

RANGE OF MOTION

The official publication of the California Nursing Students' Association

CREATING THE FUTURE BY LEADING THE WAY



Membership Meeting North

By Kyle Navarro, Membership Director North



On Saturday March 12th, 2016 CNSA held our annual Membership Meeting North at Samuel Merritt University – Oakland. The day provided attendees with valuable lessons in core nursing strategies such as time management, communication, teamwork, and caring!

Once the attendees checked in and settled into the venue, we began the day with opening addresses from CNSA President Shawn Palmer, Membership Director South Jessica Gonzalez and Membership Director North Kyle Navarro. During the chapter roll call each respective chapter responded creatively by cheering loudly or chanting their school name. This created and helped sustain the energy throughout the day!

Our speaker presentations began with the ACNL/CNSA CEO Patricia McFarland who presented vital information on her work with the BRN and ways she is assisting in the application process of soon-to-be RNs.

Membership Meeting North	2-3
Editor's Message	4
Convention Planning 2016	5-6
Resolution: Paternal Post Partum Depression	7-8
Image of Nursing Photo Contest	9
Run for Office	10-11
Membership Spotlight	12
Membership Meeting South	13
(KFSNAA) Scholarship	13
Response to Human Trafficking	14
Financial Aid: Myths vs Facts	15
2016 Convention	16
What is Breakthrough to Nursing?	17-19
Resolution: Human Trafficking	20
Heart Healthy California	21-22
Build A Strong Board	23
Everyday Language	24-25
Career Center	25

The following speaker, Susan Walczak a nurse recruiter from UCSF, discussed becoming a new RN and provided interviewing tips and tricks to help land that first new graduate job.

The morning speakers continued with NCLEX review presentations by Kaplan Test Preparation's representative Lauren Silva and Hurst Review Services' representative Paulet Green. Not only did the attendees learn about the ways the two services are designed to help them pass the NCLEX, but they were also treated to a host of sample NCLEX questions to test their existing knowledge. Moving forward, we had a presentation from Community Medical Centers' Education Development Specialist, Ryan Fuller, who spoke about his journey in becoming a new RN and the different ways for us to become involved in nurse leadership roles; such as the dedication, seemingly endless hours, the mentorship, and the opportunities we may come across.

Our endnote speaker was Jim D'alfonso of Kaiser's Caring Program who brought many relevant nursing topics to the table. Jim provided us with encouragement and information on how the new generation of upcoming nurse leaders will drastically shape the profession's future.

Another topic discussed was the importance of recognizing and remembering the caring moments we share with our patients; we are all fortunate to have the honor to truly touch the lives of those we care for. A single caring moment, no matter how small, can shape a person's perception on the image of nursing as a profession. Attendees were ignited to fuel their own passion by the caring aspects Jim presented.

From the beginning to the end of our fantastic speaker presentations, we were pleased to see that all attendees were committed to the entire day of ongoing learning.

The final block of the event was dedicated to informational breakout sessions created by our CNSA State Board of Directors.

“Building a Strong Board” by Kyle Navarro, Membership Director North and Jessica Gonzalez, Membership Director South

“The CNSA Save-A-Heart Project Initiative” by Daniel Duron, Breakthrough to Nursing Director and Jenna Druce, Community Health Director

“Cultural Humility in Nursing: A Global Initiative” by Andy Liss, Cultural Awareness Chair

“Bylaws and Running for a State Board Position & the Nominations and Elections Committee” by William Gallegos, Vice-President

“CNSA Convention” by Krystal Scott, Convention Director

“Image of Nursing Projects” by Shereen Haddad, Image of Nursing

Membership Meeting North was truly successful and helped nursing student leaders to understand the many ways nurses can change the world of healthcare. As our endnote speaker Jim D’alfonso stated, “It will be amazing to see how [we] as nurse leaders will end up shaping and implementing change in nursing.”

If you would like a copy of all the breakout info sessions and the speaker presentation PowerPoints please request them at cnsamemnorthdir@gmail.com!

Membership Meeting Highlights

Find more photos from this event at cnsapics.smugmug.com

A SPECIAL THANKS TO OUR SPONCERS
American Assembly for Men in Nursing
Critical Care Training Center
Hurst Review Services
Kaplan Test Prep
University of California San Francisco-
School of Nursing
West Coast University





Editor's Message

By Daniel Fassbender, Communications Director

Greeting fellow CNSA members!

We hope this edition of *Range of Motion* motivates you as you choose your path in nursing. The *Range of Motion* aims to be aesthetically pleasing while providing valuable information and resources. While reading, *Range of Motion*, please take advantage of our interactive pictures-- many of which will lead you to the different areas of our website.

In this issue of *Range of Motion*, you'll learn about resources available to you as a CNSA member. Critical Care Training Center and Kaiser Foundation School of Nursing Alumni Association are each offering scholarship opportunities for nursing students. This issue also features an excellent article about the myths and facts regarding financial aid. In addition, you'll learn about Flo's Cookie Jar, our emergency grants-in-aid to pre-licensure RN students.

In the classroom setting, many of us learn that nursing goes well beyond the acute care setting. As nursing students, we become very involved in the community setting. Our Community Health Director shares the challenging truth of cardiovascular disease. Two resolutions will inspire you to take political action on legislative issues that strength beyond the hospital setting. Finally, we guide you in building strong chapter leadership.

In order to become more connected with our members, we have added a chapter map to our website under the "about us" section. To take this one step further we encourage you to submit links to your chapter website and social media outlets to cnsacommunicationsdirector@gmail.com. On the main page of cnsa.org, you will find a sidebar that can include your major chapter events --chapter awareness is essential for inter-chapter communication. We have also added a Membership Spotlight that can be found on page twelve.

We want to hear from you! What events are happening in your chapter? What changes are you making in your community? Are you developing a culture of health?

With this in mind, we hope to see many of your experiences in future issues of *Range of Motion*. If there is anything that you would like to suggest for future issues, please do not hesitate to reach out to us. The CNSA Communications email address is cnsacommunicationsdirector@gmail.com. We welcome your feedback to ensure that we meet the needs of our members. We wish you success in your future endeavors.



Convention Planning 2016 is Underway!

By Krystal Scott, Convention Director

A Culture of Learning: Our Passport to the World of Nursing!

CNSA Convention will be held at the Visalia Convention Center October 7-9, 2016. Discounted room rates will be offered at the adjoining Marriott Hotel. More information to follow!

So who is behind the scenes planning this annual convention? Your CNSA Convention Planning Committee Members:

- Stacy Block, Mount San Jacinto College
- Cynthia Reynolds, National University – Fresno
- Paola Molina, Santa Ana College
- Rose Castro, CSU Sacramento
- Andrea Howlett, CSU Sacramento
- Will Gallegos, West Coast University

The awesome Convention Planning Committee has been hard at work collaborating on convention themes, breakout session ideas, and keynote speaker topics. I am pleased to officially announce our Convention theme for 2016:

The committee is considering doing a Silent Auction with proceeds benefiting Flo's Cookie Jar, which provides emergency grants-in-aid to pre-licensure RN students facing a one-time need that otherwise would force them to leave school. Please contact me if your chapter would be willing to donate a gift basket or prize (minimum value of \$20). To learn more about Flo's Cookie Jar, visit <http://www.cnsa.org/flo-s-cookie-jar>.

In addition, conversations are under way about having a Food Drive to benefit families in need prior to the holidays. Please plan on bringing a canned food item and receive a small token of appreciation in return!

Lastly, I am looking into Chapter Fundraising tables to rent to provide your local associations an opportunity to sell items for profit to your own chapters. Tables in the past have rented from \$30-50 depending on the conference site. Please contact me if you are interested in renting a table at convention.

We are so excited and honored to be planning this year's convention, and we look forward to sharing more details in the near future!

**2016 CNSA
CONVENTION**
October 7-9, 2016
Visalia Convention Center
Marriott Hotel • Visalia, CA

*A Culture of
Learning*

**Our Passport to the
World of Nursing!**



KEYNOTE PRESENTATIONS

Passport to Success: Finding Your Voice and Building Your Influence in Nursing! *Nursing thought leader Kathy Harren, MSN, MHA, RN, NEA-BC, will motivate you to harness your talents to reach your full potential.*

The World of Nursing: Our Past, Our Future! *Nightingale Scholar Dr. Louise Selanders examines the inspirational life and work of Florence Nightingale and draws parallels to nursing practice today.*

Death with Dignity: End of Life Options
Features a panel of experts in end of life care and ethics.

BREAKOUT SESSIONS

You're Hired! *Achieving Success in the RN Job Market*

Advanced Practice: *CRNA, NP, CNMW, CNS*

RN Roles and Career Opportunities Beyond Acute Care

Using Evidence to Drive Practice: *Your Influence on Patient Care*

BRN Update • Importance of Self-Care for RNs

Test Taking Skills • Pharmacology Made Easy

Medical Missions • Travel Nursing • And Much More!

House of Delegates: *Build Your Leadership Skills*

Resume Review: *Nurse Leaders Help You Refine Your Resume*

Exhibit Hall: *Employers, Educational Opportunities, Resources and Services*

Increasing Awareness of the Impacts to Children and Families from Paternal Post Partum Depression

By Jane De Lay, Legislative Director



Maternal postpartum depression is a well-defined, recognized depressive disorder affecting thousands of families each year. Health care providers, especially nurses, are trained to look for signs and symptoms and to provide valuable interventions. Unfortunately, new fathers may also suffer debilitating depression; yet, the vast majority of them go undiagnosed.

Although there is no official definition of paternal postpartum depression (PPPD), it may be characterized as a major depressive episode usually occurring between 3-6 months of the birth of their infant (Strayer, Cinahl Information Systems, 2015). According to recent literature, an estimated 4-25 percent of new fathers experience depression (Musser, 2013, p. 479), with the percentages increasing to as many as 50 percent, if their partner is also depressed (Letourneau, 2012, p. 69). In fact, the single most prevalent indicator of paternal postpartum depression was having a partner suffering depressive symptoms (Melrose, 2010, p. 199). In its 2012 resolution titled, "In Support of Research and Education for Paternal postpartum depression" the National Student Nurses' Association (NSNA) recognized the importance of increasing awareness and education about paternal PPD.

Depression in men manifests differently than in women, making it difficult to recognize and assess. Fathers may experience somatic symptoms, withdrawal from work and avoidance of social situations; they may become indecisive, cynical, angry, and irritable with their partner. Many fathers report that they are unable to bond with their new infant. Moreover, alcohol and drug use may increase, as well as marital conflict and partner violence. Some fathers report suicidal ideation. (Musser, 2013, p. 482)

Unfortunately, the negative effects of depressed fathers, when they occur early in a child's life, have the potential for serious psychological impacts on childhood development; particularly, for boys (Ramchandani, 2011, p. 471). For example, children of depressed fathers are at twice the risk of developing behavior and emotional disorders, as well as serious psychosocial problems, such as oppositional-defiant/conduct disorder and hyperactivity by time they enter school. These effects are independent of the impacts of maternal depression (Musser, 2013, p. 481).

UPCOMING EVENTS

Membership Meeting South July 30, 2016
CSU, San Marcos

CNSA Annual Convention October 7-9, 2016
Visalia Convention Center and Marriot Hotel

NSNA Mid-Year Conference

These disorders in children are worth paying attention to, for if they are left untreated, they can lead to dangerous antisocial and psychopathic behaviors. The orders are defined as follows:

Oppositional defiant disorder (ODD) is “a persistent pattern of negativity, disobedience, defiance, and hostility directed toward authority figures.” When ODD is combined with conduct disorder, there is an increase rate of suicide (Varcolis, 2nd Ed., 2013, p. 508).

Conduct disorder is a “serious behavioral and emotional disorder characterized by a persistent pattern of behavior in children and adolescents in which the rights of others and societal rules are violated. Conduct disorder is a precursor to antisocial/asocial personality disorder, characterized by aggressive behavior towards others, lack of remorse, destructive cruelty, serious rule violations, and lack of empathy” (Varcolis, 2nd Ed., 2013, p. 508). Early onset of conduct disorder indicates a poorer outcome.

Moreover, other psychiatric disorders often co-exist with ODD and conduct disorder such as anxiety, mood disorders, learning disorders, and ADHD.

While, we are not arguing that all psychopathic disorders in children are due to paternal PPD alone, we are acknowledging that a father’s depression is a contributing factor. It has become a priority, therefore, for mental health professionals to examine and identify the “characteristics among at-risk children for whom prevention and intervention efforts may be particularly beneficial” (Becker, 2013, p. 201-203).

The greatest challenge to treating fathers and their families suffering from paternal postpartum depression is the lack of knowledge about the disorder and the social stigma surrounding mental illness in men. Current societal attitudes expect fathers to be strong enough to take care of their families, making it difficult for men to seek appropriate help when they experience depressive symptoms.

In the resolution, presented by the Maurine Church Coburn School of Nursing at the October 2015 CNSA convention and again at the National Student Nursing Association annual conference this April, we proposed that there is a critical need to educate and increase public and professional awareness of paternal PPD and the seriousness of the developmental outcomes for children and families. As such, we recommended that nursing education curricula in Maternal and Women’s Health, Pediatrics, and Mental Health should include information about paternal PPD, so that nurses may recognize the signs and symptoms, and help to reduce, or eliminate, the potential for long-term detrimental effects on early child development and familial security.

Interested in Writing A CNSA Resolution?

September 6, 2016: Intent and/or first draft submission deadline

September 19, 2016: Final draft submission deadline

For more information and instructions, refer to our resolution resources on the CNSA website: <http://www.cnsa.org/resolutions-toolkit>

For any questions, feel free to contact CNSA Legislative Director, Jane De Lay:
cnsalegislativedir@gmail.com

The Image of Nursing 2016 Photo Contest

Categories:

- 1) Best Image of Nursing 2) Best Image of Nursing:
“Selfie” or Personal Photo



Example: Sacramento State Nursing, UC Davis, CSU Stanislaus and CSUS Paramedics at Save a Heart Day at CSUS.



Example: Jane De Lay, CNSA Legislative Director presenting resolution to combat human trafficking a NSNA Convention-House of Delegates.

Guidelines:

Photos should promote a positive image of nursing in the community, education, workplace, political arena, etc.

NO photos with Patients allowed.

After posting photo using the hashtag, please also submit to the Johnson & Johnson Photo App @ http://www.donateaphoto.com/en_US/the-app and Select “Foundation of the National Student Nurses’ Association” as the cause

Awards:

Winning photos and story will be featured in the Range of Motion Newsletter, and featured at CNSA convention.

Chapters will be awarded one free registration for CNSA Convention.



How to Enter:

Post your photos on any social media site using

#CNSAImageofNursing

AND

#Your CNSA Chapter

OR

Post your Photos to CNSA Image of Nursing Facebook Page (Specify your chapter)

Unlimited Entries!

Contest Ends

June 15th, 2016

Social Media Post: Your settings must be set for public for CNSA Image of Nursing to view.

Pictures may be used for future CNSA postings, publications, or events

Run For Office

By William Gallegos, Vice President



Before you know it, summer will have come and gone making way for autumn. Traditionally, autumn has been regarded as the end of the growing season. Although this may be true for our leafy friends, autumn to CNSA members, represents an opportunity for personal and professional growth. This October the annual California Nursing Students' Association State convention will be held in Visalia from October 7-9. The convention provides the opportunity to mingle, network, and share ideas with nursing students from throughout the State of California.

This year's conference is going to be BIGGER, BETTER and BOLDER than ever before! There will be many vendors and graduate school representatives available in the exhibit hall to provide information and lots of goodies to take home. By the end of the closing ceremony on Sunday, it will be hard to find a student who does not feel energized, empowered, and challenged regarding their student life, political involvement, and career aspirations. The culmination of the experience will be the welcoming of the new Board of Directors.

The Question is: "do you see yourself on that stage come Sunday as a member of the 2016-2017 Board of Directors?" If you answer "yes", or perhaps are entertaining the idea of running for a State position on the Board of Directors, please read on:

Prepare:

As the State Vice President and the Chair of the Nominations and Elections Committee (NEC), one of my duties is to create a packet that you will be using to submit your official candidacy. The biggest and perhaps the most overlooked step within this packet is the requirement to become acquainted with the State's Bylaws. Prior to running for any position, you should prepare yourself by reading the detailed description of the duties of the position that you plan to campaign for. In doing so, not only will you gain an insight into what is expected of you during your term in office, but you will also have a clear understanding of the workings and governing rules that allow for the successful operation of CNSA. Another major requirement if choosing to run for office in October will be to obtain a Letter of Recommendation from either your School Chapter Advisor, or your Dean of Nursing stating that you have the support from your faculty and institution to represent both your Nursing institution and the State of California Nursing Students' Association. The last three requirements will be to provide a passport size photo of yourself, complete the Application for CNSA Elected Positions, and sign a Willingness to Serve Document. All of these forms and instructions have been posted on the state's website (www.cnsa.org) for direct download as one packet.

Pre-slated vs. Non Pre-slated (Running from the floor)

There are several advantages to running as a Pre-slated Candidate prior to arriving in Visalia. To be considered pre-slated your 2016 Nominations Packet must be completed and submitted to the NEC by September 23rd, 2016. Pre-slated Candidates will:

- a) Not need to be nominated from the floor
- b) Be able to begin campaigning following the announcement of pre-slated candidates on Friday at the House of Delegates Parliamentary briefing session,
- c) Have their photo and application responses included in a binder at the CNSA table for all constituents present at the convention to review
- d) Have their photo and name listed in the CNSA Convention Mobile App under the Candidates section.
- e) Be able to display and distribute campaign materials up to a maximum value of forty dollars.

If you do not submit the Nominations Packet by the deadline to be considered pre-slated, you can still run for office, as a Non Pre-Slated Candidate after being nominated from the floor on Saturday during the House of Delegates meeting. If being nominated from the floor, you may not begin campaigning until a member of the NEC confirms that all of your nominations papers are in order. Campaign materials for candidates nominated from the floor are limited to a value of twenty-five dollars. Strategically speaking, it is to your advantage to run for office as a Pre-slated Candidate.

Best of Luck

Once you have submitted the packet you are done. Patiently wait for an email from a member of the NEC stating your official candidacy. Remember that it is never too early to start planning a campaign and even to choose a campaign manager. Make sure that you abide by the rules for campaigning as indicated in the packet. Most importantly, HAVE FUN!

You're Hired! A Nurse's Guide to Success in Today's Job Market

A must for nursing students, new graduates and experienced RNs competing for jobs in today's daunting health care market.

What employers are looking for in job candidates
Strategies for finding open positions
Creating effective resumes and cover letters
Job interview skills and techniques

Order today on the CNSA website!
<http://www.cnsa.org/you-re-hired---book>
CNSA members receive a discount

You're Hired!

A NURSE'S GUIDE TO
SUCCESS
IN TODAY'S JOB MARKET

By Brenda Brozek, MAOL, RN
Produced by the California Nursing Students' Association

Membership Spotlight

Melissa Engstrom



Favorite Class/Portion of School:

My favorite class so far has been Ob/Women's Health. Overall portion of school has been every clinical rotation- having the opportunity to work directly with nursing staff, patients and family in all the varieties of settings.

Specialty of nursing you are considering:

Coming into school I was set on Labor and Delivery, but I am really looking forward to ICU rotation and am also considering oncology or forensic nursing. Eventually I would like to become a nurse educator.

Volunteer and Leadership positions held:

Student Nursing Association Club: Faculty Representative 2015 & 2016, Co-President 2016
CNSA Antelope Valley College Chapter Co-Secretary 2015, Secretary 2016
Delegate at the 2015 CNSA Convention

Goals for the upcoming year:

So many.. Increasing involvement of our CNSA chapter at the local and state level, fulfilling my role as secretary on the board and supporting other board members and directors. Leading SNAC as co-president to put together an amazing pinning ceremony. Completing my ACLS, PALS, ECG & Pharmacology courses, as well as precepting this summer. Mostly to SURVIVE and THRIVE this final stretch of school!

Why did you become a CNSA member:

For the opportunity to move into professional leadership roles, networking, personal growth and professional growth, education and work connections, the list goes on. There really is no reason NOT to join!

Featured study/ self care tip:

Find balance! To stay engaged in your studies, stay engaged in life. You'll sacrifice many freedoms to school, but take time- go on a walk, have some quality family time, watch a movie- take that time for yourself. It will recharge your mind, keep you fresh and receptive to all the things you'll be learning!

YOU can be next issue's Membership Spotlight!

Fill out this questionnaire and email it to cnsacommunicationsdirector@gmail.com before June 15th to be considered. Remember to also include a picture of yourself in the submission.

Membership Meeting South

July 30, 2016

California State University,
San Marcos

Like us on Facebook and stay updated on
CNSA events! California Nursing Students'
Association (CNSA)



To be considered for a Scholarship from the Kaiser Foundation School of Nursing Alumni Association (KFSNAA), the applicant must meet the following criteria:

GPA 3.0 or higher

Second year (or higher) of RN pre-licensure nursing program or if in post-licensure program has passed NCLEX

Enrolled in an accredited Nursing program (ADN, BSA, MSN, DNP, or PH.D Nursing). Accreditation may be through the NLN, AACN, or the California Board of Registered Nursing.

Application Process Deadline: June 30, 2016
<http://www.cnsa.org/kaiser-scholarships>



Developed by nurse leaders and educators, Flo's Cookie Jar provides emergency grants-in-aid to pre-licensure RN students facing a one-time need that otherwise would force them to leave school. Support fellow nursing students by contributing to Flo's Cookie Jar.

For more information of applying and donating visit the CNSA website:

<http://www.cnsa.org/flo-s-cookie-jar>

Human Trafficking

By Daniel Duron BTN Director and Andy Liss Cultural Awareness Chair

The Response

A Global Sex Trafficking Summit

Courage Worldwide

The Super Bowl. It's one of the most popular events in today's society, and is one of the most watched events across the entire nation, with hundreds of millions tuned in. However, the sad truth is that the Super Bowl is also the biggest event where human trafficking occurs within the U.S. In the United States alone, there are between 300,000 to 400,000 child victims of human trafficking, according to the U.S. Department of Homeland Security.

It is a startling statistic, even more so as this year's Super Bowl took place in our home state, California. Although the media ramped up its human trafficking awareness, with many commercials being played, and many revelers across the bay area showcasing billboards and signs regarding human trafficking, Santa Clara County officials stated that they found a potential of 42 human trafficking victims, and some were underage.

Many times, nurses are the only people who come into contact with human trafficking victims. Unfortunately, many nurses do not know how to correctly identify a victim of human trafficking. In a research study of 21 human trafficking survivors, 28% of the victims came into contact with health care workers, and many were unaware or even suspicious that they were trafficked. (Sabella, 2011). Because of this, we need to be especially aware. Aware of the fact that it happens more often than we think, and that we may be the only chance to save a victim before he or she is lost.

January 11 was Human Trafficking Awareness Day. We had the opportunity to go to a rally held by Courage Worldwide called "Not In My City, Not In My State" in Sacramento on January 11. According to the FBI, Sacramento is among the top five cities in the nation for child prostitution, and human trafficking. However, despite these statistics, Sacramento has been vigilant in fighting the epidemic occurring within its city. It has instated a task force with both the police and sheriff's department. It has had two full time investigators solely

working on the issue since 2006.

There were two big takeaways from the rally. First, trafficking is a problem that is real, and happening so often without many of us knowing. Second, and more importantly, despite the huge problem, it is inspiring to see how many organizations can rally together to tackle an issue.

In Sacramento alone, government, business, law enforcement, churches, hospitals, and non-profit organization leaders came together. Courage Worldwide, an organization that's focus is to build homes for those who have been victims of human trafficking, continues to fight on, not only in Sacramento, but in other cities across the state. It holds events year-round for its cause.

As future nurses, we may come across a trafficked victim. In fact, we may be one of the few people who do come in contact with these victims. I urge each of you to be aware of this as an ongoing problem, and the numerous victims that are affected.



There are toolkits by the U.S. Department of Health and Human Services' regarding Human Trafficking, which you can find here for additional information:

<http://www.acf.hhs.gov/programs/endtrafficking/resource/rescue-restore-campaign-tool-kits>.

Reference

1. Donna Sabella, PhD, RN, in American Journal of Nursing, February 2011, Vol. 111, No. 2

Financial Aid: Myths VS Facts

By Thomas Edison State University

Each year, the U.S. Department of Education makes available more than \$150 billion in federal financial aid, and processes approximately 22 million Free Applications for Federal Student Aid (also known as the FAFSA). For the 15 million students who accept it, financial assistance makes it possible for them to go to school. With a staff of roughly 1,200 in the Education Department's Office of Federal Student Aid, that's a lot of paperwork. And where there's a lot of paperwork, there is the potential for a lot of confusion. So to clear these misconceptions and set the record straight, here are the nine most common financial aid myths it's time to stop believing.

MYTH: The FAFSA takes too long to fill out.

FACT: From start to finish, filling out the FAFSA should take no more than 30 minutes to complete. Along the way, you can find step-by-step instructions and live help, available via web chat, email and phone, so you can submit the most complete form possible.

MYTH: Once the FAFSA is completed, it doesn't have to be completed again.

FACT: For each calendar year you plan to attend school, a new FAFSA must be filled out and submitted. Depending on your personal financial circumstances, the amount of aid you qualify for may change from year to year – increase or decrease

MYTH: Taxes must be filed before the FAFSA can be filled out and submitted.

FACT: To fill out the FAFSA, it is acceptable to submit estimated tax information before filing taxes. Federal student aid is on a first come, first served basis, so the earlier you file, (you can apply starting January 1) the better your chances for receiving the funds you need. You can base your initial tax estimates on last year's tax returns. Once you have filed your taxes, update your FAFSA information online with your current tax information.

MYTH: There are so many people applying for federal aid, there just isn't enough to go around.

FACT: The amount of aid for college students increases every year. Annually, over \$150 billion is distributed to undergraduate and graduate students, traditional and nontraditional alike, in the form grants, federal work-study,

federal loans, and federal tax credits and deductions. In 2012, the percentage of first-time, full-time undergraduate students at a 4-year degree-granting institution receiving any type of financial assistance was 85%. Whatever the numbers, one thing is for sure – you have to apply to qualify.



MYTH: Financial aid is free money, and it never has to be paid back.

FACT: While several categories of federal aid do not need to be paid back, like grants, scholarships and federal work-study, there is one form that is not free: loans. Loans are considered part of the financial assistance award because they help lessen the overall cost of your education, however, it is borrowed money that must be repaid with interest.

MYTH: Making too much money and declaring it on the FAFSA will disqualify me for aid.

FACT: There is no minimum or maximum amount that you must earn to qualify or be considered for financial assistance. How much money you or spouse makes is just one of the many factors that determine individual eligibility for federal grants, loans, or work-study funds.

MYTH: I should receive enough financial assistance to cover all of my college expenses.

FACT: Financial student aid is assistance to help cover as much of the educational costs you are deemed eligible for. It cannot cover all costs, but it does help alleviate the overall cost of attending college. You can, however, use federal aid for more than tuition, books and fees; you can use financial aid to help pay for other expenses that are school-related, like childcare, transportation, purchasing a computer, and more.

MYTH: Loans are not a form of financial aid.

FACT: Federal loans are considered part of the aid package because they help lessen the overall cost of an education, which otherwise may have been paid through other means.



A Culture of Learning

**Our Passport to the
World of Nursing!**



2016 CNSA Convention

Visalia Marriott Hotel • Visalia, CA

October 7-9, 2016

What is Breakthrough to Nursing

By Daniel Duron BTN Director

During my term as Breakthrough to Nursing Director, I have talked to many different people at many different schools across the state. I have had many students ask me what breakthrough to nursing means, as many students did not know. However, rather than just give my own thoughts of what Breakthrough to Nursing is, I asked various people across the state and nation.

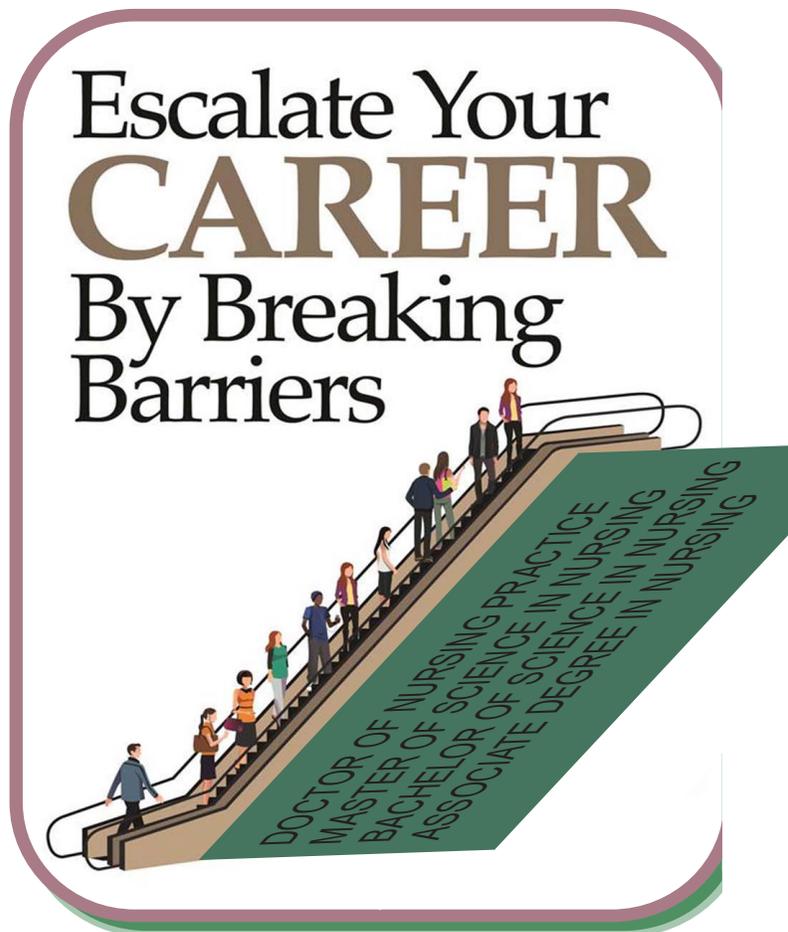
I first asked Diane Mancino, NSNA executive director, her thoughts on what BTN are:

“Breakthrough to Nursing refers to the National Student Nurses Association Breakthrough to Nursing (BTN) Project. The BTN Project was established in 1964 to recruit underrepresented people into nursing; help retain them in nursing school once admitted; and address issues of racial segregation in nursing schools and in the nursing profession that were prevalent at that time. BTN was created at the time of the Civil Rights Movement in the USA and nursing schools were segregated. When nursing schools were “desegregated” with the passage of the Civil Rights Act of 1964, there was a decline in the number of black students entering the profession. When nursing programs serving black students closed, the “integrated” nursing programs still did not admit them or made it difficult for black students to enter and complete the program. The nursing profession today does not represent the people that are served by nurses. There remains a lot of work to be done to reach and recruit underrepresented people in nursing. BTN is as relevant today as it was in 1964, perhaps even more so because of the greater diversity we are seeing in the patient population.” – Diane Mancino, EdD, RN, CAE, FAAN; NSNA Executive Director

However, I also asked some nursing students who are directly involved in BTN what their thoughts were on what BTN actually means:

“BTN holds so many definitions for me: diversity,

education, awareness, competent, etc. But the term that best describes it, at least for me, is opportunities. By educating the population on nursing, we essentially open their insights about the profession, thus creating opportunities for the people to join us.” – Jae Lim, NSNA BTN Director, University of Central Florida



“To me BTN means that you have so much passion towards nursing as a career that it’s almost natural to just spread the word about what a great career it is and to be able to clear any and all misconceptions and accepting of changes that we constantly experience in the health care field. To add on to that, it’s not just about what we as nursing students and future nurses can provide to the community, but how they can help us in creating more innovative ideas. Especially in the next generation.” – Cherrie Brosas, CNSA BTN

Committee Member, CSU East Bay

“To me, BTN means eliminating barriers surrounding the nursing profession. What I think this should look like includes such things as working to challenge fallacies or perceptions about the profession that exist as much within the profession as in the general public. To me it’s not just about providing information on how to navigate school enrollment requirements, it’s telling people in the community that nursing “needs/includes” them, as well as telling nurses that they need, and should include the community.” – Robert Garibay, CNSA BTN Committee Member, CSU Stanislaus.

The main idea, from everyone’s definition of BTN, is to promote nursing to all, especially in diverse populations. Diane Mancino also adds that: “Disparities in healthcare access and delivery remain a problem throughout the United States. An excellent resource to explore this issue is the Sullivan Commission Report, Missing Persons: Minorities in the Health Professions. Health professionals tend to live and work in communities that they are a part of. A more diverse nursing workforce will populate diverse communities.” - Diane Mancino, EdD, RN, CAE, FAAN; NSNA Executive Director

Breakthrough to Nursing also, I feel, highlights the moments in peoples’ lives when they had a “breakthrough” moment, and decided to go into nursing. This is especially true for those who may not have considered nursing as their profession going into it. Here are some examples of “Breakthrough moments” held by nursing students!

“The most notable experience has to be when I presented the College of Nursing to the Class of 2017 Freshmen. This is the second, most pursued major in my school, which consists of 60,000 students. The Class of 2017 has about 10,000 students. I had the privilege and honor to make a presentation about the nursing profession to the incoming class.” – Jae Lim, NSNA BTN Director, University of Central Florida



- my first day of actual patient care contact - I realized how much I’m made for this profession through the connections I was able to make and the way I relayed information to patients.” – Cherrie Biana, CNSA BTN Committee Member, CSU East Bay

“As cheesy as it sounds I feel like I have a nursing “breakthrough” moment every time I step on the floor at my job as a CNA. Each week in these moments, I forget completely about the outside world and about my checking my phone and am solely concerned with my patients. It’s been during these hours that I sometimes catch myself feeling so grateful to be in the position to serve humanity in such a direct and profound way.”
– Robert Garibay, CNSA BTN Committee Member, CSU Stanislaus

Some final words from Diane Mancino, regarding being involved in BTN activities:

“It is difficult to directly measure the impact of BTN initiatives. While it may not be immediately apparent, if every BTN committee member even inspires one underrepresented student to enter

nursing, this is considered success. Nursing competes with many other career opportunities and it is not a profession for everyone. Targeting those individuals who have the core values of nursing, sometimes referred to as “a calling,” can increase successful recruiting. Most nursing students say that they entered nursing to make a difference or because they watched a nurse caring for patients when they or a family member or friend was hospitalized.

So in essence, we are all recruiting every day that we practice the profession. Keep this in mind when patients have family and friends visiting on the unit. Nursing is not a job, it is a profession. In addition to rigorous basic education, there is a lot to be learned outside of the classroom and clinical setting. NSNA and CNSA offer opportunities for professional growth and development to help prepare students for their future roles as leaders. Every RN is a leader and will be responsible and accountable for the care they and others provide.

NSNA/CNSA prepares nursing students to enter a profession that will challenge and reward them every day. The pipeline to leadership starts with NSNA/CNSA; and this is only the beginning. Once licensed, it will be involvement in professional nursing organizations such as the American Nurses Association, the American Organization of Nurse Executives and specialty nursing organizations that will benefit from the leadership skills learned in

NSNA/CNSA. In addition, as most hospitals are implementing shared-governance models, NSNA/CNSA leaders are ready for committee and nursing leadership council involvement.

For those nursing students unable to be actively involved, it is important to communicate the importance of joining an organization to support those that are active. NSNA/CNSA advocates for all nursing students, and they all benefit in some way from the work we do.” - Diane Mancino, EdD, RN, CAE, FAAN; NSNA Executive Director

I hope that this has helped give some insight in Breakthrough to Nursing. During your journey as nursing students, if you wish to start or help out with BTN initiatives at the local or state level, please feel free to contact me. Additionally, please feel free to share your own “Breakthrough” moment into nursing at cnsabreakthroughnursingdir@gmail.com !

NOMINATE A STUDENT FROM YOUR SCHOOL OF NURSING

The DAISY In Training Award was created to help students be reminded on why they wanted to become a nurse.

“By recognizing Nursing Students for the above and-beyond care and compassion you show patients and their families as you are learning, we celebrate what it truly means to be a nurse.”



For more information visit:
<http://www.cnsa.org/daisy-award>

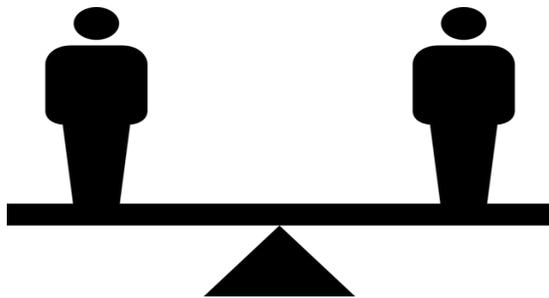
Taking Action Against Human Trafficking

By Melissa Byrne 2014-2015 Breakthrough to Nursing Director

What do you think about when you hear “human trafficking?” Some think of the headlines they see about forced prostitution in Thailand, or photos of children holding guns acting as soldiers in Africa. So, why did I submit a resolution in California to present in front of nursing students from across the state? Sacramento and Los Angeles are two of the most common cities in the world for human trafficking to occur:

One question I received during the resolutions hearing at CNSA’s convention was “Why are these patients getting missed?” First off, most nurses have not received education on how to identify a victim and there is no standardized screening tool. Secondly, traffickers present as “family members” which can be deceiving to health care providers. They typically speak for the patient and position themselves between the nurse and the patient in an effort to maintain control. Third, victims reported that they were never isolated from their trafficker during their stay, so there was no opportunity to call for help. Finally, human trafficking victims have terrible issues with trust. They are repeatedly hurt by people who claim to love them. Some survivors report that they were not reassured that their initial interview would be confidential, and if they had, they would have spoken up sooner.

In order to combat human trafficking, this requires not just our attention: this needs our action. As nurses, it is our duty to serve as an advocate to our patients. This is a human rights violation and we must do our best to keep them safe from harm. The first barrier of this issue is awareness in our communities. January 11 was National Human Trafficking Awareness Day, and this year I watched the city of Sacramento recognize it at a “Not My City, Not My State” campaign. This is something that people can do across other cities, states, and nations. Once this is widely recognized as an urgent issue, I hope to see mandatory educational sessions for health care providers on how to identify a victim and what to do next since this has shown to be effective in research. In addition, I hope to see a standardized screening tool.



- 1) This is a local, national and international problem that is likely happening in your city. It includes, but not limited to: movement of persons by threat or use of force, of abduction, or other methods to gain control over another person for the purpose of exploitation that includes sexual exploitation, forced labor/ services, slavery, and/or removal of organs affecting over 20.9 million people.
- 2) On average, 28,000 people are trafficked into the United States annually.
- 3) Up to fifty percent of reported victims are seen by a health care provider at one point while under the control of their trafficker and are not identified.
- 4) Nurses are potentially the first line of defense for these victims...perhaps even their only defense during a hospitalization
- 5) They can present in any unit. Most victims are women and children as young as eight years old with an average victim age of twelve years old. Interviewed survivors emphasize that anyone can be a victim, regardless of age, gender, sexuality or race. They are usually admitted into a hospital when they are at their worst- in critical care, emergency rooms, and psychiatric settings. Women victims of sex trafficking present in obstetrics and clinics for unplanned pregnancies and recurring sexually transmitted infections.

Heart Healthy America

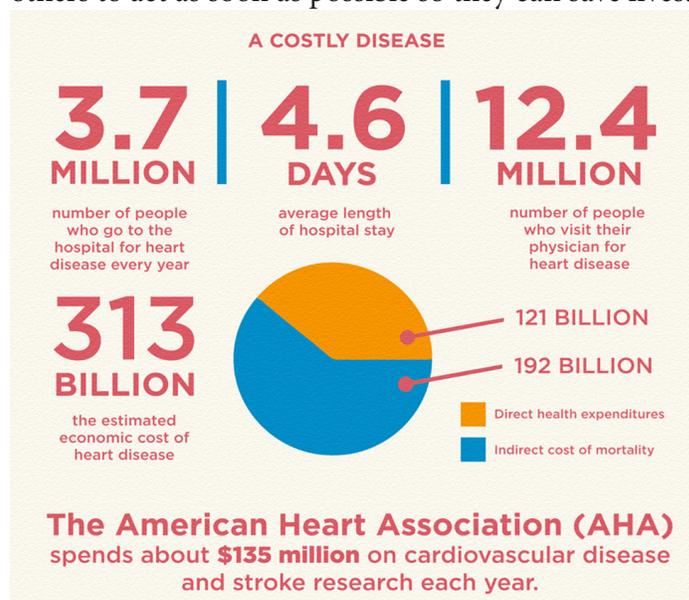
By Jenna Druce, Community Health Director

One out of every three deaths in America is linked to cardiovascular disease (American Heart Association, 2015a). For decades, cardiovascular disease has consistently been the number one cause of death in America, despite the fact that several risk factors are modifiable and preventable. Although February was American Heart Month, we cannot ignore this issue for the rest of the year. Heart health must be continuously promoted and talked about for us to make a difference.

Some of the preventable risk factors for heart disease include hypertension, obesity, physical inactivity, poor diet, smoking, and diabetes. For many nursing students, it may seem impossible to eat healthy, exercise, and still fit in all the hours of studying and homework that is required. Thankfully, small changes can lead to big differences! Instead of munching on high sodium foods like chips or crackers, swap out for some baby carrots or celery. Always keep a full glass or bottle of water at your desk and refill once it gets empty. Staying hydrated keeps your blood from becoming thick and concentrated, and dehydration is a contributing cause to blood clots (American Heart Association, 2015b). Lastly, get moving! You may not be able to take the time out for the gym each day, but incorporate a few minutes of running in place, jumping jacks, or going up a few flight of stairs during a study break at least every hour. The increased circulation will help keep your mind sharp and focused as you continue reviewing for school.

Community Health and Breakthrough to Nursing Committees have partnered to bring awareness of heart health and how to save lives to nursing schools across California with the CNSA Save A Heart CPR event. During the week of April 10th, several CNSA chapters hosted events to teach the general public and other non-nursing students about hands-only CPR and how they can save a life if they witness an adult collapse from cardiac arrest. 88% of cardiac

arrests occur at home. Starting compressions almost immediately after a witnessed event can significantly increase the victim's chances of surviving compared only to waiting for emergency services to arrive (American Heart Association, n.d.). Save A Heart CPR events are meant to educate and encourage others to act as soon as possible so they can save lives.



Interested in joining other nursing students across the state in this event? Go to <http://www.cnsa.org/cpr-block-party> to get instructions on how you can be involved with this event. Southern California chapters can email me at cnsacommunityhealth@gmail.com and northern California chapters can email Daniel Duron, the Breakthrough to Nursing Director, at cnsabreakthroughnursingdir@gmail.com for more information and so we can add you to our growing list of schools participating.

There is also much more information to be found in the toolkit created by our Community Health Committee member Brenda Gonzalez. The toolkit has infographics that you can share online to help get the message out about heart health, and shares different ideas for your CNSA chapter can have heart healthy meetings and events on campus.

Want to make a difference on a state level and help change lives? Join the community health committee by emailing me at cnsacommunityhealth@gmail.com and share with me your passion for promoting wellness in California.

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Save-A-Heart Moments

Find more photos from this event at cnsapics.smugmug.com



Building a Strong Board

By Jessica Gonzalez, Membership Director South

Behind every strong and high functioning chapter is an effective and well-rounded board of directors.

Developing an effective board requires time, commitment to the organization and a strong sense of teamwork. As Membership Directors, Kyle Navarro and I strive to help our chapters establish a strong presence, so we have chosen to focus our attention on the core of the chapter – the BOD. In writing this article, my hope is to provide our chapters with tips and tools to help build the strong and effective board of directors needed to foster growth and success of a chapter.

Our research of both non-profit and corporate organizations has lead us to five common factors affecting the success of a board: Setting clear expectations, incorporating diversity, knowing when to expand, development of committees, and ongoing teamwork and support.

Setting clear expectations—This is, crucial when recruiting and electing new directors onto the board. The key here is to provide each director with a clear and concise outline of expectations and duties associated with the position. Role ambiguity slows decision making progress and can cause unnecessary and conflict which can cause tension among the board. To start, be sure each position is clearly outlined in your chapter bylaws.

Diversity—When recruiting members for your board, it is important to seek diversity, which will bring a variety of skill sets, perspectives and backgrounds. The larger your chapter grows, the more important it is to maintain a diverse board so that all member demographics can be represented.

Knowing when to expand—Expanding your board should be a careful and unrushed process. It is important to maintain focus on one project at a time to guarantee success before taking on more. I recommend first establishing your executive board (President, Vice President, Treasurer and Secretary) and one special project. A few good projects to start with are fundraising, mentorship, or community service. Once you have established your project director, you can move forward to expand your board further. Just remember, one at a time will ensure success!

Committees—As you develop and expand your board, the use of committees will substantially aid in the progress of projects and events both in terms of quality and speed. Committees also allow for participation among your general membership and can serve as a strategy to recruit potential directors.

Teamwork and support of one another—This is, critical in the success of both your board and your chapter as a whole. As students, we make school our utmost priority. For directors to be able to succeed in their positions as well as excel in their schoolwork, you must look to each other as resources for support. Beyond your board lie many other resources, such as your respective CNSA Directors who are there and ready to answer questions and help support you as you learn to be leaders.

We are optimistic that these tips will help chapters work toward developing a strong presence not only here in California, but at the national level. Together with our CNSA Board of Directors, Kyle Navarro, Membership Director North, and I are currently working to create a detailed toolkit for developing an efficient board which will be available on our website. This toolkit will incorporate advice from current board members on both the state and chapter levels, as well as expand on the tips provided within this article. We welcome any questions, comments and input that will aid in this development. Please do not hesitate to contact me at cnsamemsouthdir@gmail.com, or Kyle at cnsamemnorthdir@gmail.com. We look forward to hearing from you!

Everyday Language Harms Nursing

By Shereen Haddad, Image of Nursing Chair

A chalkboard with the words "Professional Solutions" written in white chalk. The word "Professional" is on the top line and "Solutions" is on the bottom line. The word "Solutions" is underlined with a single horizontal line.

Can the Everyday Language we use in our Nursing Practice be Harming our Profession's Image?

Much of the seemingly harmless language we use in carrying out our practice as nurses can actually contribute to the inaccurate negative portrayal of nurses that most of would like to put an end to. You “call the doctor to get medication for your patient because if you work as a nurse in the medical field there is little you can do without a doctor’s order.” This seems like a seemingly mundane and neutral statement, but so much of the terminology in this statement is detrimental to our work towards building a positive image of nursing. Let’s break it down look at why that is and what nurse friendly language we can be using instead.

Why do we say we’re calling the “doctor?”

Last I checked nurses and other healthcare professionals could earn doctorate degrees too. By reserving the term “doctor” for physicians, we are implying that this esteemed title is owned exclusively by physicians. Rather than saying “doctor,” a more appropriate term would be “physician.” This may be a bit of a challenge at first as some of our patients may not be familiar with the term “physician,” but we have to start somewhere. It will take time but real change often does.

Why do we say we “work?”

The term “work” tends to be used to describe jobs in labor industries. As healthcare professionals, we need to get in the habit of using the word “practice” instead of “work.” Just as an attorney practices law and a physician practices medicine, when we graduate we will have a career and practice nursing, not a “job” where we “work” as nurses.

Why are we working in the “medical field?”

Physicians practice “medicine” and provide “medical” care. By using terms like “medical field” to refer to healthcare, we imply that healthcare is exclusively provided by physicians and that all other healthcare professionals operate under physicians’ practice. We know this isn’t the case. Physical therapists, pharmacists, social workers, nurses, and so many other key players in the healthcare delivery system practice independently under their own licenses and using their own unique skill sets. They collaborate with each other as well as with physicians to provide patient care. They do not operate exclusively under the direction of a physician. By referring to the entire healthcare field as “medical” it undermines not only the independent contributions of

nurses, but all the healthcare team. Rather than saying “medical field” we need to say “healthcare field.” Rather than naming facilities “medical clinics” and “medical centers” we need to start moving towards names like “health clinic,” “healthcare center,” and “hospital.”

Why do we take “orders?”

The stereotype that nurses are assistants to the physician is, in my opinion, one of the most frustrating misconceptions about nurses. Physicians have a unique knowledge base that is important to the patient’s care, but nurses also have their own unique knowledge and skill set. Nurses and physicians work together to care for the patient. A physician does not and should not “order” a nurse around and if one did, I certainly wouldn’t stand for it, so why then do we refer to care plans as “orders?”

I once witnessed a clinician ask the RN to give a patient a medication. She responded with “Is that an order?” As a nurse, I knew that she just wanted to confirm that that was an official prescription for the medication. The lay people in the room, however, raised their eyebrows and laughed nervously interpreting it as the nurse being upset at the clinician “bossing” her around. Why would we choose to regularly use terminology that carries that connotation in our practice? The physician can write a prescription for something, but we as nurses can choose not to follow that prescription if we deem it unsafe for our patients. In fact, if the prescription isn’t safe and we follow it, our own licenses are under jeopardy. We are not following “orders!” We need to refrain from using that terminology and instead use terms like “prescription.”

Having a positive and accurate portrayal of nursing is no small feat. It will take time and work. As new emerging nurses it is our responsibility to move forward in making this happen. No one else will. The very least we can do is adopt the use of nurse friendly vocabulary in our daily dialogue. If we continue to use vocabulary that undermines the respect our profession deserves, not only are we not working towards change, but we are actually contributing to the problem.

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