

# RANGE OF MOTION

THE OFFICIAL NEWLETTER OF THE CALIFORNIA NURSING STUDENTS' ASSOCIATION

## CALIFORNIA WINS AT NSNA CONVENTION!



### California Nursing Students' Association wins the NSNA Winner's Way award for Group 5!

We would like to extend our greatest thanks in allowing us to be awarded the NSNA's Winner's Way Prize for attaining the highest percentage of increase in membership throughout the 2012 – 2013 year. Additionally, because of our members, California now has the highest number of NSNA members in the entire United States at over 5600 members!

These are great accomplishments that we should wear proudly! Our CNSA members are what make us one of the greatest nursing student organizations in the country!

Congratulations go out to the following schools that received awards at NSNA National Convention:

Outstanding School Website:  
West Coast University – Orange County, Anaheim, CA  
Most Outstanding School Newsletter:  
National University, Fresno, CA – "National Expose"  
Global Initiatives in Nursing Awards, Outstanding School Project:  
San Diego State University, San Diego, CA

California Schools had the following resolutions passed by the House of Delegates at National Convention 2013:

California State University – San Marcos:  
In Support of Using and Electronic Signature Drive to Increase Awareness and Access to the Wisewoman® Program.

San Francisco State University Nursing Student Association;  
NSNA Board of Directors:  
Pursuing Greater Involvement of Faculty and Administrators In Adopting Policies and Philosophies that Support Nursing Students Who Aspire to Be Actively Involved In NSNA Membership.

California Nursing Students' Association:  
In Support of Increasing Awareness of the Effectiveness of Ventilator Associated Pneumonia (VAP) Bundles to Prevent VAP in the Hospital Setting.

Finally, Congratulations to CNSA's **Katrina Stell**, who was elected 2013 – 2014 Director West

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CNSA PRESIDENT  
Kristi Miller, BSN  
CSU Fresno

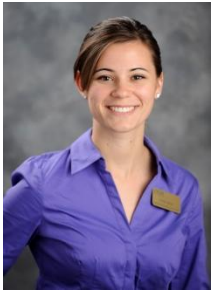
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## CREATING THE FUTURE BY LEADING THE WAY

By Kristi Miller, BSN – CNSA President



I have had many conversations with nursing students throughout my three years in CNSA, and one of the most common questions is, "What does CNSA do for me?" It's a straight forward, legitimate question. We are nursing students, and nursing school is busier than we

imagined, so we don't have time for extracurricular activities if they don't benefit us in some way, shape, or form. I get it because I thought that, too.

The truth is, there are many benefits that being actively involved in CNSA provides for nursing students: networking, improving communication skills, understanding professionalism, education on different areas of nursing, travel opportunities, and many more. There is one benefit CNSA provides to students that is highly sought after by employers, but its importance is underrated by students, and that is leadership.

Not all of us want to be nurse managers or go into any form of nursing administration, so why is leadership important? One of my instructors, and mentors, at CSU Fresno told me that "a leader is someone who influences change." When I heard that, my concept of leadership began changing. I soon realized that every nurse is someone who influences change on some level. Some patients are prescribed new medications and it's our job to educate them on what their new medications are and why they're important; that knowledge changes the patient's understanding. Some patients are incontinent and it's our job to be sure they are clean, dry, and turned every two hours to prevent pressure sores from forming or worsening; this practice changes a patient's health. Some patients are scared and need a hand to hold while they are trying to process what is going on with their bodies; this behavior changes that patient's life.

It is time for us to realize that because of the change we all create in every patient's life, we are all leaders. But this concept, much like professionalism, is not understood or acquired overnight. At this year's

Association of California Nurse Leaders conference, Linda Burnes Bolton, DrPH, RN, FAAN, stated that "leadership is a practiced art" and part of that means that "you have to put yourself out there." In other words, becoming a leader is an active role we must embrace. CNSA allows you the opportunity to practice leadership and to better understand what it means to become an influential leader.

It's exciting and empowering to understand the positive impact you can make in your patients' lives. I encourage you to further develop that by taking advantage of what CNSA has to offer you. There are the obvious leadership roles of serving on the State's CNSA Board of Directors, which can sound intimidating (as it did to me), but I would encourage you to look through the different positions on the board and ask your board members questions about his/her role. Most State board members also have specific committees they chair, including, but not limited to, our Bylaws Committee, Image of Nursing Committee, Resolutions Committee, Convention Committee, Cultural Awareness Committee, etc – If you read articles from these board members and you are interested in their projects, send them an e-mail asking what you can do to become more involved. There are also multiple opportunities for you to become involved in at your local CNSA Chapter level – I encourage you to attend your Chapter meetings to see what your Chapter is doing in your community, and what opportunities are available for you to create or participate in a community or volunteer event.

The possibilities for involvement go far beyond this article, so I encourage you to take some time this summer to investigate CNSA and what it can do for you. In fact, come to our Membership Meeting South in early August and ask our State Board of Directors in person about different opportunities available in CNSA. Keep an eye on your inbox for specific information about the Membership Meeting South coming soon. We look forward to seeing you there!

## NURSING STUDENT IN SACRAMENTO INTERNSHIP (NSSI) – 2013

Written by: Barbara Carbajo  
West Coast University, Los Angeles  
NSSI recipient

I had the honor of being chosen as a 2013 recipient of the Nursing Student in Sacramento Internship (NSSI) and attended RN Lobby Day at the State Capitol on April 15<sup>th</sup>, 2013. I met members of ANA/C and enjoyed 3 days at the Capitol listening to committee hearings for the Assembly. I stopped in my Assemblymen and Senator's office and left information about Bill AB 705, Combat to Care Act. I sat in the committee hearing which Tricia Hunter spoke at regarding this bill. The Combat to Care Act would require the BRN to look at members of the Armed Forces and determine what part of their education, training, and/or experience would be able to transfer over as credit towards them getting a RN license. I feel like this is not the responsibility of the BRN and would open the door to other requirements the BRN would have to take on. This would take time away from their main purpose of keeping the public safe. This was an enlightening moment. I realized that as nurses we don't just need to be patient-focused. We need to also focus on the nursing profession and fight to protect its integrity.

It is hard for me to put into words what I learned from my experience of being a part of NSSI. It showed me a different aspect of nursing and it reassured me that I went into the correct profession. I have a love and passion for it and I look forward to entering the workforce being an active member of this profession. I wanted to express my thankfulness to Nicole Bloom for being a part of NSSI and showing us a great time during our internship. I also want to thank CNSA and ANA/C for having us and taking the time to meet with us and answering our questions. I look forward to seeing everyone next year at RN Lobby Day.

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Written by: Scott Harrell  
San Francisco State University  
NSSI recipient

Advocacy is a large part of nursing practice; but it doesn't only apply to bedside care. As nurses we have a strong voice in legislation because of our licensure, knowledge, and ethical standards. Legislators listen to what we have to say because they know it's coming from an informed source that cares about the community.

The American Nurse Association of California offers a three day internship called the Nursing Student in Sacramento Internship (NSSI) through the California Nursing Student Association. This all expenses paid internship allowed another student and me to participate in legislation and its affect on healthcare.

It begins on R.N. Lobby days, an event set up at the Capitol building in Sacramento for nurses to come be involved in the legislative process and speak with their legislators on different bills. Each student speaks with their Senator and Assemblyman, or their legislative director, on healthcare related bills. Not all meetings are able to fit into the first day and some may need to be scheduled during the following two days.

During last two days of the internship you sit in on and observe different committees as different bills are discussed, amended, voted on, and either passed or not passed from the committee. You get the chance to work alongside some amazing nursing legends such as Tricia Hunter, a registered nurse who held position in the state assembly and still continues to be heavily involved in legislative health care.

Legislation and policy dictate the type of care nurses can provide their patients; as R.N.'s we need to be involved in the legislative process to help direct policy and act as advocates for our patients. Any nursing students who are interested in legislative health care and policy; this is the internship for you and I encourage you to apply. It's an amazing opportunity.

# CNSA Membership South



## CNSA Membership South Meeting

**DATE** Saturday, August 3, 2013

**TIME** 9:30 - 2:30

**LOCATION** Mt. San Jacinto College  
28237 La Piedra Rd  
Menifee, CA 92584

**PRICE** Free

**FOOD** Includes Breakfast and Lunch at no cost

**WORKSHOPS** Critical Care Presentation

Kaplan Presentation

Hurst Presentation

Chapter Bylaws Workshop

Upcoming Convention Workshop

Scholarship Workshops

Chapter Bylaws & Fundraising Workshop

**RSVP** By July 29th to: [cnsacocrsouth@gmail.com](mailto:cnsacocrsouth@gmail.com)

## MINUTES, MINUTES, MINUTES

By Matthew Grayson, Secretary/Treasurer 2012 - 2013

How does one determine what to record in the minutes? The best measure of how well minutes are written is the ability of future readers to review and understand the decisions of the organization, the activities, and the results of those activities. Minutes serve as a legal and historical record of official meetings. Secretaries must record the key concepts and decisions of the organization with attention to future public review. It is recommended to use resources located on NSNA<sup>1</sup> and CNSA<sup>2</sup> websites. Examples of important organizational decisions to record:

1. Election of officers
2. Budget and expense reports
3. Appointment or election of committee chairs
4. Creation of committees and their purpose
5. Bylaws
6. Motions, resolutions, and results of votes (Passed/Failed)

The art of recording minutes is the ability to summarize discussions about decisions. It is unnecessary to include word-for-word comments. The important points of a discussion may be recorded in the minutes; however, it is often best to record "Discussion" and the results when the details of a discussion may serve no benefit to a future reader. It is sufficient to inform a future reader that discussion occurred with final results. On the other hand, failure to write contact names, phone numbers, emails, and organization names in the minutes hinders future readers in their efforts to repeat activities and events. Critical thinking is required to ensure useful information is included and useless information is excluded.

Use resources, such as, committee reports, newsletters, and event flyers to attach as appendices to minutes. These documents are great records for future readers to understand organizational activities and their results. Besides, it saves time and avoids duplicate work. Be sure to reference appendices in the minutes.

Minutes belong to the organization, which is why minutes should be read and approved in a timely manner. The purpose of approving minutes is for members to confirm the accuracy of the minutes. Although the Secretary strives to describe the meeting accurately, it is the responsibility of the entire membership to ensure accuracy of the minutes.

Agendas and minutes should follow a common order to help create uniformity. The purpose of a common order is to aid future readers in finding information quickly. In addition, members that enter a meeting late will be able to orientate themselves to missed items without further interruption. Agendas contain less detail in comparison to minutes. Agendas and minutes commonly use a different format, but should follow the same order. Example of the order of agendas and minutes:

1. Call to Order
2. Roll Call
3. Approve the Order of the Agenda (optional)
4. Approval of Past Minutes

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<sup>1</sup> NSNA, <http://www.nсна.org/Publications/PublicationsList.aspx> - scroll down page, and download "Secretaries Handbook".

<sup>2</sup> CNSA, <http://www.cnsa.org/secretarytreasurer.html> - scroll down page to read additional tips.



5. Officer and Committee Reports
6. Old Business
7. New Business
8. Announcement
9. Next Meeting Day/Date/Time/Location
10. Adjournment

The key component is consistency in the presentation of the order. The order may be tailored to organizational preference. For example, "Approval of the Order of the Agenda" is optional. Approval of the Order of the Agenda is an additional tool to engage meeting attendees. The President or Secretary typically set the agenda. The tool affords an opportunity for attendees to affirm the agenda, add/subtract from the agenda, and/or alter the order. For example, if a committee chair needs to leave early he/she may request (or make a motion) to present a committee report after the approval of minutes versus waiting until new business.

Officers and committees reports do not require motions to accept, adopt, or receive reports, except in some specific situations, such as, expense reports or legal opinions. Instead, the chair should thank the reporting member and move on. Reports that contain specific actions or recommendations to be acted upon should prompt the chair to state the question on the motion that arises from the report. *(Cont'd p. 7)*

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## SCHOLARSHIP INFORMATION

The 2013 CNSA Scholarship application, to be awarded at State Convention in 2013 is now available. Due date of application is Friday, September 6, 2013. Early submission of applications is encouraged. For more information and to download the application, visit <http://www.cnsa.org/scholarships-and-money-matters.html>

Critical Care Training Center is currently offering a \$2500.00 to financially assist Registered Nursing Students throughout California. Every single nursing student has a fair opportunity to win. Just follow the 3 simple steps of the scholarship process and celebrate your triumph at the end:

1. Visit [www.ACLS123.com](http://www.ACLS123.com) website
2. Write and submit a creative essay based on the prescribed topic found in the website
3. Share your essay for ratings by your online compadres

For additional information, visit <http://www.cnsa.org/scholarships-and-money-matters.html>

**INTERACTIVE SCHOLARSHIP PROGRAM**

World's first Interactive Scholarship Program has been designed to financially assist Registered Nursing Students throughout California. Your winning chance depends on online community votes for your submitted essays on the designated topic. The quality and creativity of your essay in combination with your online compadres vote will govern your winning opportunity.

**CRITICAL CARE TRAINING CENTER**  
ACLS123.COM  
**SCHOLARSHIP PROGRAM**

American Heart Association  
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**SUBMIT ESSAY**    **VIEW/RATE ESSAYS**    **ACLS123.com**

Minutes may use a two column format or action plan format (five columns). The two column format should include a numbering system and title in the first column. The second column includes relevant information and outcomes. For example:

| Organization Logo (optional)<br>Name of Organization<br>(Meeting Type, e.g. Officer/Membership/Bylaws Committee) Minutes<br>Current Date<br>Location of Meeting  |   |
|--|---|
| Present: (Include full name and titles. A suggested order of names is officers, members, advisors, and guests.)<br>Absent: (Same as above. It is unnecessary to list all members absent, only members significant to the group.) |   |
| Item   | Discussion/Outcome  |
| Item 1.<br>Call to Order   | Name, Title (President, usually), TIME: 0900  |
| Item 2.<br>Roll Call   | Name, Title (Secretary, usually)  |
| Item 3.<br>Approval of the Order of the Agenda   | Approved as written (corrected, amended) by consensus.  |
| Item 4.<br>Approval of Minutes – May 6, 2013   | Approved as written (corrected, amended) by consensus.  |
| Item 5.<br>Officer and Committee Reports   | President (Officers, first)<br>Vice-President<br>Secretary<br>Treasurer<br>Legislative Chair (Standing Committees, second)<br>Breakthrough to Nursing (BTN) Chair<br>Community Health Chair<br>Nurses Day Chair (Ad Hoc Committees, third)                                |
| Item 6.<br>Old Business  | None. (Tabled motions appear here, if any)  |
| Item 7a.<br>New Business<br>Nurses Day   | Motion: "I move that the Nurses Day budget be increased from \$500 to \$650."<br>(Bryden/Grayson/Carried) <sup>3</sup><br>Discussion:<br>Budget increase for printing and decoration costs.   |
| Item 7b.<br>New Business<br>Graduation   | Discussion:<br>Pins, dress code, number of invites per graduate.  |
| Item 8.<br>Announcement  | CNSA "You're Hired" event for \$25 on Saturday, June 8, 2013, 9:30am to 12:30pm. Seton Medical Center, 1900 Sullivan Ave., Daly City, CA 94015. Register at:<br><a href="http://m360.acnl.org/event.aspx?eventID=80358">http://m360.acnl.org/event.aspx?eventID=80358</a> |
| Item 9.<br>Next Meeting  | Day, Date, Time, Location.  |
| Item 10.<br>Adjournment  | Time.   |
| (Signature Here) _____<br>President Name   | (Signature Here) _____<br>Secretary Name  |

The purpose of the item number is to allow for quick reference to aid discussion. If you have several motions or discussions in New Business, then list each new topic with item number, category (New Business), and sub-category (Nurses Day). (Cont'd page 8)

<sup>3</sup> Last name only is required since full names are listed at the beginning of the minutes. First name is person that made the motion, second name is person that seconded the motion, and results.

Many nursing student association meetings revolve around activity planning. Action plan format (five-column) may be useful for this type of meeting, which is common for officer and committee meetings. The three additional columns provide quick reference to action needed, person responsible, and due date. For example:

| Item   | Discussion/Outcome | Action Needed | Person Responsible | Action Due Date |
|--|--------------------|---------------|--------------------|-----------------|
| Meeting called to order by Name, Title, at TIME: 0900. Roll call by Name, Title. |                    |               |                    |                 |
| Item 1.<br>Order of the Agenda   |                    |               |                    |                 |
| Items 2.<br>Approval of the Minutes  |                    |               |                    |                 |

The action plan example changes the item numbering system. The call to order and roll call is listed in usual order, but does not have an item number. Minor alterations are acceptable and matter of style. The variety of orders and formats should be selected by the organization. Some bylaws may dictate these details; whereas, others allow personal preference by each Secretary. The key aspect is to have consistency over time based on the purpose of minutes as a legal and historical record. Future readers will find information with ease, and the difficult task of minutes will be acknowledged.

Feel free to email me with questions at [cnsasectres@gmail.com](mailto:cnsasectres@gmail.com)

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## RESOURCE CORNER

Visit NSNA's publications for resources on chapter operations. Topics include fundraising ideas, bylaws, and much, much, more... at <http://www.nsna.org/Publications/PublicationsList.aspx>

Visit CNSA's website under Chapters, Toolkits and Resources. You will find samples of bylaws, budget/expense template, meeting minutes examples, newsletter template, and fundraising ideas at <http://www.cnsa.org/toolkits-and-resources.html>

Feel free to email Matthew Grayson with questions at [cnsasectres@gmail.com](mailto:cnsasectres@gmail.com)



## BEING HEALTHY – IT'S FOR NURSING STUDENTS TOO!

By Allie Bryden – CNSA Vice President

Nursing school has changed many of our lives, both for the positive and the not so positive. The customary ten-pound weight gain that accompanies Nursing School is not only inevitable, it's practically a right-of-passage. Not to mention the mental strain of a rigorous academic program. As I sit at my desk writing never-ending care plans about my compromised and deteriorating patients, I can't help thinking about my own status. Anxiety related to feelings of confinement from this beautiful 75° weather as evidenced by restlessness and inability to focus on this tedious care plan!

Luckily, each year, I am rejuvenated and refreshed when I have a chance to spend a few days at our NSNA Annual Convention. Just the atmosphere alone is buzzing with energy and enthusiasm. Meetings students from other parts of the country that share your same passion is exhilarating. The excitement is contagious and nearly tangible, easily filling a whole convention center.

This year NSNA seemed to know precisely what students were hankering to hear about. All too often the nursing profession as a whole (that includes us students!) seems far more preoccupied with the health and well-being of their patients, rather than their own physical and mental health. We frequently seem to forget that in order to care for others, we must take the time to keep ourselves healthy. Or in the words of my flight attendant on the way to the NSNA conference, in the case of a change in cabin pressure, *please put on your own oxygen mask before you assist others!*

The 61<sup>st</sup> Annual NSNA Convention theme: H.E.A.L.T.H.Y, Healing, Enlightening and Loving the Healthy You, was filled with exciting speakers, vendors and breakout sessions solely dedicated to our health as nursing students. By far, my favorite speaker was a spunky, Trinidad native by the name

of Courtney Lyder. Dr Lyder is the Dean of UCLA's school of nursing and claims to have all the "swagger" that all nurses ought to have when working in such a fabulous profession. Not only is this man renowned for his contributions to Nursing and medicine, but he has an attitude to match. Lyder exuded confidence as he spoke to a captivated audience of thousands. His message of pushing towards your dreams—despite unfavorable odds, not letting others discourage you, and keeping an upbeat attitude had us all on the edge of our seats laughing and smiling, filled with the promise of what we have the power to accomplish. One of my favorite phrases that Lyder spoke on was one I was unfamiliar with; the notion of "pluck and blow." He described how when you raise chickens, you are able to pluck out one feather at a time and blow them away, without the chicken realizing he has lost a feather; until all his feathers are gone leaving him bald. Overtime, we often allow others to make small negative comments that "Pluck and Blow" away bit of our self esteem. Whether it's a critical peer, a precepting nurse who is on her 3<sup>rd</sup> twelve and loses her cool, or our own self-doubt; we permit ourselves to be put down by others—at the expense of our own feelings of self worth.

During nursing school and within the work force, there will undoubtedly be moments when we are unsure of ourselves, faced with defeat or talked down to by another. After hearing Courtney's message of resilience and confidence, I left our NSNA convention with a new frame of mind. Now when challenges or obstacles come my way and I feel moments of self-doubt I remind myself of Dr Lyder, and all his swagger and spunk, and remind myself that we are all much more capable than we perceive ourselves.

## CHRONIC KIDNEY DISEASE IN NICARAGUA

By Clancy Thost – San Diego State University

The truck stops and everyone piles out into the dirt road. We gather around the back of the truck and grab the supply bags. Everyone is already dripping sweat and the people chatting on the road are looking at us funny. "Amos, Jasmine and Jon, you guys can head down the first street. We will head down the next". Wait, what? Are we really going to knock on doors, expect to be invited in, and ask for blood, urine, and a thirty minute interview?

And we do. The people who live in this neighborhood are friendly and it is not nearly as awkward as it would seem. Someone even gives me some fruit off the tree in his backyard; others give empanadas and warm, fresh bread.

Jasmine, Matt, and I have come down to the Rivas department in the country of Nicaragua to help collect data for a research project studying the prevalence of chronic kidney disease (CKD). With limited healthcare, CKD becomes fatal quickly. Our goal is to get data and establish a cohort of at least 800 people, preferably over 1,000 if time and supplies permit. The team is a mix of med students, public health graduates, and us, the nursing students. We are from Boston, New York, Canada, Belgium, California, and Nicaragua. In a week we are joined by other SDSU nursing students Loraine, Marc, and Amber. Our days consist of eating delicious, cheap food in the market, packing the supply bags, and heading out to a randomly selected community.

Some "towns" are made up of 14 houses along a spread of miles of dirt road. We go door to door asking the residents if they would like to participate in our project. We do a finger stick for a creatinine level (very similar to a b/s check), a urine specimen for a dipstick test, and an interview. All the data is entered in a database. (Cont'd page 11)



**With limited healthcare, CKD becomes fatal quickly. Our goal is to get data and establish a cohort of at least 800 people,**



After a few weeks we finally reach our goal. The very last test strip is used on a young man; our 1,021<sup>st</sup> participant. Stories are made and retold, and retold again. "Remember when he asked where he could drink the urine instead of where to throw it away?" and other hilarious Spanish miscommunications are laughed about again. Cute puppies, pigs, chickens and children are photographed. We surf for a few days before parting with Nicaragua and go home with new perspectives only four days before my first fall clinical.



"...we go home with new perspectives..."

Photos by Jasmine Henderson and Loraine Santiago  
 To read more stories: <http://helpingnica.blogspot.com/>  
 For more information visit: [lpd.com](http://lpd.com)

## A STORY OF HOPE – FINDING HOPE THROUGH GRACE

By Jireh Somera – CSU Fresno

Life comes with the unexpected and though it is an inevitable truth we must all face there is no sure way to anticipate when it comes. This past summer, my mom was diagnosed with stage two-breast cancer and this very unexpected news presented my family and me with a new challenge.

I still recall the day my mom shared the news with the rest of the family.

She just finished work and my dad and I were picking her up. I sank into the passenger seat as she shared that her lab results came back positive. Filled with emotions that I have never felt before, I hugged my mom as tears ran down our eyes. I wondered how could my mom, the strong and loving woman that raised three children, be diagnosed with cancer. The next couple of weeks were really difficult to move forward after hearing the news. It was filled with multiple oncology consultations and figuring out how to adjust with all the changes.

Although faced with having this diagnosis, my mother has not given up hope. She has kept her faith and trust in God. Every day is a reminder that though unexpected circumstances may come, God remains constant. Everyone has various ways in coping with difficult times and one of these ways is relying on a higher being. My mom draws her strength from God's grace and my family puts our trust in Him who gives us hope.

Since her diagnosis my mom has gone through a lumpectomy and four chemotherapy treatments. She originally was scheduled to have six regimens, but responded well to the sessions. It has almost been a year since her diagnosis and about four months since her last chemotherapy treatment. This upcoming July we plan on celebrating my mom overcoming and defeating her cancer. The journey has not only brought our family together, but also has strengthened my family's faith and persistence on never giving up hope.



## WHAT TO DO NOW TO HELP FIND A JOB AFTER GRADUATION

By John Connor – 2012-2013 NSNA Vice President – CSU Fresno 2013

Nearly half of all new grads in California are unable to find work 18 months after graduation according to a report conducted by California Institute for Nursing and Health Care in 2012. This statistic is an alarming reality and in my opinion should not be taken lightly. The good news is there are things you can do now to not be the half who are unemployed. There are steps you can take now to separate yourself amongst the masses applying for a single nursing position.

During my term as Vice President of the National Student Nurses' Association, I was privileged to meet and build professional relationships with a plethora of pivotal nursing leaders. They have taught me there is a dire need for the development of future nursing leaders. This is vital to the progression of the nursing profession and demands urgent attention. I am sure you can agree that nursing students nationwide are being educated extensively on the clinical and foundational aspects of nursing, but are not receiving adequate training on the leadership and professional aspects better classified as the "intangibles". How can we expect to lead the changes of healthcare if we are not being trained on how to effectively lead, motivate, and inspire others? I would like to leave you with a few suggestions on what you can do now. I wish someone would have shared this wisdom with me when I was taking my pre-requisite classes.

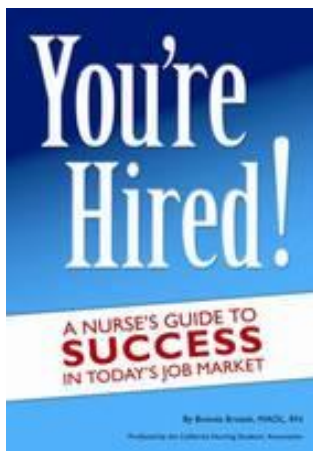
1. I cannot stress this point enough. GET INVOLVED in any capacity on the local, state, or national level in the student nursing association. I stress this point because this will lead to network opportunities, finding mentors, and help you create your path in nursing.

2. Network with nursing leaders and fellow colleagues. You may develop relationships that will last beyond nursing school and possibly create a foundation of future collaboration efforts to advance nursing. These contacts can be instrumental in getting letters of recommendation or actual job opportunities.

3. Find a mentor or even two. The best wisdom acquired is passed down to each generation. They do not have to be in the department you wish to work in and do not be afraid of asking a nurse you look up to, to be your mentor. You would be surprised by how many nurses would love to teach aspiring young nursing leaders.

4. Begin seeking what you are truly passionate about within the nursing field. Do not let money be your guide, let your passion and heart steer your direction.

It is my hope and desire that each of you will take these points of wisdom that I have learned to heart. While the masses will take a reactive approach, I challenge you to take a proactive approach to pave the way for a better tomorrow in nursing. Let us all become the professional leaders that our communities need.



### You're Hired!

#### ***A Nurse's Guide To Success In Today's Job Market***

**\$17.95 + tax, shipping & handling** for CNSA & ACNL members & California nursing [faculty](#)  
**\$24.95 + tax, shipping & handling** for non CNSA members  
 Produced by the California Nursing Students' Association  
 Endorsed by the Association of California Nurse Leaders  
 Written by Brenda Brozek, MAOL, RN

For additional information, and to order this must have resource, go to  
<http://www.acnl.org/displaycommon.cfm?an=1&subarticlenbr=346>

## YOU'RE HIRED! NETWORKING FOR SUCCESS

By Brenda Brozek, BSN, MAOL, RN

Author of: *You're Hired! A Nurses Guide to Success in Today's Job Market*

In today's digital age, where it's so easy to shoot off resumes to multiple employers, the power of networking is often overlooked by job candidates. Networking continues to be a key factor in successfully locating and securing nursing positions.

Networking can help you successfully stand out among the hundreds and thousands of job applicants. In the long term, building professional relationships will help you not only with your job search, but also throughout your career.

### How and Where Do You Network?

Networking can take place in any situation where you can interact with others who can help you in your job search, either by providing valuable information or connecting you with hiring professionals or decision-makers. This can include:

- School and work contacts
- Professional nursing organizations
- Nursing conferences and conventions
- Career fairs
- Community service organizations and activities
- Social media sites, such as Linked-In and Face book
- Visiting or contacting organizational human resource departments and nurse recruiters

When meeting people in these settings, strike up a conversation, which is the first step to building a relationship. Let them know about your interest in their organization and/or that you are currently in the job market or will be soon. Ask for their business card and for permission to contact them. Be respectful of their time.

### Always Be Prepared to Network

Keep your resume updated so that if you make a connection with someone who can aid in your job search, you can send them a resume as soon as possible—while the connection is still fresh. When re-connecting with someone, remind them where you met.

Also consider creating a business card. Not every situation is conducive to handing someone your resume. Carry some cards with you at all times, since you never know when an opportunity for networking might arise. Depending on the circumstances, it may be much more appropriate to give the person you're connecting with one of your business cards.

Online printers usually offer better prices than local print shops. Look for quality as well as the best deal when printing your business cards.

What should you include on your business card? Start with your name and contact information. If you've passed the NCLEX, be sure to include RN after your name—many new grads forget this! If you're a nursing student, include your expected graduation date. You may want to incorporate a graphic or design on the front of your business card. Printers often have templates and graphics you can use. You can also utilize the back of the card to list special credentials, a statement of your philosophy regarding nursing or any other information you think will help you market yourself.

Be creative—both in designing your business card and in identifying opportunities to network. These strategies will help you be successful in your job search!

## NSNA BTN BREAKOUT 2013

By Emily Barrow, RN – CNSA Breakthrough to Nursing Director

I would like to begin by saying how phenomenal this year's NSNA Annual Convention was in Charlotte, North Carolina and how strongly I urge each of you reading this article to attend professional conventions in the future, when the opportunity allows. Aside from all of the influential people you meet at these events, it is so revitalizing to be around such inspiring individuals who share a common passion with you, whether that be career in general or specialty (in this case nursing!) and to also have the opportunity to attend several different sessions and seminars. This year's exhibit was incredible, having numerous vendors, employers and educational establishments

there to share information and opportunities.

I had the opportunity to attend several different breakout sessions and seminars, but as your Breakthrough to Nursing (BTN) Director, I have chosen to discuss the Breakthrough to Nursing Breakout Session. The session was presided over by the now former NSNA BTN Director, Grace Young with a guest speaker, G. Rumay Alexander. The session was very informative and discussed the role of both student nurses and professionally licensed nurses with regards to advocacy in our profession. Bulleted is some pertinent information that I gathered through this seminar:

- ð Diversity: Think BROAD. Diversity is not just gender and race; it is so much more...
- ð Urgency for Diversity in Healthcare: Visit: <http://www.unnaturalcauses.org/> to read about the following proposition, "Is Inequality Making Us Sick?"
- ð What factors contribute to racial and ethnic health disparities?
  1. Socioeconomic position
  2. Residential segregation and environmental living
  3. Occupational risks and exposures
  4. Health risk and health-seeking behaviors
  5. Differences in access to health care
  6. Differences in health care quality.
- ð Treating everyone "the same" does NOT create equality.
- ð The Economic Burden of Health Inequalities in the US: Visit: [www.jointcenter.org/hpi](http://www.jointcenter.org/hpi) to learn more.
- ð Patient Protection and Affordable Care Act of 2010...do you know what that is? Very IMPORTANT! This law makes healthcare more affordable. With this act, there is an expected shortage of 63,000 physicians by 2015, thus...WE NEED MORE NURSES :)
- ð Is healthcare a right or a privilege?
- ð Definition of Diversity: Holding multiple perspectives without judgment.
- ð As nurses, we need to raise awareness of stereotyping.
- ð A balanced life is essential to success as a nurse.
- ð Increase personal self-awareness; learn what stereotypes live within us.
- ð "Sometimes courage skips a generation".
- ð Who's needed? Advocates of equality...Individuals with integrity, ambition, and competence.

As advocates and future nurse leaders, I welcome responses to these stimulating subjects. Let BTN know your opinions, personal experiences, feelings and overall reactions to the topics discussed at the NSNA Annual Conventions BTN Breakout session!

Email: [cnsabreakthroughtonursingdir@gmail.com](mailto:cnsabreakthroughtonursingdir@gmail.com)

I hope that everyone's school terms have been going well and that momentum is continued as you near the finishing line! Stay well and remember to find time for YOU, despite overwhelming schedules...healthy minds equal healthy lives.



## NATIONAL RESOLUTIONS HEARING 2013 – CALIFORNIA HAS SUCCESS

By April Lembi, SN – CNSA Legislative Director

The National Student Nurses' Association (NSNA) Convention was my first experience at the national level. It was an amazing experience, I learned so much during my week in North Carolina. I am a great believer in focusing on our own health before caring for the health of others, so I truly appreciated the HEALTHY campaign at the convention. Those in attendance were reminded of living a holistically, healthy lifestyle to better ourselves and the profession.

Other than the HEALTHY campaign, one of the most important moments for me during convention was the resolutions hearing. California was well represented, with *three* resolutions passed at the national level! It is truly inspiring to see nursing students speak so passionately about an issue in healthcare they believe must be changed. It can be very intimidating pursuing a topic you are passionate about, presenting it in front of your fellow peers, and waiting to see everyone's reaction; however, NSNA ensured a welcoming and supportive environment. As the future of healthcare we need to work together and create the best work environment for ourselves and our patients. I had an amazing experience and am grateful that I was able to attend this convention.

## RAISE YOUR VOICE AND CREATE A NEW IMAGE OF NURSING

By Trudy Chancellor – CNSA Image of Nursing Committee Chair

In keeping with the HEALTHY campaign of the convention, the endnote address dealt with E, Enlightening. Michael R. Bleich, PhD, RN, NEA – BS, FAAN, Dean, Goldfarb school of Nursing at Barnes Jewish College, St. Louis, MO has been involved in creating the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. In his address, he reflects on the vitality and opportunities that we as future nurses will bring to the discipline of nursing in light of this report. We were left empowered and understanding what we need to do in preparation to transform the healthcare system. He began his address by leading those in attendance through an affirmation of an African tribal prayer:

*"I am here for a purpose, and that purpose is to grow into a mountain, not to shrink into a grain of sand. Henceforth, I will apply all my efforts to become the highest mountain of all. And I will strain my potential until it cries for mercy. "*

Dr. Bleich encourages us to think about ourselves in a different way; to listen to what the public needs from us as a discipline, not what we want to do because it self-serves us. Nursing, at its core, is a service discipline. It requires each of us, on an

individual level, to bring something to the relationship when dealing with individuals, families and communities that no one else can.

He explains that clinical systems are influenced by how organizations are structured and that the care we provide is affected by the technology available to us as well as policies and procedures. We have to figure out our place in what is a re-emerging health system and put nursing in its right place as part of an inter-professional team. Too often, we don't look at the big picture. Dr. Bleich told a story of how he came across nursing students arguing on Face book about which school could start IVs better. If we as future nurses believe that nursing is just about procedural care, that the goal of our education is to become technically proficient, then we don't understand what it is to be a nurse. At the end of the day, there is no technology, there are no doctors; all that is left is the nurse and the patient. We forget that at the core of what we are, beyond all our skills, and beyond all the algorithms, we are the most important therapeutic agent of all.

All members of the care team see the world through the lens of their education. Doctors spend years learning about disease and how to cure it. Physical therapists notice movement and flexibility. (Cont'd page 16)

Pastoral care givers see through a lens of meaning and purpose in life, healing and forgiveness. Psychologists see cognition and things of the mind. Only nursing sees through a lens that comes from understanding the individual in the context of the family, in the context of the community.

According to Gallup surveys, nursing is the most trusted profession. Why do they trust us? They know that nurses are there at every critical time in their life, but do they really know what we do? The truth is that most people believe that we are educated to assist other disciplines. They see us as "the assistant"; they don't realize that there is a science to what we do. We need to step up and join the discussion; it is time to use our voice.

The Institute of Medicine (IOM) is a part of the National Academies where everything is about the science. This is the first time in the history of our discipline that there has been enough science and evidence-based practice to endure the rigor of the IOM review process. So when they say that the scope of nursing practice should be expanded, that it is safe, that nurse are effective, and they can deliver care to populations that are going without, this is based on pure science, not on politics.

Written at the same time as the Affordable Care Act, the IOM report calls for nurses to take positions of leadership in the transformation of the health system. According to Dr. Bleich, the problem is that leadership courses are passive and largely irrelevant in nursing education today. Classes focus on management protocol where much of what we do is "sequential worry." Leadership is about moving into the unknown. Dr. Bleich encourages us to place ourselves in situations where we don't know what is going on, saying that it "builds inner stamina." We can't spend all our time worrying about what we don't know; there is a piece of nursing that is the unknown. We have two options: to shrink and fade, or, like in the African tribal prayer, to rise up like a mountain

The IOM report calls nurses to the table to have a voice as part of the inter-professional team. This will guide our work; in years to come, we will be delivering care based on the decisions being made right now. We are so busy trying to do nursing, that we are not taking enough time learning how to be a

nurse. Once we know how to be a nurse, we have to show up at the table. As Dr. Bleich says, "this is about the image of the discipline and about the depth of the image." Self-belief and self-image are needed for the future of nursing. To be leaders in health care reform, we have to abandon the notion of being perfectionistic. Dr. Bleich calls us to make mistakes; to be bold and be proud about the fact that we can learn quickly from errors made in safe environments, such as classrooms



Michael R. Bleich, PhD, RN, FAAN  
Endnote Speaker  
NSNA National Convention,  
April 2013

and simulation. Stop the perfectionism, and believe that we belong at critical decision making tables where we can join in the dialogue.

With this report, the nursing discipline has been provided with a unifying blueprint. This is a point of convergence and moving forward. Dr. Bleich closed with a quote from one of the Harry Potter books:

*"It is a curious thing [...] but, perhaps those best suited for power, are those who have never sought it, those who have had leadership thrust upon them and take up the mantle because they must, and find to their own surprise, that they wear it well."*

The IOM report is giving us the opportunity to take up the mantle. There are many people that need care, care that we are capable and willing to give. We have the chance to raise our voice, to create a new image of nursing and influence the nature of our scope of practice, how we relate to other players, whether we are legitimately considered at the table, or forever relegated as the assistant.

Bleich, M. R., Dr. (2013, April 6). *Shining bright - Your role as the stars for Nursing's future*. Endnote Address presented at NSNA 61st Annual Convention.

## WHY IS FAMILY CENTERED CARE SO IMPORTANT?

By Abby Kennedy – Saddleback College

As a health care worker, family centered care foundation simply meant some extra classes that I am obligated to sit through each year. I sit through presentations about how family centered care improves the overall health of the patient, but then get annoyed when I see that family member taking note of every move I make. Then there are the family members who try and request a private room; wouldn't everyone like a private room? What makes them so special, right? I was one of the many health care workers that had a bad habit of minimizing family concerns. I have always treated my patients' families with respect, but I never understood "why" it is important to not only take care of my patient but the family that surrounds them as well. This changed when my mother fell ill in 2012.

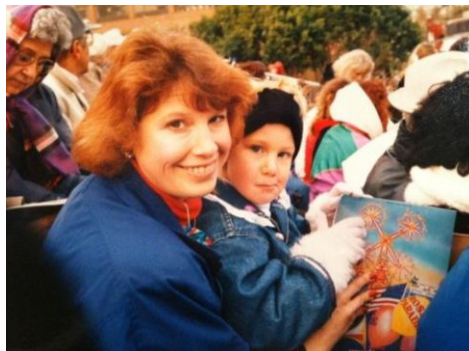
In February 2012, my mom had a regular physical and some lab results came up as abnormal. Then came the severe headaches. MRI and CT scans revealed nothing as her symptoms got worse. She was not sleeping, did not want to eat and was taking up to ten ibuprofen tablets a day. Soon, she couldn't even make it up the stairs without passing out. In late March 2012, she was admitted to the hospital to rule out pulmonary embolism and stroke. A chest x-ray showed

spots on her lung: lung cancer. An MRI showed patches on her bones: bone cancer. She was admitted to a low acuity floor on two liters of oxygen expected to be discharged the next morning. However, the next morning she was requiring four liters of oxygen just to keep her oxygen saturations at 89% and, as a family, we were not comfortable taking her home. The hospital was ready to discharge her, and we had to threaten to get corporate customer service involved before the doctors agreed to keep her overnight for observation. That night, my mother went into respiratory distress and was transferred to a telemetry floor where the doctors came to the conclusion that the lung and bone abnormalities must have metastasized from a greater source. They diagnosed her with stage IV breast cancer and discharged her. She was home for two days in respiratory distress until it got to where she was sating 84% on four liters of oxygen and we decided it was time to call 911. My mom was sent to the ICU, where she was

placed on 25 liters of high flow oxygen. The cancer in her lymph pressed onto her lungs creating respiratory distress and ultimately, right-sided heart failure. Three days later, she coded in the ICU.

Experiencing family centered care from the prospective of "the family" has changed my life. While my mother was in the hospital, I found myself becoming that annoying person writing down every action by the staff. I even found myself requesting a private room due to her risk for infection and so she could have some privacy in dealing with her diagnosis. This reasoning would not have come to mind prior to having to ask for a private room. As nurses, we are trained to treat the patient holistically; this includes their family as they are the patients' biggest advocates. Families provide the emotional and social support which are important components to the care that we provide.

It's the little things like introducing yourself to the whole family when you enter a room that can have a huge impact on our patients. For example, a social worker walked into my mother's room and only introduced herself to my mother. She then looked at me and told me very curtly that I needed to leave for a couple of minutes. This staff member did not even ask my mother if it was ok that



they talked privately. Yes, all of us health care workers know why she asked me to leave, because she needed to do an accurate assessment. But how accurate of an assessment would that provider get if she immediately introduced distrust into the therapeutic relationship. Needless to say my mom refused her assessment and kicked her out of the room. We all know what an excellent resource a social worker can be, but due to a bad bedside manner that opportunity was missed.

Family centered care leads to improved communication among members of the clinical team. This is because more often than not, it is the family member in the room who is keeping track of everyone coming in. If one team member contradicts another, a family member is the one most likely to raise the concern. It is important to include the patient and family when developing a plan of care, therefore the family can assist in working towards the overall goal on a more intimate level with the patient. Family members know their loved ones inside and out as they usually stay in the room and are directly observing the patient on a consistent basis. When my mother was snoring heavily on 4

liters of oxygen, I knew it was abnormal and brought it to attention of my bedside RN. Turns out, she was in respiratory distress. Encouraging a family member to stay at the bedside can improve the overall safety for your patient. When I left the hospital to get some dinner and shower, the nurse called me after two hours because my mother wouldn't wait to go to the bathroom and almost fell.

Observing the family dynamic is another important critical tool in providing care. My mother may have been a patient; however she was a mother first. When it came time for me to pull out my sleeper chair, it broke in half. My mother was very upset at the obvious lack of effort when the staff refused to try and make accommodations. The event caused my mom to have distrust in her nurse all night.

However, with all those nightmare stories, there were definitely actions done by staff that truly made a mark on my mom. There was an RT who not only fully assessed my mom but he verbalized and explained the rationale behind every move he was making. He took an extra ten minutes to talk to her about her passion in musical theater. My mom trusted him so much

and those ten extra minutes of teaching made my mom remember him the most. Needless to say she was overall more open to the care that he provided. One of the ICU nurses always had a very calm demeanor and would always talk to us as a team, discussing the plan of care with everyone. When my mother started having severe panic attacks, before administering any anxiety medication she sat with my mom and taught her relaxation techniques. More often than not, my mother did not even need the medicinal intervention.

We are all busy on the floor; however, that little bit of time that we give simply being there for our patient, will stay with them for the rest of their hospital experiences. Incorporating family centered care into our practice will improve patient and family outcomes, build family strengths, improve patient safety and leads to more effective use of health care resources. While I have learned this on a personal level, I hope that no one will have to experience what I went through. However, I know my mom will always want me to look at the positives, learn from the negatives and share it with others.

In honor of Vicki L. Kennedy.

"All that I am, or ever hope to be, I owe to my angel mother." – Abraham Lincoln.

## TAKE CARE OF YOURSELF FIRST

By Lori Arotcharen – CNSA Communications Director

How many of us have been on an airline, and truly thought about the flight attendant instructing us that if cabin pressure is lost, and the oxygen masks drop



from above, to apply your own oxygen mask before helping others with their oxygen masks.

As nursing students, and ultimately as nurses, our natural reflex is to help others, often at our

own expense. At the NSNA National Convention, we were reminded, more than once, of the value of taking care of ourselves, to put on our own "oxygen mask" first.

In the opening ceremony, Dr. Courtney Lyder, ND, ScD (HON), FAAN, told the story of his life journey from being born into poverty in Trinidad to his current position as Dean of the UCLA School of Nursing, and how he has taken care of himself and stayed "HEALTHY".

Dr. Lyder emphasized the need to have a mentor, to push ourselves, to be flexible, and to "pack our own bags".

In regards to mentors, he suggested looking "for someone who will be behind you to push you up. Leaders of nursing are risk takers who recognize that success and failure are equal. We can learn from both." So often, if we fail at something, we try to forget it, and move on. I learned from Dr. Lyder that I need to take the time to look at that failure, and figure out what it is that I can take away from it. A good mentor, whether it is an instructor, a co-worker, your boss, or just somebody who has gone through similar circumstances before you, will encourage you to look at your failures, analyze them, and learn something from them.

"Nursing, like life, is full of ups and downs. To survive and thrive in a career in nursing, keep pushing yourself. We never get to the top until we are six feet under." When I heard this during Dr. Lyder's keynote presentation, I began to think of ways that I could push myself out of my comfort zone, to continue to

learn, and have new experiences. According to Dr. Lyder, "health care reform has given nurses new power. Healthcare cannot be transformed without nursing; nurses no longer need to beg to be at the table. The future of nursing is leading change, advancing health." Push yourself to be a part of that change, and not to sit back and let change happen to you. We are at a unique period in time, not available to many, to be a part of and a catalyst for change.

"Blessed are the flexible, for they will not be bent out of shape". If nursing school has taught me anything, it has taught me the importance of being flexible. How often will a patient act exactly as they are supposed to, their disease process advance and react to treatment as it is supposed to? As a nursing student, how often do we have to scrap the care plan we started the night before because a patient was discharged, or moved to another unit. Flexibility in our profession is paramount.

Along the same lines of being flexible, Dr. Lyder also spoke of the need for a vision AND an action plan. Although the best action plan will be flexible, he explained that "A vision without an action plan is delusional thinking." When you are seeking a mentor, find one who will help you to develop an action plan in line with your visions and dreams. When something changes, you don't need to change your destination, maybe you just need to find an alternate route... sort of like using Google Maps.

"Packing your own bags". What exactly does that mean? Dr. Lyder explained that "packing your own bags" simply means that we do not need to accept others trying to bring us down. I believe that society, in general, puts entirely too much value on what others think. Many of us can be on cloud nine one moment, and taken down with just one comment or thought. Surround yourself with people whose opinions you value and trust, focus on them, and don't worry about the ones who just want to bring you down. He reminded us that "if you are not physically and emotionally healthy, you cannot help



others." Many times, taking on other peoples "bags" keeps us from being emotionally healthy.

*Dr. Courtney Lyder  
ND, ScD (HON), FAAN  
Dean – UCLA School of Nursing*



A few of Dr. Lyder's closing thoughts:

- ð "Time is your most precious commodity. Use it well."

- ð "The only limits on your life are those you set yourself. You are all heroes and "sheroes". Nursing is the most trusted profession. Use that power."
- ð "There are not mistakes in life, only options to grow and lead."
- ð In reference to people who ask a nursing student why they decided to study nursing when they are smart enough to study medicine, Dr Lyder's suggested response is "I decided to study nursing because I am smart."

Seeing a man who came from so little, and fought a long battle to be who he is today, was encouraging, and made me realize, I am in the perfect place in life to do whatever it is that I want to do, as long as I am willing to put my head down and work hard to be what and where I want to be.

Lyder, Courtney. "The HEALTHY Campaign." NSNA National Convention. Nurses Service Organization. Charlotte Convention Center, Charlotte, NC. 3 Apr. 2013. Keynote speech.



## CNSA CONVENTION 2013 UPDATE

By Katrina Stell – CNSA Convention Director

The theme for this year's convention has been finalized!

**CHANGE: Yourself, Nursing, The World**

Our accomplished and inspiring keynote speakers include: KT Waxman, DNP, MBA, RN (Nurse Educator and International Speaker), Kathy Harren, MSN, MHA, RN

(Nursing Thought Leader), and Kimberly Horton, MSN, DHA, RN (Nurse Leader and Inspirational Presenter).

Back by popular demand is the Resume Review, where nurse leaders help you refine your resume.

Plan on participating in the House of Delegates to build your leadership skills and impact change.

The Exhibit Hall will feature employers, educational opportunities & other services.

Brenda Brozek will be hosting her popular workshop, You're Hired: Strategies for Success in the Job Market.

NCLEX Review and Test Taking Skills will be another optional session available.

Breakout Sessions will include:

- Where Are They Now? Former CNSA Members (now RNs) Share Their Experience
- Advancing Our Profession: Future of Nursing Update
- Best Practices in International Nursing
- Advanced Practice Roles
- Disaster Relief and Medical Missions
- Men in Nursing
- Professional Ethics

Further information and details will be posted on our website at [www.CNSA.org](http://www.CNSA.org) and Face book. We look forward to seeing you all this October 18-20, 2013 at the Fairmont Hotel in San Jose!



Find us on Twitter: @CNSA\_California

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