



Every spring ANA collects the names of nurses who have passed in the past year to be honored in the Nightingale Tribute Book at the Membership Assembly. If you would like to honor a nurse who has died since June 2020, please notify MNORN at kkoehn@mnorn.org

Please include the nurse's full name and date of death. MNORN must submit names to ANA by May 24th.

Nightingale Tribute

When a calming, quiet presence was all that was needed, He/She was there.

In the excitement and miracle of birth or in the mystery and loss of life, He/She was there.

When a silent glance could uplift a patient, family member or friend, He/She was there.

At those times when the unexplainable needed to be explained, He/She was there.

When the situation demanded a swift foot and sharp mind, He/She was there.

When a gentle touch, a firm push, or an encouraging word was needed, He/She was there.

In choosing the best one from a family's "Thank You" box of chocolates, He/She was there.

To witness humanity — its beauty, in good times and bad, without judgment, He/She was there.

To embrace the woes of the world, willingly, and offer hope, He/She was there.

And now, that it is time to be at the Greater One's Side, He/She is there!

Nursing is a calling, a way of life. Nursing is a service profession that cannot be lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor our colleagues not only during their career, but also at the end of life's journey.

Coming in May: SAVE The Dates for the MNORN Dialogue Forum(s)

ANA has selected the following topics for Dialogue Forums at the 2021 Membership Assembly in June:

- Universal Coverage that Recognizes the Value of Nursing
- Genomics and Precision Health
- APRN Full Practice in Nursing Homes
- COVID-19 Pandemic: Lessons Learned and Opportunities

MNORN will hold our own Dialogue Forums to discuss these topics in May, insuring that our Representatives to the ANA meetings will be able to bring the viewpoints of our members to the virtual discussions in DC.

The first meeting will be held on May 11th from 7-8pm. Topics to be discussed:

Universal Coverage that Recognizes the Value of Nursing

Discussion leader, Mary Chesney

Description from ANA: Regardless of how the health care system is financed (private payer, public option, single payer, payment based on quality, etc.), ANA needs flexibility to advocate for equitable payment for nursing services and for nurses to be allowed to practice at the top of their training, while also advocating for patient access to needed, quality care. This dialogue forum will focus on the recommendation to adopt a new policy endorsing universal health care coverage that recognizes the value of nursing, including reimbursement, payment, coverage, and full practice authority for all nurses in the health care system, which in turn would rescind the 1999 House of Delegates policy endorsing single payer as the most desirable option for financing a reformed health care system.

This proposal was submitted by the ANA Board of Directors.

Genomics and Precision Health

Discussion leader, Joseph Alexander

Description from ANA:

Precision Health and Genomics, when implemented, can increase therapeutic efficacy, safety, and quality, and reduce healthcare costs. As Precision Health and Genomics is clinically relevant throughout the entire healthcare continuum from before birth to after death it has implications for the entire nursing profession regardless of level of academic training, role, or clinical specialty. The focus of this Dialogue Forum will be on establishing a strategic initiative to integrate Precision Health and Genomics into basic and advanced nursing practice.

This proposal is a combination of two proposals submitted by Drs. Kathleen Calzone and Laurie Badzek, members of the Maryland Nurses Association, and Dr. Mary Anne Schultz and Ms. Evangeline Fangonil Gagalang, members of ANA\California.

The second meeting will be held on May 20th from 7-8pm. Topics to be discussed:

APRN Full Practice in Nursing Homes

Discussion leaders Sara McCumber and Camie Peterson-DeVries

Description from ANA: Nursing homes need transformation and advanced practice registered nurses (APRNs) working in nursing homes can tip the transformation scales so that nursing home residents receive timely illness recognition and management. This Dialogue Forum will focus on the role of APRNs in nursing homes, the importance of removing current barriers on APRN scope of practice, and the need to overhaul Medicare regulations that restrict APRNs from billing for nursing home services.

This proposal was submitted by Drs Marilyn Rantz and Lori Popejoy, members of the Missouri Nurses Association.

COVID-19 Pandemic: Lessons Learned and Opportunities

Discussion Leaders Celeste Knoff and Colleen Quesnell

Description from ANA: The COVID-19 pandemic will be a defining experience for nursing and our country for many years to come. This Dialogue Forum will focus on identifying lessons learned from nurses' experiences to inform the profession and our country's planning for the next pandemic and disaster experience.

This discussion will be informed by submissions received during the 2021 Membership Assembly Call for Proposals and a Tri-Council for Nursing report, Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice, and Regulation.

We hope you will be able to join us for these fast-paced, important discussions. 1 CEU will be given for each meeting.

Watch your email for invitations via evite next week

MNORN Representatives to the 2021 ANA Membership Assembly: Heidi Orstad, Sara McCumber, Kelli Greder, Molly Maxwell (alternate)

Would you like to observe the 2021 Virtual Annual Meeting of the ANA Membership Assembly? Requests for both ANA members and non-members, are now being accepted! Requests must be submitted by 11:59 pm ET, Friday, May 14, 2021. To submit a request, click on the link: [Membership Assembly Observer Request Form](#). NOTE: The following information will be needed to submit a request: Full name, ANA membership number (if applicable), Affiliation (e.g. MNORN), Phone number, Mailing address, E-mail address

A request to observe should be submitted only if you expect the individual to attend. ANA will confirm that the request has been received by sending a link to the online registration site. [Click here to see preliminary schedule](#)

As the March Month of Food Drives end, Food Insecurity Continues.....

by MNORN President, Heidi Orstad DNP, RN, PHN, CCM in partnership with Jill Verchota-Luce MPH, RDN, LD



One of my areas of passion has to do with mitigating hunger in our communities. In fact, my DNP project focused on working with my community partner to routinely identify food insecurity within the families at their early learning center while also facilitating access to stable, nutritional resources. For this inner-city community partner in 2018, one in three families experienced food insecurity at the beginning of the project. By the end, none of the families identified as food insecure as they had the food they needed day in day out and knew where to access food if they ran low.

The problem now:

If you've watched the news in the past year there's no doubt you've seen the striking images of cars and people snaking around blocks waiting for hours for food distribution they desperately need for their families, some for the first time in their lives. Job losses due to the pandemic have contributed to a rise in uncertain access to food across the United States. Prior to the pandemic in 2019, according to the American Academy of Pediatrics, just over 1 out of every 6 families with children experienced food insecurity, or the disruption in food intake or eating patterns because of lack of money or other resources (1, 2). In 2020, Northwestern University estimated that at its peak this nearly doubled to 1 in 4 households having experienced food insecurity early in the pandemic, with higher rates experienced by Blacks, Hispanics and households with children (3). Food insecurity may result in eating a less healthy, varied, nutrient-rich diet, increase usage of community food pantries or other food assistance programs and, at its worst, food intake is reduced to the point of feeling hungry.

Since the pandemic hit, job losses have contributed to rise in food insecurity (4). But the problem isn't new. While the root causes are complex, prior to the pandemic, lower wages and prioritizing fixed living expenses before food are among the many varied contributors to food insecurity.

Impact on Health & Work:

Those experiencing food insecurity are at risk for negative health outcomes including: learning and developmental problems and negative effect on mental health in children, higher rates of obesity in both adults and children and higher rates of chronic disease in adults ages 18-65 (2,5). Not surprisingly, when food insecure households opt for less expensive, calorie-dense foods that may be lacking a healthy variety of nutrients to support good health, households experiencing the greatest degree of food insecurity have nearly 25% higher health care expenditures compared to food secure households (5). This cycle of

poverty, food insecurity and illness also impact work performance with lower productivity, missed days of work and performance.

Be part of the Solution:

Understand the level of food insecurity in your employee and/or patient population

If you are an employer, consider approaching employee health risk assessments through a health equity lens by incorporating questions specific to social determinants of health, in other words – those social, economic and physical conditions in which people live, work and play that affect their health and quality-of-life. One of these conditions includes access to safe and affordable food. Check out the [Social Needs Screening Tool](#) by the American Academy of Family Physicians for an example of two food-specific questions to ask.

If you work in a healthcare environment, does your team make screening for food insecurity a part of your routine health assessment? If the answer is yes, how do you help families find relevant resources in their community?

Kick the stigma by raising awareness of food assistance programs in your area

A large proportion of people needing food assistance do not seek it because of perceived stigma and shame associated with accepting help (6). Join the effort to kick the stigma by raising awareness of local programs and letting employees know that we're all in this together during this challenging time. Also consider ways of increasing not only awareness but access by allowing employees flexibility in making appointments during the work day, as this may be the only time food support is available. Examples of programs for working-age adults and their children found nationwide include:

- **School meal programs** that provide free or low-cost meals include the National School Lunch Program, School Breakfast Program and the Summer Food Service Program. Employees with children can inquire about such programs and their eligibility to participate with their school district. Learn more [here](#).
- **Food banks** support individuals and families with no cost grocery items and meals. One such way to search for local food banks in your area is to search the [Feeding America network](#) of food banks.
- **Special Supplemental Nutrition Program for Women, Infants and Children** (also known as WIC) provides healthy food and nutrition education for low-income pregnant and postpartum women and their kids up to age 5. Employees may learn more about this program, the location of the nearest WIC clinic and their eligibility [here](#).
- **Supplemental Nutrition Assistance Program** (also known as SNAP) provides nutrition assistance to supplement the food budgets of individuals and families in need. Find more information [here](#).

For additional programs and resources in your area, contact your local County or State Health and/or Social Services Departments for more information. Other programs that may be available to support employees include congregate meal sites, [Market Bucks](#) farmers' market food assistance programs, community gardens or programs through your local Cooperative Extension office, among other organizations that may offer services unique to your area.

Increase access to healthy, nutritious foods through your employee benefits package

Consider ways in which your benefits package may support employees in cutting grocery and other costs. Employee Assistance Programs often have a wide variety of services that help employees navigate stressful life situations, manage finances and may help them offset the cost of some expenses to ensure they have money left for food. Offering a grocery savings program to employees will help employees not only cut food costs but serve as another way to educate on healthier items eligible for savings.

Innovations in health care organizations

Health care organizations are in a unique position to be part of the solution when interfacing with patients. Take, for example, Boston Medical Center's food as medicine approach when they established the Preventive Food Pantry. Patients screened by medical providers are prescribed bi-weekly food baskets that meet their particular health needs, including fresh foods such as meats and produce from a rooftop garden. Those with food prescriptions also receive nutrition education by a chef/nutritionist on how to incorporate the foods received and eat for particular health conditions at the adjoining Demonstration Kitchen (6). This approach not only remedies an urgent problem, but provides root cause solutions by increasing patient confidence and skills related to preparing healthy foods on an ongoing basis. Locally, Allina Health based in Minneapolis, MN is helping to fight food insecurity by partnering with a non-profit hunger relief organization, The Food Group, to collect healthier food items at more than 50 Allina clinic locations.

Charitable giving for community well-being

If you find that your company and employees are in a position to increase food security in your community there are a lot of opportunities to give! For example, employee well-being or social committees may organize a food drive or volunteer event for a local food shelf, meal packaging or community meal program. Some companies choose to gift employees with an annual number of volunteer hours that employees can use during the workday. Charitable giving campaigns are another way to support organizations unique to your community. Consider contributing a corporate match on an annual or ongoing basis to give the campaign a boost.

Provide a healthy food environment at work

Worksite gardens provide a great way to increase employee access to, as well as consumption of, nutrient-packed produce to support their health, not to mention a great outlet for social connection and physical activity, both of which are crucial to well-being and disease prevention as well as employee performance and retention. Don't let missing a green thumb intimidate you! Search for a local [Extension Master Gardener](#) near you who can volunteer their garden expertise to help you get started in designing and implementing your garden. It doesn't need to be a large-scale endeavor, start small with container gardens! Don't have the space for a garden? Subsidizing employee participation in Community Supported Agriculture (CSA) drop boxes of produce at your worksite provide a more turnkey alternative that also supports your local economy.

Another option would be to provide free or subsidized fruit and vegetable snacks for employees in break rooms. Make the process seamless by partnering with a produce vendor who can make weekly drops. To ensure those nutritious goodies are well-received by employees, get their buy-in on what foods to include and include fun, creative marketing to increase the hype! Consider other opportunities for offering healthy meals and snacks, such as staff meetings or on a regular basis to boost employee morale. It may just be the only time your employees include produce in their diet all week!

Sources:

1. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx/>
2. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>
3. <https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-research-reports-pulse-hh-data-10-june-2020.pdf>
4. <https://www.brookings.edu/blog/up-front/2020/07/13/covid-19-job-and-income-loss-leading-to-more-hunger-and-financial-hardship/>
5. <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13283>
6. <http://www.socialconnectedness.org/wp-content/uploads/2018/02/Food-Insecurity-in-America-Putting-Dignity-and-Respect-at-the-Forefront-of-Food-Aid.pdf>



As we celebrate Earth Day April 22nd: Global climate change movement has Minnesota roots



Nurses Drawdown aims to activate 28 million nurses to reduce greenhouse gases, create healthier future

by: Steve Rudolph

<https://www.nursing.umn.edu/news-events/minnesota-nursing-magazine/global-climate-change-movement-has-minnesota-roots>

Climate change has become a public health emergency yet addressing it still feels like a daunting task for most. What if you could quantify the impact of making small lifestyle changes on reducing greenhouse gas emissions? Now imagine 28 million nurses around the globe role modeling practical and effective climate solutions. That is the goal of the Nurses Drawdown movement launched last summer.

Nurses Drawdown offers steps that nurses can take to engage in evidence-based climate solutions and join a community of nurses from around the world who are working for a healthier future. It is a project of the Alliance of Nurses for Healthy Environments (ANHE) and Project Drawdown, a nonprofit organization that seeks to help the world reach a point where levels of greenhouse gases in the atmosphere stop climbing and start to steadily decline; but its creation traces back to the School of Nursing.

“The school itself is bold and innovative in that there’s space to think of new ideas and space to color outside the lines, to think in nontraditional terms. Creative solutions can be born at the school. There is space to dream possibilities.”

– Teddie Potter, director of Planetary Health

The idea for Nurses Drawdown came from Teddie Potter, PhD, RN, FAAN, clinical professor and director of Planetary Health, who had been using the book *Drawdown: The Most Comprehensive Plan Ever Proposed to Reverse Global Warming* in one of her courses. “I remember thinking we’ve got the science to show these actions work, the challenge is to activate people to scale these actions,” says Potter.

After vetting her idea with the AAN’s Expert Panel on Environmental & Public Health, Potter approached Project Drawdown with a proposal to partner with nurses as the messengers. As

“Taking that first step is so important. If just 5% of nurses participate, that’s more than a million nurses doing one thing.”

Tucker Annis

the largest global health profession, nurses have the potential to make a significant difference. More importantly, as the most trusted profession, they can role model the solutions to patients and communities and generate even greater scale.

Support in hand, Potter pulled together a creation team that included Katie Huffling, MS, RN, CNM, executive director for ANHE, School of Nursing alum Oriana Beaudet, DNP, RN, PHN, of ANA Enterprise, Shanda Demorest, DNP, RN-BC, PHN, of Practice Greenhealth, and Professor Daniel Pesut, PhD, RN, FAAN, director of the Katharine J. Densford International Center for Nursing Leadership. Planning efforts quickly expanded to offer virtually every major nursing group an opportunity to shape the effort.

Making a movement accessible

Through a democratic and non-hierarchical planning process, Project Drawdown's 100 solutions were reviewed and five themes that reflected an alignment between core nursing expertise and effective evidence-based solutions were selected. Those themes are:

- Energy: Supporting a clean energy future by promoting energy efficiency and advocating for a transition to renewable energy
- Food: Committing to eat a more plant-based diet, use clean-burning cook stoves and reduce food waste
- Gender equity: Supporting education for girls and access to family planning
- Mobility: Promoting walkable cities, including improving bike infrastructure and mass transit
- Nature: Planting trees and protecting forests

ANHE developed NursesDrawdown.org to share the impact each focus area could have and offers a variety of simple ways nurses could make a difference. Tucker Annis, BSN, RN, a Doctor of Nursing Practice (DNP) student and planning committee member, decided to increase his use of public transportation and bike to his job as a nurse informaticist with University of Minnesota Physicians.

"If you want to improve your health, save some money and save the planet, join Nurses Drawdown," says Annis, a DNP Bentson Scholar, in one of the inspirational videos used in social media.

For Huffling, who is a student in the Health Innovation and Leadership specialty of the DNP program, joining meant switching her home electricity to wind power and eating a more plant-based diet. "It's super easy to do. It's healthy for you and for the planet," she says. "Taking that first step is so important. If just 5% of nurses participate, that's more than a million nurses doing one thing."

Nursing students play critical role

Including students in the creation of Nurses Drawdown was intentional.

It would have been an immense waste of talent to not tap into their skills and abilities," says Potter. "They've grown up in the climate change era. They've grown up seeing that their future is threatened. They have the passion, the vision, the hope and the eagerness for change."

One of those students was Claire Phillips, MN, RN, a self-identified systems nurse who is pursuing her DNP in the Health Innovation and Leadership specialty. She says it was nursing's capacity to change the world that attracted her to the profession.

"Our training and the work we do to identify system fail points and come up with creative solutions gives nurses a framework to think about problems and leverage change that can take it to the next level," says Phillips.

Phillips, who led the social media efforts for Nurses Drawdown and partnered with a classmate from the University's College of Design to create its logo, appreciates that she's been able to pursue projects that she's passionate about in her studies.

"I think the University of Minnesota, and particularly the School of Nursing, are supportive of making sure that your specific career interests fit into your coursework," she says.

Huffling's DNP scholarly project was launching Nurses Drawdown and enlisting nurses and nursing organizations worldwide. "I'm really proud to be at a school that recognizes how important it is for nurses to be engaging on climate change and to be leaders around addressing it," says Huffling. "It is such an important factor in the health of our communities."

Become part of the climate solution

Nurses Drawdown offers nurses tangible ways they can address climate change. Within its five themes (energy, gender equity, food, mobility and nature) the website shares evidence-based suggestions for nurses who are just discovering climate change and health as well as nurses who have been working to address climate change for years.

One solution offered on the site is switching to a plant-rich diet. It's estimated that 43-68 gigatons of emissions could be avoided just from dietary change. From practicing Meatless Monday at home to starting a farmers' markets at a hospital, Nurses Drawdown shares ways to create a healthier future for humans and the planet.

Learn more and become part of the movement at <https://www.nursesdrawdown.org>

Learning on the Fly: Thoughts on Birding and Nursing During a Pandemic

Julianna Paradisi, RN, OCN March 23, 2021



Tundra Swans, watercolor and ink, 2021
by Julianna Paradisi

“This book is about interpreting what you see and hear in order to make better judgments.”

It's my opinion that every nursing textbook should open with the above statement. However, it's from the introduction to *Sibley's Birding Basics*, by David Allen Sibley.

During home isolation of the COVID-19 pandemic, my husband and I took up birdwatching as a way to get out of our home and entertain ourselves while maintaining our “bubble.” Armed with binoculars, David's camera, and my artist's field bag, we visit local wetlands and wildlife reserves, recording our finds. That led me to read *Birding Basics*.

Experience coupled with pattern recognition.

As a nurse, I can't help but link the idea of “interpreting what you see and hear in order to make better judgments” as a definition of a nurse's intuition, commonly referred to as a “nurse's gut.”

While there are times when a nurse's clinical intuition borders on the psychic, many of these revelations are a product of bedside experience. For instance, patients, including infants, sometimes exhibit facial grimaces or say words that a hawk-eyed bedside nurse rightly interprets as signs of impending doom such as a cardiac episode or intracranial hemorrhage, before the monitor alarms.

Once, while I was precepting a nurse new to our pediatric intensive care unit (PICU), she and I took report on a newly post-op patient. The day shift nurse described how she'd administered normal saline fluid resuscitation several times during her shift. As she spoke, I noted that on the monitor the child's central venous pressure (CVP) remained low-level normal, as did the blood pressure. While we took report, the heart rate incrementally increased.

This was a long time ago, when nurses could access some medications without scanning a barcode. After report and assessing our patient, I placed a liter of normal saline, a bottle of 5% albumin, and the appropriate tubings on the counter in the patient's room, leaving all of the packaging unopened.

Hours later into our shift, the patient decompensated. We called the surgeon, who ordered 5% albumin, IV. We hung the bottle waiting on the counter, and the child stabilized. Impressed, my preceptee asked how I knew to have the albumin on hand. I revealed the “field marks” in the change of shift report and how they correlated with the subtle changes observed in the patient’s vital signs.

What appeared prescient to my colleague was actually experience coupled with pattern recognition. The lesson wasn’t lost on her, and later she became one of us nurses with a “strong gut,” too.

In birding as in nursing, we learn from mistakes.

More recently, however, while birding, I was excited to “get glass on” a bevy of swans. They were far enough away that I couldn’t get a clear visual of the facial field marks necessary for definitive identification. In Oregon where I live, tundra swans and trumpeter swans are fairly regular winter visitors. I asked a fellow nearby birder what kind of swans they were. He told me they were trumpeter.

At home, I excitedly logged my sighting into an electronic bird list that’s submitted nationally. When I put in the number of swans I’d counted, the program red-flagged it: “This is an unusually high number.” I delved back into my field guides. That day, I learned that trumpeter swans are most commonly observed in pairs, or small family groups of no more than three or four. However, tundra swans gather in larger groups such as the number I had counted. New to birding, I had lacked this experience and pattern recognition, which in the future will assist me when identifying swans.

Although misidentifying a bird species is less consequential than some patient care errors, nursing and birding each require experience and pattern recognition to achieve expert level. Age doesn’t have as much to do with gaining experience as a willingness to put yourself out there and learn as much from mistakes as from successes.

For nurses, learning the field marks of COVID-19 on the fly.

This month, as we mark the one-year anniversary of the first COVID-19 cases diagnosed in the United States, I think about this often. Nurses in the ER and ICU have experienced enormous levels of stress during the pandemic. There is not a living nurse who has had such an experience in the past 100 years. Experienced or not, these nurses have been learning the field marks and pattern recognition of COVID-19 on the fly.

I can’t imagine what this is like for newly graduated nurses, pushed beyond reason—and possibly without an experienced colleague available to guide them, because those experienced nurses are pushed to the brink themselves. No one could have imagined signing up for this when they entered nursing school.

There are no recent textbooks to teach nurses how to cope with a pandemic. I can only offer these words: Use “what you see and hear in order to make better judgments,” and give yourself the grace to learn from your failures as well as your successes. You’re doing the best you can, and it’s enough.

<https://ajnofthecharts.com/learning-on-the-fly-thoughts-on-birding-and-nursing-during-a-pandemic/>

465 Alec Smith Insulin Affordability Act

Since taking effect last July, the Minnesota Board of Pharmacy has reported that 465 Minnesotans have obtained access to life-saving insulin thanks to the Alec Smith Insulin Affordability Act.

This is one small, but significant step forward in our efforts to make lifesaving medication affordable to anyone who needs it. It’s also a tangible example of what we can do for people when we work together on bipartisan solutions for Minnesotans.

If you or anyone you know might need an urgent need of a 30-day supply of affordable insulin, please visit MNinsulin.org where you can see if you qualify, download the application, and learn how to apply today.

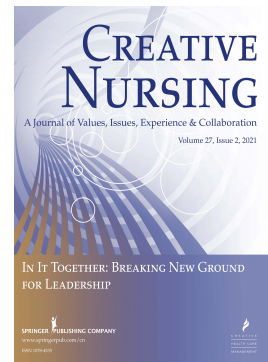


In It Together: Breaking New Ground for Leadership

A virtual launch event for Creative Nursing

Join Appalachian State University's Department of Nursing, *Creative Nursing*, Creative Health Care Management, and Springer Publishing for a virtual discussion with leaders and authors, including:

- **Transformational Executive Health-Care Leadership** - Cyrus Batheja (Guest Editor)
- **Leadership Reflections from the Community Health Center Frontlines** - Colleen McDonald Diouf
- **Voices of Nurses During the Covid-19 Pandemic** - Mary Jo Kreitzer
- **Evidence-Based Nursing Management** - Elaheh Haghgoshiyie and Edris Hasanpoor
- **Preparing Nurse Educators: The Current Landscape** - Susan Hayes Lane and Eileen Kohlenberg
- **A Blueprint for Becoming a Successful Clinical Nursing Professor** - Diane R. Logan
- **Leading Students to Engage in the Power of Primary / Secondary Prevention** - Stacy Christensen
- **Converting to a Synchronous Virtual Nursing Research Conference** - Lilian J. Canamo, Jessica P. Bejar, and Judy E. Davidson
- **Nurse Educators Teaching Medical Interns** - Maryanne Barra, Samantha Singh Hernandez, and Janet Czermak
- **Student Nurses' Assessment of Medical Errors** - Ayse Akbiyik, Dilek Sari, and Nihal Taşkıran
- **Stayin' Alive through Health Education in a Correctional Setting** - Amy Johnson
- **Capturing Nursing History with Creative Writing** - Jacqueline K. Owens

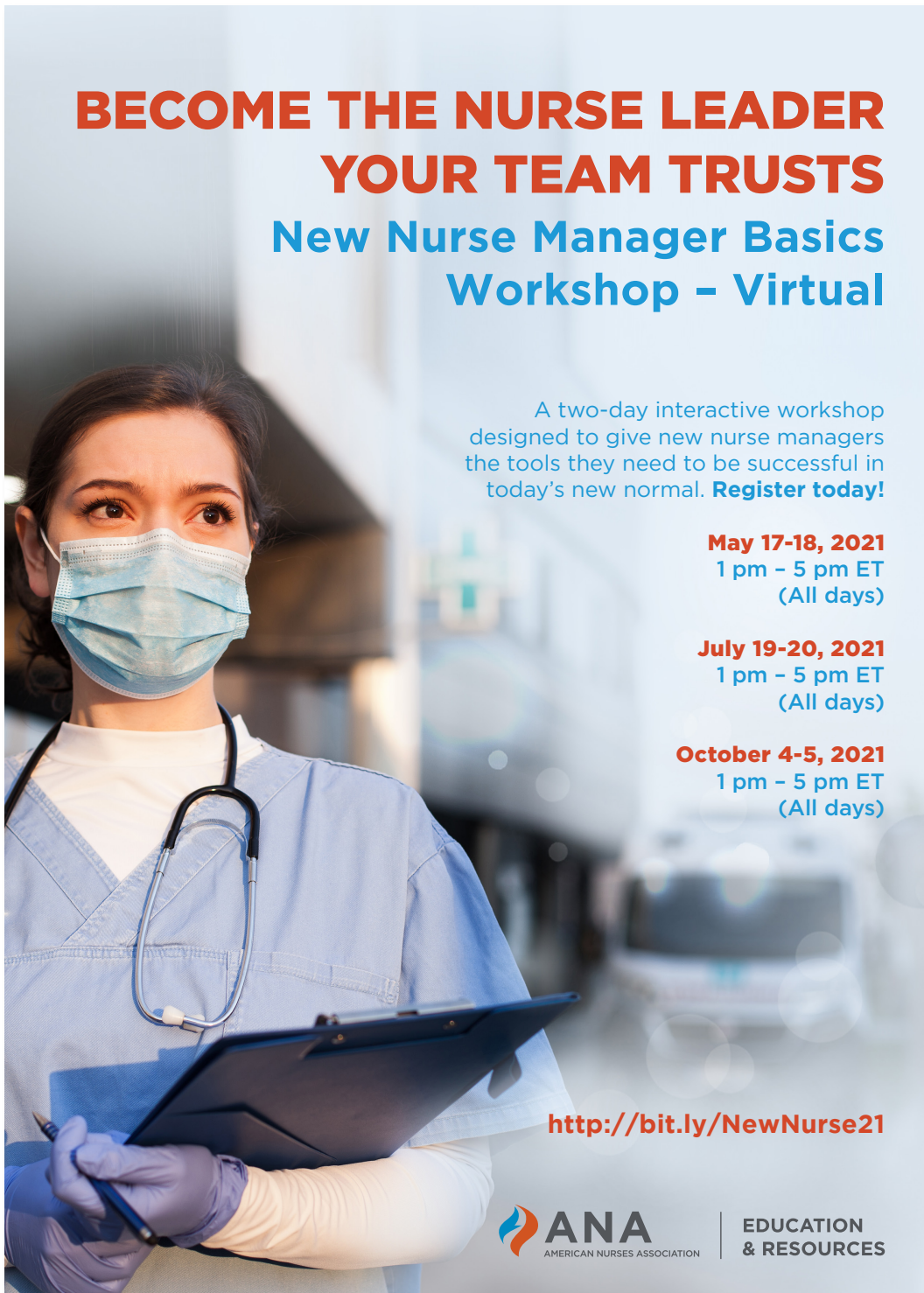


Friday, May 14th @ 4pm EDT

Register at

<https://appstate.zoom.us/meeting/register/tJAtcOuhrij8vE9ZpYYNEhrsX6k5BP1bl5u-5>

*Sponsored by Appalachian State University's Department of Nursing
and Creative Health Care Management*



BECOME THE NURSE LEADER YOUR TEAM TRUSTS

New Nurse Manager Basics Workshop - Virtual


A two-day interactive workshop designed to give new nurse managers the tools they need to be successful in today's new normal. **Register today!**

May 17-18, 2021
1 pm - 5 pm ET
(All days)

July 19-20, 2021
1 pm - 5 pm ET
(All days)

October 4-5, 2021
1 pm - 5 pm ET
(All days)

<http://bit.ly/NewNurse21>

 **ANA**
AMERICAN NURSES ASSOCIATION

**EDUCATION
& RESOURCES**

Quit Partner™: Free Help to Quit Commercial Tobacco



[Quit Partner](#) ([Español](#) | [Somali](#) | [Hmoob](#)) is Minnesota's free family of programs to help people who want to quit smoking, vaping, chewing or using other commercial tobacco products. Free support options available online, by phone, and by mail include:

- One-on-one coaching over the phone (available in over 200 languages)
- Text messaging
- Email support
- Quit medications - nicotine patches, gum, or lozenges - delivered to your door (ages 18+)

Quit Partner also offers specialized programs for people living with mental illnesses or substance use disorders, American Indian communities ([American Indian Quitline](#)), pregnant and postpartum women, and youth ages 13-17 ([My Life, My Quit™](#)).

With Quit Partner available online, by phone and by mail, Minnesota residents looking to quit commercial tobacco and improve their health during the COVID-19 outbreak don't have to go it alone. According to the CDC, people who smoke are more likely to get very sick from COVID-19. People can use as many of the support resources as they would like and can access them from home. Using coaching and medication together can more than double a person's chance of successfully quitting.

Health care professionals can refer your clients/patients to Quit Partner. Learn more about [how to make a referral](#). For more information, visit www.QuitPartnerMN.com.



COVID-19 SUPPORT RESOURCES

- [ANA COVID-19 RESOURCE CENTER](#)
- [CENTER FOR SPIRITUALITY & HEALING, U of MN](#)
- [TIPS \(from the American Psychiatric Nurses Association\)](#)
- [RESOURCES \(from the National Academy of Medicine\)](#)
- [RESOURCES \(from the Association of Women's Health, Obstetrics & Neonatal - AWHONN\)](#)
- [RESOURCES from the American Academy of Nurses](#)
- [FOR the FRONTLINES - free crisis counseling](#)
- [NURSES PEER SUPPORT NETWORK](#)

COVID-19 EDUCATIONAL RESOURCES

- [ANA COVID-19 VIDEO EDUCATION SERIES](#)
- [COVID PODCASTS & WEBINARS FROM THE CENTER FOR INFECTIOUS DISEASE RESEARCH & POLICY AT THE U OF MN](#)
- [VIRTUAL EDUCATION ON COVID-19 FROM THE MINNESOTA ACADEMY OF FAMILY PHYSICIANS](#)



Virtual Nurses Peer Support Meetings

**Due to COVID-19, all face-to-face meetings have been suspended.
Please join us online!**

The Nurses Peer Support Network has suspended all face-to-face in-person meetings until it is safe to resume them. In the interim NPSN provides several options for peer support using an online platform called InTheRooms (ITR) which meets every Tuesday evening at 7:00 PM (group name for the ITR meeting is NURSES HELPING NURSES). Full instructions on connection with [Full instructions on how to connect to the ITR meetings can be found here](#)

NPSN also offers a selection of Zoom Peer Support Meetings:

- [2nd Wednesday of every month at 7:00 PM](#)
- [1st Monday of every month at 6:00 PM](#)
- [3rd Monday of every month at 6:00 PM](#)
- [2nd Tuesday of every month at 6:00 PM](#) (This meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area.)
- [4th Tuesday of every month at 6:00 PM](#) (This meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area.)
- 1st and 3rd Thursday of every month at 6:30 PM.

(Email minnesotanpsnetwork@gmail.com for connection information

In addition to the online meetings listed above NPSN will provide one-to-one peer support via telephone. If you are interested please contact us at: minnesotanpsnetwork@gmail.com.

Hope you have all been vaccinated and that you are ready for better times!

