



# RESOLUTIONS 2018

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**NSNA House of Delegates**  
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1 **Resolution: Emergency**

2

3 **TITLE: IN SUPPORT OF POLITICAL ACTION FOR THE SAFETY OF ALL FROM GUN**  
4 **VIOLENCE**

5

6 **SUBMITTED BY: National Student Nurses' Association Resolutions Committee 2017-2018**

7

8 **AUTHORS: Christopher Demezier, Caroline White, Meghan Scanlon, Shelby Jeffries**

9

10 WHEREAS, over the last 20 years, despite an increase in the number of state-level firearm  
11 laws adopted, there is no uniformity among states, thereby allowing some  
12 states to relax their standards, as evidenced by the increase in the number of  
13 "shall-issue" states; and

14 WHEREAS, a "shall-issue" policy for concealed carrying is associated with higher rates of  
15 homicides and firearm-related homicides compared to a stricter law such as the  
16 "may-issue" policy; and

17 WHEREAS, states with objectively stricter gun laws are associated with lower levels of  
18 mortality, homicide, and firearm-related injury; and

19 WHEREAS, higher incidences of suicide and suicide attempts are associated with less strict  
20 gun laws; and

21 WHEREAS, current federal-level laws like the Brady Handgun Violence Prevention Act call  
22 for the nationwide implementation of background checks, but there are still  
23 difficulties in achieving federal-level measures to reduce firearm-related  
24 violence due to limitations in research; and

25 WHEREAS, until 2018, federal law restricted research by the Centers for Disease Control  
26 and Prevention and the National Institutes of Health about firearm-related  
27 injuries; and

28 WHEREAS, the use of assault weapons is not associated with an increase in the number of  
29 victims, but rather the use of high-capacity magazines is associated with  
30 increases in the number of fatalities and victims; and

31 WHEREAS, neither state nor federal assault weapon bans affect the probability that an  
32 assault weapon will be used in an active shooter event; and

33 WHEREAS, three laws that are associated with lower firearm mortality rates include  
34 universal background checks for firearm purchase, background checks for  
35 ammunition, and a firearm identification; and

36 WHEREAS, firearm identification was associated with reduced suicides by firearms; and

37 WHEREAS, background checks for both firearm and ammunition purchase are the most  
38 effective legislation in reducing firearm-related mortality; therefore be it

39

40 **RESOLVED,** that the National Student Nurses' Association (NSNA) independently as well as

41 with other nursing organizations contact the United States Congress and the

42 President of the United States to call for changes to national firearm legislation

43 and regulation; and be it further

44 RESOLVED, that the NSNA encourage its constituents to communicate with their respective  
45 federal, state and local representatives and lead a call to action for the  
46 protection and safety of the public; and be it further  
47 RESOLVED, that the NSNA encourage “safe place” forums for the discussion of a relevant  
48 policy aimed at regulating firearms effectively, if feasible; and be it further  
49 RESOLVED, that the NSNA publish resources for firearm policy change across all available  
50 platforms for constituent associations to use, if feasible; and be it further  
51 RESOLVED, that the NSNA send a copy of this resolution to the Congress of the United  
52 States, President of the United States, American Academy of Nursing, American  
53 Nurses Association, National League for Nursing, National Nurses United,  
54 American Association of Colleges of Nursing, Organization for Associate Degree  
55 Nursing, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 1**  
2 **TITLE: IN SUPPORT OF RESEARCH FOR SUSTAINABILITY OF HOUSING AND**  
3 **TREATMENT PROGRAMS FOR MENTALLY ILL HOMELESS**  
4  
5 **SUBMITTED BY: University of Arkansas for Medical Sciences, Little Rock, AR**  
6  
7 **AUTHOR: Amy Bucks**  
8  
9 WHEREAS, within the general population of United States (U.S.) adults, 4% have a  
10 prevalence of severe mental illness (SMI), while the homeless population has a  
11 26% prevalence of SMI which increases to 46% when substance abuse is  
12 included with SMI; and  
13 WHEREAS, mental illness disrupts a person’s ability to perform normal daily functions that  
14 are required for maintaining basic life activity; and  
15 WHEREAS, poor physical health, substance abuse, and mental illness can make it hard for a  
16 homeless person to obtain and maintain a job; and  
17 WHEREAS, studies have shown that treatment and rehabilitation can be very effective  
18 when accompanied with supported housing; and  
19 WHEREAS, there is a sufficient lack of available funding for programs for the homeless that  
20 include general wellness, physical and mental, as well as housing; and  
21 WHEREAS, a research project in Canada focused on the sustainability of a “Housing First”  
22 program for the homeless with SMI and found the program itself was successful;  
23 however, the funds required were more than what they could obtain to  
24 maintain housing stability; therefore be it  
25  
26 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents  
27  
28 to support increased research in ways to make complete, sustainable wellness  
29 programs for the homeless with severe mental illness (SMI); and be it further  
30  
31 RESOLVED, that the NSNA encourage a sustainable system of care that would include  
32 housing, medical care, psychological care, and transportation; and be it further  
33  
34 RESOLVED, that the NSNA send a copy of this resolution to the National Coalition for the  
35 Homeless, National Institute of Mental Health, United States Department of  
36 Housing and Urban Development, American Nurses Association, National  
League for Nursing, Organization for Associate Degree Nursing, American  
Association of Colleges of Nursing, and all others deemed appropriate by the  
NSNA Board of Directors.



1 **Resolution 2**

2

3 **TITLE: INCREASING AWARENESS OF THE IMPORTANCE OF BLOOD LEAD LEVEL**  
4 **TESTING IN CHILDREN**

5

6 **SUBMITTED BY: South Dakota Student Nurses Association, University of South Dakota,**  
7 **Vermillion, SD**

8

9 **AUTHORS: Brinkley Lyon and Sage Fraser**

10

11 WHEREAS, there are over half a million children in the United States exposed to lead; and  
12 WHEREAS, 23 million homes in the United States contain a lead hazard; and  
13 WHEREAS, children are more likely to perform hand-to-mouth activities, which is the  
14 predominant lead exposure pathway in children; and

15 WHEREAS, lead exposure can cause irreversible effects on a child's central nervous system;  
16 and

17 WHEREAS, there is no safe level of lead in the blood, as even a blood level of less than five  
18 µg/dL can cause a decrease in academic abilities and an elevated prevalence of  
19 attention-deficit/hyperactivity disorder; and

20 WHEREAS, an estimated one-third of elevated blood lead level cases go unreported; and  
21 WHEREAS, only ten states and the District of Columbia have a universal testing  
22 requirement; and

23 WHEREAS, lead exposure can go unnoticed, as low-level lead toxicity can be asymptomatic;  
24 therefore, blood lead testing is the most accurate resource for detecting if a  
25 child has been exposed to lead; and

26 WHEREAS, adverse effects of long-term lead exposure cannot be mitigated without regular  
27 blood lead level testing; therefore be it

28

29 **RESOLVED,** that the National Student Nurses' Association (NSNA) support increased

30 awareness of the importance of blood lead level screening of children in the

31 United States, and be it further

32 **RESOLVED,** that the NSNA provide education at the MidYear Conference and Annual

33 Convention through break-out sessions related to this topic, if feasible; and be it

34 further

35 **RESOLVED,** that the NSNA encourage its constituents to support policy and legislation

36 surrounding this topic; and be it further

37 **RESOLVED,** that the NSNA publish an article on the importance of childhood blood lead

38 level screening in *Imprint*, if feasible; and be it further

39 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
40 Association, American Association of Colleges of Nursing, National League for  
41 Nursing, Organization for Associate Degree Nursing, Health Resources and  
42 Services Administration, American Academy of Pediatrics, Centers for Disease  
43 Control and Prevention, Pediatric Nursing Association, Society of Pediatric  
44 Nurses, National Association of Pediatric Nurse Practitioners, and all others  
45 deemed appropriate by the NSNA Board of Directors.

1 **Resolution 3**

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**TITLE: IN SUPPORT OF EDUCATION ABOUT RISKS TO INFANTS AND TODDLERS IN SITTING AND CARRYING DEVICES**

**SUBMITTED BY: West Chester University, West Chester, PA**

**AUTHORS: Christina Slifer, Mary Cansfield, Eva Finnegan, Sarah Groves, Megan Horsell, Mackenzie Newton**

WHEREAS, infants have died in car seats both when used appropriately in the car for travel and when used inappropriately (as a seat or cot outside of the car); and

WHEREAS, in a five-year retrospective analysis of infant deaths associated with sitting and carrying devices (car seats, slings, swings, bouncers, strollers), two-thirds of cases occurred in car seats, 89 percent of which were used inappropriately (outside of a car); and

WHEREAS, in one instance, a 22-month-old girl died in a car seat placed inside a home after the mother left the room for four minutes; and

WHEREAS, infants have died in car seats and strollers used in their homes and out of their homes (relatives' homes, childcare centers, vehicles, hotels, public spaces); however, deaths were more likely to occur out of the home; and

WHEREAS, infants can become entangled in straps and die from positional asphyxiation or strangulation if left in car seats (or other sitting devices) with completely unbuckled, partially buckled, or with improperly tightened straps; and

WHEREAS, infants who died in a sitting device were more likely to be restrained inappropriately with the attached straps; and

WHEREAS, a foam plastic car seat insert designed to allow the infant's large occiput to rest in an unflexed, neutral plane significantly reduced the severity of oxygen desaturation events and the number of obstructive apneic events; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents

to enhance education regarding infant and toddler sitting and carrying device

safety and promote awareness to parents, caregivers and the general public

about the risks associated with unbuckled, partially unbuckled, unattended use

or other inappropriate use of these devices; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* as well as information on the NSNA

website emphasizing the importance of safe use of infant and toddler devices, if

feasible; and be it further

40 RESOLVED, that the NSNA provide a session on this topic of infant and toddler device safety  
41 at the Annual Convention, if feasible; and be it further  
42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
43 Association, National League for Nursing, American Association of Colleges of  
44 Nursing, American Academy of Pediatrics, Society of Pediatric Nurses, American  
45 Academy of Family Physicians, Organization for Associate Degree Nursing,  
46 American Medical Association, Centers for Disease Control and Prevention,  
47 National Association of Neonatal Nurses, Association of Women’s Health,  
48 Obstetric, and Neonatal Nurses, National Black Nurses Association, American  
49 Hospital Association, Health Resources and Services Administration, Sigma  
50 Theta Tau International, Nursing Organizations Alliance, International Council of  
51 Nurses, American Public Health Association, American Board of Pediatrics,  
52 American Academy of Nursing, and all others deemed appropriate by the NSNA  
53 Board of Directors.

1 **Resolution 4**

2  
3 **TITLE:** **INCREASED SUPPORT FOR THE AWARENESS OF CODE LAVENDER FOR**  
4 **EMOTIONAL WELL-BEING OF HEALTH CARE PROVIDERS**

5  
6 **SUBMITTED BY:** **Drexel University Student Nurses' Association, Philadelphia, PA**

7  
8 **AUTHORS:** **James Bilodeau, Jessica Pignatelli, Ryan Chiasson, Jenna Kessler, Katherine**  
9 **Hurley**

10  
11 WHEREAS, Code Lavender is defined as a rapid response that supports healthcare  
12 professionals' emotional and spiritual needs following a challenging situation;  
13 and

14 WHEREAS, the code means the need is urgent, but lavender brings some calming influence  
15 to a painful or stressful situation; and

16 WHEREAS, after the death of a patient, staff or family member, a major trauma or code,  
17 when facing an ethical dilemma, when significant clinical mistakes have been  
18 made, when there are difficult encounters with a patient, family or team, or  
19 during a time of emotional distress, as a group or on an individual level, Code  
20 Lavender is an available option; and

21 WHEREAS, members of the Code Lavender team would wear a designated uniform when  
22 arriving on the unit to show who they are and that they are there to help; they  
23 remind the health care professionals that their well-being is a priority; and

24 WHEREAS, the Code Lavender team offers on-the-floor help and sets up single rooms  
25 where healthcare professionals can go for privacy; provided resources would be  
26 regulated per institution and what they determine would be therapeutic; and

27 WHEREAS, after Code Lavender is implemented, each individual determines his or her level  
28 of involvement and personal needs during a critical incident stress debriefing;  
29 and

30 WHEREAS, healthcare professionals have emotions and personal experiences that influence  
31 how they react to certain situations. Healthcare professionals may not adjust to  
32 death and can be significantly impacted by patient outcomes; and

33 WHEREAS, when employees feel supported by the institution they work for, they  
34 experience less burnout, higher satisfaction, fewer call-offs, and better  
35 interactions with patients; therefore be it

36  
37 RESOLVED, that the National Student Nurses' Association (NSNA) educate its constituents  
38 about the need for increased support and awareness of the use of Code  
39 Lavender in healthcare facilities to support the wellbeing of health care  
40 professionals through publication in *Imprint*, and a focus session at the MidYear  
41 Conference or Annual Convention, if feasible; and be it further

42 RESOLVED, that the NSNA support the awareness of a Code Lavender protocol to use as a  
43 rapid holistic response in support of healthcare providers in stressful situations;  
44 and be it further

45 RESOLVED, that the NSNA send a copy of this resolution to the National Institute of Mental  
46 Health, American Mental Wellness Association, World Health Organization,  
47 American Hospital Association, American Medical Association, American Nurses  
48 Association, National League for Nursing, Organization for Associate Degree  
49 Nursing, American Association of Colleges of Nursing, and all others deemed  
50 appropriate by the NSNA Board of Directors.

1 **Resolution 5**

2

3 **TITLE: IN SUPPORT OF EXPANDING NURSING STUDENT CERTIFICATION IN BLEEDING**  
4 **CONTROL THROUGH TRAINING PROGRAMS**

5

6 **SUBMITTED BY: National Student Nurses' Association Nominating and Elections Committee**  
7 **2017-2018**

8

9 **AUTHORS: Emily Davis, Jamie Platt, Heather Merrill, Nyia Chituck**

10

11 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013  
12 adopted the resolution "In Support of Initiatives to Increase Nursing Student  
13 Awareness of Survival Techniques in the Event of Campus Violence"; and

14 WHEREAS, and in the United States, trauma is the leading cause of death for people between  
15 the ages of one to forty-six and the overall third leading cause of death  
16 nationally; and

17 WHEREAS, bleeding causes 35% of pre-hospital deaths and more than 40% of deaths within  
18 24 hours following trauma; and

19 WHEREAS, from 2000 to 2015, there has been a significant increase of more than 100% in  
20 trends of active shooter incidents; and

21 WHEREAS, while the immediate efforts of law enforcement are to stop the active shooter,  
22 bleeding control is essential to improving victim survival, and members of the  
23 public are often the immediate responders; and

24 WHEREAS, the Hartford Consensus, which represents the Joint Commission, calls for  
25 providing training for emergency medical services (EMS) personnel, law  
26 enforcement, and lay citizens; and

27 WHEREAS, the core values of NSNA include quality education, advocacy, and care; future  
28 nurses should demonstrate these values by receiving training to be prepared to  
29 act competently in emergencies, and to help educate other citizens; therefore  
30 be it

31

32 RESOLVED, that the National Student Nurses' Association (NSNA) include Bleeding Control

33 training sessions at the Annual Convention and MidYear Conference, if feasible;

34

and be it further

35

RESOLVED, that the NSNA encourage members to become registered instructors for the

36

Stop the Bleed campaign following appropriate training, if feasible; and be it

37

further

38

RESOLVED, that the NSNA publish an article in *Imprint* to increase awareness of the benefits

39

of Bleeding Control training, if feasible; and be it further

40 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
41 Association, Society of Trauma Nurses, American College of Surgeons, National  
42 League for Nursing, Organization for Associate Degree Nursing, American  
43 Association of Colleges of Nursing, and all others deemed appropriate by the  
44 NSNA Board of Directors.



1 **Resolution 6**

2

3 **TITLE: TO ENCOURAGE STUDENT-FACULTY INTERPERSONAL RELATIONSHIPS TO**  
4 **INCREASE MENTORING AND RELATIONSHIPS WITHIN THE NURSING**  
5 **CURRICULUM**

6

7 **SUBMITTED BY: Grand View University, Des Moines, IA**

8

9 **AUTHORS: Ashley Sibenaller, Alyssa Stripe, Samantha Stickels, Mara Mooney**

10

11 WHEREAS, student-faculty relationships allow discussion of career and personal decisions  
12 and promote connection on a more personal level than what students and  
13 faculty would have in the classroom alone; and

14 WHEREAS, faculty who inquire about their students' challenges outside of the classroom  
15 can individualize their teaching techniques, innovate classroom strategies, and  
16 increase support and advocacy for students; and

17 WHEREAS, lack of communication between students and faculty can harm the  
18 interpersonal relationship, the learning experience, or weaken the learning  
19 environment; and

20 WHEREAS, as student-faculty relationships become more collaborative, students become  
21 active learners and feel more responsible for their education; and

22 WHEREAS, students participating in mentoring activities yielded increased satisfaction in  
23 their career than students who did not engage in mentoring within their  
24 curriculum; and

25 WHEREAS, through the mentoring relationship, mentees can challenge and cultivate their  
26 nursing curriculum through their personal growth and professionalism which  
27 mentors help them acquire; and

28 WHEREAS, studies show that student-faculty relationships can increase the community  
29 within nursing programs and provide students with more communication with  
30 faculty outside of the classroom; therefore be it

31

32 RESOLVED, that the National Student Nurses' Association (NSNA) provide education to

33 nursing programs on the benefits of student-faculty relationships outside of the

34 classroom, if feasible; and be it further

35

36 RESOLVED, that the NSNA encourage its constituents to implement a mentorship or

37 interpersonal program to better facilitate the student-faculty relationship; and

38

39 be it further

40

41 RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website, and offer a

42 breakout session at the Annual Convention supporting interpersonal

43

44 relationships between students and faculty, if feasible; and be it further

41 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
42 Association, American Association of Colleges of Nursing, National League for  
43 Nursing, Sigma Theta Tau International, Organization for Associate Degree  
44 Nursing, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 7**

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**TITLE: IN SUPPORT OF THE ENHANCED NURSE LICENSURE COMPACT**

**SUBMITTED BY: National Student Nurses' Association Board of Directors 2017-2018**

**AUTHORS: Wesley Osler, Dominic Che, Kristina Faw, Frederick Richardson, Joey Ryan**

WHEREAS, the national nursing shortage remains a challenge of the healthcare system at large; and  
WHEREAS, the Enhanced Nurse Licensure Compact (eNLC) allows patients greater access to nursing; and  
WHEREAS, all nursing students in the United States are required to take the same examination for licensure; and  
WHEREAS, no significant evidence suggests multistate nursing licenses put patient safety at risk; and  
WHEREAS, enacting the eNLC will facilitate the travel of nurses to member states to work in times of shortages or urgent needs; and  
WHEREAS, the eNLC requires all applicants for multistate licensure to submit to a complete background check; and  
WHEREAS, nurses who live in compact states and decide to practice in another compact state on a temporary basis will not need to apply for a license or pay any fees; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to advocate for the implementation of the Enhanced Nurse Licensure Compact (eNLC) nationwide, if feasible; and be it further  
RESOLVED, that the NSNA publish an article in *Imprint* and other relevant publications supporting the eNLC, if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the National Council of State Boards of Nursing, American Nurses Association, National League for Nursing, American Public Health Association, *American Journal of Nursing*, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, American Organization of Nurse Executives, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 8**

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**TITLE: IN SUPPORT OF INCREASED AWARENESS OF AND EDUCATION ABOUT GENOMIC COMPETENCY IN NURSING PRACTICE**

**SUBMITTED BY: California State University San Marcos, San Marcos, CA; Mineral Area College, Park Hills, MO**

**AUTHORS: Stephanie Lichtwardt, Samantha AuBuchon, Faith Radosevich, Nichole Davis, Jordan Wadlow**

WHEREAS, the science of genomics plays an integral role in healthcare today, with implications for illness and treatment across the lifespan. Advances in genomics within the last two decades have provided a better understanding of the relationships between genes, environment, and behaviors; and

WHEREAS, improvements in patient quality, safety, and health outcomes are associated with the use of genomics to personalize healthcare. As such, the federal government has launched numerous initiatives and provided grants for advancements in personalized medicine, with all fifty states implementing some form of public health genomic program; and

WHEREAS, genomic advancements are rapidly being integrated across the entire healthcare continuum and into all specialties of clinical nursing practice with applications in the areas of assessment, screening, prevention, diagnosis, and therapeutic decision-making, including pharmacogenomics; and

WHEREAS, as a profession dedicated to patient-centered care, a multitude of rationales exist that demand nurses have a minimum standard of knowledge of genomics for competency and integration into practice to provide safe and effective care. These include, but are not limited to, over 170 genetic tests available and coverable by Medicaid, Medicare, and private insurance, nearly 200 drugs with U.S. Food and Drug Administration (FDA) implications for required and recommended pharmacogenomic biomarker testing aimed at reducing over 100,000 annual deaths related to adverse drug events, and being faced with caring for a population in which 9 out of 10 leading causes of death have a genomic component; and

WHEREAS, despite widespread consensus that genomic applications are a priority for all healthcare professionals, nurses and nursing faculty are not adequately prepared. Subsequently, the improvement of genomic literacy of nurses and nursing faculty has become an ongoing global concern; and

WHEREAS, inadequate genomics education and lack of faculty knowledge have been identified as a substantial limiting factor in the translation of genome science into clinical practice; and

WHEREAS, genomic core competencies have been developed to guide the application of professional skills and responsibilities. *The Essentials of Genetic and Genomic Nursing: Competencies, Curricula Guidelines, and Outcome Indicators, 2nd Edition* serves as the benchmark for genomics education and has been endorsed by 50 professional nursing organizations; and

WHEREAS, considering the shift towards personalized medicine in the United States, nurses' current knowledge about genomics is inadequate to provide appropriate

49 patient care. The incorporation of genomic content into all levels of pre-and  
50 post-licensure nursing education for effective integration of genomic  
51 information into clinical care is vital for the promotion and protection of the  
52 public's health; therefore be it  
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54 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents  
55 to advocate for the incorporation of genomic content in nursing curricula as  
56 outlined in *The Essentials* competencies, and be it further  
57 RESOLVED, that the NSNA advocate for the provision of support, training, and quality  
58 resources to prepare nursing school faculty for the successful integration of  
59 genomic content into nursing curricula; and be it further  
60 RESOLVED, that the NSNA advocate for the provision of continuing education, training, and  
61 quality resources to prepare the current nursing workforce for the successful  
62 integration of genomic content into nursing practice as outlined in *The*  
63 *Essentials* competencies; and be it further  
64 RESOLVED, that the NSNA increase awareness and advocacy of the application of genomic  
65 knowledge to health promotion, disease prevention, and therapeutic decision-  
66 making, including pharmacogenomics, through articles in the *Imprint*  
67 publication, and educational breakout sessions at the Annual Convention, if  
68 feasible; and be it further  
69 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
70 Association, National League for Nursing, American Organization for Nurse  
71 Executives, Association of Community Health Nursing Educators, American  
72 Association of Colleges of Nursing, Organization for Associate Degree Nursing,  
73 National Council of State Boards of Nursing, Accreditation Commission for  
74 Education in Nursing, National Coalition of Health Professional Education in

75 Genetics, International Society of Nursing in Genetics, and all others deemed  
76 appropriate by the NSNA Board of Directors.

1 **Resolution 9**

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3 **TITLE: IN SUPPORT OF OPT-OUT ORGAN DONATION PROGRAM AWARENESS**

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5 **SUBMITTED BY: Case Western Reserve University, Cleveland, OH**

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7 **AUTHORS: Jack O'Brien, Elizabeth Adams, Serena Kao, Emma Muniak, Olivia Marino,**  
8 **Christine Smothers, Isabel Tenreiro, Alison Swartwout**

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10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2011  
11 adopted the resolution "Increased Awareness of Organ Donation and Donor  
12 Registration"; and

13 WHEREAS, opt-out refers to a system in which organs may be removed after death unless  
14 the donor indicates during their lifetime they would like to contract out of organ  
15 donation; and

16 WHEREAS, evidence shows countries with opt-out organ donation systems are associated  
17 with higher organ donor program participation rates and thereby increased  
18 transplant rate; and

19 WHEREAS, opt-out donor systems bridge intentions and behavior by eliminating the need  
20 to act in order to become an organ donor and default policies may be seen as  
21 policy-makers' recommended actions; and

22 WHEREAS, after implementation of educational programs related to organ donation,  
23 Intensive Care Unit nurses' attitudes and intentions towards organ donation  
24 proved to be positive; and

25 WHEREAS, a study shows that people are in support of an opt-out organ donation system  
26 with a single decision point that states the purpose for which their organs will  
27 be used; therefore be it

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29 RESOLVED, that the National Student Nurses' Association (NSNA) implement measures to

30 educate its members about an opt-out organ donation program through

31 breakout sessions at the MidYear Conference and the Annual Convention, if

32 feasible; and be it further

33 RESOLVED, that the NSNA support the United Network for Organ Sharing (UNOS) in organ

34 donation education and awareness, and be it further

35 RESOLVED, that the NSNA support research efforts of the American Nurses Association in

36 relation to opt-out organ donation and its benefits; and be it further

37 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses

38 Association, UNOS, U.S. Department of Health and Human Services, American

39 Public Health Association, National League for Nursing, Sigma Theta Tau  
40 International, American Association of Colleges of Nursing, Organization for  
41 Associate Degree Nursing, and all others deemed appropriate by the NSNA  
42 Board of Directors.



1 **Resolution 10**

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3 **TITLE:** **INCREASING EDUCATION ABOUT AND AWARENESS OF THE EFFECTS OF**  
4 **SEXUALLY TRANSMITTED INFECTIONS IN ADOLESCENTS**

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6 **SUBMITTED BY:** **Kansas Association of Nursing Students**

7

8 **AUTHORS:** **Sydney Harris**

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10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014  
11 adopted the resolution entitled "In Support of Increased Awareness of Healthy  
12 People 2020 Sexually Transmitted Disease Objectives Aimed at Reducing  
13 Incidence Rates of Chlamydia Trachomatis and Neisseria Gonorrhoeae Infection  
14 Among Young People (15-24 Years)" and in 2012 "In Support of Significantly  
15 Improving Sexual Health Education, Sexual Health Assessment and Awareness in  
16 Nursing Curricula"; and

17 WHEREAS, the Centers for Disease Control and Prevention (CDC)'s 2016 Sexually  
18 Transmitted Disease (STD) Surveillance suggested that half of all new STD cases  
19 are acquired by adolescents and young adults (15-24), and 25 percent of  
20 sexually active adolescent females have an STD; and

21 WHEREAS, chlamydia is the most commonly reported STD, with approximately 1.6 million  
22 cases reported in 2016, and young women (ages 15-24) account for nearly half  
23 (46 percent) of reported cases and face the most severe consequences of an  
24 undiagnosed infection; and

25 WHEREAS, the rate of reported cases of chlamydia, gonorrhea, and primary and secondary  
26 syphilis increased for both genders in both the adolescent (15-19 years) and  
27 young adult (20-24 years) age groups during 2012-2016; and

28 WHEREAS, it is reported that only 24 states and the District of Columbia mandate sex  
29 education, of which 22 mandate both sex and Human Immunodeficiency Virus  
30 (HIV) education; and

31 WHEREAS, it is reported that the CDC recommends 16 topics be taught covering sexual  
32 education, and less than half of all high schools and a fifth of middle schools  
33 teach all 16 "essential components"; and

34 WHEREAS, in the CDC's School Health Profiles 2014, it is stated that when sexual health  
35 education is implemented correctly, it can be associated with a decrease in  
36 sexual partners, increase in uses of condoms, and delayed sexual debut;  
37 therefore be it

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39 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage its constituents

40 to advocate for an increase in education about sexually transmitted infections

41 (STIs) in the adolescent population; and be it further

42 RESOLVED, that the NSNA encourage its constituents to increase their awareness of the  
43 effects and prevalence of STIs in adolescents by offering focus sessions at the  
44 MidYear Conference or Annual Convention, if feasible; and be it further  
45 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it  
46 further  
47 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
48 Association, National League for Nursing, Organization for Associate Degree  
49 Nursing, American Association of Colleges of Nursing, American Public Health  
50 Association, American Board of Pediatrics, Society for Adolescent Health and  
51 Medicine, American Medical Association, Health Resources and Services  
52 Administration, and all others deemed appropriate by the NSNA Board of  
53 Directors.

1 **Resolution 11**

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3 **TITLE: IN SUPPORT OF THE IMPLEMENTATION OF EXERCISE INCENTIVES IN NURSING**  
4 **PROGRAMS**

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6 **SUBMITTED BY: Texas Nursing Students' Association, Inc.**

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8 **AUTHORS: Taylor Matson, Tabitha Keaty, Mostafa Abu-Hijleh**

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10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in  
11 2013 adopted the resolution entitled "In Support of the Establishment of  
12 Wellness Programs by Health Care Institutions to Prevent, Manage, and Educate  
13 about Obesity Among Health Care Workers"; and

14 WHEREAS, exercise programs should be incentivized for health science students as  
15 supported by one of the Leading Health Indicators from Healthy People 2020;  
16 and

17 WHEREAS, physical fitness in worksite health promotion programs (WHPPs) has  
18 effectively improved employee productivity and retention, which has led the  
19 United States Department of Health and Human Services to incorporate WHPPs  
20 in its Healthy People initiative; and

21 WHEREAS, about one-third of health care workers (HCW) reported that they suffered from  
22 obesity-related noncommunicable diseases and stress. A health promotion  
23 program targeting HCW is urgently needed to improve their health and make  
24 them better role models for the general public; and

25 WHEREAS, widespread obesity within the workforce may hamper the efficacy of  
26 health care professionals' health promotion efforts; and

27 WHEREAS, a systematic review found that patients are more likely to accept advice  
28 offered by a visibly healthy health care professional compared with a health  
29 care professional who is overweight. Investment in staff health would, in turn,  
30 benefit the health service regarding sustainability and high-quality patient care;  
31 and

32 WHEREAS, aerobic fitness enhances cognitive strategies, enabling individuals to  
33 yield better task performance; and

34 WHEREAS, optional funding for incentive programs could be achieved by considering  
35 re-allocation of universities' athletic department surpluses nationally. In January  
36 of 2018, the Auburn athletic department reported a \$14.6 million budget  
37 surplus...and the 2016-17 fiscal year is the third straight year Auburn reported a  
38 surplus on its National Collegiate Athletic Association (NCAA) financial report;  
39 therefore be it

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41 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage colleges and

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universities to reallocate funds towards student life/affairs to develop and

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implement exercise incentive programs for health science students, and to

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provide rewards for the programs' discretion, if feasible; and be it further

45 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, and host a breakout  
46 session at the Annual Convention, if feasible; and be it further  
47 RESOLVED, that the NSNA provide a copy of this resolution to the National Council of State  
48 Boards of Nursing, American Association of Colleges of Nursing, American  
49 Nurses Association, American Public Health Association, International Council of  
50 Nurses, National League for Nursing, Organization for Associate Degree Nursing,  
51 and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 12**

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3 **TITLE: IN SUPPORT OF AWARENESS OF THE PSYCHOSOCIAL NEEDS OF BREAST**  
4 **CANCER SURVIVORS**

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6 **SUBMITTED BY: Duquesne University Student Nurses' Association, Pittsburgh, PA**

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8 **AUTHORS: Holly Storm and Deanna Webb**

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10 WHEREAS, breast cancer worldwide is the most common cancer in women, with annual  
11 incidence above 1.3 million new cases worldwide and 232,000 cases in the  
12 United States; and

13 WHEREAS, mammograms and treatment improvements have substantially decreased the  
14 mortality of breast cancer, resulting in diagnosed women becoming long-term  
15 survivors; and

16 WHEREAS, a person is a cancer survivor from diagnosis throughout the rest of his or her  
17 life; and

18 WHEREAS, patients need accurate information as they move from care with their  
19 oncologist to their primary care provider; and

20 WHEREAS, for years there may be unmet needs involving the survivor's desire for  
21 information and services regarding health promotion and changing lifestyle; and

22 WHEREAS, oncology nurses may be needed to assist cancer survivors and their support  
23 system to construct and maintain a post-treatment normalcy; and

24 WHEREAS, oncology nurses have to pay close attention to the needs of older adult cancer  
25 survivors, especially relating to goals, planning for the future, functioning,  
26 cancer and non-cancer-related symptoms, involvement in activities, and  
27 maintaining independence; and

28 WHEREAS, there is a gap in oncology nursing that has created a need for additional  
29 research as it relates to supportive care models focusing on normalcy post-  
30 treatment; therefore be it

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32 **RESOLVED,** that the National Student Nurses' Association (NSNA) promote increased

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education in nursing curricula to support awareness for the needs of breast

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cancer survivors as they adjust to post-treatment life; and be it further

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**RESOLVED,** that the NSNA impress on its constituents the importance of the psychosocial

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and physical needs of breast cancer survivors as they adjust and move through

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survivorship; and be it further

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**RESOLVED,** that the NSNA publish an article in *Imprint*, if feasible, to educate constituents

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about the psychosocial needs of the breast cancer survivor, body image and

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sexuality changes that occur after breast cancer, possibility of pregnancy

41 changes after breast cancer, what new normal life is, and the chance of  
42 reoccurrence of breast cancer; and be it further  
43 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
44 Association, National League for Nursing, American Association of Colleges of  
45 Nursing, National Council of State Boards of Nursing, Organization for Associate  
46 Degree Nursing, Oncology Nursing Society, Susan G. Komen Breast Cancer  
47 Foundation, American Breast Cancer Foundation, and all others deemed  
48 appropriate by the NSNA Board of Directors.

1 **Resolution 13**

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3 **TITLE: IN SUPPORT OF THE WISEWOMAN INITIATIVE AND PROMOTION OF HEALTHY**  
4 **EATING BEHAVIORS IN UNDERSERVED WOMEN**

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6 **SUBMITTED BY: Clemson University Student Nurses' Association, Clemson, SC**

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8 **AUTHORS: Kate Krajewski**

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10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013  
11 adopted the resolution "In Support of Using an Electronic Signature Drive to  
12 Increase Awareness and Access to the WISEWOMAN Program" and  
13 WHEREAS, the leading cause of death for United States (U.S.) women is heart disease,  
14 claiming 1 in 4 deaths, and only 54% of women recognize that heart disease is  
15 the top killer in the U.S., suggesting a need for increased education and  
16 awareness, particularly among underserved communities; and  
17 WHEREAS, the Well-Integrated Screening and Evaluation for WOMen Across the Nation  
18 (WISEWOMAN) program has the primary goal of supplying uninsured and  
19 underinsured women aged 40 to 64 with the tools necessary to reduce the risk  
20 of chronic disease by supplying risk factor screenings for heart disease and  
21 stroke. These services are utilized around the country to promote healthy  
22 behaviors women can use to lessen their lifelong risk of chronic disease; and  
23 WHEREAS, about half (47%) of the American population has at least one of three major risk  
24 factors linked to an increase in risk for cardiovascular disease (CVD) and heart  
25 attack, including high blood pressure, high cholesterol, and smoking; and  
26 WHEREAS, these major risk factors for CVD are preventable, and can be decreased by  
27 changing lifestyle factors promoting smoking cessation, diabetes prevention,  
28 and access to fresh, healthy food; and  
29 WHEREAS, limited access of low-income populations to fresh fruits and vegetables greatly  
30 diminishes the likelihood of reducing major CVD risk factors, such as obesity and  
31 diabetes; and  
32 WHEREAS, the WISEWOMAN program, initiated by the Centers for Disease Control and  
33 Prevention, has been implemented in 19 states and two tribal organizations,  
34 constituting a total of 21 programs, indicating a need for increased awareness  
35 and utilization of this federal program; therefore be it  
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37 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents  
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39 to promote healthy eating behaviors by providing educational resources which  
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41 include underserved and low-income populations, if feasible, and encourage  
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utilization of community resources to assist in research and evidence-based  
practice regarding chronic disease risk reduction; and be it further

43 RESOLVED, that the NSNA demonstrate its commitment to the WISEWOMAN program by  
44 providing educational information on its website as related to the NSNA  
45 Population and Global Health Committee, if feasible; and be it further  
46 RESOLVED, that the NSNA provide breakout sessions about this topic at the MidYear  
47 Conference and Annual Convention, if feasible; and be it further  
48 RESOLVED, that the NSNA publish an informative article on this topic in *Imprint*, if feasible;  
49 and be it further  
50 RESOLVED, that the NSNA send a copy of this resolution to the American Heart Association,  
51 American Association of Colleges of Nursing, Organization for Associate Degree  
52 Nursing, American Nurses Association, National League for Nursing, Association  
53 of Community Health Nurse Educators, Association of Public Health Nurses,  
54 Preventive Cardiovascular Nurses Association, and all others deemed  
55 appropriate by the NSNA Board of Directors.



1 **Resolution 14**

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**TITLE: INCREASED AWARENESS, RESEARCH, AND EDUCATION REGARDING BLACK-AMERICAN MATERNAL AND INFANT MORTALITY**

**SUBMITTED BY: Louisiana State University Health New Orleans School of Nursing Student Nurses' Association, New Orleans, LA**

**AUTHORS: Nicole Koppi, Olivia LoCascio, Victoria McElroy, Jaymalisa Whatley**

WHEREAS, within all age groups, non-Hispanic black women have the highest risk of dying from pregnancy complications; and

WHEREAS, non-Hispanic black women contribute 14.6% of live births but 35.5% of pregnancy-related deaths, thus having a 3.2 times higher risk of dying of pregnancy complications than non-Hispanic white women; and

WHEREAS, non-Hispanic black race (compared with non-Hispanic white race) is a consistent risk factor for preterm birth and adverse pregnancy outcomes in the United States. The risk associated with race is significant; in a large systematic review of 30 studies, black women were found to have a two-fold increased risk (95% CI: 1.8–2.2; pooled odds ratio) when compared with whites; and

WHEREAS, African-American women are more likely to live in disadvantaged neighborhoods and experience negative birth outcomes (preterm birth, low birthweight infants) compared with non-Hispanic white women; and

WHEREAS, social determinants of health such as racial discrimination, poor-quality neighborhoods, and acculturation may increase the risk of birth outcomes for minority women in the United States; and

WHEREAS, foreign-born non-Hispanic black women have a lower rate of preterm birth than U.S.-born non-Hispanic black women, and this advantage cannot be explained by individual-level sociodemographic characteristics, health behaviors and medical risk factors. Prior research on the health of immigrants in the United States has further shown that the foreign-born health advantage diminishes with increasing duration of residence in the United States as the foreign-born women acculturate to the U.S. society; and

WHEREAS, findings from several studies suggest that black women with greater socioeconomic resources or position may experience paradoxically negative health consequences mediated by the physiologic effects of racism-related stress; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to collaborate with professional nursing and healthcare organizations to increase awareness, education, and evidence-based research on maternal and infant mortality among Black-American women and children by engaging

43 constituents in a focus session at the Annual Convention or MidYear Conference  
44 about health disparity, if feasible; and be it further  
45 RESOLVED, that the NSNA publish a factsheet or an article in *Imprint* to increase awareness  
46 and education about maternal and infant mortality among Black-American  
47 women and children, if feasible; and be it further  
48 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
49 Association, National League for Nursing, March of Dimes, American Association  
50 of Colleges of Nursing, Organization for Associate Degree Nursing, American  
51 Public Health Association, Society of Pediatric Nurses, Association of Women’s  
52 Health, Obstetric and Neonatal Nurses, American College of Obstetricians and  
53 Gynecologists, and all others deemed appropriate by the NSNA Board of  
54 Directors.

1 **Resolution 15**

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3 **TITLE:** **IN SUPPORT OF ADVOCATING FOR CLUSTER CARE TO PROMOTE ADEQUATE**  
4 **REST PERIODS IN HOSPITALIZED PATIENTS**

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6 **SUBMITTED BY:** **Ohio Student Nurses Association**

7

8 **AUTHORS:** **Alexandria Taylor, Raya Cupler, Madelynn Basie**

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10 WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2017  
11 adopted the resolution “In Support of Implementing Interventions that  
12 Decrease Sleep Deprivation in the Hospitalized Patient”; and

13 WHEREAS, hospitalized patients require above-average amounts of sleep to aid in recovery;  
14 and

15 WHEREAS, sleep deprivation in hospitalized patients can increase rates of morbidity,  
16 mortality, and decrease the quality of life; and

17 WHEREAS, in a 2012 study published in the *Journal of Surgical Research*, nursing staff  
18 estimated that 13.9% of nocturnal nursing interventions could have been safely  
19 omitted; and

20 WHEREAS, a 2015 study conducted by Lehigh Valley Health Network found that adopting  
21 clustered care as a standard process would result in a decrease of sleep  
22 interruptions and promote sleep satisfaction, enhancing the patient-centered  
23 experience; and

24 WHEREAS, current guidelines for hospitalized patients emphasize a multidisciplinary  
25 strategy for clustering care as a means of sleep promotion; and

26 WHEREAS, through clustering care, sleep disturbances will be limited by delaying non-  
27 essential interventions and prioritizing critical ones; therefore be it

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29 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents  
30 to advocate for clustered care to promote adequate rest periods in hospitalized  
31 patients; and be it further

32 RESOLVED, that the NSNA host a session on this topic at the MidYear Conference and the  
33 Annual Convention, if feasible; and be it further

34 RESOLVED, that the NSNA publish an article in *Imprint* on this topic, if feasible; and be it  
35 further

36 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
37 Association, American Association of Colleges of Nursing, National League for  
38 Nursing, Organization for Associate Degree Nursing, American Association of

39 Critical Care Nurses, American Holistic Nursing Association, Sigma Theta Tau  
40 International, International Council of Nurses, American Academy of Nursing,  
41 National Institute of Nursing Research, and all others deemed appropriate by  
42 the NSNA Board of Directors.

1 **Resolution 16**

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**TITLE: TO SUPPORT AWARENESS OF MASSAGE THERAPY FOR PAIN AND ANXIETY ASSOCIATED WITH BREAST CANCER**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students, Cedar Rapids, IA**

**AUTHORS: Cali Arbuckle, Casey Behm, Rebecca Boland, Madison Coates, Kennidee DeVilbiss, Alexis Duwa, Sydney Franks, Allison Heims, Lindsay Ireland, Mikaela Katz, Tessa Ostendorf, Karima Safsaf, Sarah Ternus, Sarah VanHoe**

WHEREAS, between 40-90% of all cancer patients experience pain, making pain one of the most common complaints; and

WHEREAS, pain is among the top three physical symptoms experienced during breast cancer treatment, and anxiety is the second most reported emotional side effect; and

WHEREAS, anxiety disorders are also commonly experienced in breast cancer patients resulting in a decrease in quality of life, physical activity, sleep, and increased fatigue; and

WHEREAS, there was a significant decrease in the amount of stress, anxiety, tension, pain, and insomnia in breast cancer patients after one therapeutic massage; and

WHEREAS, massage therapy techniques, such as Swedish and classical massage, manual lymph drainage, aromatherapy, and scarf massage can be used to decrease pain and anxiety following a mastectomy. The most effective massage techniques direct blood and lymphatic fluid towards the heart with slow and gentle movements; and

WHEREAS, patients' perceptions of nausea, pain, anxiety, and fatigue were significantly decreased with twenty minutes of therapeutic hand and foot massage during chemotherapy or biotherapy treatment; and

WHEREAS, massage therapy, with conventional treatment, is recommended by the Society for Integrative Oncology to decrease pain and anxiety; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage awareness of massage therapy as a nonpharmacological intervention in the treatment of breast cancer pain and anxiety, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to increase education on the benefits of massage therapy to decrease pain and anxiety in breast cancer patients, and be it further

39 RESOLVED, that the NSNA provide information about the use of massage therapy to  
40 decrease pain and anxiety in breast cancer patients on its website and publish  
41 an article in *Imprint*, if feasible; and be it further

42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
43 Association, American Association of Colleges of Nursing, National League for  
44 Nursing, Organization for Associate Degree Nursing, Academy of Oncology  
45 Nurse and Patient Navigators, American Cancer Society, Oncology Nursing  
46 Society, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 17**

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**TITLE:** **IN SUPPORT OF INCREASING HUMAN PAPILOMAVIRUS (HPV) EDUCATION FOR THE PREVENTION OF HPV-ASSOCIATED CANCERS IN ADOLESCENTS**

**SUBMITTED BY:** **Harding Nursing Student Association, Searcy, AR**

**AUTHORS:** **Jocelyn Leibovich, Samantha Mercer, Morgan Myers, Hunter Cox, Stephanie Jordan, Micayla Mobley, Misa Tello**

WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2012 adopted the resolution “Human Papillomavirus Vaccination for Women and Men to Reduce Risk of HPV-Related Diseases” and in 2007 “In Support of Increasing Awareness and Prevention of Human Papillomavirus”; and

WHEREAS, adolescent lifestyle is risky when it comes to sexual practices. Risky behaviors include, but are not limited to, poor safe sex practices, unprotected sex, and multiple sex partners; and

WHEREAS, adolescents are at high risk of contracting HPV and transmitting the virus, as well as developing cervical cancer later on; and

WHEREAS, HPV is correlated with 96 to 99 percent of all cervical cancers; and

WHEREAS, 79 million Americans, most in their late teens and early 20s, are infected with HPV; and

WHEREAS, the HPV vaccine is safe and effective. It is recommended that 11- to 12-year-olds get two doses of the HPV vaccine to protect against cancers caused by HPV; and

WHEREAS, adolescents do not receive education regarding HPV on a regular basis. Adolescents have low awareness and knowledge about the virus, especially regarding the cancer risks; and

WHEREAS, there is no treatment for HPV; and

WHEREAS, HPV resulted in an estimated \$1.7 billion (estimates range from \$800 million to \$2.9 billion) in direct medical costs; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate to include HPV education for the prevention of HPV-associated cancers into sexual health curricula of state public schools, and be it further

RESOLVED, that the NSNA encourage pediatric and school nurses to incorporate HPV prevention into their care, and be it further

RESOLVED, that the NSNA publish an article on this issue in *Imprint*, if feasible; and be it further

40 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
41 Association, National League for Nursing, Organization for Associate Degree  
42 Nursing, American Association of Colleges of Nursing, U.S. Department of  
43 Education, National Association of School Nurses, Society of Pediatric Nurses,  
44 American Medical Association, National Council of State Boards of Nursing,  
45 American Academy of Family Physicians, and all others deemed appropriate by  
46 the NSNA Board of Directors.



1 **Resolution 18**

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**TITLE: IN SUPPORT OF UNIVERSITIES IMPLEMENTING POLICIES REGARDING DRUG AND ALCOHOL TESTING FOR NURSING STUDENTS**

**SUBMITTED BY: Scottsbluff Student Nurses Association, University of Nebraska Medical Center, Scottsbluff, NE**

**AUTHORS: Lindsay Pfankuch, Rebecca Volf, Kayla Pierce, Kelly Zitterkopf, Devin Eisenbarth, Alexis Cook, Justine Jobman, Collette Graham, Ashlyn Jenkins, Donavon Valentine**

WHEREAS, 10% of nurses in the U.S. with active licenses abuse chemicals to the extent that their practice is impaired; and

WHEREAS, the rate of nurses enrolled in substance abuse monitoring programs continues to parallel the rate of substance abuse in the general public; and

WHEREAS, a lack of education, inconsistent policies and procedures, and insufficient supervision or intervention contribute to unsafe patient care by nursing students who are using substances; and

WHEREAS, 49% of faculty do not confront students suspected of chemical impairment, nor do department chairs or deans report these same students to their state board of nursing even if the reporting mechanism is mandatory in their state, and there is no system in which to follow these students to ensure they remain safe to practice; and

WHEREAS, there is neither a method for peer confrontation nor a model for use with chemically impaired students; and

WHEREAS, without policies, faculty members are unable to determine how to best remove chemically impaired students from the clinical setting; and

WHEREAS, without policies or use of required blood and urine testing, it may be difficult to maintain safety standards and remove students from clinical practice; and

WHEREAS, lack of policy is an issue contributing to alcohol misuse. This lack of policy prevents prevalence rates from being known and monitored; and

WHEREAS, lack of school policy on how to treat the chemically impaired student only perpetuates the situation by allowing the substance abuse to continue; and

WHEREAS, without uniform guidelines, substance abuse will continue to be an issue in the future; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents through publications, social media, or emails to promote and support debriefing policy development and implementation by their educational institutions, if feasible; and be it further

42 RESOLVED, that the NSNA publish an article about nursing student drug and alcohol testing  
43 during school functions in *Imprint* and *Deans Notes* publications, if feasible; and  
44 be it further

45 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
46 Association, National League for Nursing, Organization for Associate Degree  
47 Nursing, Accreditation Commission for Education in Nursing, American  
48 Association of Colleges of Nursing Collegiate Commission on Nursing Education,  
49 National Council of State Boards of Nursing, and all others deemed appropriate  
50 by the NSNA Board of Directors.

1 **Resolution 19**

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3 **TITLE: IN SUPPORT OF INCREASING EDUCATION REGARDING COMMUNICATION AND**  
4 **PAIN ASSESSMENT WITH NONVERBAL PATIENTS**

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6 **SUBMITTED BY: The College of New Jersey, Ewing, New Jersey**

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8 **AUTHORS: Allison Lyles**

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10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2010  
11 adopted the resolution "In Support of Education of Augmentative Assistive  
12 Communication Devices to Aid Independence of Patients with Communication  
13 Disabilities," in 2012 adopted the resolution "In Support of Behavioral Pain Scale  
14 Use with Ventilated Patients During Invasive and Noninvasive Procedures in the  
15 Intensive Care Unit," and in 2016 adopted the resolution "Increasing Awareness  
16 for Proper Screening for the Hard of Hearing and Methods of Communication";  
17 and

18 WHEREAS, interventions for pain management are traditionally based on the patient's self-  
19 report of pain because pain is an individual, subjective experience. However, not  
20 all patients can verbalize their pain level; and

21 WHEREAS, a variety of conditions may cause someone to be nonverbal, including dementia,  
22 unconscious or comatose state, developmental or intellectual disability, or  
23 intubation; and

24 WHEREAS, nurses are often unable to recognize pain in patients who are unable to  
25 communicate verbally, and untreated pain subjects the patient to needless  
26 discomfort and suffering; and

27 WHEREAS, healthcare providers are ethically obligated to treat all patients equally; and

28 WHEREAS, other methods are needed to assess pain in patients who are nonverbal, such as  
29 observing changes in vital signs or facial expression; and

30 WHEREAS, poorly managed pain can lead to chronic pain, delayed recovery, and decreased  
31 quality of life; and

32 WHEREAS, patient-centered communication is associated with a stronger nurse-patient  
33 relationship and improved health outcomes; therefore be it

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35 RESOLVED, that the National Student Nurses' Association (NSNA) advocate for improving

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education regarding proper communication and pain assessment with

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nonverbal patients; and be it further

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RESOLVED, that the NSNA encourage nursing students to seek further knowledge regarding

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methods to communicate with nonverbal patients; and be it further

40 RESOLVED, that the NSNA publish an article in *Imprint* regarding the need to improve  
41 education on communication and pain assessment with nonverbal patients, if  
42 feasible; and be it further  
43 RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing,  
44 American Nurses Association, American Association of Colleges of Nursing  
45 Collegiate Commission on Nursing Education, National Council of State Boards  
46 of Nursing, Accreditation Commission for Education in Nursing, Sigma Theta Tau  
47 International, Organization for Associate Degree Nursing, and all others deemed  
48 appropriate by the NSNA Board of Directors.

1 **Resolution 20**

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3 **TITLE: CONTINUING NURSING EDUCATION FOR NURSING FACULTY**

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5 **SUBMITTED BY: State University of New York at Plattsburgh Student Nurses Association,**  
6 **Plattsburgh, NY**

7

8 **AUTHORS: Alexa Vines, Alexa Hill, Alice Ye**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2011  
11 adopted the resolution "In Support of Increased Government Funding for  
12 Nursing Faculty Development"; and

13 WHEREAS, the constant evolution of health care and evidence-based practice require  
14 nursing faculty to possess up-to-date knowledge and skills; and

15 WHEREAS, up-to-date education allows nursing faculty to provide relevant education to  
16 future nurses; and

17 WHEREAS, continuing education provides nursing faculty with updated healthcare  
18 information in various settings; and

19 WHEREAS, studies have shown a direct correlation between continued nursing education  
20 and increased quality of care; and

21 WHEREAS, nursing educators must be up to date on current skills and competencies critical  
22 to the nursing profession; and

23 WHEREAS, nursing educators influence the health care delivery system by developing  
24 future registered nurses; therefore be it

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26 RESOLVED, that the National Student Nurses' Association (NSNA) support continuing

27 nursing education for nursing faculty; and be it further

28 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it

29 further

30 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses

31 Association, National League for Nursing, American Association of Colleges of

32 Nursing, Organization for Associate Degree Nursing, and all others deemed

33 appropriate by the NSNA Board of Directors.

1 **Resolution 21**

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**TITLE: IN SUPPORT OF INCREASING AWARENESS OF SUICIDE INCIDENCE AND PREVENTION STRATEGIES FOR CHILDREN AND ADOLESCENTS**

**SUBMITTED BY: California Nursing Students' Association**

**AUTHORS: Jenelle Hunter, Andrew Mossett, Stephanie Lichtwardt, Conrad DelMundo, Evan Parker, Wendy Fanucchi, Kenzie Grinsell, Daniel Estep**

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution, "In Support of Increasing Suicide Risk Training and Assessment for Nurses to Promote Patient Safety"; and

WHEREAS, in the United States, the incidence of suicide in children and adolescents is increasing, and recent data have shown suicide to be the second leading cause of death in ages 10-24, and the sixth leading cause of death for children aged five to 12; and

WHEREAS, a national longitudinal study showed that over 80% of youth who died by suicide had seen a health care provider in the year prior to their death; and

WHEREAS, nurses who have contact with children with suicidal ideations in school, acute, and outpatient settings have an opportunity for intervention if warning signs are known and recognized. When screening tools are used, they have been shown to have a four-fold increase in the detection of suicidal ideation. Morbidity and mortality can be reduced through early intervention, screening, and treatment; and

WHEREAS, while the causes and warning signs of suicidal ideation for each age group are different, developmentally appropriate screening tools should be used to ensure the accuracy of the results by addressing specific social and behavioral challenges shown to be risk factors for that age group; and

WHEREAS, for identification of potential warning signs and risk factors, nurses across all health care settings need to initiate assessments and interventions for suicide prevention; and

WHEREAS, due to the lack of adoption of a consistent set of standards for educating nurses in suicide assessment, a gap exists in suicide-specific intervention education among nursing programs; and

WHEREAS, advanced planning and education creates an effective, comprehensive, culturally sensitive, and interdisciplinary method to assessing suicide risk through the combined use of developmentally appropriate screening tools, clinical knowledge, and judgment; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness among nursing students about the growing problem of suicide in children and adolescents, as well as suicide risk screening and assessment tools; and be it further

45 RESOLVED, that the NSNA advocate for the increased use of risk screening and assessment  
46 tools in all health care settings to assist in identifying children and adolescents  
47 at risk of or suffering from suicidal ideations; and be it further

48 RESOLVED, that the NSNA increase awareness, application, and advocacy regarding the  
49 incidence of suicide and the use of risk screening and assessment tools through  
50 articles in *Imprint*, and breakout sessions at the Annual Convention, if feasible;  
51 and be it further

52 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
53 Association, American Psychiatric Nurses Association, American Association of  
54 Colleges of Nursing, American Academy of Nursing, National League for Nursing,  
55 Organization for Associate Degree Nursing, National Alliance on Mental Illness,  
56 National Association of Psychiatric Health Systems, Substance Abuse and Mental  
57 Health Services Administration, American Organization of Nurse Executives, and  
58 all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 22**

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3 **TITLE: IN SUPPORT OF PROMOTING INCREASED COMMUNITY EDUCATION ABOUT**  
4 **LAYPERSON TOURNIQUET APPLICATION**

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6 **SUBMITTED BY: Arkansas State University Student Nurses' Association, Jonesboro, Arkansas**

7

8 **AUTHORS: Alannah Davis, Megan Belvedresi, Madison Dulin, Nicholas Kitchens**

9

10 WHEREAS, the military's increase in tourniquet usage saved the lives of between 1,000 and  
11 2,000 people. Preventable deaths dropped by sixty-seven percent between  
12 2001 and 2011; and

13 WHEREAS, research has shown that the sooner a tourniquet is applied, the chance of  
14 survival increases for an injured person; and

15 WHEREAS, laypeople who received previous tourniquet training reported that they would  
16 be more likely to effectively apply tourniquets in an emergency; and

17 WHEREAS, it was found that civilians had a high rate of success, as well as quick application  
18 time, using Combat Action Tourniquets (CAT) compared to other marketed  
19 tourniquets; and

20 WHEREAS, a layperson must practice applying a CAT only 12 times to sufficiently apply it in  
21 30 seconds; therefore be it

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23 RESOLVED, that the National Student Nurses' Association (NSNA) promote tourniquet  
24 education in the community by encouraging its constituents to collaborate with  
25 organizations such as community disaster preparedness programs, emergency  
26 responders, and schools; and be it further

27 RESOLVED, that the NSNA promote awareness about layperson tourniquet application  
28 among its members using focus sessions at the MidYear Conference and Annual  
29 Convention or an article in *Imprint*, if feasible; and be it further

30 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
31 Association, National League for Nursing, Sigma Theta Tau International,  
32 American Association of Colleges of Nursing, Organization for Associate Degree  
33 Nursing, Emergency Nurses Association, Air and Surface Transport Nurses  
34 Association, American College of Surgeons, National Association of EMTs,



35 Federal Emergency Management Agency, American Red Cross, American Heart  
36 Association, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 23**

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3 **TITLE: INCREASE AWARENESS OF SEXUAL ASSAULT ACROSS CAMPUSES TO REDUCE**  
4 **VICTIM BLAMING AND STIGMATIZATION OF RAPE**

5

6 **SUBMITTED BY: Brigham Young University, Provo, UT**

7

8 **AUTHORS: Aimee Schouten and Jessica Small**

9

10 WHEREAS, the National Institute of Justice found that one in five women and one in  
11 fourteen men experience sexual assault while in college; and  
12 WHEREAS, the National Institute of Justice found more than one in four transgender  
13 students and more than one in three bisexual students experience sexual  
14 assault while in college; and  
15 WHEREAS, former President Barack Obama created a task force to support victims and  
16 protect university students; and  
17 WHEREAS, sexual assault and dating violence negatively impact physical and mental health  
18 as well as lead to academic failure, depression, anxiety, post-traumatic stress  
19 disorder, eating disorders, suicidal ideation, and alcohol and drug abuse; and  
20 WHEREAS, the majority of rape incidents during college go unreported by victims. It is  
21 estimated less than fifty percent of cases are reported to officials. Incidents  
22 involving drug or alcohol are even less likely to be reported; and  
23 WHEREAS, victim blaming and the stigma surrounding sexual assault hold back many from  
24 reporting incidents, thus blocking access to needed health care treatment; and  
25 WHEREAS, rape myths are prevalent, suggesting there is an explanation of why a particular  
26 victim was assaulted, and thus the responsibility of prevention lies with the  
27 victim rather than the perpetrator; therefore be it

28

29 RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its ongoing  
30 commitment to increase the awareness and understanding of sexual assault  
31 across college campuses to reduce the stigmatization of rape by providing  
32 education at the Midyear Conference and Annual Convention through breakout  
33 sessions, if feasible; and be it further

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34 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it  
35 further

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36 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
37 Association, National League for Nursing, American Association of Colleges of

38 Nursing, Organization for Associate Degree Nursing, and all others deemed  
39 appropriate by the NSNA Board of Directors.

1 **Resolution 24**

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3 **TITLE: IN SUPPORT OF INCREASED AWARENESS OF DISASTER PREPAREDNESS FOR**  
4 **THE PEDIATRIC POPULATION**

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6 **SUBMITTED BY: Towson University Student Nurses' Association, Towson, MD**

7

8 **AUTHORS: Karli Space**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2017  
11 adopted the resolution "In Support of Increasing Awareness of the Need for  
12 Disaster Preparedness Training of Postgraduate Nurses" and 2014, "In Support  
13 of Increased Awareness of Disaster Preparedness Through the Use of Simulation  
14 Exercises in Undergraduate Nursing"; and

15 WHEREAS, with children making up 25% of the population, only 13% of Emergency Medical  
16 Service agencies have pediatric-specific mass casualty incident (MCI) plans; and

17 WHEREAS, and only 5% of U.S adult hospitals have adequate resources to deal with pediatrics;  
18 and

19 WHEREAS, children are more susceptible to sustain head injuries than any other  
20 population. This is because children's heads are larger in comparison to their  
21 bodies. For example, in the 1995 Oklahoma City bombing, of the 19 children  
22 who died, 90% of them had sustained a head injury; and

23 WHEREAS, children are known to be more vulnerable because of smaller airways, higher  
24 respiratory rate, and inability to escape danger when compared to the adult  
25 population; and

26 WHEREAS, research has shown that when pediatric facilities are better versed in the  
27 protocols and have the equipment available, the process of handling this  
28 population is more effective; and

29 WHEREAS, when day-care centers and schools practice drills and are made aware of the  
30 routine to follow when in a disaster, it will make the process less chaotic; and

31 WHEREAS, and the Task Force on Pediatric Emergency Mass Critical Care (PEMCC) recommends  
32 comprehensive plans be in place for all hospital and health care facilities to be in  
33 place in the case of a disaster; and

34 WHEREAS, only 19% of current hospital systems have a pediatric triage protocol in place,  
35 and only 10% have a Pediatric Intensive Care Unit; and

36 WHEREAS, the need for increased awareness of preparedness in a disaster-like situation for  
37 this specific population is crucial to survival rates in the event of a disaster;  
38 therefore be it

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40 **RESOLVED,** that the National Student Nurses' Association (NSNA) support increased

41 awareness of the need for pediatric-specific protocols to be in place at all health

42 care facilities and increased education using simulation in nursing curricula; and

43 be it further

44 RESOLVED, that the NSNA host a workshop on how to triage the pediatric population at the  
45 MidYear Conference or the Annual Convention, if feasible; and be it further  
46 RESOLVED, that the NSNA encourage its constituents to support policy and legislation  
47 surrounding this topic; and be it further  
48 RESOLVED, that the NSNA publish an article in *Imprint* discussing and promoting the need  
49 for pediatric-specific emergency protocols, if feasible; and be it further  
50 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
51 Association, National League for Nursing, American Association of Colleges of  
52 Nursing, International Council of Nurses, National Council of State Boards of  
53 Nursing, American Medical Association, Organization for Associate Degree  
54 Nursing, American Red Cross, and all others deemed appropriate by the NSNA  
55 Board of Directors.

1 **Resolution 25**

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3 **TITLE: IN SUPPORT OF INCREASING AWARENESS OF HEALTH LITERACY SCREENING AS**  
4 **PART OF PATIENTS’ HEALTH ASSESSMENT**

5

6 **SUBMITTED BY: Emory Student Nurses Association, Atlanta, GA**

7

8 **AUTHORS: Kim Reynolds, Katherine Tipton, Colleen Closson**

9

10 WHEREAS, health literacy is the degree to which an individual has the capacity to obtain,  
11 communicate, process, and understand basic health information and services to  
12 make appropriate health care decisions; and

13 WHEREAS, an estimated 90 million adults in the United States have limited health literacy  
14 skills and individuals with health literacy come from all segments of society; and

15 WHEREAS, research shows that health care professionals cannot accurately identify which  
16 of their patients have low health literacy levels and that they may alter their  
17 interactions with patients if they think patients have health literacy limitations;  
18 and

19 WHEREAS, low health literacy has been associated with several negative health outcomes  
20 such as limited knowledge about health conditions, lower use of preventative  
21 services, higher rates of medication nonadherence, higher hospitalization rates,  
22 and poorer self-reported health; and

23 WHEREAS, implementing health literacy screening tools can increase identification of  
24 patients with health literacy insufficiencies; therefore be it

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26 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents

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to promote awareness about health literacy issues and detrimental health

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problems associated with it; and be it further

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RESOLVED, that the NSNA provide resources and information to teach nurses and nursing

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students about the importance of screening tools and how to implement them

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in each patient’s preferred language to assess health literacy, if feasible; and be

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it further

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RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it

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further

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RESOLVED, that the NSNA send a copy of this resolution to the American Nurses

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Association, National League for Nursing, American Association of Colleges of

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Nursing, Organization for Associate Degree Nursing, Sigma Theta Tau

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International, and all others deemed appropriate by the NSNA Board of

39

Directors.

1 **Resolution 26**

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3 **TITLE: INCREASING AWARENESS OF ADMINISTRATION AND FACULTY SUPPORT OF**  
4 **STUDENT LEADERSHIP ACTIVITIES AS CO-CURRICULAR**

5

6 **SUBMITTED BY: Mount Carmel College of Nursing, Columbus Campus, OH**

7

8 **AUTHORS: Cameron Duke, Emily Hirth, Taylor Pellam, Halle Turner, Araba Dzacka, Layne**  
9 **Sullivan, Alexandria Taylor**

10

11 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013  
12 adopted the resolution entitled "In Support of Increased Awareness of the  
13 Importance of Leadership Development Among Nursing Students" and in 2014,  
14 "In Support of Encouraging Nursing Students to Participate in the NSNA by  
15 Establishing a Method for Promoting Professional Growth in Leadership as Part  
16 of the Nursing Curriculum"; and

17 WHEREAS, faculty support is helpful and necessary for students who hold leadership  
18 positions in co-curricular activities; and

19 WHEREAS, a culture of fear and micromanagement can limit student involvement in  
20 leadership opportunities; and

21 WHEREAS, the apprehension of students to hold leadership positions is due to a  
22 misconception that a negative relationship with faculty will develop; and

23 WHEREAS, frequent student-faculty interaction outside the classroom exceeds the  
24 contribution of the traditional setting as it relates to personal and career  
25 development; and

26 WHEREAS, effective student leadership development through education calls for  
27 opportunities for students to use praxis both inside and outside of the  
28 classroom; and

29 WHEREAS, students vying for employment opportunities can distinguish themselves from  
30 the competition by their involvement in extracurricular activities and  
31 demonstrating leadership roles; therefore be it

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33 **RESOLVED,** that the National Student Nurses' Association (NSNA) create a position paper

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advocating for its constituents to consider membership and leadership

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opportunities as relevant to nursing education, if feasible; and be it further

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**RESOLVED,** that the NSNA encourage its constituents to advocate for the positive effects

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which accompany active membership in all levels of a professional nursing

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organization; and be it further

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**RESOLVED,** that the NSNA publish an article in *Imprint*, if feasible; and be it further



40 RESOLVED, that the NSNA send a copy of this resolution to the American Holistic Nurses  
41 Association, Sigma Theta Tau International, National Council of State Boards of  
42 Nursing, American Nurses Association, National League for Nursing,  
43 Accreditation Commission for Education in Nursing, American Association of  
44 Colleges of Nursing Commission on Collegiate Nursing Education, Organization  
45 for Associate Degree Nursing, and all others deemed appropriate by the NSNA  
46 Board of Directors.

1 **Resolution 27**

2

3 **TITLE: IN SUPPORT OF INCREASED CONCUSSION EDUCATION FOR YOUNG WOMEN**

4

5 **SUBMITTED BY: University of South Carolina Student Nurses Association, Columbia, SC**

6

7 **AUTHORS: Rebecca Moore**

8

9 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2012  
10 adopted the resolution "Increased Awareness of Student-Athlete Concussion  
11 Prevention and Management Utilizing the Centers for Disease Control and  
12 Prevention (CDC) 'Heads Up' Tool Kit and the 'Concussion Signs and Symptoms  
13 Checklist'"; and

14 WHEREAS, women athletes are more likely to sustain concussions than men competing in  
15 similar sports; and

16 WHEREAS, the increased risk for concussions in women can be contributed to certain  
17 physical features such as thinner necks with lower muscle mass and smaller  
18 head sizes; and

19 WHEREAS, the symptoms of concussions affect women more and longer than men  
20 including the symptoms of dizziness, headaches, confusion and inability to  
21 concentrate; and

22 WHEREAS, women's hormones and the menstrual cycle prolong and diminish recovery  
23 following brain injuries; and

24 WHEREAS, puberty marks the time point where the incidence and effects of concussions  
25 begin to differ markedly for men and women, as women begin to experience an  
26 increase in concussion incidence and varied, but more severe, symptoms with a  
27 slower recovery time than men; and

28 WHEREAS, there is very little research focused specifically on the susceptibility of women  
29 athletes and how to protect them from injury, and prevention efforts are largely  
30 aimed at men in large sports arenas such as the National Football League (NFL);  
31 therefore be it

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33 **RESOLVED,** that the National Student Nurses' Association (NSNA) increase awareness of the

34 signs and symptoms of concussion syndrome in active young women, their

35 parents, and health care providers in acute settings, and increase awareness of

36 preventive measures for active young women; and be it further

37 **RESOLVED,** that the NSNA demonstrate its commitment to this initiative and the increased

38 awareness of concussion effects and the importance of prevention education

39 for young women across the country; and be it further

40 RESOLVED, that the NSNA provide plenary or breakout sessions at the Annual Convention  
41 and MidYear Conference to expand students' understanding of the impact of  
42 concussions on young women and the nurse's role in educating patients  
43 regarding prevention steps, if feasible; and be it further  
44 RESOLVED, that the NSNA send a copy of this resolution to the American Association of  
45 Colleges of Nursing, American Nurses Association, National Association of  
46 Pediatric Nurse Practitioners, American Association of Neuroscience Nurses,  
47 National Alliance for Youth Sports, Institute of Pediatric Nursing, National  
48 League for Nursing, Organization for Associate Degree Nursing, and all others  
49 deemed appropriate by the NSNA Board of Directors.

1 **Resolution 28**

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3 **TITLE: INTEGRATION OF THE COMMUNITY HEALTHCARE MODEL THROUGHOUT**  
4 **NURSING EDUCATION**

5

6 **SUBMITTED BY: Saint Olaf College, Northfield, Minnesota**

7

8 **AUTHORS: Megan Gehle**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2017  
11 adopted the resolution "Increased Promotion of the Role of the Public Health  
12 Nurse in Nursing Programs" and in 2010, "In Support of Increased Awareness of  
13 Public Health Nursing and Population-based Initiatives"; and

14 WHEREAS, the United States spends more on healthcare than any other nation, spending  
15 approximately 2.5 times more than the average of other high-income countries;  
16 and

17 WHEREAS, the episodic healthcare model is not meeting the needs of people with chronic  
18 conditions, requiring greater attention to addressing preventative and chronic  
19 care needs across an entire population; and

20 WHEREAS, the profit-driven healthcare system calls for a shift in the nursing education  
21 model of care, from a problem-solving, acute-care based model to primary  
22 prevention, community healthcare model; and

23 WHEREAS, nurses are ideally positioned as promoters of change, as nursing consistently  
24 embraces an approach to care that is holistic, inclusive of patients, families, and  
25 communities and oriented toward empowering patients in their care to assume  
26 responsibility for self and disease management; and

27 WHEREAS, the current lack of funding for teaching health centers provides an opportunity  
28 for schools of nursing to create innovative academic-practice partnerships with  
29 organizations that provide care for previously underserved populations; and

30 WHEREAS, the aim of using communities as experiential learning spaces is to raise the  
31 awareness of nursing students about the real health and social issues impacting  
32 the health of people in under-resourced communities; and

33 WHEREAS, the integration of primary and community care necessitates an adaptation in  
34 the nursing curricula, from an isolated Community Health experience to a  
35 longitudinal experience; therefore be it

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37 RESOLVED, that the National Student Nurses' Association (NSNA) publish information

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informing academic institutions and the public of its position concerning a

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Community Health-based nursing education, if feasible; and be it further

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RESOLVED, that the NSNA publish an article in *Imprint* regarding this topic, if feasible; and

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be it further

42 RESOLVED, that the NSNA provide a faculty-focused session at the MidYear Conference and  
43 Annual Convention concerning the implementation of Community Health  
44 curricula and a student-focused session at the MidYear Conference and Annual  
45 Convention concerning the impact of Community Health on the acute setting, if  
46 feasible; and be it further

47 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
48 Association, National League for Nursing, American Association of Colleges of  
49 Nursing, Organization for Associate Degree Nursing, U.S. Department of Health  
50 and Human Services, National Association for Public Health Policy, National  
51 Council of State Boards of Nursing, American Academy of Nursing, and all others  
52 deemed appropriate by the NSNA Board of Directors.

1 **Resolution 29**

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**TITLE: IN SUPPORT OF INCREASING EDUCATION AND POLITICAL AWARENESS IN NURSING STUDENTS ABOUT PHYSICIAN-ASSISTED DYING**

**SUBMITTED BY: Pennsylvania State University, University Park, PA and Pennsylvania State University, Hershey, PA**

**AUTHORS: Hunter Murdoch, Mackenzie Bergstrom, Anna Tercek, Jillian Salwach, Jessica Hernandez, Fatima Carranza, Daniel Little**

WHEREAS, the 2008 National Student Nurses’ Association (NSNA) House of Delegates supported and passed “Increasing the Political Awareness of Nursing Students”; and

WHEREAS, physician-assisted dying (PAD) is defined as a physician providing, at the patient’s request, a prescription for a lethal dose of medication that the patient can self-administer by ingestion, with the explicit intention of ending life; and

WHEREAS, the American Association of Suicidology (AAS) states that the practice of physician aid in dying is distinct from the behavior that has been traditionally and ordinarily described as ‘suicide’ and legal physician-assisted deaths should not be considered to be cases of suicide; and

WHEREAS, six states in the United States have legalized PAD by law, one state has legalized PAD by court decision and 30 states are considering or have considered PAD this year/session; and

WHEREAS, in the last 25 years, Americans have consistently been in favor of doctors having the ability to end patients’ lives, with between 64% and 75% favoring the practice; and

WHEREAS, approximately 17-40% of intensive care and hospice nurses have received requests to hasten a patient’s death as a means to end suffering; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support an increase in education and political awareness in nursing students about physician-assisted dying; and be it further

RESOLVED, that the NSNA use the term “physician-assisted dying” to describe a physician providing, at the patient’s request, a prescription for a lethal dose of medication that the patient can self-administer by ingestion, with the explicit intention of ending life; and be it further

38 RESOLVED, that the NSNA produce a position statement on physician-assisted dying,  
39 outlining support for an increase in education and political awareness of nursing  
40 students, if feasible; and be it further  
41 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it  
42 further  
43 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
44 Association, Death with Dignity National Center, Compassion & Choices,  
45 American Academy of Hospice and Palliative Medicine, National League for  
46 Nursing, American Association of Colleges of Nursing, Organization for Associate  
47 Degree Nursing, and all others deemed appropriate by the NSNA Board of  
48 Directors.

1 **Resolution 30**

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3 **TITLE: INCREASING EDUCATION ON WAYS TO DONATE THE HUMAN BODY TO**  
4 **DECREASE MISCONCEPTIONS**

5

6 **SUBMITTED BY: Nursing Students' Association of New York State**

7

8 **AUTHORS: Elizabeth Gambo, Paige Denney, Lindsay Roblyer**

9

10 WHEREAS, without dissection of cadavers, teaching and learning of anatomy are  
11 challenging; there remains a gap between the practical knowledge and the  
12 gathered theoretical knowledge. There is a scarcity in the availability of the  
13 donated bodies for the sake of medical education. A large number of people in  
14 the United States are on the waiting list for organ transplantation; and  
15 WHEREAS, while attitudes regarding cadaveric organ donation are good, willingness to  
16 donate the body for teaching purpose is very poor. Only 5.66% respondents are  
17 willing to donate their body for dissection purpose and 18.66% for both  
18 purposes. More information and education is needed regarding body donation  
19 so that the responses would not be only for organ donation but for dissection  
20 purposes also; and

21 WHEREAS, interviewees who did not understand the difference between organ donation  
22 vs. body donation believed they were the "same thing." Interviewees frequently  
23 stated they had "no use" for their bodies after death, and that anything that  
24 "could help others" would be positive; however, they made no distinction  
25 between the different forms of donation; and

26 WHEREAS, the general public supports organ donation when surveyed, but only 45% to  
27 54% consent to donation when asked. University students also demonstrate a  
28 positive attitude toward organ donation when surveyed, but few report  
29 registering as an organ donor or discussing their wishes with their families; and

30 WHEREAS, most U.S. nursing curricula contain some content regarding transplant, but few  
31 include instruction on the donation consent process or discussion of organ  
32 donation during a health care visit. This topic is also neglected in most medical  
33 school curricula in the United States, Europe, and other parts of the world;  
34 therefore be it

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36 RESOLVED, that the National Student Nurses' Association (NSNA) encourage the education  
37 and dissemination of knowledge using empirical evidence to increase awareness  
38 on the different ways to donate the body and why it is imperative; and be it  
39 further

40 RESOLVED, that the NSNA support initiatives aimed at enhancing public and professional  
41 understanding of the different ways to donate the body by hosting a breakout  
42 session on this topic at the Annual Convention, if feasible; and be it further



43 RESOLVED, that the NSNA publish an article in *Imprint* supporting increased awareness of  
44 how the human body can be donated to help society as a whole, if feasible; and  
45 be it further

46 RESOLVED, that the NSNA encourage collaboration among community resources, health  
47 care providers, and clients to promote education on decreasing negative  
48 connotations on the donation of organs and the human body; and be it further

49 RESOLVED, that the NSNA send a copy of this resolution to American Nurses Association,  
50 National League for Nursing, American Association of Colleges of Nursing,  
51 Organization for Associate Degree Nursing, American Medical Association,  
52 American Holistic Nurses Association, Institute for Healthcare Improvement,  
53 National Institute of Nursing Research, Hospice & Palliative Nurses Association,  
54 and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 31**

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3 **TITLE: IN SUPPORT OF INCREASED GOVERNMENT FUNDING FOR EXISTING RURAL**  
4 **HOSPITALS**

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6 **SUBMITTED BY: Tennessee Student Nurses Association**

7

8 **AUTHORS: Angela Hale**

9

10 WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2017  
11 adopted the resolution “Increased Awareness of the Benefits of Mobile  
12 Healthcare Clinics in Rural Areas and Underserved Populations,” and in 2016,  
13 “Increasing Rural Promotion of Baccalaureate-Prepared Nurses to Address the  
14 Rural Nurse Shortage”; and

15 WHEREAS, 47 million people or 14.3% of the population of the United States live in rural  
16 areas and are more likely to be older, sicker, more impoverished, and medically  
17 uninsured than the population in urban areas; and

18 WHEREAS, 79 rural hospitals have closed since 2009, with 673 additional hospitals  
19 vulnerable to closure, which represents one-third of the nation’s rural hospitals;  
20 and

21 WHEREAS, closure of a rural health care facility requires patients to travel long distances  
22 for care and has resulted in patient deaths; and

23 WHEREAS, health care facilities in rural communities not only provide community access to  
24 emergency care, which can expedite treatment and avoid serious adverse  
25 effects, but also provide a means of income to the community they reside in;  
26 and

27 WHEREAS, if the remaining 673 vulnerable hospitals close, an estimated 11.7 million people  
28 will lose access to critical health care and 99,000 direct access health care  
29 providers will lose their jobs; and

30 WHEREAS, the Nurse Corps scholarship and loan repayment program is designed to answer  
31 these disparities by paying for the nursing education of students committed to  
32 working for two years post-graduation at eligible health care facilities with a  
33 critical shortage of nurses; therefore be it

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35 RESOLVED, that the National Student Nurses’ Association (NSNA) support legislation that  
36 increases government funding for existing rural hospitals; and be it further

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38 RESOLVED, that the NSNA encourage its constituents to seek out opportunities at rural  
39 hospitals and spread awareness of the health care shortages in these areas, if  
40 feasible; and be it further

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40 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it  
41 further

42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
43 Association, National League for Nursing, American Association of Colleges of  
44 Nursing, Organization for Associate Degree Nursing, Health Resources and  
45 Service Administration, Veterans Health Administration Office of Rural Health,  
46 National Rural Health Association, and all others deemed appropriate by the  
47 NSNA Board of Directors.

1 **Resolution 32**

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3 **TITLE:                    ADVOCATING FOR IMPROVED END-OF-LIFE CARE: TIMELY NURSE-INITIATED**  
4 **COMMUNICATION REGARDING TREATMENT PREFERENCES**

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6 **SUBMITTED BY:        Michigan State University, East Lansing, MI**

7  
8 **AUTHORS:               Sierra Kintigh, Megan Davis, Jamie Beaulieu, Mitchell Tarn**

9  
10 WHEREAS,               the National Student Nurses’ Association (NSNA) House of Delegates in 2016  
11                               adopted the resolution “In Support of Improving Nursing Education Curricula  
12                               Related to End-of-Life (EOL) Care;” and  
13 WHEREAS,               in a 2015 report, the Institute of Medicine identified persistent major gaps in  
14                               care provided near the end of life that required urgent attention from  
15                               stakeholder groups, citing that the quality of communication between clinicians,  
16                               patients, and their families regarding end-of-life (EOL) care was poor with  
17                               respect to discussions related to prognosis, emotional and spiritual support, and  
18                               EOL preparation; and  
19 WHEREAS,               poor timing of EOL care discussion is associated with patient and family distress,  
20                               as well as discomfort for the professionals directly involved in care; and  
21 WHEREAS,               timely discussions regarding EOL preferences not only ensure patients and  
22                               families that the EOL care provided is consistent with their values, but can also  
23                               reduce aggressive medical care, increase early palliative care or hospice  
24                               referrals, and increase EOL quality-of-life; and  
25 WHEREAS,               those with advanced care planning and EOL care discussions were three times  
26                               as likely to have their end-of-life wishes known and followed, as well as their  
27                               families suffered significantly less stress, anxiety, and depression after the  
28                               family member’s death; and  
29 WHEREAS,               patients with current illnesses, including advanced cancer, who received  
30                               nursing-led communication support programs gave an increased number of  
31                               cues to discuss EOL care, consisting of prognosis, future care options including  
32                               palliative care, and potential health issues; and  
33 WHEREAS,               few nurses receive formal education regarding EOL care communication, with  
34                               only 20 percent of undergraduate nursing students reporting previous  
35                               experiences caring for dying patients in their clinical courses and discussing EOL  
36                               care in their didactic content; therefore be it  
37  
38 RESOLVED,               that the National Student Nurses’ Association (NSNA) publish an article in  
39                               *Imprint* to foster awareness of the importance of timely EOL care discussions  
40                               and communication techniques for nurses to promote these conversations, if  
41                               feasible; and be it further  
42 RESOLVED,               that the NSNA host a breakout session on this topic at the MidYear Conference  
43                               or Annual Convention, if feasible; and be it further

44 RESOLVED, that the NSNA send a copy of this resolution to the American Association of  
45 Colleges of Nursing, Organization for Associate Degree Nursing, American  
46 Nurses Association, National League for Nursing, and all others deemed  
47 appropriate by the NSNA Board of Directors.

1 **Resolution 33**

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3 **TITLE:** **IN SUPPORT OF INCREASING AWARENESS OF MOBILE PHONES/DEVICES AS**  
4 **POTENTIAL CARRIERS OF INFECTIOUS AGENTS**

5

6 **SUBMITTED BY:** **Georgia Association of Nursing Students, Atlanta, GA**

7

8 **AUTHORS:** **Rachel Kang, Rebekah Sukumar, Katherine Tak**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2017  
11 adopted the resolution "In Support of Increased Awareness of Improper  
12 Disinfection of Noncritical Medical Equipment"; and  
13 WHEREAS, the use of mobile phones (MPs)/devices by healthcare workers (HCWs) in the  
14 clinical setting has become widespread. Biomedical Instrumentation and  
15 Technology found that 87% of health care professionals use them during clinical  
16 practice, and almost 70% of nurses are using their personal smartphones for  
17 clinical workflow; and  
18 WHEREAS, an epidemiology department team completed a study on nursing units that  
19 ranked hand-held communication devices higher for infection risk than the  
20 doorknobs and keypads in the nursing station. Studies show that HCWs do not  
21 regularly clean their MPs, and numerous studies show personal work tools  
22 harboring pathogenic bacteria; and  
23 WHEREAS, from 2005 to 2013, 39 studies that identified infectious agents on MPs of HCWs  
24 showed, from a total of 4,876, that there was a range of 10 to 100% infectious  
25 agents with the most common being *Staphylococcus aureus*. Another study of  
26 keypad MPs and touch MPs determined microbial contamination in 98% of all  
27 mobile phones. Eighty-five percent were positive for bacterial or fungal cultures;  
28 and  
29 WHEREAS, one study showed that contamination of MPs used by medical employees could  
30 be reduced by hand washing with water or alcohol and disinfecting MPs using  
31 70% ethyl or isopropyl alcohol; and  
32 WHEREAS, MPs cleaned and disinfected after exposure to contaminants, at each shift  
33 change, before docking the device, before the exchange, and when accessing  
34 the device after contact with patients and patient environment can greatly  
35 reduce the potential of MPs contaminating and transmitting infectious agents.  
36 Also, cleaning hands and MPs/devices does not require extra time or financial  
37 strain; therefore be it

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39 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage its constituents  
40 to advocate for the routine disinfection of MPs/devices; and be it further

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41 **RESOLVED,** that the NSNA support further research in studying additional pathogens,  
42 difficult-to-culture bacteria, and other device-disinfection methods, if feasible;

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and be it further

44 RESOLVED, that the NSNA publish an article in *Imprint* about this topic, if feasible; and be it  
45 further  
46 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
47 Association, National League for Nursing, American Association of Colleges of  
48 Nursing, American Organization of Nurse Executives, Organization for Associate  
49 Degree Nursing, American Medical Association, Centers for Disease Control and  
50 Prevention, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 34**

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3 **TITLE: IN SUPPORT OF ADDRESSING ATTITUDES TOWARD THE OLDER ADULT**  
4 **POPULATION**

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6 **SUBMITTED BY: Villanova University, Villanova, PA**

7

8 **AUTHORS: Jacqueline Pisciglia, Melanie Sarnicola, Dana Galgano, Ashley Geist, Ariel**  
9 **Smith, Megan Chirichella, Maggie McGeary, Cameron Cook**

10

11 WHEREAS, the number of adults aged 65 or older is expected to more than double by 2030;  
12 and

13 WHEREAS, older adults account for 35% of hospital admissions; and

14 WHEREAS, the health care system is not prepared to care for the growing older adult  
15 population due to a limited number of geriatric providers and minimal interest  
16 among graduates in working with older adults; and

17 WHEREAS, negative cultural and professional stereotypes about older adults have deterred  
18 health care professionals from seeking careers working with the geriatric  
19 population; and

20 WHEREAS, repeated exposure to chronic stressors associated with age stereotypes and  
21 discrimination may increase the risk of chronic disease, mortality, and other  
22 adverse health outcomes; and

23 WHEREAS, attitudes toward older adults may be influenced through nursing education by  
24 dispelling stereotypes and providing positive clinical experiences; therefore be it

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26 RESOLVED, that the National Student Nurses' Association (NSNA) support addressing

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attitudes toward the older adult population; and be it further

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RESOLVED, that the NSNA encourage nursing students and health care professionals to

29

learn about the unique characteristics and needs of older adults; and be it

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further

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RESOLVED, that the NSNA provide a workshop at the Annual Convention and publish an

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article in *Imprint* regarding the older adult population, if feasible; and be it

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further

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RESOLVED that the NSNA send a copy of this resolution to the American Nurses

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Association, National Gerontological Nursing Association, National League for

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Nursing, Organization for Associate Degree Nursing, American Association of



37 Colleges of Nursing, and all others deemed appropriate by the NSNA Board of  
38 Directors.

1 **Resolution 35**

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**TITLE:** **IN SUPPORT OF EDUCATION ON ANIMAL-ASSISTED THERAPY FOR  
PHYSIOLOGIC AND PSYCHOLOGIC HEALTH BENEFITS**

**SUBMITTED BY:** **Stony Brook University, Stony Brook, NY**

**AUTHORS:** **Elizabeth Attard, Rheanna Ceglia, Joshua Hombrebueno, Imraan Khan**

WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2010 adopted the resolution entitled "In Support of Promotion and Awareness of the Effects of Human-Animal Interaction on Chronic Disease"; and

WHEREAS, animal-assisted therapy has the incredible power to catalyze traditional medical interventions for patient improvement; and

WHEREAS, animal-assisted therapy improved hemodynamic stability in patients with heart failure and decreased pain levels in post-surgical pediatric patients; and

WHEREAS, animal-assisted therapy for pediatric patients provides normalcy, mimics a home environment, and motivates chronically ill children and their families to be optimistic throughout treatment; and

WHEREAS, hospitalized heart-failure patients ambulated further with animal-assisted therapy and were more inclined to participate in future physical therapy sessions; and

WHEREAS, in 2013, the American Heart Association described the value of interactions with pets in the following conditions: control of systemic hypertension, hyperlipidemia, physical inactivity, and obesity; and

WHEREAS, animal-assisted therapy has also been associated with positive psychological effects, improvement in behavioral control; relaxation and calmness was noted in cardiac patients who named and fed fish; and

WHEREAS, research studies have shown that animal-assisted therapy was a propitious treatment option for agitation, aggression, or depression in patients with dementia. Furthermore, animal-assisted therapy might delay the progress of neuropsychiatric symptoms; and

WHEREAS, the high-risk concern for infectious transmission to immunocompromised patients was found to be of no higher risk with animal-assisted activities than in the normal environment with the use of standard precautions; and

WHEREAS, in some hospitals, animals included in animal-assisted therapy programs, such as the Caring Canines program at the Mayo Clinic, undergo specialized training to evaluate the animal’s disposition, temperament, making sure that the animal is comfortable in loud and chaotic situations, and comfortable around hospital equipment. In addition to this, the animal handler is also specially trained as well; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for animal-assisted therapy research; and be it further

RESOLVED, that the NSNA publish an article in *Imprint*, if feasible; and be it further

46 RESOLVED, that the NSNA encourage its constituents to advocate for the inclusion of  
47 education on animal-assisted therapy in current complementary alternative  
48 medicine curricula; and be it further

49 RESOLVED, that the NSNA send copies of this resolution to the American Association of  
50 Colleges of Nursing, American Nurses Association, National League for Nursing,  
51 American Association of Human-Animal Bond Veterinarians, World Health  
52 Organization, Organization for Associate Degree Nursing, National Council of  
53 State Boards of Nursing, and all others deemed appropriate by the NSNA Board  
54 of Directors.

1 **Resolution 36**

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**TITLE: IN SUPPORT OF EXPANDING NURSING EDUCATION ON SKIN ASSESSMENTS TO BETTER SURVEY DIVERSE SKIN TONES**

**SUBMITTED BY: Johns Hopkins University School of Nursing, Baltimore, MD**

**AUTHORS: Elena Huang, Roopsy Bajaj, Alexandria Kent, Caitlin Mayhew, Rachael Viale**

WHEREAS, provider conflation of ethnicity and skin tone leads to delays and complications in care, specifically in skin cancer, pressure ulcers, and genital injuries; and  
WHEREAS, skin cancer occurring in people of color often presents differently and at a more advanced stage, with subsequently worse prognoses as compared to white patients; and

WHEREAS, dark skin-toned patients have the highest prevalence of upper stage (stage 3 and 4) pressure ulcers despite having the lowest prevalence of lower stage (stage 1) pressure ulcers, suggesting problems in early stage identification; and

WHEREAS, studies that have used skin color as a variable have consistently found a lower rate of injuries in dark-skinned versus light-skinned women following rape or sexual assault; and

WHEREAS, use of the Fitzpatrick Skin Type Classification Scale, a common tool used in skin cancer risk identification, often leads to exclusions or miscategorization of people with dark skin tones due to its Euro-Caucasian research origins; and

WHEREAS, use of the Fitzpatrick scale in the U.S. shows a strong correlation between skin cancer risk in Caucasians and physician-diagnosed skin phototype, but there is no similar correlation between skin tone and physician-diagnosed phototype in countries with ethnically diverse skin tones; and

WHEREAS, the U.S. is projected to become a majority non-Caucasian population by 2043; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote best practices for assessment of skin tone through the use of evidence-based assessment tools; and be it further

RESOLVED, that the NSNA support a breakout session at the Annual Convention to teach skin assessments on people with diverse skin tones, if feasible; and be it further

RESOLVED, that the NSNA support standardized expansion of health assessment curricula, both in the classroom and in continuing nursing education, to include further data on skin assessments for people with diverse skin tones; and be it further

39 RESOLVED, that the NSNA support an equal and diverse representation of skin tones and  
40 races in textbook examples; and be it further  
41 RESOLVED, that the NSNA publish an article in *Imprint* on this topic, if feasible; and be it  
42 further  
43 RESOLVED, that the NSNA send a copy of this resolution to the *Journal of the American*  
44 *Academy of Dermatology, Journal of the Dermatology Nurses' Association,*  
45 *American Nurses Association, National League for Nursing, American*  
46 *Association of Colleges of Nursing, Organization for Associate Degree Nursing,*  
47 *American Journal of Nursing, Journal of Nursing Education, Journal of*  
48 *Transcultural Nursing, National Council of State Boards of Nursing, and all*  
49 others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 37**

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3 **TITLE: INCREASING AWARENESS REGARDING THE PREVALENCE OF DEPRESSION IN**  
4 **NURSES**

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6 **SUBMITTED BY: Student Nurses Association, Salisbury University, Salisbury, MD**

7

8 **AUTHORS: Michael King, Alison Farmer, Daniele Alexander, Allison Wells, Rani Ewing**

9

10 WHEREAS, the rate of depression in nurses is 18%, which is two times higher than in other  
11 occupations; and

12 WHEREAS, the stigma associated with mental health problems may deter some individuals  
13 from seeking help and diminish the visibility of the true scale of depression in  
14 individuals including nurses; and

15 WHEREAS, depression in nurses is associated with an increased risk of medication errors;  
16 and

17 WHEREAS, nurses suffering from depression miss an average of 35.3 more work days,  
18 leading to lost income for themselves and their employer; and

19 WHEREAS, despite the prevalence of depression in nurses, only 53% of employers,  
20 including those hiring nurses, reported providing a workplace wellness program  
21 that addresses depression; and

22 WHEREAS, depression in nurses is correlated with increased levels of stress and burnout;  
23 therefore be it

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25 **RESOLVED:** that the National Student Nurses' Association (NSNA) encourage its constituents

26

to advocate for increased awareness of the prevalence of depression in nurses

27

and its impact; and be it further

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**RESOLVED,** that the NSNA publish an article in *Imprint* regarding the effect of depression on

29

nurses' well-being and ability to give care, if feasible; and be it further

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**RESOLVED,** that the NSNA send a copy of this resolution to the National League for Nursing,

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American Nurses Association, Sigma Theta Tau International, American

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Association of Colleges of Nursing, Organization for Associate Degree Nursing,

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Nursing Organizations Alliance, American Public Health Association, United

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States Department of Health and Human Services, Healthcare Administrators

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Association, American Hospital Association, and all others deemed appropriate

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by the NSNA Board of Directors.

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1 **Resolution 38**

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**TITLE: PROMOTING NURSING EDUCATION ABOUT COMMUNICATING WITH PATIENTS AND FAMILIES AFTER DISTRESSING EVENTS**

**SUBMITTED BY: Chamberlain University, Columbus, Ohio**

**AUTHORS: Maureen Gallick, Jordan Moehring, Christopher Lowry, Nicole Chapman, Raya Cupler, Kelley O’Neill, Katie Kerns, Lauryn Walker**

WHEREAS, the manner in which bad news is broken to the patient and family members defines the patient-nurse relationship, resulting in the breaking of bad news training to be widely considered as an important facet of preparing undergraduates for clinical practice; and

WHEREAS, in 2014, a simulation study concluded that a communication skills intervention was associated with improvement in trainees’ skills in giving bad news and expressing empathy; and

WHEREAS, Baylor University Medical Center developed a model called ABCDE, focused on physicians delivering bad news: “A, advanced preparation; B, build a therapeutic environment/relationship; C, communicate well; D, deal with patient and family reactions; and E, encourage and validate emotions”; and

WHEREAS, an End-of-Life Nursing Education Consortium (ELNEC) survey showed that nurses with less experience (2-10 years of nursing) reported more difficulty speaking with patients once they received “bad news” versus nurses with more experience; and

WHEREAS, in a 2016 simulation study, healthcare providers given a review of a cognitive aid of best practice guidelines resulted in measurably better performance; and

WHEREAS, in a 2016 study, students shared they had no plan or idea of how to deliver bad news but wanted to learn how to do so; and

WHEREAS, delivering bad news repeatedly can contribute to Compassion Fatigue; training and coping mechanisms can help alleviate and prevent burnout; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for improved curricula that address nursing communication with patients and families after distressing events through simulation, clinical, and classroom components; and be it further

RESOLVED, that the NSNA host a session on this topic at the MidYear Conference and the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for

41 Nursing, Organization for Associate Degree Nursing, National Hospice and  
42 Palliative Care Association, National Council of State Boards of Nursing, the  
43 International Council of Nurses, and all others deemed appropriate by the NSNA  
44 Board of Directors.



1 **Resolution 39**

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3 **TITLE: IN SUPPORT OF ENCOURAGING NURSING STUDENTS TO BECOME DISASTER**  
4 **RELIEF AGENCY VOLUNTEERS**

5  
6 **SUBMITTED BY: Massachusetts Student Nurses' Association and University of North Florida**  
7 **Student Nurses' Association, Jacksonville, FL**

8  
9 **AUTHORS: Sara Combs, Sydney Conti, Dong Liang Dzindolet, Matthew Machado, Ashley**  
10 **Oswald**

11  
12 WHEREAS, the National Student Nurses' Association (NSNA) supports disaster  
13 preparedness through the Population and Global Health Committee (PGHC),  
14 which can be exemplified through the 2017-2018 PGHC theme "Service and  
15 Impact Beyond the Bedside"; and

16 WHEREAS, in the last decade, the number of total reported disasters is an average of 609  
17 per year worldwide, the total number of people affected by disasters is an  
18 average of 192 million people per year worldwide, and over 15 million people in  
19 the United States have been affected by a disaster; and

20 WHEREAS, over 20,000 nurses and student nurses serve the American Red Cross to provide  
21 care during nearly 64,000 disasters yearly; and

22 WHEREAS, disaster relief agencies offer multiple unique opportunities for nursing students  
23 to serve in their communities, both in and out of disaster situations; and  
24 WHEREAS, the benefits of volunteering as nursing students include, but are not limited to,  
25 exposure to a variety of social groups and situations, increasing self-confidence,  
26 and development of more critical perspectives; and

27 WHEREAS, nurse readiness, willingness, and ability to participate are essential to the  
28 success of any large-scale disaster response; and

29 WHEREAS, a study conducted in the United Kingdom states that nursing students who  
30 choose to volunteer report that the main benefits to volunteering include  
31 learning new skills, improving general health and wellbeing, and improved  
32 personal development; and

33 WHEREAS, nurses are the largest group of healthcare professionals and are vital in  
34 response to community emergencies such as natural, accidental, or intentional  
35 incidents and are well equipped to assist their communities in medical, mental  
36 health, or public health responses; and

37 WHEREAS, nursing students need resources and clinical experiences to develop into nurse  
38 leaders in the field of emergency preparedness and public health initiatives to  
39 improve the health of the local community; and

40 WHEREAS, the 2016 NCLEX-RN Detailed Test Plan states that principles concerning  
41 emergency response plans may be tested within the Safety and Infection  
42 section, which accounts for 9-15% of the total subject matter; therefore be it

43  
44 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage its constituents

45 to volunteer in local outreach organizations and to become disaster relief

46 agency responders; and be it further

47 RESOLVED, that the NSNA encourage nursing programs to work in conjunction with disaster  
48 relief agencies to provide the nursing student disaster training courses and, if  
49 feasible, incorporate training courses into public health curricula; and be it  
50 further

51 RESOLVED, that the NSNA invite a speaker from a disaster relief agency to speak further  
52 about disaster response volunteering at the Annual Convention or MidYear  
53 Conference, if feasible; and be it further

54 RESOLVED, that the NSNA publish an article encouraging its members to volunteer in their  
55 local communities in *Imprint*, if feasible; and be it further

56 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
57 Association, National League for Nursing, American Association of Colleges of  
58 Nursing, Organization for Associate Degree Nursing, Association of Schools and  
59 Programs of Public Health, American Public Health Association, American  
60 Academy of Nursing, American Red Cross, Emergency Nurses Association,  
61 National Council of State Boards of Nursing, Sigma Theta Tau International, and  
62 all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 40**

2

3 **TITLE: INCREASING PARENT EDUCATION REGARDING THE IMPORTANCE OF EARLY**  
4 **DETECTION AND FOLLOW-UP OF INFANT HEARING IMPAIRMENTS**

5

6 **SUBMITTED BY: Mercy College Association of Nursing Students, Des Moines, IA**

7

8 **AUTHORS: Lisa Judd, Nicholas Bunger, Marley Drake, Mary Claire Li, Jordan Wallace,**  
9 **Ellie Youngwirth**

10

11 WHEREAS, roughly 3 in 1,000 newborns in the United States are affected by hearing loss;  
12 and

13 WHEREAS, not every child is screened by one month of age, diagnosed with hearing loss by  
14 three months of age, and enrolled in treatment by six months of age as  
15 recommended by the Joint Committee on Infant Hearing. Only 50-60% of  
16 children meet the milestones listed in the Early Hearing Detection and  
17 Intervention (EHDI) 1-3-6 Guidelines; and

18 WHEREAS, children who receive treatment by age one are more likely to achieve the same  
19 developmental language skills as their hearing peers compared to those treated  
20 after age one, who tend to have delays in language production and perception;  
21 and

22 WHEREAS, most hearing impairments are noticed by parents and school hearing screens,  
23 even after the child had passed the newborn hearing screening in the hospital;  
24 and

25 WHEREAS, parents of children with mild hearing loss felt uncertainty from physicians  
26 during screenings and dismissiveness on the guidance of follow-up care; and

27 WHEREAS, although newborn hearing screens have been effectively implemented, parents  
28 fail to obtain follow-up care for approximately 36% of children with potential  
29 hearing impairments; and

30 WHEREAS, one-third of newborns who fail their newborn hearing screen do not receive  
31 adequate diagnosis or intervention due to lack of follow-up care compliance;  
32 and

33 WHEREAS, parents who received guidance, education, and rescreening showed a reduction  
34 in the incidence of failure in following up with hearing impairment treatments;  
35 therefore be it

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37 RESOLVED, that the National Student Nurses' Association (NSNA) support increasing parent

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education on the importance of early detection and follow-up intervention of

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hearing impairments during infancy; and be it further

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RESOLVED, that the NSNA encourage nurses to advocate for their patients by educating

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parents during well-child visits about early detection and follow-up of hearing

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loss in children; and be it further

43 RESOLVED, that the NSNA publish an article in *Imprint* about this topic, if feasible; and be it  
44 further  
45 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
46 Association, National League for Nursing, American Association of Colleges of  
47 Nursing, Organization for Associate Degree Nursing, Society of Pediatric Nurses,  
48 and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 41**

2

3 **TITLE:** **EDUCATING NURSING STUDENTS ABOUT THE HEALTH RISKS OF ROTATING**  
4 **AND OVERNIGHT SHIFTS**

5

6 **SUBMITTED BY:** **New Jersey Nursing Students, Inc.**

7

8 **AUTHOR:** **Victoria Giordano**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014  
11 adopted the resolution "In Support of Increased Awareness of Shift Length  
12 Regulation for Nurses Working Shifts over Twelve Hours" and in 2011, "In  
13 Support of Further Evidence-Based Research and Education on the Effects and  
14 Prevention of Job-Related Nurse Fatigue"; and

15 WHEREAS, the International Agency for Research on Cancer of the World Health  
16 Organization classified shift work that disrupts circadian rhythm as a probable  
17 carcinogen; and

18 WHEREAS, more than half of night-shift or rotating-shift healthcare workers sleep six or less  
19 hours per one 24-hour period; and

20 WHEREAS, circadian rhythm disruption by shift work or bright light exposure at night  
21 increases the rate of cancer and decreases the nocturnal rise in melatonin; and

22 WHEREAS, and disrupted circadian rhythm and telomere shortening through shift work affects  
23 the development of breast cancer; and

24 WHEREAS, female nurses who worked rotating night shifts for five years or more are at a  
25 greater risk of developing fatal cardiovascular disease, particularly ischemic  
26 heart disease, and those who worked 15 years or more on rotating night shifts  
27 are at a greater risk of fatal lung cancer; and

28 WHEREAS, night shift work is associated with obesity, a higher body mass index (>30  
29 kg/m<sup>2</sup>), shown to increase respectively by 0.477 kg/m<sup>2</sup> per 1000 night duties,  
30 and a higher waist circumference, shown to increase respectively between 0.99  
31 cm and 1.089 cm; and

32 WHEREAS, rotating shift work is associated with the development of irritable bowel  
33 syndrome and abdominal pain that involve circadian rhythm disturbances;  
34 therefore be it

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36 RESOLVED, that the National Student Nurses' Association (NSNA) publish an article in

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*Imprint*, on the NSNA website, and on social media networks on this topic, if

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feasible; and be it further

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RESOLVED, that the NSNA host a breakout session at the MidYear Conference and/or the

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Annual Convention regarding this topic, if feasible; and be it further

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RESOLVED, that the NSNA support its constituents in educating about the health risks of

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overnight and rotating shifts; and be it further

43 RESOLVED, that the NSNA support further research about the impact of overnight and  
44 rotating shifts on physical health; and be it further  
45 RESOLVED, that the NSNA send a copy of this resolution to the Academy of Medical-Surgical  
46 Nurses, American Association of Colleges of Nursing, American Association of  
47 Nurse Practitioners, American Hospital Association, American Nurses  
48 Association, Organization for Associate Degree Nursing, American Organization  
49 of Nurse Executives, Association for Nursing Professional Development,  
50 Emergency Nurses Association, National Center on Sleep Disorders Research,  
51 National Council of State Boards of Nursing, National League for Nursing, Sigma  
52 Theta Tau International, and all other professional organizations deemed  
53 appropriate by the NSNA Board of Directors.

1 **Resolution 42**

2

3 **TITLE:                    ADVOCATING FOR NURSES TO STAY FOCUSED WHILE AT THE MEDICATION**  
4 **DISPENSING UNIT**

5

6 **SUBMITTED BY:        Emporia State University Department of Nursing and Kansas Association of**  
7 **Nursing Students, Emporia, KS**

8

9 **AUTHORS:                Madison Watson, Sydney Eaton, Ariel Forsythe, Marissa Hernandez, Kara**  
10 **Kolar, Hannah Williams**

11

12 WHEREAS,                interruptions are defined as a break in the performance of a task, including but  
13                               not limited to telephone calls, pagers, patient questions, and healthcare team  
14                               interactions. Disruptions are defined as a disturbance in the task process; and

15 WHEREAS,                interruptions and distractions have a negative impact on a nurse’s ability to  
16                               perform tasks, particularly those requiring critical thinking and significant  
17                               attention to detail; and

18 WHEREAS,                the risk of any medication error increases with each interruption and the risk of  
19                               a harmful medication error is doubled when nurses are interrupted; and

20 WHEREAS,                one study tracking clinical errors found that in general there was a 12.7 percent  
21                               increase in clinical errors with every disruption; and

22 WHEREAS,                in addition, errors became more severe as the number of interruptions  
23                               increased. Without interruption, the estimated risk of a major error occurring  
24                               was 2.3 percent; with four interruptions, this risk doubled to 4.7 percent; and

25 WHEREAS,                most of the common types of errors resulting in patient death involved the  
26                               wrong dose (40.9 percent) and the wrong drug (16 percent); and

27 WHEREAS,                the literature supports that the nurse has a responsibility to avoid being  
28                               distracted or interrupted during medication administration to prevent major  
29                               consequences in healthcare; therefore be it

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31 RESOLVED,                that the National Student Nurses’ Association (NSNA) encourage its constituents

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32                               to advocate for the importance of nurses to remain focused while at the

33

33                               medication dispensing unit through the use of social media and an article in

34

34                               *Imprint*, if feasible; and be it further

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35 RESOLVED,                that the NSNA educate students on an additional right, Right Composure, if

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36                               feasible; and be it further

37

37 RESOLVED,                that the NSNA send a copy of this resolution to the American Nurses

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38                               Association, National League for Nursing, Accreditation Commission for

39

39                               Education in Nursing, American Association of Colleges of Nursing-Commission

40 on Collegiate Nursing Education, National Council of State Boards of Nursing,  
41 Organization for Associate Degree Nursing, and all others deemed appropriate  
42 by the NSNA Board of Directors.



1 **Resolution 43**

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3 **TITLE: IN SUPPORT OF LEGISLATION TO APPEAL SAFE NURSE STAFFING LEVELS**

4

5 **SUBMITTED BY: Widener University School of Nursing, Chester, PA**

6

7 **AUTHORS: Keith Hanley, Kyle Minder, Will Butler**

8

9 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014  
10 adopted the resolution "In Support of Providing Patient Protection by  
11 Establishing Safe Nurse Staffing Levels"; and

12 WHEREAS, on February 5, 2018, the American Nurses Association (ANA) introduced the  
13 Safe Staffing for Nurse and Patient Safety Act. This bill requires a hospital to  
14 have a committee of at least 55% of direct care nurses to implement specific  
15 staffing plans to each nursing unit's exact needs; and

16 WHEREAS, the Safe Staffing for Nurse and Patient Safety Act considers the capacity of  
17 available health care personnel, the geography of the unit, and the available  
18 technology that varies from different hospitals, while still allowing improved  
19 economic outcomes; and

20 WHEREAS, a qualitative study in the Intensive Care Unit of three university hospitals found  
21 nurses had an increase in cognitive and behavioral issues under an unregulated  
22 staffing level, which leads to higher staff turnover and staff shortages, stress on  
23 the unit and compromised safe practice; and

24 WHEREAS, a recent study using shift-by-shift data on staffing levels established that there  
25 was an increase in deaths followed by periods of low staffing which supports  
26 that staffing levels are a key issue in patient safety; and

27 WHEREAS, in 2007, a study showed that adding one full-time Registered Nurse per patient  
28 every day eradicated 16% of hospital-related deaths; and

29 WHEREAS, both student and staff nurses should support legislation that promotes safe  
30 staffing committees in all hospitals to create staffing plans that are specific to  
31 each unit; therefore be it

32

33 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage its constituents

34 to support legislation and policy changes that work towards safe nurse staffing

35 levels; and be it further

36 **RESOLVED,** that the NSNA publish an article in *Imprint* on the topic of legislation for safe

37 nurse staffing, if feasible; and be it further

38 **RESOLVED,** that the NSNA provide workshops on the topic of legislation for safe nurse

39 staffing at the Annual Convention, if feasible; and be it further

40 RESOLVED, that the NSNA send a copy of this resolution to the Congress of the United  
41 States, President of the United States, American Nurses Association, National  
42 League for Nursing, American Association of Colleges of Nursing, Organization  
43 for Associate Degree Nursing, Agency for Healthcare Research and Quality,  
44 American Hospital Association, National Council of State Boards of Nursing,  
45 Institute of Healthcare Improvement, Institute of Medicine Future of Nursing  
46 Impact Study Committee, Robert Wood Johnson Foundation, and all others  
47 deemed appropriate by the NSNA Board of Directors.

1 **Resolution 44**

2

3 **TITLE: INCREASING AWARENESS AMONG HEALTHCARE PERSONNEL CONCERNING**  
4 **DISPARITIES IN CARDIAC EVENT DETECTION BETWEEN GENDERS**

5

6 **SUBMITTED BY: Student Nurses Association of Arizona**

7

8 **AUTHORS: Brad Christmas**

9

10 WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2007  
11 adopted the resolution “In Support of Increased Education About the  
12 Differences in Cardiovascular Disease Signs and Symptoms in Women”; and  
13 WHEREAS, globally, cardiovascular disease, often thought to be primarily a problem in  
14 men, is the number one killer of women; and  
15 WHEREAS, women are under-represented in clinical trials, and women comprise  
16 approximately one-third of study populations for cardiovascular drug trials; and  
17 WHEREAS, the blood enzyme test that is used is a male standard, and it misses 20 percent  
18 of heart attacks in women. This is despite the fact that female and male  
19 thresholds for these enzymes have been known about for 40 years; and  
20 WHEREAS, measuring troponin using high-sensitivity assays has revealed important  
21 differences between men and women, with the 99th percentile reference  
22 limits up to two-fold higher in men. This observation has been consistent  
23 across all troponin assays that have been evaluated and has now been  
24 reported in multiple populations from different ethnic backgrounds; and  
25 WHEREAS, among the patients with acute infarction who presented to the emergency  
26 department, women were more likely than men to have been discharged.  
27 Among all the patients with acute cardiac ischemia, women under the age of 55  
28 were at highest risk for not being hospitalized; and  
29 WHEREAS, novel high-sensitivity cardiac troponin assays have identified differences in the  
30 reference range and therefore diagnostic threshold for myocardial infarction in  
31 men and women. These differences are present across multiple populations  
32 with different ethnic backgrounds and for a range of assays. The use of a  
33 uniform threshold for cardiac troponin does not provide equivalent prediction in  
34 men and women, with lower thresholds needed for women to provide  
35 comparable risk stratification; therefore be it  
36  
37 RESOLVED, that the National Student Nurses’ Association (NSNA) increase awareness about  
38 the importance of differences in cardiac testing results between male and  
39 female patients through a focus session at the MidYear Conference or  
40 Convention, if feasible; and be it further

41 RESOLVED, that the NSNA encourage its constituents to collaborate with nursing programs  
42 to include education about the different diagnostic thresholds for cardiac  
43 testing among women; and be it further

44 RESOLVED, that the NSNA encourage its constituents to support legislation that advocates  
45 for increased awareness of gender-specific health needs; and be it further

46 RESOLVED, that the NSNA advocate for the adoption of gender-specific diagnostic testing  
47 for cardiac-related issues through the emergency department and hospital  
48 licensing organizations to have these standards included as a mandatory  
49 requirement for emergency department accreditation; and be it further

50 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
51 Association, National League for Nursing, American Association of Colleges of  
52 Nursing, Organization for Associate Degree Nursing, Sigma Theta Tau  
53 International, National Council of State Boards of Nursing, National Association  
54 of Boards of Education, American Public Health Association, Emergency Nurses  
55 Association, Go Red For Woman Organization, American Heart Association,  
56 Women's Heart Foundation, National Organization for Women, National Heart,  
57 Lung, and Blood Institute, American Medical Association, and all others deemed  
58 appropriate by the NSNA Board of Directors.

1 **Resolution 45**

2

3 **TITLE: IN SUPPORT OF COORDINATED HEALTH POLICY ADVOCACY OPPORTUNITIES**  
4 **FOR NURSING STUDENTS**

5

6 **SUBMITTED BY: University of Texas at Austin, Austin, TX**

7

8 **AUTHORS: Kelsey Mumford and Elena Cole**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013  
11 adopted the resolution "In Support of Increasing Education on Health Policy in  
12 Nursing Curricula"; and

13 WHEREAS, practicing nurses, as eyewitnesses to the shortcomings of the U.S. healthcare  
14 system, are best suited to inform policymakers of needs, unintended  
15 consequences, and success stories; and

16 WHEREAS, nurses are the largest group of healthcare workers and, working together, could  
17 gather enough political power to reform the United States health care system;  
18 and

19 WHEREAS, historically, nursing's influence on policy and regulation and involvement in  
20 advocacy efforts has been disproportionately low relative to the breadth of  
21 nursing practice and its importance within the health care delivery system; and

22 WHEREAS, and nurses who are provided with the resources necessary to engage in political  
23 activism during their education have shown an increased ability to influence  
24 public health policy later in their careers; and

25 WHEREAS, health policy education that involves opportunities for involvement in advocacy  
26 activities leads to nursing students who are more knowledgeable and involved  
27 in health policy activities in the future; and

28 WHEREAS, action-focused health policy projects can help nursing students learn the  
29 advocacy and leadership skills needed to advance the macrosystem-level  
30 changes in the United States health care system and the nursing profession that  
31 is outlined in the Institute of Medicine's *Future of Nursing: Leading Change,*  
32 *Advancing Health* report; and

33 WHEREAS, previous interprofessional health policy advocacy approaches have shown the  
34 power of members from the various health professions working together to  
35 influence the policy-making process; and

36 WHEREAS, organizing student voices on health policy issues as a group creates the  
37 potential to make a greater impact on public policy, and professional nursing  
38 organizations such as the NSNA are in the unique position to serve as this  
39 organizing entity for health advocacy; therefore be it

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41 **RESOLVED,** that the National Student Nurses' Association (NSNA) provide education about

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the health-advocacy role of nursing students and nurses in *Imprint*, on the NSNA

43

website, in webinars, and through programs at the Annual Convention and the

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MidYear Conference, if feasible; and be it further

45 RESOLVED, that the NSNA provide resources on political involvement education and the  
46 potential impact of current health policies on future nursing careers, if feasible;  
47 and be it further

48 RESOLVED, that the NSNA encourage its constituents to take action on health care policy  
49 legislation, seek out opportunities for advocacy, and take positions on proposed  
50 healthcare legislation; and be it further

51 RESOLVED, that the NSNA work with other pre-professional student organizations, such as  
52 the American Medical Student Association, the American Pharmacists  
53 Association Academy of Student Pharmacists, the American Association of  
54 Physician Assistants Student Academy, and others, to find common ground for  
55 joint statements and actions on mutually agreed upon healthcare policies that  
56 are supported by the NSNA and these organizations, if feasible; and be it further

57 RESOLVED, that the NSNA send a copy of this resolution to the American Medical Student  
58 Association, American Pharmacists Association Academy of Student  
59 Pharmacists, American Association of Physician Assistants Student Academy,  
60 American Nurses Association, National League for Nursing, Organization for  
61 Associate Degree Nursing, American Association of Colleges of Nursing, Sigma  
62 Theta Tau International, National Association for Public Health Policy, National  
63 Council of State Boards of Nursing, Robert Wood Johnson Foundation, and all  
64 others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 46**

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**TITLE: INCREASED AWARENESS AND RESEARCH ON THE CORRELATION BETWEEN  
PRENATAL FOLIC ACID INTAKE AND AUTISM SPECTRUM DISORDER  
DEVELOPMENT**

**SUBMITTED BY: Alvernia University's Student Nurses Association, Reading, PA**

**AUTHORS: Blair Burris, Lauren Perry, Sommer Wike, Ashlin Young**

WHEREAS, one in 68 children are diagnosed with autism spectrum disorder (ASD) in the United States; and  
WHEREAS, folate deficiency has been shown to play an important role in the pathophysiology of ASD; and  
WHEREAS, a key component in the development of autism is an altered folate-methionine cycle, suggesting that altered folate metabolism may lead to autism development; and  
WHEREAS, mothers of normally developing children report a significantly higher folic acid intake during the first month of pregnancy than mothers of children with a confirmed diagnosis of ASD; and  
WHEREAS, compared to mothers without folic acid supplementation, mothers with supplemental intake of folic acid during pregnancy showed a reduced risk of ASD; and  
WHEREAS, folic acid supplementation during four weeks before to 8 weeks after conception is directly related to a decreased risk of ASD in children; and  
WHEREAS, children with autism more likely have mothers that did not meet the folic acid intake guidelines during pregnancy ( $\geq 600 \mu\text{g}/\text{day}$ ); and  
WHEREAS, genetic analysis showed that maternal folic acid intake before and during pregnancy is associated with lowering ASD risk; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness and research regarding the importance of folic acid intake and its relationship to ASD development; and be it further  
RESOLVED, that the NSNA provide a focus session on this topic at a MidYear Conference or Convention, if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, Association of Women's Health, Obstetric and

39 Neonatal Nurses, National League for Nursing, and all others deemed  
40 appropriate by the NSNA Board of Directors.  
41



1 **Resolution 47**

2

3 **TITLE: IN SUPPORT OF EDUCATING UNDERSERVED COMMUNITIES ABOUT BRCA 1**  
4 **AND 2 MUTATION GENETIC TESTING**

5

6 **SUBMITTED BY: Hunter Bellevue School of Nursing, New York, NY**

7

8 **AUTHORS: Cassandra Butler, Evelin Gonzalez, Katherine Kacherovsky, Asya Ulanova**

9

10 WHEREAS, according to the National Cancer Institute, BRCA-gene mutations account for  
11 10% of breast and ovarian cancer cases, with the risk probability of developing  
12 breast cancer to be 40-60% and the risk of ovarian cancer 20-40%; and

13 WHEREAS, 36.1% of African American women undergo BRCA-gene mutation testing  
14 compared with 64.5% of non-Hispanic white women, despite higher rates of  
15 early-onset breast cancer; and

16 WHEREAS, African American women are also more likely to be diagnosed with breast  
17 cancer in the late stages, as noted in the research, contributing to their higher  
18 mortality rates; and

19 WHEREAS, barriers in obtaining genetic testing in the African American population include  
20 poor understanding or lack of knowledge of genetic testing, fear of carrying the  
21 gene mutation, providers not recommending or discussing the genetic testing,  
22 negative attitudes, and cost; and

23 WHEREAS, if underserved communities know more about genetic testing for BRCA-gene  
24 mutation, this can lead to higher participation in genetic testing and influence  
25 them to seek better cancer prevention options; and

26 WHEREAS, the United States Preventive Services Task Force recommends that women with  
27 a family history of breast, ovarian, tubal, or peritoneal cancer take advantage of  
28 BRCA-gene testing, to decrease the chance of incidence and mortality of BRCA-  
29 gene mutation-related cancers; and

30 WHEREAS, in the absence of information deficits, negative attitudes towards genetic  
31 testing, and barriers to BRCA-gene mutation testing, underserved populations  
32 will use the genetic testing; therefore be it

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34 **RESOLVED,** that the National Student Nurses' Association (NSNA) encourage its constituents

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to partner with healthcare facilities to raise public awareness about educating

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underserved communities with the BRCA-gene mutation about obtaining

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genetic testing, if feasible; and be it further

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**RESOLVED,** that the NSNA encourage its constituents to take action by visiting their

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communities and educating and improving the attitudes of the underserved

40 population about BRCA genetic testing through culturally-tailored genetic  
41 counseling programs, if feasible; and be it further  
42 RESOLVED, that the NSNA encourage nursing students to seek the knowledge and skills  
43 needed to address the genetic testing disparities and implement actions they  
44 can take to mitigate, respond to, and educate the underserved communities;  
45 and be it further  
46 RESOLVED, that the NSNA offer a focus session at the MidYear Conference or Annual  
47 Convention, if feasible, about the importance of BRCA mutation genetic testing,  
48 an explanation of the process of obtaining a BRCA genetic test, and how its use  
49 may ultimately reduce the incidence and mortality rate of breast cancer; and be  
50 it further  
51 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
52 Association, National League for Nursing, American Association of Colleges of  
53 Nursing, American Breast Cancer Foundation, National Association of Nurse  
54 Practitioners in Women’s Health, Organization for Associate Degree Nursing,  
55 and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 48**

2

3 **TITLE:** **PROMOTING STUDENT EXPOSURE TO NURSING RESEARCH THROUGH**  
4 **EPIDEMIOLOGY AND INFERENTIAL BIOSTATISTICS IN NURSING CURRICULA**

5

6 **SUBMITTED BY:** **University of Puerto Rico Medical Science Campus, San Juan, PR**

7

8 **AUTHOR:** **Dalia Luciano De Hoyos**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2009  
11 adopted the resolution "In Support of Interdisciplinary Education" and in 2014  
12 "Increasing Nursing Student Research Exposure to Address the Need for More  
13 Research-Focused Nurses"; and

14 WHEREAS, nurses are expected as professionals to be able to make decisions based on best  
15 scientific evidence, and to do this, must develop the necessary skills to read  
16 research and deeply discriminate on evidence by critical thinking; and

17 WHEREAS, nursing science needs an evolution of its empirical research potential since  
18 sometimes nurses have a difficult time understanding biostatistical and  
19 epidemiological components in evidence. Furthermore, with the actual  
20 incorporation of the evidence-based practice (EBP), nursing staff should be  
21 more prepared to comprehend the information to develop, refine and extend  
22 nursing science to participate in nursing research, which is a unique type of  
23 nursing knowledge; and

24 WHEREAS, nursing knowledge is generated through reading, and professional nurses rely  
25 on research findings to make decisions; and

26 WHEREAS, inferential and descriptive statistics are responsible for associating one event  
27 with another in a measurable way within a cause-effect relationship. Statistics  
28 are numerical summaries of a group of subjects, while epidemiology is  
29 responsible for showing how distribution data and events related to health  
30 status in specific populations are compiled in the most efficient and rigorous  
31 way by means of specific research techniques; and

32 WHEREAS, providing a syllabus including relevant topics of inferential biostatistics and  
33 epidemiology at all nursing degree educational levels to nursing staff will help  
34 them to obtain these tools needed to interpret the evidence with the highest  
35 degree of confidence through an interdisciplinary education model; therefore  
36 be it

37

38 RESOLVED, that the National Student Nurses' Association (NSNA) encourage nursing  
39 programs to promote nursing research through the inclusion of epidemiology  
40 and inferential biostatistics material in nursing curricula; and be it further

41 RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website on this

42 topic, if feasible; and be it further

43 RESOLVED, that the NSNA encourage its members to become involved in nursing research  
44 opportunities through interprofessional networking, if feasible; and be it further  
45 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
46 Association, American Association of Colleges of Nursing, Organization for  
47 Associate Degree Nursing, National League for Nursing, National Council of State  
48 Boards of Nursing, and all others deemed appropriate by the NSNA Board of  
49 Directors.

1 **Resolution 49**

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3 **TITLE: IN SUPPORT OF NURSING STUDENT VOLUNTEERING FOR LOCAL HEALTH**  
4 **DEPARTMENTS RELATED TO THE OPIOID EPIDEMIC**

5

6 **SUBMITTED BY: Maryland Association of Nursing Students**

7

8 **AUTHORS: Joon Kim**

9

10 WHEREAS, opioids are a class of drugs that include the illegal drug heroin, synthetic opioids

11 such as fentanyl, and pain relievers available legally by prescription; and

12 WHEREAS, when misused, opioid pain relievers can lead to overdose incidents and deaths;  
13 and

14 WHEREAS, the numbers of the overdose death rates have been dramatically increasing  
15 across the nation. Statistically significant increases in drug overdose death rates  
16 were seen in Massachusetts, North Carolina, New York, Ohio, and Tennessee in  
17 2014-2015; and

18 WHEREAS, for example, in Maryland, opioid-related deaths increased drastically from 2007  
19 (628 deaths) to 2016 (1,856 deaths); and

20 WHEREAS, increased awareness is needed to provide the best care for patients and to  
21 decrease the number of deaths related to opioid overdose; therefore be it

22

23 RESOLVED, that the National Student Nurses' Association (NSNA) encourage all nursing

24 programs to incorporate educational components, such as volunteer

25 experiences, related to the opioid epidemic into nursing curricula; and be it

26 further

27 RESOLVED, that the NSNA encourage its constituents to communicate and collaborate with

28 their local health departments and/or opioid health clinics to devise a plan of

29 action for simulation or nursing student participation; and be it further

30 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it

31 further

32 RESOLVED, that the NSNA send a copy of this resolution to the Accreditation Commission

33 for Education in Nursing, American Academy of Nursing, American Association

34 of Colleges of Nursing-Collegiate Commission on Nursing Education, American

35 Nurses Association, National League for Nursing, Organization for Associate

36 Degree Nursing, Centers for Disease Control and Prevention, National Council of  
37 State Boards of Nursing, Substance Abuse and Mental Health Services  
38 Administration, and all others deemed appropriate by the NSNA Board of  
39 Directors.

1 **Resolution 50**

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**TITLE: IN SUPPORT OF INCREASED EDUCATION AND AWARENESS CONCERNING THE NEED FOR CULTURALLY-COMPETENT NURSING CARE**

**SUBMITTED BY: Arizona State University-College of Nursing and Health Innovation  
Phoenix, AZ, and DeSales University, Center Valley, PA**

**AUTHORS: Zia Tyree, Ashley Acri, Marina Birch, Amanda Yanisch, Kamani Odina-Herbert**

WHEREAS, Merriam-Webster defines culture as the customary beliefs, social forms, and material traits of a racial, religious, or social group; and

WHEREAS, the U.S. Department of Health and Human Services describes culturally and linguistically appropriate services as showing understanding and concern for a patient's health beliefs and practices; and

WHEREAS, according to the United States Census Bureau, by 2043 what is currently considered the minority population will become the majority population, and that 1,051,031 individuals obtained lawful permanent resident status in the United States in 2015, thereby illustrating the growing minority population in the United States; and

WHEREAS, deafness is an exemplar that affects all communities, and a Vision Statement from the National Association of the Deaf states that society's perception of people who use American Sign Language (ASL) must change to one that recognizes these individuals as a unique community with their language and culture; and

WHEREAS, individuals with hearing or vision loss face significant barriers in accessing health care, resulting in documented health inequities; and

WHEREAS, the American Foundation for the Blind elaborates on the Americans with Disabilities Act (ADA) Checklist: Health Care Facilities and Service Providers, mentioning how braille, large print, teach-back demonstration, and other accommodations are necessary for eliminating healthcare boundaries; and

WHEREAS, the National Aphasia Association outlines tips for communication such as minimizing background noise, giving the affected person time to speak, and frequently encouraging independence; and

WHEREAS, research indicates that having better communication skills, including rapport with patients, language proficiency, and clinical experience, is related to positive patient outcomes and overall lower cost of healthcare; and

WHEREAS, promoting cultural competence in healthcare using the social justice framework helps protect the dignity of all people; and

WHEREAS, the quality of patient care is directly and strongly affected by differences that exist between the patient's own culture and the predominate culture in their country of residence; and

WHEREAS, effective and customizable communication, by definition, assesses barriers to communication, adapts based on patient and family assessment, and understands cultural influences on communication between the nurse and patient, which is an essential requirement for nursing practice and continuous healing; and

48 WHEREAS, the NSNA's mission statement reflects a desire to develop nursing students who  
49 are prepared to lead the profession in the future; therefore be it  
50  
51 RESOLVED, that the National Student Nurses' Association (NSNA) promote education for  
52 nursing students by empowering nursing programs to establish and maintain  
53 curricula and organizational cultures that value and stress multicultural  
54 awareness; and be it further  
55 RESOLVED, that the NSNA support multicultural and multilingual advocacy groups such as  
56 the National Diversity Council, the National Association for the Advancement of  
57 Colored People, the National Association of the Deaf, the American Foundation  
58 for the Blind, the National Aphasia Association, and the National Institute on  
59 Minority Health and Health Disparities; and be it further  
60 RESOLVED, that the NSNA encourage and support education for nursing students that uses  
61 community resources, such as multicultural and multilingual professionals, to  
62 mitigate any lack of understanding regarding cultural nuances and  
63 characteristics that may be present in the classroom; and be it further  
64 RESOLVED, that the NSNA promote education for nursing students about the reality and  
65 significance of a growing minority population and the need to accommodate  
66 their cultures and languages via the NSNA website, an article in *Imprint*, and  
67 through presentations and/or workshops at the Annual Convention, if feasible;  
68 and be it further  
69 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
70 Association, National League for Nursing, American Association of Colleges of  
71 Nursing, Organization for Associate Degree Nursing, Sigma Theta Tau  
72 International, National Council of State Boards of Nursing, American Association



73 of Nurse Practitioners, and all others deemed appropriate by the NSNA Board of  
74 Directors.

1 **Resolution 51**

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3 **TITLE: IN SUPPORT OF INCREASED EDUCATION ABOUT CARE OF PSYCHIATRIC**  
4 **PATIENTS IN NON-PSYCHIATRIC SETTINGS**

5

6 **SUBMITTED BY: Iowa Nursing Student Association Board of Directors**

7

8 **AUTHORS: Alexx Scheidecker, Anja Arend, Kambra Becker, Ryan Cavallo, Lisa Judd, Jamie**  
9 **Ramirez, Ashley Sibenaller, Samantha Stickels, Alyssa Stripe, Catherine**  
10 **Washburn**

11

12 WHEREAS, an analysis comparing nurses' responsibilities to their education showed that  
13 there was insufficient training done on caring for patients with severe mental  
14 illness (SMI) and a lack of resources for training; and

15 WHEREAS, patients with SMI have life expectancies two decades less than people without  
16 an SMI, and screening of common comorbidities could improve the life  
17 outcomes of patients with SMIs; and

18 WHEREAS, the majority of nurses surveyed in an emergency department stated they  
19 required training that they had not received since being hired to appropriately  
20 handle a patient having a psychotic episode; and

21 WHEREAS, nurses who completed a training seminar, which included ten four-hour training  
22 sessions, found they improved their skill set, gained SMI knowledge, and felt  
23 more comfortable caring for patients with SMI; and

24 WHEREAS, the average nurse who participated in a workshop about patients with SMI and  
25 physical assessment showed an improvement from an average of 4.47 to an  
26 8.11 on a ten-point scale after the SMI education sessions; and

27 WHEREAS, a study performed across 19 psychiatric units showed that units that undergo  
28 psychiatric training are better able to identify patients with aggression and able  
29 to regulate challenging emotional situations; therefore be it

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31 RESOLVED, that the National Student Nurses' Association (NSNA) recognize and support the  
32 importance of increased education on care of patients with SMI in non-  
33 psychiatric settings, and be it further

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34 RESOLVED, that the NSNA encourage non-psychiatric setting health care facilities to

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35 consider offering employees training on effective care for patients with SMI, if

36

36 feasible; and be it further

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37 RESOLVED, that the NSNA publish an article in *Imprint*, if feasible; and be it further

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38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses

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39 Association, American Association of Colleges of Nursing, National League for

40 Nursing, Organization for Associate Degree Nursing, American Psychiatric  
41 Nurses Association, Sigma Theta Tau International, and all others deemed  
42 appropriate by the NSNA Board of Directors.

1     **Resolution 52**

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**TITLE:**                   **TO INCREASE AWARENESS AND EDUCATION ABOUT BREAST SELF-EXAMINATION IN ETHNICALLY DIVERSE WOMEN**

**SUBMITTED BY:**       **California State University, Fresno, CA**

**AUTHORS:**             **Navrattan Kaur, Courtney Brown, Jennifer Cushing**

WHEREAS, performance of breast self-examination (BSE) is not reinforced equally across ethnic groups or in women populations with low health literacy. Tailoring BSE education to marginalized ethnic and lower socioeconomic groups will increase the use of breast health practices; and

WHEREAS, BSE offers women in low socioeconomic populations a controlled technique for self-care; and

WHEREAS, in areas of limited resource, BSE can be a valuable screening tool in the absence of access to mammography; and

WHEREAS, research suggests that illiteracy or low education level may affect knowledge and effective practice of BSE or the detection of breast cancer; and

WHEREAS, environmental, education and socioeconomic factors act as barriers, so it is recommended that increasing public education about breast cancer and increasing public breast health awareness through campaigns be used; and

WHEREAS, recent evidence supports the divergent view that lack of awareness, non-availability of screening methods and other epidemiological risk factors reflect the late stage diagnosis; and

WHEREAS, BSE empowers ethnic minority groups with widespread disparities in clinical screening with an indelible tool for early detection; and

WHEREAS, lack of knowledge, cultural barriers, and embarrassment when being examined by a healthcare professional of the opposite gender can cause women to feel discomfort and discourage them from getting screened. Therefore, BSE will encourage women to screen themselves on a regular basis and promote education to stay healthy; and

WHEREAS, overall, by performing regular BSE, women will become more familiar with their bodies and will be empowered to attend screening clinics for mammography and clinical breast examination; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) raise awareness of the benefits and the need for culturally competent and sensitive education regarding BSE among ethnically diverse women and emphasize the importance by an article in *Imprint*, if feasible; and be it further

41 RESOLVED, that the NSNA raise awareness about the benefits of culturally competent  
42 breast self-exam education through a breakout session at the Annual  
43 Convention, if feasible; and be it further  
44 RESOLVED, that the NSNA highlight BSEs benefits to the community and disperse facts  
45 about BSE in a culturally sensitive manner to its constituents through the  
46 NSNA’s Population and Global Health Committee, if feasible; and be it further  
47 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
48 Association, National League for Nursing, American Association of Colleges of  
49 Nursing, Organization for Associate Degree Nursing, U.S Department of Health  
50 and Human Services-Health Resources and Services Administration, Centers for  
51 Disease Control and Prevention, National Breast Cancer Foundation, Young  
52 Survival Coalition, and all others deemed appropriate by the NSNA Board of  
53 Directors.

1 **Resolution 53**

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3 **TITLE: IN SUPPORT OF INCREASED AWARENESS OF THE DANGERS OF HAZING**  
4 **PRACTICES IN COLLEGIATE SETTINGS**

5

6 **SUBMITTED BY: The Student Nurses' Association of Pennsylvania**

7

8 **AUTHORS: Katherine Hurley**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014  
11 adopted the resolution "Increasing Awareness Regarding the Prevalence of  
12 Depression in College Students" and in 2011, "Increasing Awareness and  
13 Identification of Physical and/or Mental Abuse Related to Hazing Through  
14 Utilization of a Screening Tool by Healthcare Providers"; and  
15 WHEREAS, the American Educational Research Association identifies hazing as a form of  
16 bullying that 55% of college students involved in a collegiate club, organization,  
17 or team sport experience; and  
18 WHEREAS, hazing practices can lead to potentially dangerous events including alcohol  
19 consumption, sexual acts, sleep deprivation, humiliation, and isolation; and  
20 WHEREAS, at least one death related to hazing has occurred on a college campus every  
21 year since 1969, with several years having multiple deaths; and  
22 WHEREAS, multiple state and federal legislators propose anti-hazing laws, but they face  
23 difficulty getting bills passed by a Congressional vote because of the lack of  
24 understanding of the topic and support against hazing practices; and  
25 WHEREAS, the number of individuals who experience hazing is disproportionately more  
26 than the number of individuals who report these hazing practices, and consider  
27 the behavior as hazing; and  
28 WHEREAS, most hazing victims do not report their experiences due to fear of social  
29 isolation or their belief that hazing is commonplace and not serious enough to  
30 report; therefore be it  
31  
32 RESOLVED, that the National Student Nurses' Association (NSNA) support increased  
33 awareness of the dangers that accompany hazing practices; and be it further  
34 RESOLVED, that the NSNA encourage nursing students to educate patients and other  
35 community members of the risks associated with a person experiencing hazing;  
36 and be it further  
37 RESOLVED, that the NSNA publish an article in *Imprint* on this topic, if feasible; and be it  
38 further

39 RESOLVED, that the NSNA encourage its constituents to educate health care professionals,  
40 community organizations, colleges, universities, and intercollegiate sports  
41 leagues about an anti-hazing culture, if feasible; and be it further  
42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
43 Association, National League for Nursing, American Association of Colleges of  
44 Nursing, Organization for Associate Degree Nursing, the U.S. Department of  
45 Health and Human Services, American Association of State Colleges and  
46 Universities, American Collegiate Athletic Association, National Anti-Hazing  
47 Campaign, and all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 54**

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3 **TITLE:** **IN SUPPORT OF INCREASING AWARENESS OF POTENTIAL HEALTHCARE**  
4 **PROFESSIONAL BURNOUT RELATED TO THE OPIOID EPIDEMIC**

5

6 **SUBMITTED BY:** **West Virginia University Student Nurses Association, Morgantown, WV**

7

8 **AUTHORS:** **Logan Barnett, Allison Pettit, Taylor Fordyce, DeAudra Daniels, Alan Alimario**

9

10 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2017  
11 adopted the resolution, "Promoting Work-Home Balance in Nurses and Nursing  
12 Students to Prevent Work-Related Injury and Burnout Syndrome," and in 2016,  
13 "In Support of Nursing Students' Mental Health, Coping, Stress Resiliency, and  
14 Generalized Resistance Resources," and in 2011, "Further Evidence-Based  
15 Research and Education on the Effects and Prevention of Job-Related Nurse  
16 Fatigue"; and

17 WHEREAS, between 2005 and 2014, the national rate of opioid-related inpatient stays  
18 increased 64.1 percent and the national rate of opioid-related emergency  
19 department visits increased 99.4 percent; and

20 WHEREAS, a study from the Cleveland Clinic presented that burnout is a real problem for  
21 nurses who care for patients with opioid addiction and that nurses walk a fine  
22 line of trying to be empathetic and caring while enforcing boundaries that keep  
23 patients safe; and

24 WHEREAS, a study from the Mayo Clinic demonstrated that between the years 2011 and  
25 2014, physician burnout rate increased from 45 percent to 54 percent. This was  
26 across all medical specialties; and

27 WHEREAS, according to the former U.S. Surgeon General, Dr. Vivek Murthy, in April 2016,  
28 drug overdoses exceeded motor vehicle accidents as one of the leading causes  
29 of death. Dr. Murthy linked the wellbeing of health professionals with that of  
30 the general population; and

31 WHEREAS, a study from the Cleveland Clinic showed that over 500 patients died from drug-  
32 related injuries, which was double the number from 2015 studies. It was  
33 predicted that numbers would double again in 2017; and

34 WHEREAS, substance use compromises workforce productivity and increases the costs of  
35 doing business. Substance use is associated with lower productivity, increased  
36 turnover, workplace accidents and higher health insurance costs. The effects of  
37 substance use can reach beyond personal job performance; therefore be it

38

39 RESOLVED, that the National Student Nurses' Association (NSNA) encourage awareness of  
40 the overutilization of healthcare resources as a result of the opioid epidemic;

41

and be it further

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RESOLVED, that the NSNA publish an article in *Imprint* on this topic, if feasible; and be it

43

further



44 RESOLVED, that the NSNA encourage healthcare facilities to increase awareness of burnout  
45 in relation to the opioid epidemic; and be it further  
46 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
47 Association, National League for Nursing, American Association of Colleges of  
48 Nursing, Organization for Associate Degree Nursing, National Association of  
49 School Nurses, Association of Community Health Nursing Educators, American  
50 Psychiatric Nurses Association, U.S. Department of Health and Human Services,  
51 Centers for Disease Control and Prevention, Sigma Theta Tau International,  
52 American Public Health Association, Association of Public Health Nurses, and all  
53 others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 55**

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**TITLE: INCREASING AWARENESS OF COMPLEMENTARY AND ALTERNATIVE THERAPIES FOR PATIENTS SUFFERING FROM POST-TRAUMATIC STRESS DISORDER (PTSD)**

**SUBMITTED BY: Florida Atlantic University Christine E. Lynn College of Nursing, Boca Raton, FL**

**AUTHORS: Nigam Reddy and Ernest Lontoc**

WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2017 adopted the resolution entitled “Increased Awareness Regarding PTSD Related to Workplace Violence Affecting Nurses”; and

WHEREAS, patients with PTSD seem to have the inability to inhibit traumatic emotional stimuli and constantly relive their traumatic experiences, with some experiencing deficits in executive function, causing an alteration in working memory/attention, the inability to work independently/practice self-care, or lack of interpersonal relationships; and

WHEREAS, a report by the Veterans Administrations (VA) Healthcare Information and Analysis Group found from 141 VA facilities that Complementary and Alternative Medicine (CAM) was used as an adjunctive therapy 72% of the time in the management of PTSD and other disorders; and

WHEREAS, alternative psychotherapies like Eye Movement Desensitization and Reprocessing (EMDR) therapy involves saccadic eye movements (bilateral stimulation through therapist-guided eye movement) where post-therapeutic outcomes show the patient to better adapt physiologically, making the once traumatic event no longer disturbing to the patient; and

WHEREAS, the new World Health Organization practice guidelines recognize trauma-focused Cognitive Behavioral Therapy (CBT) and CAM practices like EMDR as the recommended psychotherapies for children, adolescents, and adults experiencing PTSD; and

WHEREAS, in an inpatient study, EMDR, along with CBT, was used to reduce episodes of depression secondary in patients who experience PTSD, where 68% had full remission post-treatment along with a Beck Depression Inventory score of 12 or less, indicating minimal depression; and

WHEREAS, the average age of clients participating in EMDR and other CAM therapies ranged from 12 to 63, indicating a large therapeutic range; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to recognize alternative and/or therapeutic measures like EMDR in reducing PTSD; and be it further

RESOLVED, that the NSNA offer a focus session on complementary therapies such as EMDR at a MidYear Conference or Annual Convention, if feasible; and be it further

44 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
45 Association, American Psychiatric Nurses Association, International Society of  
46 Psychiatric-Mental Health Nurses, National League for Nursing, Organization for  
47 Associate Degree Nursing, American Association of Colleges of Nursing,  
48 American Organization of Nurse Executives, American Hospital Association, and  
49 all others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 56**

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**TITLE: IN SUPPORT OF INCREASING NURSING EDUCATION ON IDENTIFYING ELDER ABUSE IN ALL SETTINGS**

**SUBMITTED BY: Student Nurses at Penn at the University of Pennsylvania**

**AUTHORS: Michelle Nigro, David Bartolome, Jessica Korducki, Clara Cho, Cecilia Wang, Shaye Nozoe**

WHEREAS, in a population-based survey of community resident elderly in the United States, there were three domains of elder abuse (i.e., physical abuse, psychological abuse, and neglect) identified, with an overall prevalence rate of 3.2%; and

WHEREAS, an estimated 10% of U.S. older adults have experienced some form of elder abuse, yet only a fraction is reported to Adult Protective Services (APS); and

WHEREAS, many residents are unable to report abuse/neglect; they are fearful that reporting may lead to retaliation, or otherwise negatively affect their lives; and

WHEREAS, a lack of mental capacity to make decisions about their safety can place individuals at the mercy of others. Those who are unable to make such decisions have impaired the ability to protect themselves from bad decisions and may be impaired in asking for help if they experience an abusive act; and

WHEREAS, financial exploitation is three times higher and psychological abuse four times higher in black populations. A study of Hispanics indicated that 40% had experienced elder abuse, yet only 2% were reported to authorities; and

WHEREAS, elder abuse negatively affects the quality of life and violates elders' rights. It is correlated not only with increased morbidity and mortality rates but also with an increase in the number of emergency department visits; and

WHEREAS, nurses interact with patients in all clinical settings and with more than 3 million registered nurses in the United States, engaging nurses in the effort to identify, assess, and report elder abuse serves to protect a vulnerable population; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increased education of nursing students and professional nurses on addressing and reporting elder abuse in all settings, and be it further

RESOLVED, that the NSNA advocate for inclusion of how to address elder abuse in clinical settings in nursing curricula by including both didactic and simulation experiences, along with interprofessional educational experiences with fields such as social work, pastoral care, psychology, and medicine; and be it further

41 RESOLVED, that the NSNA publish an article in *Imprint* on this topic, if feasible; and be it  
42 further  
43 RESOLVED, that the NSNA send a copy of this resolution to the American Academy of  
44 Nursing, American Association of Colleges of Nursing, National Gerontological  
45 Nursing Association, Living Independently for Elders, American Nurses  
46 Association, National League for Nursing, the Organization for Associate Degree  
47 Nursing, National Council of State Boards of Nursing, and all others deemed  
48 appropriate by the NSNA Board of Directors.

1 **Resolution 57**

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3 **TITLE: IN SUPPORT OF FOSTERING COMPASSIONATE CARE IN NURSING STUDENTS**

4

5 **SUBMITTED BY: Student Nursing Association of Virginia, Charlottesville, VA**

6

7 **AUTHORS: Rachael Zrimm, Anna Jent, Katie Parr, Kaytlynn Loving**

8

9 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016  
10 adopted the resolution, "In Support of Nursing Students' Mental Health, Coping,  
11 Stress Resiliency, and Generalized Resistance Resources", in 2017 "In Support of  
12 the Implementation of Critical Incidence Stress Debriefing (CISD) Policy within  
13 Nursing Education Programs", and in 2017 "In Support of Incorporating  
14 Compassion Fatigue Awareness into the Scope of Inter-professional Education  
15 (IPE) curricula"; and

16 WHEREAS, a 2016 article explains that cultivating compassion for one's suffering could  
17 increase compassion for patients for whom they care. Cultivating compassion,  
18 such as through loving-kindness meditation workshops, can help create healthy  
19 work environments and decrease burnout and compassion fatigue. The article  
20 suggests incorporating exercises to build self-compassion into a training plan for  
21 students pursuing careers in healthcare, as a strategy to build resilience and  
22 compassion; and

23 WHEREAS, a related study concurred that self-compassion and compassion for others  
24 appear to be closely linked to each other as self-compassion makes it easier to  
25 understand and deal with the suffering of others; and

26 WHEREAS, a study exploring how healthcare students understand compassionate care  
27 found that a number of factors enhance a culture of compassionate caring,  
28 including staff wellbeing, good team member relations, and most importantly,  
29 positive role models as compassionate leaders; and

30 WHEREAS, a similar project provided a learning module to student nurses in which clinical  
31 stories were used to encourage reflective learning. The project concluded that  
32 reflection could help student nurses recognize what makes care compassionate;  
33 and

34 WHEREAS, the University of Virginia's Compassionate Care Initiative weaves instruction  
35 about resilience into the nursing curriculum. The initiative provides mindfulness  
36 training in the hope of fostering caregiver compassion and resilience; therefore  
37 be it

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39 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents  
40 to create programs that foster compassionate caring, such as mindfulness  
41 education, meditation, yoga, and relaxation classes; and be it further

42 RESOLVED, that the NSNA hold breakout sessions on this topic at the Annual Convention, if  
43 feasible; and be it further that the NSNA send a copy of this resolution to the

44 RESOLVED, American Nurses Association, American Association of Colleges of Nursing,  
45 National League for Nursing, Organization for Associate Degree Nursing, and all  
46 others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 58**

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**TITLE: BRINGING AWARENESS TO SUPPORT DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) RECIPIENTS IN THE HEALTHCARE FIELD**

**SUBMITTED Student Nurses’ Association at the University of Central Florida-Orlando and Arkansas Nursing Students’ Association**

**AUTHORS: Emily Dixon and Eliany Torrez Pon**

WHEREAS, between 2012-2017, 798,890 undocumented aliens have been approved into the program; and  
WHEREAS, DACA recipients must meet a number of criteria, ranging from never been convicted of a felony offense to proof of current enrollment in school; and  
WHEREAS, they are protected from deportation and given a work permit; and  
WHEREAS, research demonstrates that DACA recipients will contribute \$460.3 billion towards the U.S. economy; if the program is eliminated, this economic growth would be lost; and  
WHEREAS, recipients have increased the U.S. economy, contributed to building a stronger and safer community, and added to the prepared and educated workforce; and  
WHEREAS, the current administration aims to end DACA by not accepting new applications; and  
WHEREAS, roughly one-fifth, or almost 170,000 DACA recipients, work in healthcare and educational fields; and  
WHEREAS, DACA recipients come from around the world and bring racial and ethnic diversity. Increasing racial and ethnic diversity in nursing reduces health disparities and promotes health equity for minority and underserved populations; and  
WHEREAS, the growing number of minority nurse scientists are playing a pivotal role in eliminating health disparities through research; and  
WHEREAS, research supports that minority nurses in significant leadership roles are more likely to allocate resources better, recruit and retain a diverse workforce, and influence organizational and national policies in eliminating health disparities; and  
WHEREAS, national nursing leadership and health workforce organizations have expressed the need for more diversity in nursing. To address this need, initiatives are being implemented that focus on recruiting and retaining underrepresented minority groups in the nursing field; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support bringing awareness of the need to defend DACA recipients in the health care field and the negative impact the repeal of the DACA program will have on ethnic/racial diversity in the health care field, and be it further

RESOLVED, that the NSNA encourage its constituents to actively discuss, defend, and support DACA through political advocacy, community outreach, and educational programs; and be it further



43 RESOLVED, that the NSNA encourage its members to seek understanding about DACA by posting  
44 information about the program and its recipients on its website and by hosting a  
45 breakout session on this topic at the Annual Convention, if feasible; and be it further  
46 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
47 RESOLVED, that the NSNA send a copy of this resolution to the Congress of the United States,  
48 President of the United States, American Nurses Association, American Medical  
49 Association, The Joint Commission, United States Department of Health and Human  
50 Services, National League for Nursing, American Association of Colleges of Nursing,  
51 Organization for Associate Degree Nursing, and all others deemed appropriate by the  
52 NSNA Board of Directors.

1 **Resolution 59**

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3 **TITLE: IN SUPPORT OF INCREASED NURSING EDUCATION REGARDING**  
4 **CANNABINOIDS AS A DRUG CLASSIFICATION**

5

6 **SUBMITTED BY: Adventist University of Health Sciences, Orlando, FL**

7

8 **AUTHORS: Samuel Apostol and Alicia Hernandez**

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10 WHEREAS, the National Student Nurses' Association (NSNA) in 2016 adopted the  
11 resolution, "In Support of increased Awareness of the Current Health Concerns  
12 Related to Synthetic Cannabinoid Use" and in 2014, "Patients' Safe Prescribed  
13 Access to Therapeutic Medical Cannabis and Continued Further Research and  
14 Awareness of the Topic"; and

15 WHEREAS, the Food and Drug Administration (FDA) has not found support for the  
16 therapeutic use of marijuana as safe and effective; and

17 WHEREAS, the federal government has not established standards of prescribing medical  
18 marijuana due to its status as a Schedule 1 controlled substance; and

19 WHEREAS, 29 states and Washington, D.C. have legalized medical marijuana,  
20 recommending its use with various disease processes; and

21 WHEREAS, leading universities and hospitals such as University of Colorado School of  
22 Medicine, University of Pennsylvania, Children's Hospital of Colorado, and the  
23 VA National Center for Post-Traumatic Stress Disorder (PTSD) are researching  
24 the use of medical marijuana as another modality of treatment; and

25 WHEREAS, research is being conducted to establish clear clinical and functional outcomes  
26 when PTSD is being treated with marijuana; and

27 WHEREAS, research is being performed to illuminate the effects cannabinoids have on  
28 patients with chronic neuropathic pain associated with Human  
29 Immunodeficiency Virus; and

30 WHEREAS, nursing curricula are reluctant to accept medical marijuana as a treatment due  
31 to its status as a Schedule 1 controlled substance; therefore be it

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33 **RESOLVED,** that the National Student Nurses' Association (NSNA) provide an educational

34 workshop on medical marijuana's general use, contraindications, precautions,

35 interactions, and associated nursing implications at the Annual Convention, if

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feasible; and be it further

37 **RESOLVED,** that the NSNA support the implementation of cannabinoid education as part of

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pharmacological courses in nursing programs; and be it further

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**RESOLVED,** that the NSNA send this resolution to the American Nurses Association, National

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League for Nursing, American Association of Colleges of Nursing, Organization

41 for Associate Degree Nursing, National Institute of Nursing Research, and all  
42 others deemed appropriate by the NSNA Board of Directors.

1 **Resolution 60**

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3 **TITLE: INCREASED AWARENESS AND EDUCATION ABOUT PRENATAL CARE IN THE**  
4 **UNITED STATES**

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6 **SUBMITTED BY: Mississippi Association of Student Nurses**

7

8 **AUTHORS: Anna Caroline Simpson**

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10 WHEREAS, according to the Guttmacher Institute, newborns are 40% more likely to die  
11 within 28 days of delivery if their mothers have not received prenatal care; and  
12 WHEREAS, prenatal visits to a health care provider usually include a physical exam, weight  
13 checks, and providing a urine sample. Depending on the stage of the pregnancy,  
14 health care providers may also do blood tests and imaging tests, such as  
15 ultrasound exams. These visits also include discussions about the mother's  
16 health, the fetus's health, and any questions about the pregnancy; and  
17 WHEREAS, an accurate due date allows the health care provider to monitor the baby's  
18 growth and the progress of the pregnancy, as well as schedule certain tests or  
19 procedures at the most appropriate time; and  
20 WHEREAS, according to the Centers for Disease Control and Prevention, up to one-half of  
21 pregnancy-related deaths can be prevented. In order to have the best possible  
22 outcome for the mother and child, early prenatal care is essential; and  
23 WHEREAS, among pregnant women in the U.S., 5-8% develop preeclampsia. It is estimated  
24 that 15% of those women will develop evidence of Hemolysis, Elevated Liver  
25 Enzymes, and Low Platelet Count (HELLP) syndrome. This means as many as  
26 48,000 women per year will develop HELLP syndrome in the U.S.; and  
27 WHEREAS, hospital practices may also play an important role in breastfeeding education  
28 and should be synergistic with prenatal education; therefore be it  
29  
30 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents  
31 to increase their knowledge of the importance of prenatal care; and be it further  
32 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it  
33 further  
34 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses  
35 Association, National League for Nursing, Organization for Associate Degree  
36 Nursing, American Association of Colleges of Nursing, Association of Women's  
37 Health, Obstetrics and Neonatal Nurses, American Pregnancy Association, and  
38 all others deemed appropriate by the NSNA Board of Directors.