2015 through November 5, 2017

Target Audience: Registered Nurses and Licensed Practical Nurses

Purpose/Goal: The purpose to increase nurse’s awareness of their value as the first line of defense and provide resources in suicide prevention.

Objectives: At the conclusion of this activity the learner should be able to:

1. Recognize suicidal intentions and respond appropriately.
2. Provide resources for patients and families/significant others to support ongoing efforts to prevent suicide.

Fees: ASNA Member – \$ FREE Non-Member – \$15.00

Instructions for Credit: Participants should read the purpose/goal and objectives and then study the activity on-line or printed out. Read, complete, and submit answers to the post-test at the end of the activity. Participants must achieve at least 80% on the post-test, complete the evaluation and submit the appropriate fee to receive continuing education credit. Print out the **Post-test and evaluation** and return the completed sheets to the Alabama State Nurses Association (ASNA) to receive a Certificate of Completion. The Post-test and evaluation sheet may be mailed or faxed to ASNA.

Disclosures: The author and Planning Committee have declared no conflict of interest.

Certificates: Certificates of Completion will be emailed/mailed within 3 weeks – Hours will be reported to the ABN within 3 weeks of certificate.


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Suicide, a public health concern has reached epidemic proportions in both the United States (U. S.) and globally. The World Health Organization has estimated that roughly 1 million individuals die each year from suicide. CDC published in 2013 that there were 41,149 suicides in the U. S., or one person every 13 minutes. During this same timeframe 1.3 million adults made an attempt, Included in this number is that 200,000 did not make a suicide plan. To further emphasize the magnitude of suicide are the results from a 2002 investigation by the Institute of Medicine (IOM) when they provided a comparison to the 58,000 who died during the Viet Nam War (1968-1973) due to war related casualties to the 220,000 U.S. citizens who took their own life during that same timeframe. The number of suicides exceeds homicides by a ratio of 3:2. In 2010 SAMHSA (Substance Abuse and Mental Health Services Administration) stated that yearly over 1,100,000 people attempt suicide and 8.4 million adults have serious suicidal thoughts. Worldwide methods differ by geographic areas. In Latin America and most Asian countries individuals select poisoning with pesticides. Drug poisoning is most common in Scandinavian countries and the United Kingdom. In U. S. fire arms are the most often selected. Citizens of Hong Kong and Singapore select as the preferred method of suicide, jumping from high places. Hanging is most common in Eastern Europe and Pakistan. It is important to note the geographic areas as the U. S. has a large immigrant population. Very often this public health concern is preventable.

Nurses are ‘front line’ in the prevention of suicide. Nurses and especially psychiatric mental health nurses are key providers of care for suicidal patients, which include crisis intervention, education in general about suicide, postvention after the attempt, and screening services. SAMHSA states that up to 45% of all individuals who die by suicide have visited their primary care provider within a month of their death. These individuals are not necessarily coming for psychiatric/mental health issues. Two-thirds of individuals who attempt suicide receive medical attention as a result of their attempt. All of these numbers are reinforcing that nurses are truly the front line and we have a unique opportunity to make a difference. Areas where we can intercede include the following: 1.) observation of mood and/or behavior and follow-up if warning signs are noted, 2.) enabling patients and/or family members to recognize that the physical complaints may be depression or other mental health issues, and 3.) providing information that there are alternatives to feeling depressed and you can help them find resources for help. The National Institute of Mental Health believes that individuals who commit suicide differ from others in the way they think, react, and engage in decision making. They state that there are differences in attention, memory, emotion, and planning. These differences





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often correlate with anxiety, depression, and substance abuse. It is not uncommon for suicidal behavior to be triggered by personal loss or violence. Therefore, it is crucial that we as nurses are cognizant of our patient's mental health and their recent life events in our assessments. It is also important to note that not all individuals with the same risk factors react the same way and not all attempt suicide. Reaction to stress by contemplating or attempting suicide is not normal. This behavior is not a harmless bid for attention but a sign of extreme distress. Before helping you must recognize overt and covert signs and symptoms of suicidal behavior. The following list is random as each individual may exhibit any one or any combination of symptoms.

Suicidal warning symptoms/risk factors include the following:

- neglecting appearance or hygiene
- giving away cherished possessions
- isolating self from family/friends
- insomnia
- taking a sudden interest or losing interest in religion
- hallucinations (especially command where the voices tell you to hurt self)
- exhibiting sudden improvement in mood after being profoundly depressed or withdrawn
- feelings of being hopeless or helpless such as expressing that life has no meaning
- scheduling medical appointment for vague symptoms
- direct verbal clues such as, "I'm going to end it all" or "I wish I was dead"
- indirect verbal clues such as, "What's the point of going on (or living)," "Soon you won't have to worry about me," or "Who cares if I'm here or not"
- talking about death or suicide
- prior suicide attempts
- current psychiatric history especially bipolar, depression, schizophrenia, and/or has substance abuse issues (alcohol or drugs)
- stress which can either initiate or intensify suicidal impulses
- family history of suicide
- family history of a mental disorder or substance abuse
- family violence, including physical and sexual abuse
- firearms in the home
- incarceration
- being exposed to others' suicidal behavior (family member, peers, media figure)

The National Institute of Mental Health has identified certain medical conditions with a higher correlation with suicides as compared to other diseases. They are congestive heart failure, chronic obstructive lung disease, moderate to severe pain, urinary incontinence, any diagnosis of a terminal illness, HIV +, and anxiety disorders.

Women are more likely to attempt suicide as compared to men. Their usual methods are overdose or cutting their wrists - both methods have a lower incidence of success. Older Caucasian men have the highest rate of suicide as compared to other population groups. Often they are widowed. Their suicidal rate outnumbers women 3:1. The usual method is a gun, which has the highest rate of success. Men have fewer attempts per completed suicide as compared to other groups. Men usually plan well in advance; however, they often provide clues as to the proposed intent with non verbal clues such as changing their will, giving possessions away, and expressing thoughts about nothing to live for anymore. Suicide rates are higher in rural areas especially the Rocky Mountain and Western states. Individuals in this part of the country usually use a firearm and as stated before a firearm has the highest rate of death.

Suicide is the second leading cause of death for adolescents and young adults (ages 15-24). Although, they are less apt to be successful with approximately 11 deaths per 100,000. Several factors are involved. One is increased alcohol and substance abuse, availability of firearms, and the onset of depression and schizophrenia. This group tends

to have a dual diagnosis or impulsive/aggressive behavioral problems and legal issues (often related to aggression).

Unemployment is associated with an increased rate of suicide. It is known that alcohol consumption and marital discord increases with unemployment and both are indicators of an increased suicide rate. Economic status has an impact. Research has shown that the lowest - low incomes and highest - high income levels have the most incidences of suicide.

There are some protective factors in the prevention of suicide. One is being married. Divorced, widowed, or single individuals have a higher rate of suicide. Being a parent, especially being a mother has protective factors for prevention of suicide. Women who are pregnant have a much lower rate of suicide. Religion tends to have protective factor. There is really no quality research demonstrating which religion has the most protective impact. However, areas of the country with fewer individuals with religious affiliation have higher incidences of suicide. It is believed that religion provides a social support system and way to cope with stressors and it provides a sense of purpose. Also individuals with religious affiliation tend to abuse alcohol and drugs less often and have fewer divorces - all of which are associated with higher suicidal risks. All industrialized countries have higher rates of suicide as compared to more rural or agrarian economies. An exception is the U. S. which has only a moderate level of suicides especially as compared to Russia and Eastern European countries.

Myths about suicide include the following: Myth #1 is a belief that if individuals threaten suicide they are seeking attention & not really suicidal and often seeking secondary gains just to gain admission to a hospital. The truth - take all suicidal talk seriously and evaluate appropriately. Myth #2 is that if a person directs their anger at someone else they will not consider suicide. The truth - individuals may be suicidal and homicidal at same time. Myth #3 is the reliability of having a person sign a 'no harm contract' or 'no suicide promise.' The truth - these are not reliable, often misleading and do not prevent suicides. Myth #4 People who talk about suicide rarely harm self. The truth - over 80% of all individuals who attempt suicide have spoken to a health care professional, especially nurses before the attempt and the majority have visited a healthcare provider in the preceding month. Sometime the clues are covert such as, "No one will care if I live or not." Take all clues seriously, assess body language that might imply suicidal thoughts. Myth #5 if a person attempts suicide and is unsuccessful they rarely try again. The truth - somewhere between 25% and 50% (depending on references) of those with successful suicide attempts have previously attempted suicide.

Nurses' attitudes and beliefs about suicide impact their delivery of their care. Before discussing appropriate intervention by healthcare workers - especially nurses it is imperative to review attitudes and beliefs influencing care. The literature cites several reasons impacting nurses' attitudes. They include prior experience with suicidal patients,

Suicide Assessment continued on page 12

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Suicide Assessment continued from page 9

religious beliefs, and level of education. Nurses also cite lack of knowledge and training and unfavorable attitudes of some nurses regarding suicide. Cultural aspects can also factor into the equations. The gamut can run from believing that suicidal patients are immortal by nurses in Ghana to the belief that suicide is a crime and the suicidal person is blameworthy. Nurses with negative attitudes frequently exhibit anxiety, avoidance, hostility, and rejection. Negative attitudes impact the quality of care and result in patients feeling hopeless, rejected, and worthless. The literature suggests that most nurses just do not know what to say to a suicidal patient and therefore choose to remain silent. The reason being a fear of making matters worse which could lead to additional harm. Other nurses are said to be unsure if the patient is really serious and choose just to remain silent. Nurses are not the only health care providers skeptical about prevention of suicide. Some relate apathy and do not think the person is truly ill. Nurses with intense personal responses about suicide may have difficulty in communicating about suicide. They will admit to having feelings of sympathy and not empathy and therefore are unable to assess the patient adequately. An overriding theme is fear that if I cannot help it then becomes a personal failure if the person commits suicide.

Assessing for suicidal ideations is time consuming. Negative attitudes are more often noted in nurses (and other healthcare workers) in the emergency room as compared to a psychiatric hospital/unit staff. Nurses in the emergency room tend to

have the most difficulty communicating with these patients; probably because they work from a biomedical mode and this is not always appropriate with psychiatric/mental health patients. The nurse in the emergency has the goal to assess, treat, and discharge quickly. Oncology nurses usually have the most difficult time dealing with suicidal patients in general, probably because their values are dedicated to preserving life. The nurse population with the greatest ease in communicating with suicidal patients are older medical-surgical nurses who had a higher level of education and/or strong religious conventions.

Education and training helps to change values and improve nurses' detection skills. Nurses' beliefs and attitudes should be addressed in training programs. Yet suicide assessment/prevention is not in the curriculum of most schools. After graduation selected training is episodic in work settings. Often nurses must seek this information out because of a perceived need. Very few programs include firearm safety yet most successful suicides involve a gun. Two agencies known for suicide prevention training include the Suicide Prevention Resource Center (SPRC) and American Association of Suicidology (AAS) have both developed evidenced - based competencies and training programs for suicide assessments. Yet nurses have never been targeted nor has this evidenced - based training been incorporated into education or practice. Nurses who have received training show increased knowledge and most important of all, confidence in the ability to assess and intervene appropriately when necessary. Successful training programs include Gatekeeper training which enables the learner to communicate by interviewing using indirect interrogation. This training helps the learner to recognize warning symptoms and communicate effectively. Two different online programs especially helpful to nursing include QPR (Question, Persuade, and Refer) (www.qprinstitute.com) for nurses and ASIST (Applied Suicide Intervention Skills Training). QPR is 6 - 8 hours in length. Content includes knowledge and attitude about suicide, increasing the nurse's comfort level to assess suicide, perform a triage assessment (acute risk, address immediate patient safety needs, and determine most appropriate setting for care). ASIST (www.livingworks.net/programs/asist/) is 14 hours. The participant is taught "suicide first aid." You learn about suicide risk and how to respond in a manner to improve safety and how to link to resources. It does employ simulations for skill development. Other very successful programs include the Oklahoma Department of Mental Health and the Tennessee Lives Count Project. All of the programs contain the same basic information - knowledge and attitudes about suicide, interviewing in a non-threatening way using indirect interrogation to assess immediate safety needs, and determine a safety plan.

Recognition of the warning signs in the before mentioned are formal time consuming programs. However, many nurses at the point of direct care may not have access to these programs. The nurse's role is to identify the potential suicidal patient. There are assessments available that you can use to keep your patients safe. Many screening tools are available. Two common ones are the Beck Depression Inventory (21 items) and the Geriatric Depression Scale, both readily available online. In fact the Geriatric Depression Scale is available as a phone app in the I-Tunes store. Screening tools are only for identification of at-risk individuals needing follow up. Depression and suicide often go hand in hand. There are several screening measures specific to suicidal ideation. They are the Index of Potential Suicide, Reasons for Living Inventory (available for various ages) and Suicide Attempt Self-Injury Interview. These are available online. The screening tools mentioned in this paragraph are somewhat lengthy and often only used by psychiatric/mental health nurses for a more in depth assessment. Multiple different short answer screening tools are available from local Mental Health associations. The tools may be completed by patients in the waiting room and provide a basis for discussion. Most of the tools involve yes/no answers and are 5 - 10 questions in length.

Specific assessments and questions that all nurses can use include the following:

- evaluate changes in behavior
- discuss with them (and family/significant others) that the underlying cause of the physical complaints may be depression (or other mental health concerns)
- let patients know there are other options to feeling depressed and you can help them find resources for help
- be alert to warning signs of suicide
- home health nurses should be observant for stockpiling medicines or buying a gun
- school nurses should be alert to special adolescent signs and symptoms such as volatile mood swings or sudden changes in behavior, abusive relationships, unexplained signs of trauma, self-mutilation, eating disorders, gender identity issues, sudden deterioration of appearance, fixation with death, depression
- Once the realization is made that the patient is at risk for potential suicidal ask additional screening questions in a non-threatening manner such as:
 - Sometimes when people are sad they have thought of harming or killing themselves. Have you had these thoughts?
 - Do you wish you could just go to sleep and never wake up again?
 - Are you thinking about hurting or killing yourself?
 - Have you been thinking about death recently?
 - Are you feeling hopeless?
 - Have you ever had a suicide attempt?
 - Do you have a plan for suicide? Will you share that plan with me? (NOTE: if they refuse to share the plan that are at greater risk of suicide.)

It is important to know that asking individuals if they have suicidal thoughts does not reinforce or initially give them the idea of suicide. The act of asking the questions implies that you care and the patient's welfare is important to you. Most mental health professionals feel the initial assessment often do not include enough questions to ascertain the essential evidence of a suicidal thought. The morale of the story is to ask more than one question more than one in a different format.

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Once warning signs are identified, the next move is to keep the patient safe, while providing empathy and support. Call for help and depending of the severity of the issues either 911 or their mental health professional. If the person is not hospitalized it is imperative to access the mental health system or social services. Ensure that the person has a follow up appointment and inform someone close to the patient to not only monitor behavior but also ensure they keep the follow up appointment. Emphasize the need to never leave the patient alone until they keep the follow up appointment. Support the family and/or significant other and let them know how important they are in helping the patient through the crisis. It is absolutely necessary to limit access to a means of suicide, i.e., removing all firearms, or knives/other sharp objectives if a plan includes cutting their wrist, have someone else assume responsibility for all medications and remove stockpiles of medications, etc. In short, ascertain desired means of suicide and remove that object, but the one exception is always removal of firearms regardless of the person's plan as firearms are the number one means of suicide in the U. S.

Options for treatment include hospitalization, additional psychiatric evaluation, or close out patient supervision. Not every suicidal patient needs to be hospitalized if there is someone who can remain with them and ensure that the can be followed up immediately. At times patients are hospitalized against their will if they are in imminent danger of hurting self or others. Wherever the setting the usual treatment plan includes treatment for any underlying issue(s) such as depression, substance abuse, etc.; medication adjustment; counseling; self management techniques and education. Ongoing treatment will be evaluation of suicidal thoughts, developing self esteem and social support. Nursing care is essential in these areas.

Additional Resources include 911 if you feel there is imminent danger and remain with the patient (or on the telephone) until help arrives. Another resource is National Suicide Prevention Lifeline (1-800-273-TALK (8255). Carry this number with you if a home health nurse or have the number posted at home if there is a prior history of suicide. If the person is a veteran contact - the Veterans Crisis Line at (1-800-273-8255) (same as the National Suicide Prevention Lifeline) and press 1 for veterans. Veterans can also access an online chat at www.VeteransCrisisLine.net. Other resources include the Suicide Prevention Resource Center ([\[sprc.org/\]\(http://www.sprc.org/\)\) and Suicide Prevention at the National Institute of Mental Health. Additional resources include American Foundation for Suicide Prevention \(\[www.afsp.org/\]\(http://www.afsp.org/\)\); American Association of Suicidology \(<http://www.suicidology.org/>\), American Psychiatric Nurses Association \(\[www.apna.org/i4a/pages/index.cfm?pageID=1/\]\(http://www.apna.org/i4a/pages/index.cfm?pageID=1/\)\), Indian Health Service \(\[www.ihs.gov/suicideprevention\]\(http://www.ihs.gov/suicideprevention\)\), and Emergency Nurses Association Practice Guidelines \(\[www.ena.org/practice-research/research/cpq/documents/suicideriskassessmentcpq.pdf\]\(http://www.ena.org/practice-research/research/cpq/documents/suicideriskassessmentcpq.pdf\)\); American Foundation for Suicide Prevention \(<http://www.afsp.org/>\); National Center for Injury Prevention and Control \(<http://www.cdc.gov/ncipc/>\); Suicide Prevention Action Network USA \(<http://www.spanusa.org/>\); and National Suicide Prevention Lifeline \(<http://www.suicidepreventionlifeline.org/>\).](http://</p></div><div data-bbox=)

Nurses can and do make a difference in the prevention of suicide. It involves asking a few additional questions, observing body language, and reflecting on past history. The take home message is that suicide is a preventable public health concern and we the front line workers can make a difference.

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CE Post Test on page 14

ASNA's Leadership Academy

The mission of the ASNA Leadership Academy is to create a community of effective nurse leaders. Our vision continues to be the preparation of the next generation of nurse leaders for the state of Alabama.

The next ASNA Leadership Academy will begin on Monday evening, April 11, 2016, and continue the next day at the ASNA FACES in Montgomery, AL. A summer one-day retreat will be scheduled and the Academy will conclude at the ASNA Convention in Huntsville.

Look for updates and information on how to participate on <http://alabamannurses.org> and the ASNA Facebook page.



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Suicide Assessment and Prevention

1.5 contact hours (ANCC) and 1.8 contact hours (ABN) ~ Activity #: 4-0.977

POST TEST & EVALUATION

Name: _____

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Answer the following questions with the most appropriate answers.

1. Suicide is often associated with which of the following conditions?
A. Depression and Alzheimer’s Disease
B. Hallucinations and depression
C. Hallucinations and autism
D. Autism and bullying
2. Which of the following statement are true?
A. A no harm contract will make a person think twice before harming self.
B. Any suicidal patient needs to be hospitalized.
C. A homicidal person is unlikely to harm themselves.
D. A previous suicidal attempt is a good indication of harming self in future.
3. According to SAMSHA at least _____ % of patients have visited a health care provider within one (1) month of their suicide.
A. 40
B. 45
C. 50
D. 55
4. List at least 6 suicidal warning signs.
A.
B.
C.
D.
E.
F.

5. Provide at least one (1) example of what you plan to incorporate into your practice or into private life to prevent suicides from occurring.

ACTIVITY EVALUATION

GOAL: Increase nurse’s awareness of their value as the first line of defense and provide resources in suicide prevention.

Circle your response using this scale: 3 – Yes 2 – Somewhat 1 – No

Rate the relationship of the objectives to the goal of the activity. 3 2 1

Rate your achievement of the objectives for the activity. 3 2 1

Objectives:

1. Recognize suicidal intentions and respond appropriately. 3 2 1
2. Provide resources for patients and families/significant others to support ongoing efforts to prevent suicide. 3 2 1

Program free of commercial bias. 3 2 1

On a scale of 1 (low) – 5 (high) knowledge of topic before home-study. 5 4 3 2 1

On a scale of 1 (low) – 5 (high) knowledge of topic after home-study. 5 4 3 2 1

How much time did it take you to complete the activity? _____ hours _____ minutes.

ADDITIONAL COMMENTS:

Complete form and return to: ASNA, 360 N. Hull St., Montgomery, AL 36104
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American Nurses Association

5 Considerations for RNs Facing Ethical Challenges on the Job

The American Nurses Association has declared 2015 to be the Year of Ethics and in January released a new edition of its *Code of Ethics for Nurses with Interpretive Statements*, so now is the perfect time for RNs to re-examine the essential role ethics plays in the nursing profession. Having a strong ethical foundation is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.

Here are five considerations for nurses when facing ethical challenges.

Know yourself

It's important to have a strong sense of personal ethics to build upon in your profession. "Knowing who you are and what you stand for personally and professionally provides a foundation to speak up and speak out about issues that support or compromise your values," said Cynda Hylton Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics at the Berman Institute of Bioethics/School of Nursing and a professor of nursing and pediatrics at Johns Hopkins University, and a Maryland Nurses Association member. "Without this clarity, your responses may be reactive, unreflective and potentially damaging to you and to others."

Live your values

Just knowing your values and ethics isn't enough, Rushton said. "We are required to speak them and live them in our daily actions. This takes courage, wisdom and resilience. Living our values means that we have to take seriously the fifth provision of the ANA Code — our obligation to care for ourselves so that we can care for others." Because ethical issues are part of daily nursing practice, every nurse has an obligation to have the knowledge, skills and abilities to recognize and address them.

Listen to your gut

If you know yourself and are consistent about living your values, you'll be able to rely on that voice inside your head saying something is wrong. "One of the things I talk to my students about all the time is that you need to listen to your gut," said Sarah Shannon, PhD, RN, associate professor of Biobehavioral Nursing and Health Systems

at the University of Washington School of Nursing and adjunct associate professor of Bioethics and Humanities at the University of Washington School of Medicine, and a Washington State Nurses Association member.

Check in with others

Having said that, Shannon said it's important to remember that the gut is "a great barometer but a lousy compass." Just because you know you're in an ethical quandary doesn't mean you know what the next step is. Consult with others, such as your shift manager or head of nursing, when a sticky ethical situation arises.

Translating ethical decision-making into everyday nursing practice is challenging. Building a network of colleagues who can help you think through ethical situations is a priceless resource. A great place to connect with experts and building your network is the 2015 ANA Ethics Symposium being held in Baltimore, MD, June 4-5.

Practice with respect

The first provision of the revised *Code* highlights each nurse's responsibility to practice with "respect for the inherent dignity, worth, unique attributes and human rights of all individuals," said Carol Taylor, PhD, RN, professor of nursing at Georgetown University and senior clinical scholar at the Kennedy Institute of Ethics, and an ANA member. Upholding that worth can provide a foundation for ethical action.

"Taken seriously, this means that each of us must practice with zero tolerance for disrespect, for our patients, their family members, our colleagues and ourselves," Taylor said. Taylor recommended practicing responding to a colleague who describes a patient in negative terms to make it easier to speak up next time, such as by saying, "I'm no goody two-shoes, but I'm trying hard to meet each patient with respect." If disrespect is a widespread problem, huddle and call attention to your organization's zero-tolerance policy for disrespect to empower everyone to bring quick attention to violations.

For additional resources go to ANA's Career Center at <http://careers.ana.org>.

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American Nurses Association

American Nurses Association Makes New Recommendation that All Nurses Should be Immunized Against Vaccine-Preventable Diseases

SILVER SPRING, MD – The American Nurses Association (ANA) is calling for all individuals, including registered nurses (RNs), to be immunized against vaccine-preventable diseases, with the only exemptions being for medical or religious reasons.

ANA's new position on immunization aligns with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), a CDC panel of medical and public health experts that advises vaccine use. ANA's re-examination of its position was prompted partly by outbreaks of measles cases this year that affected unvaccinated adults and children.

"ANA's new position aligns registered nurses with the best current evidence on immunization safety and preventing diseases such as measles," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC,

FAAN. "A critical component of a nurse's job is to educate patients and their family members about the effectiveness of immunization as a safe method of disease prevention to protect not only individuals, but also the public health."

During the first seven months of 2015, the CDC said 183 people from more than 20 states were reported to have measles, with five outbreaks resulting in the majority of those cases. In 2000, the United States had declared that measles was eliminated from the country as a result of an effective measles vaccine and a strong vaccination program for children.

Health care personnel who request exemption for religious beliefs or medical contraindications – a condition or factor that serves as a reason to withhold an immunization due to the harm it would cause – should provide documentation from "the appropriate

authority" supporting the request. Individuals who are granted exemption "may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission" to patients and others, the new policy says.

ANA's position on immunization for health care personnel aligns with the newly revised *Code of Ethics for Nurses with Interpretive Statements*, which says RNs have an ethical responsibility to "model the same health maintenance and health promotion measures that they teach and research," including immunization.

The CDC recognizes August each year as National Immunization Awareness Month to emphasize the importance of immunization across the lifespan. The week of Aug. 16-22 is focused on adult immunization and the following week (Aug. 23-29) on infant and child immunization.

Coming Soon!



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American Nurses Association

ANA Sets ‘Zero Tolerance’ Policy for Workplace Violence, Bullying

Position Statement Calls on Health Care Employers to Implement Violence Prevention Programs

SILVER SPRING, MD – The nursing profession “will no longer tolerate violence of any kind from any source,” the American Nurses Association (ANA) declared in a new position statement on violence in health care workplaces released today.

“Taking this clear and strong position is critical to ensure the safety of patients, nurses and other health care workers,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Enduring physical or verbal abuse must no longer be accepted as part of a nurse’s job.”

ANA’s position statement, developed by a panel of registered nurses (RNs) representing clinicians, executives and educators, addresses a continuum of harmful workplace actions and inactions ranging from incivility to bullying to physical violence. The statement defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend and cause distress,” such as hostile remarks, verbal attacks, threats, intimidation and withholding support.

The statement calls on RNs and employers to share

responsibility to create a culture of respect and to implement evidence-based strategies. The statement cites research showing that some form of incivility, bullying or violence affects every nursing specialty, occurs in virtually every practice and academic setting, and extends into all educational and organizational levels of the nursing profession.

RNs who belong to many of the more than 30 nursing specialty organizations affiliated with ANA provided input for the position statement.

A recent ANA survey of 3,765 RNs found nearly one-quarter of respondents had been physically assaulted while at work by a patient or a patient’s family member, and up to half had been bullied in some manner, either by a peer (50 percent) or a person in a higher level of authority (42 percent).

Among the position statement’s recommendations to prevent and mitigate violence, in addition to setting a “zero tolerance” policy, are:

- Establishing a shared and sustained commitment by nurses and their employers to a safe and trustworthy environment that promotes respect and dignity;
 - Encouraging employees to report incidents of violence, and never blaming employees for violence perpetrated by non-employees;
 - Encouraging RNs to participate in educational programs, learn organizational policies and procedures, and use “situational awareness” to anticipate the potential for violence; and
 - Developing a comprehensive violence prevention program aligned with federal health and safety guidelines, with RNs’ input.
- To prevent bullying, among ANA’s recommendations are that RNs commit to “promoting healthy interpersonal relationships” and become “cognizant of their own interactions, including actions taken and not taken.” Among recommendations for employers are to:
- Provide a mechanism for RNs to seek support when feeling threatened;
 - Inform employees about available strategies for conflict resolution and respectful communication; and
 - Offer education sessions on incivility and bullying, including prevention strategies.

ANA has several resources to help RNs and employers address and prevent bullying in the workplace, including the booklet, *Bullying in the Workplace: Reversing a Culture*, and a bullying “tip card.”



Attention LPNs

There’s a new section to the LPN Renewal Survey this year...

You will notice a new section to your 2015 LPN Renewal survey. This 31 question survey will only take **5-10 minutes** of your time and will greatly benefit nurses like you.

Frequently Asked Questions:

What is the new section on LPN licensing survey?
The voluntary section of questions at the end of the LPN renewal survey is a standardized tool that will help the Board of Nursing collect information about the LPN workforce.

Why does the Board need this information?
Right now, Alabama currently lacks nursing workforce data needed to influence policy; enhance diversity; forecast the nursing workforce supply and demand, including nursing education program planning; forecast for disaster planning; or identify nursing shortage areas versus overly saturated areas within the state. This is just a short list of reasons why this information is important to nurses and the public.

What are you going to do with this data?
The Board of Nursing is working with the Alabama Health Action Coalition (AL-HAC) to collect this information and publicize the survey’s findings to public. Your response to this survey is critical for us to better plan for a healthier Alabama.

Are my answers anonymous?
Yes.

Why should I answer this survey?
Answering this survey will help the Board answer important questions like:
Will Alabama have enough nurses in the future? How will retiring nurses affect this number?
Are there areas in Alabama where we need more nurses? Is there an area with an over-saturated supply of nurses?
Does the racial/ethnic, geographic and specialty of Alabama’s nursing workforce match our population’s health needs?

Who developed these questions?
The questions on this survey were developed by the National Council of State Boards of Nursing and the National Forum of Nursing Workforce Centers.

Will these questions be asked on the RN Renewal Survey in 2016?
Yes. A very similar list of voluntary, questions will be included in the 2016 RN Renewal Survey.

How often will I be asked these questions?
You should expect these questions to be asked during each license renewal period.



For those who have already completed the renewal survey, we thank you for your participation. For more information, visit:
www.al-hac.org



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District Meeting Notices

Macon County Nurses Society
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12:30 p.m.
Contact Maggie Antoine at maggieantoine@charter.net

Mobile County Nurses Society
Mobile County Nurses' Society meeting is the third Thursday of each month 5:30 P. M. @ Winzell's Oyster House, 605 Dauphin Street, Mobile, AL 36602. Contact Voncile Stallworth at VONCEAL@MSN.COM or 251-456-7536

ASNA District 1
Meets on the 2nd Thursday of even months (Feb, Apr, Jun, Aug, Oct, Dec), at 6:15 PM at Parkway Medical in Decatur, AL. Please contact your district president, Sarah Wilkinson at swilkinsonrn@yahoo.com to be added to the notification list.

ASNA District 2
Meets the first Friday of the month from 12 – 1 pm for "Lunch & Learn"
Contact your district president, Julie Savage Jones at juliesavagejones@yahoo.com for location.

ASNA District 3
No meeting information is available at this time – your district president will contact you via email regarding meeting times and locations.
Contact your district president, Dr. Wanda Spillers at wbspillers@yahoo.com for more information about your district.

ASNA District 4
No meeting information is available at this time – your district president will contact you via email regarding meeting times and locations.
Contact your district president, Erica Elkins Little, ericaelkinslittle@gmail.com

ASNA District 5
No meeting information is available at this time – your district president will contact you via email regarding meeting times and locations.
Contact your district president, Jan Wynn at jmwynn@samc.org for more information about your district.

***Dates and Locations may change, please watch for emails and web announcements.**

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Membership

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The Alabama Nurse is distributed quarterly. The ASNA office and ASNA district officers are doing a great job of keeping in touch with members. If you haven’t received your quarterly issue, or haven’t heard from either ASNA or your district; odds are we don’t have the correct contact information for you. Please take a moment to update your information by sending in the form below – or going online to our website (<http://alabamannurses.org>) and updating your information under the “Membership & Benefits” tab.

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- ☐ Committee on Legislative

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District _____

Meetings may be held at the ASNA office, virtual (online) or by telephone conference.

Four Receive Citations of Excellence in ASNA District 4

On Thursday, May 21, 2015 four nurses from Mobile County were issued citations....Citations of Nursing Excellence! District 4 of the Alabama State Nurses Association (ASNA) hosted a ceremony of presentation for the 2015 Citations of Nursing Excellence based on nominations received for integrity, work ethic, or another attributes exemplified by the nurses within their area of practice. There were three citation recipients from the University of South Alabama’s Children’s and Womens’ Hospital: Casie Crawford, Lisa Forsberg, and Rene Sprague, and one recipient from the University of South Alabama’s College of Nursing, Kimberly Jordan. The event was also sponsored by Sigma Theta Tau International, Zeta Gamma chapter. The recipients, their nominators, their families, and representatives from ASNA’s District 4 were on hand for the ceremony. A reception followed at the venue.



From left to right: Kim Jordan, Lisa Forsberg, Casie Crawford, and Rene Sprague.

Congratulations on being exemplary nurses!



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