WHEREAS, The American Association of Critical-Care Nurses supports the presence of family members during cardiopulmonary resuscitation efforts, and this support comes from various studies that have shown the benefits of family-witnessed resuscitation (Guzzetta, 2015, p. 1); and

WHEREAS, when taking a systematic approach to offer family-witnessed resuscitation, family should be defined as “direct family members or significant others identified as family” (Salmond, Paplanus, & Avadhani, 2014, p. 484); and

WHEREAS, studies show that over 98% of family members believe it is their right to witness the cardiopulmonary resuscitation efforts (DeWitt, 2015, p. 500); and

WHEREAS, promoting family-witnessed resuscitation is beneficial to the emotional and psychological needs of family members which are important aspect of nursing care that can be often overlooked in emergency department and trauma centers” (DeWitt, 2015, p. 500); and

WHEREAS, 570 relatives of patients who were involved in cardiac arrest were asked to participate in a study focusing on family-witnessed resuscitation. The study yielded unsurprising results that showed family members who participate in family-witnessed resuscitation are less likely to develop symptoms of anxiety and depression than those who were not able to witness the CPR efforts (Jabre et al., 2013, p. 1008); and

WHEREAS, research shows that it is vital for nurses to be properly trained and feel confident to best facilitate family-witnessed resuscitation. By increasing the beneficial awareness of family-witnessed resuscitation, nurses will be more open to asking family members if they would like to witness the resuscitation process, which will help improve the psychological health of the patient’s family members over time. It is critical that hospitals not only develop policies in relation to family-witnessed resuscitation, but also hold training sessions to better educate nursing staff on the long-lasting benefits of family-witnessed resuscitation (Wendover, 2012, p. 24); therefore be it

RESOLVED, that the California Nursing Students’ Association encourage its constituents to increase awareness of the benefits of family-witnessed resuscitation through education and advocacy of the practice to healthcare professionals and family members; and be it further

RESOLVED, that the California Nursing Students’ Association support educational sessions on family-witnessed resuscitation for its constituents and all nurses, nursing students,
and nursing school faculties to promote the benefits of family-witnessed resuscitation such as emotional benefits to family members; and be it further

RESOLVED, that the California Nursing Students’ Association promote the utilization of family-witnessed resuscitation by publishing this resolution in *Range of Motion* and creating an action and educational plan for hospitals towards educating their employees on family-witnessed resuscitation; if feasible, and be it further

RESOLVED, that the CNSA send a copy of this resolution and the action plan to American Association of Critical-Care Nurses, American Nurses Association, Association of California Nurse Leaders, California Association of Clinical Nurse Specialists, California Association of Colleges of Nursing, California Association for Nurse Practitioners, California Board of Registered Nursing, California Institute for Nursing and Health Care, Cedars-Sinai Medical Center, Grossmont College School of Nursing, John Muir Medical Center, Kaiser Permanente Zion, Nurse Alliance of California, Rady Children’s Hospital, Scripps Memorial Hospital, Sharp Grossmont Hospital, Southwestern College School of Nursing, Stanford Health Care, UCLA Medical Center, UCSD Medical Center, USD School of Nursing, and all other organizations deemed appropriate by the CNSA Board of Directors.
WHEREAS, Research shows, in the United States there is the assumption that gun violence is strongly linked to people with a mental illness; particularly, depression and anxiety (Metzyl, 2015, p. 12); and 

WHEREAS, the assumption fails to recognize that the cause of gun violence is a complex problem that is affected by social, political, and psychological factors, which are constantly changing (Metzyl, 2015, p. 13-14); and 

WHEREAS, although nurses are responsible for mental health assessments and expected to help identify potential shooters to prevent gun violence, clinical judgment doesn’t always necessarily predict future occurrences due to the lack of specificity because of the changing conditions noted above (Metzyl, 2015, p. 7); and 

WHEREAS, evidence shows that 60% of the shooters in mass shootings since 1970 were socially marginalized and displayed symptoms of acute paranoia, delusions, and/or depression before committing the crime, but doesn’t account for the complexity of the issue such as temporary feelings of depression (Metzyl, 2015, p. 1); and 

WHEREAS, evidence also shows that persons who supported religious and political aggression and radical behavior commonly displayed symptoms of depression and anxiety (Bhui, 2014, 3); however, not all persons of a particular profile will commit homicide and be involved with gun violence (Metzyl, 2015, p. 7); and 

WHEREAS, that although there are a number of gun violence incidences where the shooter suffered from a form of mental illness, the National Center for Health Statistics notes that between 2001 to 2010, less than 5% of 120,000 gun-related deaths were caused by persons with a mental illness (Metzyl, 2015, p. 4); therefore be it 

RESOLVED, that the California Nursing Students’ Association (CNSA) collaborate with clinics and community healthcare employees, when feasible, for the recognition of gun violence as a complex problem and to support discrediting social stigmas by separating the perception of persons with a mental illness and gun violence; and be it further 

RESOLVED, that the CNSA support public and community health nurses’ assessments and education on gun violence, which directly impacts public and community health; and be it further 

RESOLVED, that the CNSA increase nursing students’ awareness of the complexities of gun violence by encouraging information about the topic to be acknowledged in mental health curriculum in nursing schools, when feasible; and be it further
RESOLVED, that the CNSA members model an evidence-based language when discussing this issue; a language that encourages open inquiry and problem-solving while inhibiting further social stigmatization of victims in order to avoid discouraging persons with a mental disorder from seeking treatment because of fear of public judgment; and be it further

RESOLVED, that, if feasible, the CNSA create a Twitter or Facebook page that addresses the complexities of gun violence; especially, if such event occurs and the media negatively portrays persons with a mental illness; and be it further

RESOLVED, that, if feasible, the CNSA publish an article about the complexities and misassumptions of gun violence in *Range of Motion* and any other relevant publications; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses’ Association California, the Association of California Nurse Leaders, American Psychiatric Nurses Association, the American Association of Colleges of Nursing, the American Academy of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the CNSA Board of Directors.
INCREASED AWARENESS OF THE BENEFITS OF MOBILE HEALTHCARE CLINICS IN RURAL AREAS AND UNDERSERVED POPULATIONS

California State University, Fresno  
City/State: Fresno, California

Courtney Marie Brown, Conrad Delmundo, & Andrew Youngblood-Schiavello

Access to care is exceedingly important to the health and well-being of rural populations to achieve the best health outcomes (Clinton MacKinney, A. et. al. 2014, p. 3 & p. 18); and

Mobile health clinics (MHCs) can reach vulnerable populations with poorer health and access barriers to healthcare, making it easier for those without transportation offering affordable and free services, that can overcome financial barriers such as health insurance requirements and copayments (Hill, C. 2014, p. 262); and

MHCs usually serve the medically disenfranchised—individuals who are underinsured, uninsured, or who are otherwise disconnected from the healthcare system (Aung, K. et. al. 2015, p. 37); and

MHCs can reduce health disparities and improve delivery of care, in addition to addressing social determinants of health, such as food insecurity, housing, and other issues (Aung, K. et. al. 2015, p. 36); and

MHCs show promise in their potential to reach individuals with high risk for chronic disease who have previously undetected risk factors such as; undetected elevated blood pressure, undetected elevated levels of blood glucose, and undetected elevated total cholesterol (Aung, K. et. al. 2015, p. 37); and

Data collected from surveyed patients seen on a MHCs found that 27 percent said they would have gone to an emergency department (ED) if the mobile unit was not there, lowering the number of unnecessary ED visits (Song, Z. et. al. 2013, p. 7); and

MHCs can save the healthcare system money by preventative health and easing ED impaction and has been calculated as a $14 to $1 return on investment (Aung, K. et. al. 2015, p. 37); and

MHCs act as a safety net for the community and provide services for public health, public education, community health as well as preventative health in the form of vaccinations for school children (Ewert, L. Personal Communication, August 31, 2016); therefore be it

that California Nursing Students Association (CNSA) raise awareness of the benefits of mobile healthcare units regarding patient care through highlights or articles in its Range of Motion magazine if feasible; and be it further

that CNSA educates its constituents of the health, education and community benefits of mobile healthcare units for rural areas and low socioeconomic populations, when feasible, through either a breakout session or general sessions at CNSA Membership
North Meeting, Membership South Meeting, and CNSA State Convention; and be it further

RESOLVED, that CNSA highlight mobile health clinic benefits to the community and disperse facts about MHCs to CNSA’s constituents through CNSA’s Community Health Committee if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the Center for Medicare and Medicaid Services, Centers for Disease Control, Federal Office of Rural Health Policy division of U.S. Department of Human Health Services: Health Resource and Services Administration, Office of Disease Prevention and Health Promotion, Community Regional Medical Centers of Fresno, Clovis Community Medical Center, Saint Agnes Medical Centers of Fresno and Kaiser Permanente Medical Centers of Fresno, Valley Children’s Hospital of Madera, and all others deemed appropriate by the CNSA Board of Directors., and all others deemed appropriate by the CNSA Board of Directors.
TOPIC: TO PROMOTE EDUCATION ABOUT THE COMPLEXITIES SURROUNDING MEDICAL CANNABIS AS AN EFFECTIVE TREATMENT FOR CHRONIC PAIN

SUBMITTED BY: Maurine Church Coburn School of Nursing
City/State: Monterey, California

AUTHORS: Nancyanne C. Lansdowne

WHEREAS, the NSNA passed a resolution “In Support of Patients’ Safe Prescribed Access to Therapeutic Medical Cannabis and Continued Further Research and Awareness of the Topic” (NSNA, 2014), echoing a 2008 statement by the American Nurses Association supporting patient access to medical cannabis (ANA, 2008); unfortunately, the misperceptions and complexities surrounding medical cannabis continue to inhibit access for many patients seeking this safe and effective treatment for chronic pain even when the situation is deemed medically safe and appropriate (Aghajanian, L. 2013); and

WHEREAS, recent research continues to indicate that cannabis, as an alternative to opioids, for chronic pain management results in positive outcomes, particularly for the elderly, who are more susceptible to the adverse effects of opioid analgesics (Cohen, 2016, pg. 515-516); and

WHEREAS, Cannabis is not a simple drug. It has multiple strains and compositions associated with it that are not regulated or uniform and vary widely depending on the dispensary supplying the substance. Moreover, concentrations of cannabis strains are not regularly tested for cannabinoid concentration (Cohen, 2016, p. 516); and

WHEREAS, there remains a lack of specific evidence-based guidelines for the administration of medical cannabis, along with a lack of regulation or oversight, leaving California health care providers to rely on “trial and error” (Aghajanian, L. 2013); and

WHEREAS, California led the nation when it passed the Compassionate Use Act (Proposition 215) in 1996, legalizing the use of medical cannabis, then in 2004, SB420 created a statewide regulatory system (Aghajanian, L. 2013) and, as recently as October 2015, enacted the Medical Marijuana Regulation And Safety Act to create a system that would begin much needed regulation for cultivation, manufacture, sale, distribution, and testing of medical cannabis;” (Medical Marijuana Regulation and Safety Act, A. 243, 2015); and

WHEREAS, California state law provides for legal medical cannabis use, but without federal approval of medical cannabis, the pharmaceutical services in skilled nursing facilities and hospitals are prohibited from dispensing medical cannabis, as all drugs administered must be in compliance with federal and state laws (Aghajanian, 2013); therefore be it

RESOLVED, that the California Nursing Students’ Association (CNSA) support efforts that will increase public and professional awareness of the benefits and constraints of using medical cannabis for management of chronic pain, when appropriate; and be it further
RESOLVED, that the CNSA encourage its constituents to become more informed, aware, and proactive about recognizing legal opportunities to appropriately replace opioids with medical cannabis products; and be it further

RESOLVED, that the CNSA support supplementing nursing education and curricula; particularly, in geriatrics and palliative care, with information on medical cannabis as an alternative form of analgesia over opioids; and be it further

RESOLVED, that the CNSA include an article about the benefits and complexities of medical cannabis in the online newsletter, *Range of Motion*, if feasible; and be it further

RESOLVED, the CNSA consider the formation of a statewide nursing student task force to investigate the complexities surrounding the use of medical cannabis and prepare a presentation based on the results about the benefits and complexities of the use of cannabis as an alternative for pain management at a future convention when feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the American Nurses Association/California, the Association of California Nurse Leaders (ACNL), the Nurse Alliance of California, the National League for Nursing, the California Association for Nurse Practitioners, the California Association of Clinical Nurse Specialists, the California Association of Colleges of Nursing, the California Organization of Associate Degree Nursing, the National Organization for the Reform of Cannabis Laws, the Marijuana Policy Project, Students for Sensible Drug Policy, the National League for Nursing, and all others as deemed appropriate by CNSA Board of Directors, and all others deemed appropriate by the CNSA Board of Directors.
RESOLVED, that the California Nursing Students’ Association (CNSA) encourage its constituents to advocate for the incorporation of genetic/genomic content in nursing curricula as outlined in the Essentials competencies, and be it further.

RESOLVED, that the CNSA encourage its constituents to advocate for the provision of support, training, and quality resources to prepare nursing school faculty for the successful integration of genetic/genomic content into nursing curricula; and be it further.
RESOLVED, that the CNSA support the efforts of the US Genetic/Genomic Nursing Competency Initiative and other nurse scientists to provide research examining the impact of nursing competency in genomics on patient safety and health outcomes; and be it further

RESOLVED, that the CNSA increase awareness and advocacy of the application of genetic/genomic knowledge to health promotion, disease prevention, and therapeutic decision-making including pharmacogenomics through articles in the *Range of Motion* publication, and informational and educational breakout sessions at the annual CNSA convention, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association\California, the Association of California Nurse Leaders, the Nurse Alliance of California, the California Board of Registered Nursing, the American Association of Colleges of Nursing, the California Association of Colleges of Nursing, the National Council of State Boards of Nursing, the Accreditation Commission for Education in Nursing, the National Coalition of Health Professional Education in Genetics, International Society of Nursing in Genetics, and all others deemed appropriate by the CNSA Board of Directors.
TOPIC: IN SUPPORT OF EDUCATING HEALTHCARE PROFESSIONALS ON THE CALIFORNIA “END OF LIFE OPTION ACT”

SUBMITTED BY: California State University, Sacramento

AUTHORS: Ryan Robertson, Karyn Howland, Lynette Cabral, Rosalina Mateus, Marjorie Rodriguez

WHEREAS, in 2016, National Student Nurses' Association (NSNA) House of Delegates adopted the resolution “In support of improving education curricula related to End of Life (EOL) care” which addresses EOL care curricula. The 2016 NSNA resolution addresses EOL patient care, however, an information gap currently exists with regards to the specific details of California’s End of Life Option Act among the healthcare professionals; and

WHEREAS, the State of California passed the “End of Life Option Act”, which went into effect on June 9, 2016 (End of Life Option Act of 2015); and

WHEREAS, this law allows for some terminally ill patients to end their life under very specific criteria (End of Life Option Act of 2015); and

WHEREAS, other states have similar laws with different criteria, which can lead to confusion among healthcare professionals (Assembly Committee on Health Bill Analysis, 2015); and

WHEREAS, based on rough estimates of potential aid-in-dying participation, California may have approximately 350 participants a year who will use the EOL law as well as a greater number of terminal patients who will request information regarding EOL options (Assembly Committee on Health Bill Analysis, 2015); and

WHEREAS, healthcare professionals must be well informed on the details of this new aid-in-dying law as they have a responsibility to educate patients on their healthcare options without regard to personal bias (American Nurses Association, 2010, p. 8); therefore be it

RESOLVED, that the California Nursing Students’ Association (CNSA) support an increased awareness of the need for education on the California End of Life Option Act among healthcare professionals by disseminating the specific details of the law to each Chapter, publishing articles in the Range of Motion newsletter, and appropriate CNSA committee action, when feasible; and be it further

RESOLVED, that the CNSA support forums to discuss the End of Life Option Act at constituent chapters; and be it further

RESOLVED, that the CNSA provide a forum to discuss the End of Life Option Act during focus sessions at Membership Meeting and Annual Convention, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the Association of California Nurse Leaders, the California Board of Registered Nurses, the California Association for Nurse Practitioners, the California Nurses Association, the Nurse Alliance for California, the California Hospital Association, the California Association of Clinical Nurse Specialists, and all others deemed appropriate by the CSNA Board of Directors.