OHIO NURSES REVIEW
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Beyond the Bedside: What Do Nurses Really Do?

By Suzanne Gordon
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Several weeks ago, I was invited to speak to a group of undergraduate students who had been asked to read my new book, *Nursing Against the Odds*, for their history of science class at Harvard University. During the hour-and-a-half discussion, one question that kept popping up was: "What do nurses really do?" As I left the room, I pondered, as I often do, why the public has so little understanding of the consequential nature of nursing practice. Clearly, it's because of traditional stereotypes about nursing. But it's also because nurses have been socialized to be silent about their work or to talk about it in ways that fail to reverse these traditional stereotypes.

When I ask nurses to describe their work, many respond: "Oh it's too hard to talk about. It's too diffuse, too vague, too indefinable." But I have written thousands of pages about nursing and I am not a writer of fiction. I've been able to write about nursing because I've observed nurses at work and asked them a lot of questions about their practice.

What Nurses Do

Here is what I think nurses do. Using their considerable knowledge, they protect patients from the risks and consequences of illness, disability, and infirmity, as well as from the risks and consequences of the treatment of illness. They also protect patients from the risks that occur when illness and vulnerability make it difficult, impossible, or even lethal for patients to perform the activities of daily living—ordinary acts like breathing, turning, going to the toilet, coughing or swallowing.

Even the most emotional work nurses do is a form of rescue. When nurses construct a relationship with patients or their families, they are rescuing patients from social isolation, terror, or the stigma of illness or helping family members cope with their loved ones' illness.

What do nurses do? They save lives, prevent complications, prevent suffering, and save money.

Why do nurses have a hard time explaining such compelling facts and acts? As Sioban Nelson and I have argued in a recent article in the American Journal of Nursing, it's because they've been educated and socialized to focus on their virtues rather than their knowledge and their concrete everyday practice. They've been taught to wear their hearts and not their brains on their sleeves as they memorize and then rehearse the virtue script of modern nursing.

If you analyze the words and images of campaigns used to recruit nurses into the profession or listen carefully to the stories nurses tell about their work, nurse may not use the available research to fully explain why what they do is so critical to patient outcomes. Although many studies, conducted by nursing, medical, and public health researchers, have documented the links between nursing care and lower rates of nosocomial infections, falls, pressure ulcers, deep vein thrombosis, pulmonary embolism, and deaths, most promotional campaigns and many stories nurses themselves tell about their work ignore these data.

See ***BEYOND THE BEDSIDE*** *on page 9*

Suzanne Gordon is an award-winning journalist and author. She has written for the New York Times, the Los Angeles Times, the Washington Post, the Atlantic Monthly, the American Prospect, the Globe and Mail, the Toronto Star and others. She's the author of five books including *Life Support: Three Nurses on the Front Lines* (Little Brown & Co.); and co-editor of three books and co-author of *From Silence to Voice:What Nurses Know and Must Communicate to the Public*. Her new book, on the nursing crisis—*Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care*—has just come out in a paperback published by Cornell University Press as part of its series on The Culture and Politics of Health Care Work. She has been a health care commentator in the U.S. for Public Radio International's "Marketplace" business program, and a popular lecturer. She is also a Visiting Professor at the University of Maryland School of Nursing and Assistant, Adjunct Professor at the University of California San Francisco's School of Nursing. Gordon is co-editor of Cornell University Press's series on the Culture and Politics of Health Care Work. She is also co-author, with playwright Lisa Hayes of the new play about doctor/nurse relationships entitled *Bedside Manners*. For more information about Suzanne Gordon, please visit www.suzannegordon.com.

IN THIS ISSUE

5 of your patients are ready to make this their last strike.

All they need is a little help from you, their nurse, and their chance of quitting can increase by 50%. Just ask each patient, "Do you use tobacco?" If the answer is "yes," discuss quitting. And for all your patients who are ready to quit, fax a simple referral form to the Ohio Tobacco Quit Line. Do this five times over the next year, and together, we can give thousands of Ohioans the support they need to become quitters.

Fax Five to call it quits. Just go to ohioquits.com/faxfive

OHIO TOBACCO QUIT LINE Call it quits.
800-QUIT-NOW
800-784-8669

Ohio Tobacco Quit Line is funded by the Ohio Tobacco Use Prevention and Control Foundation. © 2006

In partnership with ONA

Nursing Professionals to Be Influential Part of "Fax Five" Campaign

Nursing professionals across the state have an opportunity to help patients access free tobacco cessation resources with the Ohio Tobacco Quit Line's 800-QUIT-NOW "Fax Five" campaign. By pledging to fax five patient referrals to the Quit Line over the next year, nurses across the state can give thousands of Ohioans the support they need to become quitters.

"Callers to the Quit Line are five times more likely to quit compared to those who try to quit cold turkey on their own. Starting a dialogue about cessation with your patient may offer that person a chance to take charge of their own health, and help them quit tobacco use for good."

Though nurses are well aware of tobacco's effect on their patients, conventional cessation interventions often take more time than the average patient visit allows. Though you may not be a tobacco counselor, patients trust your advice, and even a brief interaction can introduce a patient to the idea of kicking the habit.

By taking a few minutes to discuss quitting tobacco with your patients, you can make a difference. Research has found that nursing-led smoking cessation interventions increase the chances of successful quit attempts by 50 percent[1], yet only 25-30 percent of nurses provide smoking cessation intervention to their patients[2].

With the "Fax Five" program, nurses can play an active role in helping Ohioans quit tobacco by connecting five tobacco using patients who are ready to quit with the Ohio Tobacco Quit Line. A conversation about tobacco use doesn't have to take more than a couple of minutes.

To "Fax Five," you simply:

1.) **Ask** the patient if he or she uses tobacco and if so, **Advise** him or her to quit.
2.) **Assess** the patient's willingness to quit. If they are ready to quit in the next 30 days, have the patient **sign** consent on the Fax Referral Form.
3.) **Fax** the completed form into the Ohio Tobacco Quit Line and dedicated counselors will call the patient directly within 48 hours. Do this five times over the next year.

Free, personalized office Quit Kits, containing fax referral forms and other office tools to help patients quit tobacco, are available by registering at www.ohioquits.com/fax-five. A writable fax referral form can also be downloaded from the site, allowing you to print out forms with your healthcare office information already completed.

Callers to the Quit Line are five times more likely to quit compared to those who try to quit cold turkey on their own. Starting a dialogue about cessation with your patient may offer that person a chance to take charge of their own health, and help them quit tobacco use for good.

The Ohio Tobacco Quit Line is a program of the Ohio Tobacco Prevention Foundation and is funded by monies from the Master Settlement Agreement with major tobacco companies.

[1] *U.S. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2002. MMWR Morb Mortal Wkly Rep 2004; 53(20): 428-431. Accessed: May 2004.*

[2] *Flore, M.C., W.C. Bailey, et al. (2000). Treating tobacco use and dependence. Clinical Practice Guideline. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service.*

OHIO NURSES REVIEW

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Mission Statement
The mission of the Ohio Nurses Review is: To advance professional nursing practice in Ohio in service of quality health care.

President's Message:

Looking Beyond the Bedside

by Barbara A. Nash, MS, RN, C, CNS

At what point in our nursing careers do we begin to realize that it is equally important to keep an eye on our patients **AND** an eye on what is going on outside our sphere of practice? For me it was not until I moved to central Ohio 30 years ago, and worked with nurses who had a handle on "the bigger picture," that I began to understand how important it is to gain that broader perspective. Thankfully I had the good fortune to have my career intersect with nurses who were willing to lead and support me as I caught up. Their mentoring, along with furthering my formal education, opened my eyes as to how important it is that we nurses pay attention to what is going on in the world around us.

While we have a professional obligation to focus on our patients we have an obligation to our profession to focus on the political, social and economic forces that impact nursing. Unfortunately there are too many nurses around the country, and around our state, who have no interest in anything beyond "just doing my job." That mindset often places our profession in the position of reacting to decisions we do not like, instead of proactively shaping outcomes that we can embrace. Just looking at how many nurses belong to **any** professional organization gives us a sense of where nurses are when it comes to seeing themselves as a part of the bigger picture – only 8% of the almost 3 million nurses in America. That statistic both frightens me and makes me sad.

How many of those 3 million nurses do you suppose have any inkling what the American Medical Association has been up to lately? At its November 2005 Interim Meeting, the AMA House of Delegates adopted Resolution 814, titled, "Limited Licensure Health Care Provider Training and Certification Standards." The resolution states: RESOLVED, That our American Medical Association, along with the Scope of Practice Partnership and interested Federation partners, study the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of the limited licensure health care providers, and limited independent practitioners, as identified by the Scope of Practice Partnership and report back at the 2006 Annual Meeting. (The AMA's Annual Meeting is occurring in Chicago as I write.)

The Scope of Practice Partnership is a coalition that the AMA formed to assist various physician organizations facing scope of practice "battles." The SOPP also plans to fund studies to determine whether "allied health professionals" truly fill healthcare voids in rural and other underserved areas, and to examine the education and training of "allied health professionals" with the goal of providing this information as a "point of comparison" to legislators. The states first under their microscopes are Missouri and Florida, but look for them to be "coming to a location near you soon."

What does all this mean? It means that the age old struggle between medicine and nursing is still alive and well. It means that nursing is seen as a threat to medicine, especially to their pocketbooks. It means that the writing on the wall indicates that health care reform is an eventuality, and that the medically controlled sickness care system is in jeopardy of loosing control. It means that various bodies are jockeying for leadership in the future health care system. It means that nursing is seen as the logical leader of a system that focuses on health promotion, disease prevention and health literacy. And it means that nursing is again in danger of being blindsided, and forced to react to outside groups desiring to change our practice.

We need to not only keep an eye on the world around us, but we must come together as a profession and claim the political power that is rightfully ours. ANA and twenty-three other health care organizations have joined together to respond to and oppose SOPP and AMA Resolution 814. The response is very well written and makes several notable points. The introduction states, "It is inappropriate for physician organizations to advise consumers, legislators, regulators, policy makers or payers regarding the scope of practice of licensed health care professionals whose practice is authorized in statutes other than medical practice acts. The erroneous assumption that physician organizations should determine what is best for other licensed healthcare professionals is an outdated line of thinking that does not serve today's patients."

To read the entire response and to see the list of organizations that have signed on go to www.patientrightscoalition.org Tell everyone you know (friends, family, colleagues, patients, legislators, strangers on the street) to visit this web site and carefully read what is posted there. Ask them to think about what it would mean to their lives if they were no longer able to utilize the services of various licensed health professionals. Certainly this is an issue that concerns all nurses, and I propose it is an issue we can unite around. Let us begin to rouse the sleeping giant that is nursing.

"While we have a professional obligation to focus on our patients we have an obligation to our profession to focus on the political, social and economic forces that impact nursing."

Editor's Notes:

Dreaming Beyond a Bedside Reality

by Gingy Harshey-Meade, MSN, RN, CNAA, BC, CEO

One of the extraordinary things about nursing is that nursing education and licensure open up a fantastic world of opportunities. The question becomes; *What kind of nurse do I want to be or what kind of nursing do I want to do next?* When I talk to students about nursing I tell them that:

- The career choice of nursing allows for many diverse careers and opportunities;
- You can reinvent your career as many times as you wish and;
- The possibilities are really endless.

Too many of us have forgotten that there is a nursing world out there that is different than the one many of us are practicing at the bedside, the one that wears us out. But there is another world beyond our current reality. The nursing shortage is partially caused because there are many new places that nurses are practicing, inside and outside the walls of hospitals and nursing homes, beyond the bedside. This is true because nurses are prized for their crucial analytical skills, and being prized is a wonderful thing. So when you are dreaming, dream about your next fantastic nursing career and think of the possibilities. Do you like your dream? If so, when you wake up tomorrow, start planning how you can make your nursing dream a reality. We hope your ONA membership can help you reach that new goal.

Welcome New Members!

Kimberly Adkins
Melissa Ann Alderson
Carol Axe
Sandra Babb
Dianna Barhorst
Eileen Barry
Debra Bartel
Jeri Bauer
Miranda Berry
Dana Beyazian
Robert Bolan
Christine Boulden
Stephanie Bowman
Cathy Boykin
Marlene Brunswick
Mary Bruster
Maureen Buckner
Caridel Burrell
Karen Callan
Luann Capone
Benjamin Carman
Amy Cashner
Amy Chell
Steven Collier
Jessica Compton
Suzanne Courter
Trevor Cowan
Shelley Crane
Jody Crow
April Csernyik
Maranda Daigle
Craig Dailey
Coreen Dale
Melissa Decker
Kathy Dennis
Kelly Deutscher
Gina DiFloure
Mary Dohrozsi
Donna Eaves
Alisha Escobedo
Ellen Farrelly
Delores Ellen Flowers
Diana Fotheringham
Thomas Fowkes
Rebecca Frank
Shawna Friskey
Karen Gambino
Megan Gaul
Vickie Graymire
Akherenweim Gwan
Vicki Hall
Deborah Hammond
Stephanie Hawk
Kelly Hazlett
Jill Hillard
Christine Holmes
Lori Huffman
Nicholas Hummel
Terri Ianniello
Lisa Jacobs
JulieAnn Jeffords
Margaret Jonas
Cynthia Kennedy
Krystal Kepler
Lori Kolb
Margaret Kosik
Sherri Kovach
Carol Krieger
MaLiza Labordo
Danine Lajiness-Polosky
Judith Leddy
Douglas Lee
Lavonne Lewis
David Looper-Friedman
Tonia Lower
Marian Mangual
Saranda Manning
Toni Mays
Kathy McArthur
Linda McCaig
Linda McKarns
Sara Mercer-Sells
Heather Miller
Norma Miller
Shanley Minor
Marlia Moore Southers
Bunny Muchiarone
Tiffany Muhly
Lori Nelson-Fowler
Keri Nunn-Ellison
Sherrie Oakley
Oluyemi Ogungbadfro
Abimbola Olaore
Melissa Owens
Joni Papez
Felicia Pfarr
Lindsey Pfefferle
Pamela Phelps
Heather Pinkus
Susan Pratt
Michelle Prine
Martha Lynn Randolph
Toni Reames
Rhoda Reusch
Brett Rockwern
Raquel Rodriguez
Maria Ross
Ellen Rudy
Kathleen Ryan
Jennifer Sciuva
Anne Shaw
Patricia Sherman
Coren Siembak
Crista Slemmer
Candace Sluka
Susanna Smart
Craig Smith
Donna Smith
Sandy Smith
Michele Standish
Susan Stranges
Jeffrey Stroud
Rhonda Studer
Abbey Szekely
Janelle Taylor
Katherine Thoman
Kelly Titus
Angela Trigg
Nicole Tucci
Jodie Turner
Barbara Van Wetering
Rachael Vogel
Deborah Walter
Veronica Walters
Karen Watkins
Mary Waugh
Jessica Whippo
Karen Wilcox
Amy Wilke

Considerations for Local Unit Leaders in Working with Chemically Dependent Nurses

by Susan Shelko, Labor Relations Specialist

Most of us would prefer not to think about the potential that a nursing colleague – someone we work with day in and day out – might have a chemical dependency problem. Unfortunately, denial does not just affect the individual with the chemical dependency problem, but rather it can affect the individual's entire social network of family, friends, colleagues and acquaintances. The stigma and shame for nurses and other health care professionals who have a chemical dependency problem is, however, greater than that attached to members of the general population who are afflicted with this same disease.

So what do local unit leaders and union representatives do when the chemical dependency problem of a colleague becomes such that it can no longer be denied or ignored? The following pointers are intended to provide guidance and assistance for local unit leaders in confronting these challenging situations.

Considerations for Local Unit Leaders in Working With Chemically Dependent Nurses

- Remember that strict confidentiality is an absolute necessity. The nurse, as well as the bargaining unit membership, needs to be able to trust that their private and confidential information will be treated as privileged and be protected/ safeguarded to the extent that is legally and humanly possible.
- Advise the nurse as to your role as local unit leader. You are not an attorney, and your representation is only as a union representative under a collective bargaining agreement.
- Strongly advise the nurse to retain legal counsel—especially if criminal charges and/or administrative board proceedings are anticipated.
- An attorney who has experience in representing health care professionals before administrative licensing boards (e.g., Ohio Board of Nursing, Board of Pharmacy, Ohio State Medical Board, etc.) should be recommended because he/she would be better suited to advocate on behalf of the nurse as compared to an attorney without such experience and familiarity in administrative proceedings.
- Attorney referrals can be obtained through the local bar association or by contacting ONA.
- Strongly advise the nurse against giving any statement to the employer, to investigators from the board of nursing and/or pharmacy board, or to any other person.
- Any statement or admission made by the nurse can later be used against her at a Board of Nursing disciplinary proceeding or at a criminal proceeding.
- Know your facility's policies regarding:
  - Search of employees' workspace, lockers, vehicles and person
  - Surveillance and monitoring of work areas
  - Drug free workplace policy and drug testing procedures
- Ask that a split specimen urine collection be taken as part of the drug testing process. Ensure that chain of custody process is followed.
- Ask about the availability of Employee Assistance Programs and/or other community resources and referrals including the ONF Peer Assistance Program.
- Ask about the specifics of health insurance coverage for chemical dependency treatment if the nurse has health insurance through her workplace.
- Request a Family Medical Leave Act application packet for the nurse to complete.
- Ask about the availability of paid and unpaid time – for example, PTO, vacation time, sick time, short-term disability, unpaid medical or personal leave of absence.
- Ask about employment consequences. If the employer intends to discharge the nurse, would the employer consider a "last chance agreement" instead? Or would the employer allow the nurse to resign in lieu of being terminated?
- Ask about the availability of alternative work assignments and other non-nursing job vacancies at the facility while the nurse is restricted from practicing as a registered nurse.
- Ask whether the employer intends to file a report with the Ohio Board of Nursing, the Pharmacy Board, and/or the local police department. The employer most likely has already considered these options, and depending upon the circumstances, the employer may have no choice but to file a report or complaint with the appropriate licensing boards and/or law enforcement authorities. Asking this question provides you and the nurse with valuable information in order to better prepare for possible future events.

The bullet points listed above are intended to provide a quick reference or summary overview for local unit leaders so that they can better represent nurses in these situations. The listing, however, is not tailored to the meet the needs and intricacies of a particular situation. Therefore, local unit leaders should always feel free to contact the ONA staff representative for specific advice and guidance. In addition, local unit leaders should be aware that the ONA Peer Assistance Program and its liaisons can provide additional support and information concerning chemical dependency issues.

Instead, nurses focus on their honesty and trustworthiness, their holism and humanism, their compassion, and their caring. The problem is that when they focus on caring, they often sentimentalize and trivialize the complex skills they must acquire through education and experience. They often fail to explain that caring is a learned skill and not simply a result of hormones or individual inclination. After all, knowing when to talk to a patient about difficult issues, when to provide sensitive information, when to move in close to hold a hand or move away at a respectful distance all are complex decisions a nurse makes. To make these decisions, nurses use equally complex skills and knowledge they have mastered. But all too often nurses make these skills and knowledge invisible or describe nursing practice in terms that are far too limited.

Nurses are still talking about themselves—or allowing themselves to be talked about – in the most highly gendered, almost religious terms and allowing themselves to be portrayed with the most highly gendered, almost religious images. Indeed, as Nelson and I argue, with the best intentions in the world, many modern nursing organizations and nurses reproduce and reinforce traditional images of nursing as self-sacrificing, devotional, altruistic, anonymous, and silent work. [1] Just think of one of the jingles in the recent Johnson & Johnson image campaign:

You're always there when someone needs you
You work your magic quietly
You're not in it for the glory
The care you give comes naturally.

Historical Images of Nursing and Nurses

Unfortunately, like those above, many of the images and words nurses mobilize reflect the religious origins of the profession. Nurses in religious orders were socialized to sacrifice every shred of their individual identity, to be obedient members of an anonymous mass. Religious nurses were taught not to claim credit for their work and accomplishments but were instead supposed to view themselves as divine instruments who willingly assigned the credit for their accomplishments to God, the Bishop, the Abbot, or the Mother Superior.

Most importantly, these images reflect a time when nurses were taught to *Say Little and Do Much* because to talk about a good deed was to turn it into a bad one – to exhibit the sin of pride. What nurses could accept were compliments for their deferential behavior and angelic virtues. What they could talk about was self-sacrifice and devotion and the outside agents they served.

The public needs to know that nurses – regular, ordinary bedside nurses, not just nurse practitioners or advanced practice nurses – are constantly participating in the act of medical diagnosis, prescription, and treatment and thus make a real difference in medical outcomes. Nurses can help the public understand that nursing is a package of medical, technical, caring, nursing know-how – that nurses save lives, prevent suffering, and save money.

If you look closely at the history of the problem of nursing visibility, you see that this religious depiction of nursing was not only a relic of the origins of nursing in Christian penitential practice but was also a legacy of the 19th century movement to professionalize nursing. In the 19th century, religious and social reformers like Florence Nightingale adapted the religious template to help women who wanted and/or needed to work outside of the home find purposeful paid work. In a society where gender roles were very rigid and people prized modesty and innocence, reformers needed to make it safe for female nurses to work in public spaces with strangers – mostly strange men.

Nurse reformers helped respectable women affect this passage by borrowing religious images, costumes, language, and metaphors. The nun's cornette was transformed into the nurse's cap. In English-speaking countries, nurses were called "sisters."

Nurse reformers tried to desexualize nurses just as nuns (women who weren't really women) had been desexualized before them. Nursing students wore ugly uniforms, were not allowed to marry, and were sheltered in cloister-like dormitories in or near the hospital. Nurses were said to be self-sacrificing and morally superior and would thus create order out of the chaos of the 19th century hospital.

Doctors were happy to have trained nurses but only if they were their servants. They wanted nurses to know what to do and how to do it but not why they were doing it. They didn't want anyone to know if a nurse had acquired scientific, medical, or technical mastery. Because nursing at this time was feminized, women with no political, legal, economic, or social power had to make a deal with medicine, and the deal was that nurses could have virtues but not knowledge.

In the 19th century, nursing was thus constructed as self-sacrificing, anonymous, devotional, altruistic work. While this was a functional bargain to make over a century ago, this template reigns today in spite of the fact that things have changed dramatically for women – *which is why it's time for a change.*

Now Is the Time for Change

I believe the public knows that nurses are kind, caring, and compassionate and that they provide patients with more information than doctors do. People don't know, however, that nurses have medical knowledge, participate in medical cures, and have technological know-how. I believe nurses can advance knowledge of their profession if they amplify their caring stories and include anecdotes that help us understand that doctors don't do all the curing.

The public needs to know that nurses – regular, ordinary bedside nurses, not just nurse practitioners or advanced practice nurses – are constantly participating in the act of medical diagnosis, prescription, and treatment and thus make a real difference in medical outcomes. Nurses can help the public understand that nursing is a package of medical, technical, caring, nursing know-how – that nurses save lives, prevent suffering, and save money. If nurses wear not only their hearts, but also their brains on the sleeves, perhaps the public, like those students at Harvard, will finally understand what nurses do.

This article was originally published in the 02/02/06 online Advanced Practice Nursing eJournal published by www.medscape.com. Medscape is a part of WebMD Health Professional Network, and is a wonderful resource for health care providers and the public. Medscape's mission, in part is to to provide clinicians and other healthcare professionals with the most timely comprehensive and relevant clinical information to improve patient care and to make the clinician's task of information gathering simpler, more fruitful, and less time-consuming. To sign up for this or any of their other free publications, please visit www.medscape.com.

What do you do as a nurse each and every day of your practice? Can you describe your contributions to the health care team in ways that truly reflect what nursing is all about? Contact ONA with your thoughts on your role as a nurse at ccalvert@ohnurses.org.

ONA Board of Directors Meeting Highlights

ONA Board of Directors Conference Call • January 19, 2006

Treasurer's Report
The Board discussed the Income and Expense Report for November. It was noted that ONA continues to exceed budget expectations. The Board discussed the proposed adjustments to the FY06 Budget noting the Finance Committee's recommendation for the revised budget. The Board accepted the report of the Finance Committee and the revised Budget FY06.

The Voice of ONA
President Barb Nash reminded Board members that when asked for opinions by the public, responses could be construed as speaking for the ONA Board of Directors.

Clinical Nurse Leaders
Rose Marie Martin had been contacted by UAN to sign on to their position on Clinical Nurse Leaders. The Economic & General Welfare Commission (E&GW) stands in opposition to Clinical Nurse Leaders. Discussion as to ONA's position followed. As debate continues and ANA has not yet taken a position, Johanna Edwards recommend a position of neutrality and the item will be placed on next agenda.

Announcements
- ONA is a recipient of International Conference on Safe Patient Handling Advocacy Award for support of The Bureau of Workers' Compensation initiative for no interest loans for safe patient handling equipment for long term care facilities.
- The updated website will be launched January 20, 2006.
- The next ONR will explain the new look and logo.
- The front of the ONA headquarters building has been leased.
- Barbara Nash and Gingy Harshey-Meade discussed meeting with Ohio Board of Nursing members and anticipate a good working relationship.
- Announcement of upcoming Nursing Summit, topics: Medication Aides and independent providers.
- Leadership Forum Conference Call is scheduled for February 16, 2006 at 8:30 p.m. Agenda items will include a financial update and a Dues Task Force update.

ONA Board of Directors Meeting • March 2, 2006

Legislative Update
The Board discussed nurse faculty shortage, nursing instructors – refundable tax credit, expanded authority of pharmacists to administer immunizations, Ohio Department of Job & Family Services rules, certified medication aides – rule filings, circulating RN requirements in ambulatory facilities, hospitals and private offices, clinical nurse specialist vision paper of National Council of State Boards of Nursing, and physician assistant modifications.

Treasurers Report
Rae Arnold presented and discussed the Membership Report and the Income and Expense Report. Efforts to reduce liability continue to be successful.

Nurses Choice Awards
Carrie Baker provided an update on ONF awards, table captain initiative and response, and speakers for the luncheon program.

Mission & Vision of ONA
Discussion resulted in a first draft of a revised Mission and Vision. VISION: ONA is the recognized leader and advocate for professional nursing in Ohio. MISSION: To advance professional nursing in Ohio. This is accomplished through: Evolving evidence-based practice; Influencing legislation; Promoting education; Improving economic and general welfare; Advocating for quality healthcare in a cost effective and economically stimulating manner.

Discussion to be continued at the next meeting.

President's Report
Barb Nash provided information on the Nursing Summit on which she serves as chair. She announced the recent Dues Task Force conference call. She encouraged Board members to note dates and join upcoming ONA Leadership conference calls. Gingy and Barb recently met with the president, vice-president and executive director of the Ohio Board of Nursing and anticipate positive, open communication. Barb was invited to speak at the University of Cincinnati Beta Iota Chapter, Sigma Theta Tau on leadership in the legislative arena and discussed advocacy for the healthcare. ONA continues to participate in the OONE/OHA/ONA partnership. The goal is to recommend strategic directions for nursing in Ohio – Year 2015. ANA delegates/alternates have been asked to respond to serve. Delegate orientation is May 4, 2006.

Rose Marie Martin provided an update on Clinical Nurse Leaders.

The Board made the following appointments:

The ONF Board of Trustees:

1. Jamie Hemphill as non-voting advisor with a voice;
2. Identified a representative from the Limited
3. Ask Harlen Storey, President of Cornerstone Capital Advisors.

The Bylaws Committee:

Beverly Reigle – Chair; Kathleen Montgomery; Carla Phillips; Ann Hanley; Sondra Rank.
Alternates: Kim Stultz and Charlotte Burgess

The Committee on Qualifications recommends appointment of the following to *the Reference Committee*:

Carol Roe – Chair; Rose Weinert; Jean Swaney
Alternates: Barbara Bradley; Jane Mohawald; Gay Lindsey

Kathleen Morris announced that ONF had received a Healthcare Without Harm mini grant to develop mini workshops for outreach workers to train health care providers on environmental nursing.

Meeting Highlights *continued*

ONA Board of Directors Conference Call • April 20, 2006

Treasurer's Report
Rae Arnold presented and discussed the Membership Report and Income and Expense Report. A suggestion was made to place a reminder in the ONR regarding funds generated by member use of ONA website shopping links.

Audit Committee Charter
A discussion regarding draft of organizational policy/procedure, which sets forth authority and responsibility with respect to organizational oversight, assuring transparency and risk management, was productive.

Code of Conduct
The new policy was reviewed and discussed. Johanna Edwards moved to accept the Code of Conduct with typographical correction and change from directors to Board of Directors as referred to in the document. The motion was seconded by Davina Gosnell and approved unanimously.

Risk Assessment Scope for FY2007
A policy was reviewed, discussed, and accepted.

Mission & Vision of the Ohio Nurses Association
The Board reviewed a draft and corrected "Advancing Evidence-Based Practice" to "Evolving Evidence-Based Practice" as original draft clarification.

Nurses Day at the Statehouse
Barb Nash discussed the success of this event and its effectiveness in reinforcement of awareness of ONA's legislative presence. She commended staff for organization of this event.

Nurses Choice Awards
Johanna Edwards reported on the resounding success of the 5th Annual ONF Nurses Choice Awards Luncheon.

Nurses in the News:

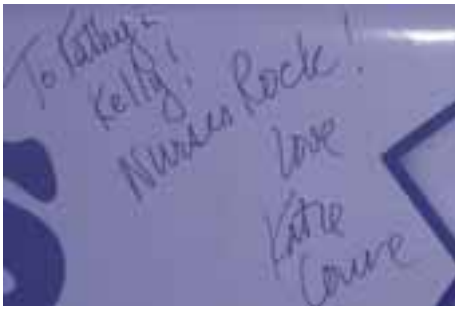
Kathy's Care Cards Takes a Bite Out of the Big Apple

The Kathy's Care Card team at the National Stationery Show in New York City.

The Today Show Now-Former Anchor Katie Couric takes time to sign the Kathy's Care Cards banner (below).

Kathy's Care Cards recently participated in the National Stationery Show in New York City. Although it was the company's first appearance at a trade show and they were one of several thousand vendors—Kathy's Care Cards had quite a presence!

Dressed in her nursing uniform including her nursing cap, Kathy wanted to represent the company's tie to the medical community and her love of nursing. Kathy, RN, took blood pressures to show booth visitors that Kathy's Care Cards cares about their health, not just their business. Booth visitors soon found out that Kathy's Care Cards is not just a greeting card company.



Visitors, vendors and media alike were very interested in Kathy's Care Cards. Especially after hearing the company was founded by a nurse and offers greeting cards that actually acknowledge what patients and loved ones really experience. The booth was full of activity and excitement from the show's beginning on Sunday through closing on Wednesday.

In addition to the excitement generated during the stationery show, Kathy's Care Cards caught the interest of Today Show costars Katie Couric and Ann Curry and thousands of viewers when they were spotted in the crowd outside the Today Show. Katie and Ann both signed the Kathy's Care Cards banner—a treasure the company will forever proudly display. The words Katie Couric wrote on the Kathy's Care Cards banner pleased Kathy so much, she wanted to share it with all nurses. According to Katie Couric—and Kathy's Care Cards—"Nurses Rock!"

Issues and Answers:
Physician Assistants May Now Obtain Prescriptive Authority

by Kathleen Morris, Director of Nursing Practice

issue

How will the new law concerning physician assistants change my practice? Do orders from a physician assistant still need to be co-signed by the supervising physician before the order can be implemented?

answer

Senate Bill 154, the legislation changing the role of the physician assistant (PA), passed the General Assembly on January 21, 2006 and became effective on May 17th (Ohio Revised Code 4730.01-4730.99). Among other things, the law now allows physician assistants to obtain Certificates to Prescribe. Completion of a master's degree, certification, and 65 hours of pharmacology education will be required of all *new* PA applicants seeking prescriptive authority. PAs with at least ten years of clinical experience may be grandfathered without having to meet the master's degree requirement for a period of two years from the effective date of the rules. In addition, all PAs receiving a Certificate to Prescribe must complete a one-year provisionary period that includes an initial 500 hours of on-site oversight by the supervising physician (Ohio Revised Code 4730.45 [B]).

Certificates to prescribe may not be obtained or issued until the Medical Board promulgates the rules. The rules must be issued within one year of the effective date of the legislation, although they may certainly appear sooner than the final date of May 17, 2007.

Initially, PA's will prescribe from the advanced practice nurse formulary or until such time that the Medical Board completes a formulary specific to the physician assistant. Advanced practice nurses and PAs will hold "like" permissions to provide samples, supplies of drugs, and therapeutic devices to patients. However, the PA may not prescribe schedule II controlled substances under any circumstance. (Ohio Revised Code 4730.40 [A][1]).

Despite holding a Certificate to Prescribe, the PA's prescriptive authority is subject to delegation by the supervising physician. The physician may place additional limits or conditions on the PA's prescriptive authority and must maintain a written record of those conditions.

The major change for registered nurses working with PAs is that **a co-signature from the supervising physician is no longer required prior to implementing the order.** Instead, the supervising physician must develop a quality assurance plan which includes review of a part of the PA's orders and entries in the patient's medical record.

Prohibitions to the physician assistant scope of practice are:

- A PA may not administer regional anesthesia or systemic sedation. They may however, provide local anesthesia, including digital and pudendal blocks (Ohio Revised Code 4730.091).
- A PA is prohibited from performing or inducing an abortion or from prescribing a drug or device to perform or induce an abortion (Ohio Revised Code 4730.02 [G]).

Other significant changes include:

- A physician assistant may evaluate a new patient without prior examination of that patient by a physician.
- The physician assistant who is an employee of a health care facility need *not* have a physician supervisory plan or special services plan (previously called the standard utilization plan and supplemental utilization plan). Instead, the PA will be credentialed by the health care facility.
- The PA may see patients in the emergency department (ED) without the direct supervision of the supervising physician if that physician is not regularly employed in the ED. However, the supervising physician must be available to go to the ED to provide evaluation of a patient if requested to do so by the emergency department physician.

To see a list of services the PA may provide without special approval of the Medical Board, see Ohio Revised Code 4730.09

Liability for another professional's practice is always a concern of registered nurses.

The Ohio Revised Code 4730.24 (B) has this to say:

> "An individual who follows the orders of a physician assistant practicing in a health care facility is not subject to disciplinary action by any administrative agency that governs that individual's conduct and is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's acts or omissions in the performance of any procedure, treatment, or other health care service if the individual reasonably believes that the physician assistant was acting within the proper scope of practice or was relaying medical orders from a supervising physician, unless the act or omission constitutes willful or wanton misconduct."

Interestingly enough, this is the only language which releases a licensed nurse from *both* civil penalties *and* disciplinary action by the Ohio Board of Nursing when acting in good faith. Other language describing release from liability in professional work relationships deals solely with civil liability and does not release the licensee from disciplinary action by a regulatory board.

References:

Bricker & Eckler. Health Care Bulletin No. 06-01. February 2006. www.bricker.com

Ohio Association of Physician Assistants: www.ohiopa.com

Schottenstein, Zox & Dunn CO., LPA. Health Policy Alert. May 2006. www.szd.com

State of Ohio Medical Board: http://med.ohio.gov/

Health Policy Report:

YES! We Can!

Grassroots Efforts Successful at Both the Federal and State Levels

by Jan Lanier, Director of Health Policy

ONA's legislative liaisons received communications from the Health Policy Department during the spring urging them to contact certain legislators or executive branch officials to express concern or opposition to several important issues that appeared likely to be approved. Each time, the grassroots efforts resulted in a victory! The success is proof that individuals who are willing to communicate with elected officials can have a significant impact on what laws are enacted and what rules adopted. A strong grassroots network is an essential ingredient in any lobbying effort and significantly enhances what paid lobbyists are able to accomplish.

On the federal level lawmakers were moving toward passage of S 1955, the Health Insurance Marketplace Modernization and Affordability Act that purportedly would have made insurance more available and affordable to small businesses. In reality, it would have wiped away important health insurance protections, such as state benefit and provider mandate laws, leaving insurers free to offer policies that exclude basic benefits with no recourse provided to the states. In conjunction with ANA, ONA was in constant communication with its legislative liaisons alerting them to the need to contact specific United States Senators regarding nursing's concerns. The liaisons responded, and when the vote was taken, the "nays" prevailed.

The key to all of these victories is the legislative liaison—volunteers who are matched with their federal and/or state lawmakers and agree to communicate with them on a regular basis... If you are interested in learning more about how to become an ONA legislative liaison contact Jan Lanier at jlanier@ohnurses.org or call (614) 448-1028.

In Ohio the Department of Job and Family Services (ODJFS) proposed a five percent cut in the reimbursement rate for services provided by RNs and LPNs in the Department's Medicaid waiver programs. After hearing from many nurses and consumers as to how this cut would negatively affect access to care, ODJFS decided to pull the proposed rules and find other ways to control its Medicaid budget.

Finally, as Ohio legislators were preparing to return to their districts for the summer, efforts were intensified to have HB 117 recommended for approval by the House Commerce and Labor Committee. The bill, sponsored by Rep. Linda Reidelbach (R-Worthington), was in its sixth iteration, with the latest version crafting a quasi regulatory scheme through the Department of Commerce for providers of complementary or alternative health care services. At ONA's urging and with ONA's guidance, legislative liaisons sent numerous emails to members of the committee and to their own state representatives expressing concern about how the bill failed to include any standards or criteria these providers must meet in order to be listed on a state-sponsored registry. In other words, registrants would not be required to have any relevant education or training related to the services they provide. ONA members asked the legislators not to move the bill in haste without thoroughly considering the implications of the new regulatory process and the potential problems associated with it. The outpouring of concern led the chair of the committee, Rep. Tim Schaffer (R-Lancaster), to cancel committee meetings for the time being—another success story.

The key to all of these victories is the legislative liaison—volunteers who are matched with their federal and/or state lawmakers and agree to communicate with them on a regular basis. ONA provides legislative updates and alerts to make sure each liaison is aware of developments at the Ohio Statehouse and on Capitol Hill. If you are interested in learning more about how to become an ONA legislative liaison contact Jan Lanier at jlanier@ohnurses.org or call (614) 448-1028. Liaisons receive a training manual that includes information about the legislative process, how to communicate effectively with legislators, and other resources that help make the liaison experience a positive one for both the volunteer and ONA.

Legislative Updates Available

Do you want to be kept informed about what is happening at the Statehouse in Columbus?? Due to the time sensitive nature of the legislative process, the printing schedule for the ONR is not always the best venue for reporting this type of information. ONA offers periodic legislative updates via e-mail to its members free-of-charge. Simply contact Jan Lanier at jlanier@ohnurses.org to be added to ONA's list. Updates are also available to members through the ONA Website (www.ohnurses.org) at the Legislative Action Center.

Nurses Day at the Statehouse, 2007

ONA will again sponsor Nurses Day at the Statehouse on March 21, 2007 in the Atrium. Registration will begin later this year. Space is again limited due to the constraints of being at the Statehouse, so be sure to watch the ONA website and/or the ONR to make sure you don't miss out on the chance to attend this exciting event.

Clinical and Organizational Ethics:

Ethical Dilemmas: Challenge and Opportunity

by Pamela S. Dickerson, PhD, RN, BC

Ethical dilemmas arise when there is a conflict in values. These may be values of patients that differ from values of their family members, values of providers that differ from values and choices of patients, values of employees that differ from values of employers, or other similar situations. The study of ethics is the process of examining values, actions, and choices to determine the "best" way of resolving a dilemma.

There are two key types of ethical considerations that nurses need to keep in mind. First, there are clinical ethical issues. These relate to concerns about patient choices, treatment options, challenges regarding end-of-life decisions, and other clinical-related situations. Secondly, there are organizational ethical issues that affect how we function within the structure of our work setting.

Four key concepts guide our thinking as we address clinical ethics. The concept of autonomy refers to an individual's right to make his/her own choices. Fundamentally, we believe that patients have rights, and a major focus of ANA's Code of Ethics for Nurses (ANA, 2001) is that we support and advocate for patients' rights and dignity. Most of us would not argue that we do promote patient autonomy in most circumstances. The dilemma arises, however, when a person's right to make personal choices leads him/her to make decisions and take actions that we believe are not in that person's best interest. An example would be when a patient decides to discontinue a therapeutic plan of care. Sometimes, when patients don't follow the plan, they get labeled as "non-compliant." Is this person being a trouble-maker, or is he simply making his own choice? If we truly believe in autonomy, is there a place for non-compliance?

The second and third concepts are closely related, yet each has its own dimensions. The concept of nonmaleficence means "do no harm." The concept of beneficence means "do good." While we don't intentionally enter into a patient relationship with the intent of causing harm, there are times when a patient might request something that we feel might not be in his best interest. Advocating for a patient's rights does not give us the ability to enter into a potentially harmful action. Also, we need to be mindful that some "suggestions" made by healthcare providers might unintentionally create an actually or potentially harmful situation. For example, an elderly person no longer able to live at home might be advised to consider living with an adult child. If there has been an abusive relationship between the parent and the child in the past, this living arrangement has the potential to create harm for either the elderly person or the adult child. A thorough assessment of the entire situation would enable the nurse to look for potential areas of harm. Beneficence, or doing good, is our primary caregiving focus. It is important, though, not to confuse "doing good" with being paternalistic (or maternalistic). Doing good is appropriate if the action is congruent with the beliefs, values, and wishes of the patient; it is a violation of the right to autonomy if we expect a patient to do what we say because *we* believe we know what's "good for him."

The concept of justice relates to equality of services or equal use of resources. It means that we provide services to people regardless of cultural background, language, value system, or ability to pay. It means that we make treatments and services available based on non-biased judgments of need. Consider such things as access to emergency services and use of qualified interpreters as examples of providing justice.

Organizational ethics refer to how we function within our healthcare system. Principles of honesty, integrity, trust, and confidentiality are important in considering our professional behaviors. How do we advocate for patients within our employment setting? How do we balance organizational needs with individual patient needs? How do we make sure that we're providing the best care possible within the constraints of available resources? How do we avoid temptations to take "short-cuts" or engage in actions that may be detrimental to ourselves, our patients, or our organizations? What do we do when we see a colleague violating facility policy and/or Board of Nursing law or rule? What ethical obligation do we have to support quality nursing practice?

There are no easy answers to ethical dilemmas. By nature, ethical dilemmas involve differences in values. These differences must be explored, challenged, and considered carefully in the process of making decisions. Ethical dilemmas cannot be solved by algorithms or quick actions. They involve not only our brains, but our hearts. Examining our own perspectives on ethical challenges enables us to be prepared to take actions that advocate for our patients, our colleagues, and our profession.

"Fundamentally, we believe that patients have rights, and... we support and advocate for patients' rights and dignity."

"The concept of justice relates to equality of services or equal use of resources. It means that we provide services to people regardless of cultural background, language, value system, or ability to pay. It means that we make treatments and services available based on non-biased judgments of need."

To learn more about ethics in the workplace, join ONA at our 2006 Nursing Quality Institute—details located on page 16.

2006 Continuing Education:

Mark Your Calendars / Save the Date

The following CE conferences are coming up through the end of this year. Mark your calendars and plan to attend one or more.

July 31

Nursing Quality Institute 2006: "Tools of the Trade: Handling Ethical Workplace Challenges"

The speakers will be addressing reasons for ethical decision making, when a rudimentary knowledge of nursing law could be a useful tool in the workplace, tools that can be used in assessing and determining action steps for workplace issues, and different clinical scenarios involving choices and challenges in workplace decision making. This conference will be held in the relaxing setting at the lodge of Geneva State Park.

Speakers are **Barbara Nash**, MS, RN, CNS, BC, President of Ohio Nurses Association; **Jan Lanier**, JD, RN, Director, Health Policy, ONA; **Pam Dickerson**, PhD, RN, BC, President of PRN Continuing Education; and **Kathleen Morris**, MSA, RN, Director, Nursing Practice at ONA.

6.8 contact hours will be awarded.

Sept. 8

Fall Sizzler and Local Unit Meeting

Speakers **Kelly Trautner** and **Kerri Newgard** of ONA's E&GW staff and **Ann Dickmann**, RN, of Forum Health and previous E&GW Commission chair, will be addressing FMLA and elections of local unit officers. After the CE session, a local unit meeting will be held. This event will be presented at ONA Headquarters.

3.4 contact hours will be awarded.

Oct. 16

ANA Coming to You—Safe Staffing in the 21st Century

Speakers from ANA will address delegation, nurse staffing and improved patient outcomes, and staffing bills and legislation today. This conference will be held at the Drake Center in Cincinnati.

Dec. 12

Sex, STIs, and Hot Flashes: What's New in the Pharmacological Management of Women's Health

This conference is designed for Advanced Practice Nurses interested in the topics of birth control, STIs and hormone replacement therapy. **Randee Masciola**, MS, RN, CNP, OSU College of Nursing, will discuss the most recent advances in pharmacology for each of these areas. **Sue Milne**, MS, JD, RN, Advanced Practice Consultant, Ohio Board of Nursing, will present updated information about Ohio nursing laws and rules for APNS.

6.2 contact hours will be awarded of which 1.2 contact hours is Category A (law and rules) and 5.0 is Category B & D.

For pricing and to register for these and other ONA and/or ONF programming, visit us online at www.ohnurses.org and click on Calendar of Events or please contact Sandy Dale Swearingen at sdale@ohnurses.org or at 614-448-1030.

The Ohio Nurses Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. OBN-001-91.

Letters to the Editor:

Beyond the Bedside: Encouraging Professional Membership

Jan Lanier, Director of Health Policy at ONA, recently received the letter below regarding membership in ONA. Jan gives several presentations throughout the year to nursing students regarding health policy in Ohio, and the important role ONA plays. Her response to the letter is a phenomenal example of how each ONA member should take up the cause of promoting ONA to a new generation of nurses, and how each member can have a role beyond the beside in promoting the nursing profession.

Ms. Lanier,
I am a graduate student at the University of Phoenix Online in Nursing Education. We have been discussing the poor state membership participation across the country. While researching this issue, I studied the ONA website and learned of the 140,000 nurses in the state only around 8,000 are ONA members, most due to mandatory union requirements. I have been pondering the issues surrounding this lack of membership by nurses who so desperately need the representation. Obviously, the issue of cost has arisen. But I believe there are other more important barriers and am wondering what you consider to be the biggest barriers to recruiting members in our state. I appreciate your time and information.

Thank you,
Keri Nunn-Ellison, RN, BSN
P.S. I have just joined the ONA to be a part of the solution and to work on the problem by at least setting an example for other nurses I come in contact with.

Keri,
Welcome to ONA. Thank you for joining and for your willingness to be part of the solution. As for an answer to your question, I truly wish I had the answer. Some say it is the cost of ONA membership that discourages people; however, even when we have tried lower rates, we have not attracted a significant number of new members.

I think we pay for what we value and for some reason nurses do not value membership in a professional organization, sufficiently enough to join at least. They do not know what the organization does or can do for them individually, as well as for the profession as a whole. Many students do not hear about ONA in their educational programs or if they do, it is only a cursory overview that has no relevance to them at that time in their lives. It is hard to convince students of the value of membership if faculty do not belong--and far too few do! So we at ONA are challenged with finding ways to reach new members of the profession given very limited resources.

I think there are also subtle factors at work as well that serve to discourage membership. Nursing's strength lies in its numbers and other entities realize that potential. It serves them and their interests well to make sure nurses do not unite under a single banner. Therefore, there are all sorts of messages, some overt and some not so open, that discourage membership. For example, it is too costly--it is only a union--they don't do anything--it's a group of "old" nurses who really don't know what's happening in the real world!--you don't need to join ONA if you are a member of a specialty organization etc. etc. For people who are looking for a reason not to join, that is all they need to validate their decision.

Finally, we are still a profession that is dominated by women and we tend not to buy something we cannot hold in our hands, literally. We want to be able to tangibly show what we got for our money (especially when the cost seems so high) and membership in a professional organization doesn't always provide that. We have not been socialized to join, and unlike the local bar association or the local medical society where referrals drive the practice, that same relationship is not as obvious for nurses.

I continue to have hopes though that we will overcome all of these barriers and someday reach our potential as a profession. That will never happen if our professional organization is not able to survive, however! Lately, we have seen some glimmers that offer hope for a better future. ONA has been working with several organizations and emphasizing a united approach in our dealings with policy makers in all sorts of venues. We see nurses, such as you, becoming members and recognizing the value of the organization. I also think that as more nurses return to school to get additional education, they may be re-exposed to the concept of a professional organization and that exposure may be more meaningful this time around.

Please feel free to contact me if you have additional questions or observations. And again, welcome to ONA.

Jan Lanier

Contact Carrie Baker at ccalvert@ohionurses.org to submit a letter, comment or question.

The Healthy Way Through ONA!

Encouraging Healthy Lifestyles

As a response to a directive set forth at the October 2005 ONA Convention, the Marketing department at ONA has recently struck a deal with with the Wyandotte Athletic Club of Columbus for discounted membership for ONA members. Membership, including full access to all equipment, free weights and locker rooms; two pools, a hot tub and sauna; club activities including pilates, yoga and aquatic classes; free child care and more is only $29 a month for ONA members.

WYANDOTTE ATHLETIC CLUB

For more information about Wyandotte Athletic Club or to find out how to bring this benefit to a health club near you, contact Carrie Baker, Director of Marketing and Public Relations at (614) 448-1029 or ccalvert@ohionurses.org.

A full update on ONA's progress on all directives issued at the 2005 ONA Convention will be listed in the Nov/Dec Issue of the *Ohio Nurses Review*.

Thank you Ohio House Minority Leader Joyce Beatty!

At her recent State of the District Event in Columbus, Ohio, Minority Leader Joyce Beatty presented ONA President Barb Nash with a $250 scholarship for minority nurses obtaining their first RN degree in the central Ohio area. This is the second consecutive year the Ohio Nurses Foundation has received Minority Leader Beatty's financial and verbal support, and we hope you'll join us in thanking her for her continuous generosity and support of nursing and nursing issues in Ohio.

Representative Beatty can be reached at:
The Honorable Joyce Beatty
Minority Leader
The Ohio House of Representatives
77 South High Street, 14th Floor
Columbus, Ohio 43215
(614) 466-5343
district27@ohr.state.oh.us

The Minority Leader Joyce Beatty Scholarship and all ONF scholarships will be awarded at the 2007 Nurses Choice Awards and Scholarship Luncheon scheduled for Tuesday, April 11, 2007 at the Blackwell Hotel and Conference Center in Columbus, Ohio. Look online or in future issues of the ONR for further details on this wonderful event!

CLASSIFIEDS

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The Heinzerling Foundation, on the southwest side of Columbus, is blooming with opportunities for you to work with children and adults with developmental disabilities. It's fun, it's relaxed, and you'll love it! We offer paid training along with an excellent benefits package.

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