Have you ever caught yourself saying, "I'm just a nurse?" If we are honest with ourselves, most of us (possibly all of us if we are totally honest) are guilty of uttering these words. Truly, I don't think we do it purposely - at least I'd like to think most nurses don't. Have you ever considered how those simple words devalue the work that nurses (you) do?

Every day, nurses approach their patients with specialized knowledge of health, illness, psycho-social, cultural, and spiritual needs. Nurses are skilled in the tools of the profession - assessment, diagnosis, planning, implementation, and evaluation. They demonstrate professional judgment throughout the time of care, looking for that one sign that pulls all the pieces of the puzzle together. Nurses work to develop technical skills, knowledge of treatment methods, and advancing technology to assist in providing excellence in care for each patient. Nurses demonstrate the art of nursing by sitting down and listening to the patient: that quiet touch, that soft prayer with the family, the understanding look of concern. All of this, and yet we say, "I'm just a nurse."

Author Suzanne Gordon (1997) wrote stories about the real work of nurses in her book, *Life Support: Three Nurses on the Front Lines*. It is hard for anyone outside of nursing to truly know what nurses do on a day-to-day basis. However, Gordon gets it; she really sees and describes nursing. While the book was published 10 years ago, it is still relevant today and would be a good read for all nurses this summer, even if they've read it before. I believe we would agree that this message is as pertinent today as it was then. Gordon details the depth of knowledge, skill, and compassion of the nurse. This again reinforces that each of us is more than "just a nurse."

Physicians generally introduce themselves by their earned title, "Hello, I'm Dr. Brown." What perception does the average patient have of the person using the title of doctor: knowledgeable, respected, professional, competent? Why don't nurses do the same? Nurses are competent, knowledgeable, highly skilled in the practice and art of nursing, and worthy of respect. As a strategy to give "voice" to the nurse, Buresh and Gordon (2000) propose the use of the "nurse title." For example, "Good morning Mrs. Hollis, I am Nurse Sandy," or "Hello Ms. Phillips, I am Sandy, your Registered Nurse." The idea is that this title will set up the tone of the interaction or

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Do you want to improve your health? No special diet or medication is required. What is required is a desire to volunteer your time and talent to a cause or organization such as AMSN. According to the Corporation for National and Community Service’s 2007 publication, The Health Benefits of Volunteering: A Review of Recent Research, positive outcomes, such as higher functional ability and decreased mortality, have been found in individuals who volunteer.

Volunteer service is alive and well at all levels within AMSN. Our chapter leaders and members are tremendously active. They help nurture colleagues by offering networking and educational meetings. Many chapters provide community service at shelters, community fairs, nursing homes, and other areas of need. Your Board of Directors, committees, task forces, special interest groups, and many members of AMSN work diligently to accomplish the work of the organization. Volunteer service encompasses so many diverse activities. Writing articles for the newsletter, journal, and electronic newsletter are all essential to the growth of AMSN. Presenting continuing education programs, operating a booth at the convention, reviewing poster abstracts, judging posters at the convention, and so many other activities are accomplished by talented members of AMSN.

We have members who devote many volunteer hours to help AMSN grow. When asked why they volunteer, members offered various reasons. Being passionate about the specialty of medical-surgical nursing, some indicated they want to give back to an organization that recognized excellence in their practice. Others wanted to share their expertise in clinical practice, research, evidence-based practice, teaching, and certification with their colleagues. Some members volunteered in order to learn new skills, such as communicating with our country’s leaders and learning about the legislative process. Opportunities to serve in leadership roles and impact AMSN attracted other members to volunteer. Some were asked to volunteer by respected colleagues, and thus, became involved. There were even a few who reluctantly volunteered because a best friend pulled them along – at least initially. As a volunteer, I can share with you that I have received far more than I have given. The work is rewarding and fun. The ability to meet great nurses from different parts of the country and the world has enriched my life. The lifelong friendships are especially rewarding – they are as the commercial states, “priceless.”

continued on page 11
In more than 20 years of nursing, I can say that I have tread where no nurse should dare to tread here in our great nation of America – in hospitals with critically understaffed and unsupported medical-surgical units, and administrations that turn a deaf ear to the nursing staff. Aiken, Clarke, Sloane, Sochalski, and Silber state that “nurses nationwide consistently report that hospital nurse staffing levels are inadequate to provide safe and effective care” (2002, p. 1987). They further explain that “the shortage of hospital nurses may be linked to unrealistic nurse workloads” (p. 1987).

As a bedside nurse with years of working under sometimes intolerable pressure, I have found our true strength lies in the elusive hemisphere of the left brain. Years of experience have honed all our senses to provide an intuitive, almost subconscious constant assessment of our patients that helps us intervene before the eleventh hour – most of the time. Long-time bedside nurses are intuitive healers, and we know the path to wellness for our patients involves our presence. Our presence at the bedside takes time.

Patient outcomes and patient safety are directly affected by nurse-patient ratios. The California Nurses Association (2005) reports that “cutting RN-to-patient ratios to 1:4 nationally could save as many as 72,000 lives annually” (p. 4). Needleman, Buerhaus, Mattke, Stewart, and Zelevinsky (2002) further state that improved RN-to-patient ratios reduce rates of pneumonia, urinary infections, shock, cardiac arrest, gastrointestinal bleeding, and other adverse outcomes.

We at the bedside have a different perspective than our colleagues, the nurse researchers, but we know from direct experience that their data are valid and support what we have always said. “We need more help!” “This is not safe!” Excellent hospitals do exist in America. Look for Magnet status, which can be generally interpreted as safe, supported working conditions. If a hospital has not yet achieved Magnet status, look at the nurse-to-patient ratios and the support services available to the bedside nurse. The International Council of Nurses (2007) reveals “recently conducted large-scale research found that in a given unit, the optimal workload for a nurse was four patients. Increasing the workload resulted in patients being 14% more likely to die within 30 days of admission. A workload of eight patients versus four was associated with a 31% increase in mortality” (p. 2).

Having worked in various conditions of under-support, I can validate from direct experience that the statistics on patient safety, morbidity, and mortality are accurate. One-to-four nursing on a medical-surgical unit is ideal, giving the nurse enough time to educate, provide early intervention in change of status, and bring presence to the bedside. One-to-five is difficult, but still supportable. Anything beyond that delays intervention, frustrates patients and nurses, and significantly increases mortality. Incident reports and tracking are also done significantly less in a crisis setting. This means the quality information that is most needed at this time is simply not available due to the time constraints of the nurse.

My patients often tell me that the nurses and staff in the mega-hospitals “in the city” don’t seem to care the way we do and never smile. I ask them to go gently on the staff. Most nurses want to be good nurses and are caring people. I tell them of the pressures and conditions, and resulting burnout the staff may be feeling.

As nurses, we need to encourage our hospital administrations to allocate staff based on known and supported research about patient safety, mortality, and staff burnout. In addition, nurses need to become more political. Find out who your legislators are and contact them by phone, e-mail, letter, or in person. Let them know they need you, the med-surg staff nurse, to help them understand the problems facing patients and nurses.

After many years and many hospitals, I have finally found a hospital whose priority is patient outcome and staff satisfaction while closely monitoring the financial bottom line. And guess what? Doing things for the right reason works! This hospital is thriving. You can fall back in love with nursing, and it is deeply satisfying to rediscover the romance.

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References
The AMSN 2007 convention, to be held in Las Vegas from October 24-29, is now planned, and brochures are in the mail. The Planning Committee hopes you find that the sessions offered will entice you to join us!

There will be three pre-convention workshops held on Thursday, October 25, prior to the opening session. The Certification Review Course, a Research Workshop, and a Leadership Workshop aim to provide varied information that we hope will appeal to you.

The Certification Review Course is designed for those studying for the Certification Exam (which will be offered once again following the conclusion of the AMSN Convention). A short session on test-taking tips and a review of the MSNCB blueprint will precede a review of all body systems. Practice questions and hints about things to think about while taking the exam will occur throughout this two-day (Wednesday and Thursday) review course. The faculty, Betty Jo Ernst, APRN, BC, CMSRN, consistently receives rave reviews when she presents this course across the country as part of the AMSN Certification Review Course On the Road program.

The Research Workshop, “Tools for Disseminating Nursing Research,” will be led by Linda Yoder, PhD, MBA, RN, AOCN, FAAN, Lynne M. Connelly, PhD, RN, and Judy Dusek, MEd, MSN, ARNP-CNS, CMSRN. The tools needed for successful dissemination of research in various forms will be highlighted. The differences between evidence-based practice, research, and performance improvement projects will also be included. Components of a successful abstract submission to a professional conference will be outlined to include strategies for increasing the likelihood of acceptance. Successful strategies used by the faculty and participants in this workshop will conclude this dynamic, very practical workshop.

The Clinical Leadership Workshop, “Let’s Get Real: Leadership Skills for Today’s Nurse,” will be facilitated by Diana E. Anderson, BSN, RN, CMSRN, and Jayne Simms, MSN, RN. These faculty will lead a dynamic and highly interactive workshop that will enable you to learn leadership skills that you can take home and implement immediately, whether your practice is at the bedside or in a traditional leadership role. You will analyze your own leadership style in the context of the many challenges facing medical-surgical nurses today. A broad array of leadership skills will be presented to meet the multi-faceted needs of today’s leaders. Individual leadership tool boxes will be provided, enhancing the take-home skills from this activity. You won’t want to miss this exciting, energetic, and informative workshop!

For more information or to register, visit the AMSN Web site (www.medsurgnurse.org).
Did You Know?

Nasogastric Tube Placement Verification: What Is Best Practice?

Norma Metheny has spent more than 10 years of her career researching the best methods of determining nasogastric, orogastric, and nasointestinal tube placement. Over the last couple of decades, what was considered best practice for verifying placement has changed a few times. For example, 10 years ago, many nurses were taught to measure the tube, check for gastric aspirate, and listen for air as the magic trio for proper placement. Evidence-based practice now tells us that this is not the best method for verifying correct placement.

Radiographic confirmation with an X-ray that visualizes the entire course of the tube is the most accurate method for checking if the NG tube is in the stomach or intestines rather than the lungs, and should always be used for small bore feeding tubes. Bedside nonradiographic verification for large bore tubes is possible and highly reliable when done correctly.

An alternate research-based nonradiographic method for checking tube placement before or after tube feedings consists of waiting at least 4 hours after the last feeding and then insufflating 30ml of air through the tube with a 30ml or 60ml syringe before attempting to aspirate fluid. This may need to be repeated several times if the tube has a small diameter. If able to aspirate fluid, look for indicators of proper placement - pH level ≤ 5, and a gastric color (such as grassy green or clear/colorless, or cloudy white with residual formula from the previous feeding). If these indicators are present, Metheny and Titler (2001) state that the probability of gastric placement is high, and it is reasonable to begin the next feeding.

Gastric secretions will have a pH between 1 and 5. Respiratory and intestinal secretions typically have a pH greater than 7. The appearance of the secretions also needs to be evaluated. Respiratory secretions are typically off-white to tan in color. Gastric secretions are usually green or brown but can be clear to straw-colored. Intestinal secretions are a lighter shade of gastric secretions. Only the combination of testing the pH and evaluating the characteristics of the secretions will provide you with a reliable verification (Metheny & Titler, 2001).

If unable to aspirate fluid or if the pH is > 6, determine the patient's risk of dislodgement (retching, vomiting, etc.). If the risk is low and the tube continues to be taped in its original position, then it is reasonable to start the next feeding. If the risk is high and the tube has moved, consider the need for an X-ray to verify placement.

If you have any doubt about the placement, either remove and reinsert or get an X-ray for confirmation. Incorrect placement of a nasogastric tube can lead to serious harm to the patient. Careful insertion using proper verification methods will lead to safer patient care.

For the best evidence-based information about assessing for correct NG tube placement, refer to the articles at the end of this article.

Mary Grindel, RN, BSN, MHA, CMSRN
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Aiken, SC

Reference

Additional Readings

Geriatric SIG Update

Have you ever cared for an elderly patient and wished that there was more that could be done for him or her? Do you worry about the plight of seniors with limited health care resources? Have you ever spent a shift with an elderly patient who tried your patience all day, but at the end of the shift, kissed you on the cheek, called you by the wrong name, and told you how much you meant to her? Do you love working with geriatric patients? If any of these questions strike a chord in your heart, then you should consider joining the Geriatric Special Interest Group. This group addresses concerns of nurses working with elders and is working to develop standards of care related to the geriatric population. If you are interested in improving geriatric nursing care, please contact Lori Shults, Chairperson of the Geriatric Special Interest Group at amsrnmreno@yahoo.com

What’s New at

www.medsurgnurse.org?

Resources for the Care of Older Adults

According to the 2000 census, there are 35 million people in the U.S. over the age of 65 (12.4% of the population), and this age group accounts for 35% of hospital admissions. To learn more about caring for your older patients, visit this new section, which connects you to resources from AMSN as well as other sources.

Click on the “Resources” tab, then “Care of Older Adults” in the navigation on the left.

Reference
Dear AMSN Member:

To help raise money for education programs, grants, and scholarships for you, our members, AMSN has launched the Grindel Matching Gifts Campaign. For every dollar you donate, I will match it up to $10,000! All funds benefit the AMSN Foundation.

AMSN members and sponsors have already donated $6,000, and we need $4,000 more to reach our goal. We are asking you to donate whatever you can afford. If every one of our 6,000 members gives $1, we will surpass our goal!

Donating to the Foundation will benefit you directly by:
• Providing financial resources to continue your education, help you become certified, attend the AMSN convention, and conduct research.
• Allowing you to use evidence from research studies conducted by your colleagues to enhance patient care.

Please consider donating today!

Cecelia Gatson Grindel, PhD, RN, CMSRN, FAAN
AMSN Immediate Past President

Why donate?
Your contribution is a powerful way of advancing the medical-surgical nursing specialty. You will be opening doors for yourself and your colleagues through education and research. All of this, of course, benefits patients with better care.

How will my money be used?
All funds raised by the Grindel Campaign go to the AMSN Foundation, which supports the association’s scholarship and education initiatives. These include the following:
• Career Mobility Scholarship
• Competence in Aging Grant
• Convention Grant
• Medical-Surgical Nursing Certification Grant
• Nurse in Washington Internship Grant
• Nursing Research Grant

How do I donate?
Two easy ways:
• Online
  www.medsurgnurse.org/foundation Click on “Donation Form” on left.
• When you renew your membership
  Your enclosed renewal notice includes a place for you to choose your donation amount.

Remember, any amount is appreciated!
More detailed information is available on the AMSN Web site, www.medsurgnurse.org/foundation
relationship. It does not mean the nurse is on a pedestal; however, it does establish a foundation for how nurses should be viewed. In a world with multiple members of the health care team assisting in the care of the patient, identification of the nurse is an important way to begin.

Studer (2003), well known for work in service excellence, takes this concept a step further in the use of scripting. The technique is to develop standard language used for each patient in order to convey the best service and attention to the patient. For example, “Good morning, Mr. Thomason, I’m Sandy, your Registered Nurse. Every time I come into your room, I’ll be checking with you about your needs. Is there anything I can do for you right now? I have the time” (Studer, 2003). This statement identifies the nurse, what the nurse is planning to do, and inquires about current needs. It conveys knowledge, respect for the person, attention to the person, and availability to meet the patient’s needs. Is anything pretentious about that statement? No. Does it say who you are, what you are going to do, and when you will do it? Yes.

These strategies, while simple, will take practice to make them a part of your everyday routine. Challenge yourself to begin each new patient interaction with the use of your title of nurse. Try for a while; see if there is a difference in how patients respond to you. Does it make you feel different? At the AMSN Annual Convention in October, the Town Hall session will focus on strategies for improving the image of the nurse. Bring your experiences to share - we’d love to hear what works and what doesn’t, and explore other ways to positively impact the image of nursing.

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Lafayette, IN

References
Safe: A good feeling that says nothing bad will happen. Bad: Misery at hand. These words can conjure up strong feelings in all of us. Think of these terms in the context of nurse-patient ratios, and their meanings take on a whole new level of importance.

Are you practicing in an environment that is safe for your patients? I am fortunate to be working in a hospital with a four-to-one patient-nurse ratio. There has been a world of difference since our hospital moved away from a daytime ratio for registered nurses of 6 or 7 patients to 1 nurse on day shift and 8 to 10 patients per nurse on night shift. The current daytime staffing is 4 patients to 1 registered nurse on days, and 5 patients to 1 registered nurse on nights.

Caring for patients relies heavily on human decision making and action (Hughes & Clancy, 2005). Our reduced workload has allowed more quality time at the patient's bedside. This is where we identify emerging patient problems. This is where the good and the bad happen. We now have the time to spend at the bedside because of the lower ratio, and thus, we can quickly intercede in our patients' outcomes.

Our staff has more time with patients and can observe adverse changes more quickly. This is what we like. This is good. This is why we choose nursing. We rarely hear the words, “Life support team to room...,” occurring on our floor. We are there at the bedside. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) explain that data support improved safety with the lower patient-nurse ratios. Nurses want to be able to complete their work and go home feeling their patients have received the best care possible. This is possible now, and it feels good. It is safer. It is the right thing to do. If I were to be a patient, I would prefer my nurse worked in a four-to-one ratio. Wouldn't you?

Allow me to identify some strengths and weaknesses of this ratio, and leave it for you to decide if this can work on your unit. First of all, the advantage of a lower ratio has helped reduce our staff turnover. Our nurses are not suffering from “burnout.” They come to work knowing they can provide the necessary nursing care and education to their patients, and they are not worried that they will be stretched to the limit as they once had been with unrealistic ratios. It is more cost-effective to keep staff than to pay for the repeated orientation of new staff. In addition, the reduced need to fill positions has decreased the use of expensive contract labor. Staff retention means these nurses develop a working relationship with each other and can utilize each other's strengths to better care for their patients. The lower ratios provide time for critical thinking and appropriate action. Also, the reduced workload is physically appealing to the aging nurse population. Yes, we are getting older, though we love our work.

The disadvantages to changing to a lower ratio were identified as an increase in RN salary dollars and the potential increase in non-productive time. However, our department has observed that the cost of hiring additional nurses was countered by the reduced hiring of contract labor. Filling our nursing positions within our own community has resulted in a significant savings by reducing our use of contract nurses.

Another disadvantage is downtime. At times, acuity with only four patients is low enough to give the nurse free time. Our facility has countered the inappropriate use of downtime by providing designated activities for times when census is low and there is time available. Education is a top priority on our unit, and we take every opportunity to provide our nurses with experiences to strengthen their knowledge and skills. If our patient census is low, we utilize this opportunity to cross train our nurses. Communicating these new skills and experiences enriches our staff, and this bond of knowledge translates to a higher level of nursing care to our patients.

Are you providing nursing care in a four-to-one ratio? It can be done. It is being done. Insist upon it.

Dorothy Todhunter, BSN, RN, CMSRN
Navapache Regional Medical Center
Show Low, Arizona

References
Networking Tips from the Chapter Development Committee

Where do you represent your AMSN chapter? I find networking so fun and rewarding, not to mention so necessary in today's world of health care. Networking with your chapter can also be fun and rewarding. It is also a way to let others in nursing and the community itself know you are out there! Here are some ideas I learned about networking.

I learned of a chapter that keeps close ties with the public relations directors in the surrounding hospitals. The directors keep the chapter officers aware of community health fairs, career days, and other events sponsored by the hospital. The chapter is able to organize a booth for these events to network with nurses and community members, which increases awareness of AMSN. You could simply hand out material about AMSN and talk about what we have to offer. You could also work out with the hospital to do blood pressure screenings. This is a great time to talk to a “captive” audience about AMSN. Make sure you keep a record of these events so you can record this for your chapter's community service! I have also learned that many sign shops make canvas-like signs for around $200.00. You could invest this money into a sign stating the name of your chapter and use it at every event you attend. It is worth the investment and also looks very professional.

Another great networking tool is to keep in touch with your state board of nursing. Just send them an e-mail letting them know who you are and about your chapter. Ask them when their next meeting is, and if you are able, represent your chapter by attending a meeting. This is a great way to keep your chapter informed of legislative events affecting your state as well as introducing yourself at the meeting and making some new friends.

One last networking tip is to buddy up with another professional nursing organization in your area and hold a joint meeting. You could organize a meeting with an educational offering that applies to both specialties. It is a great way to share opinions from both sides of each specialty and foster that camaraderie as nurses. I have worked with the local AACN chapter in the past, and found the experience rewarding and very informative. Their chapters are set up much like our chapters with the officers and committee representatives.

I am certain this is just the tip of the iceberg of networking ideas. Please let me know of any networking ideas that have worked for your chapter (mfrace@yahoo.com), and I can pass them on to other chapters. Networking helps us to build our professional careers as nurses as well as builds our professional nursing organization.

Mike Frace, MSN, RN, RRT
Chair, AMSN Chapter Development Committee

EXAM DATE and LOCATIONS
October 13, 2007

Scottsdale, AZ
Los Angeles/Burbank, CA
San Diego, CA
San Francisco/Burlingame, CA
Walnut Creek, CA
Denver, CO
Hartford, CT
Newark, DE
Orlando, FL
Pompano Beach, FL
St. Augustine, FL
Atlanta, GA
Savannah, GA
Honolulu, HI
Chicago, IL
Ft. Wayne, IN
Indianapolis, IN
Baton Rouge, LA
Baltimore, MD
Boston/Framingham, MA
Lansing, MI
St. Paul MN
Kansas City, MO
St. Louis, MO
Chesterfield, MO
Charlotte, NC
Omaha, NE
Freehold, NJ
Albuquerque, NM
New York, NY
Rochester, NY
Stony Brook NY
Cincinnati/Blue Ash, OH
Cleveland, OH
Portland/Tualatin, OR
Philadelphia/Bensalem, PA
Pittsburgh, PA
Columbia, SC
Memphis, TN
Nashville, TN
Dallas, TX
Houston, TX
San Antonio, TX
Alexandria, VA
Charlottesville, VA
Virginia Beach, VA
Richmond, VA
Seattle, WA
Spokane, WA
Tacoma, WA*
(*given on following Sunday)
Milwaukee, WI

Certified Medical-Surgical Registered Nurse (CMSRN) is the earned credential recognizing that the highest standards of medical-surgical nursing practice have been achieved. You can become certified by successfully completing the MSNCB examination.

Exams are offered at the above locations. Additional sites may be added for 10 or more candidates. Local sites are subject to cancellation for insufficient registration.

For more information and submission deadlines, contact:

MSNCB Certification
East Holly Avenue/Box 56 Pitman, NJ 08071-0056
Phone: 856-256-2323 • Fax: 856-589-7463
E-mail: amsn@ajj.com  Web site: www.medsurgnurse.org
16th Annual Convention

Grabbing the Professional Brass Ring

Maybe you didn’t win the lottery, lose 20 pounds, or find the perfect pair of jeans this year, but you’re about to get very lucky.

We’re getting you to the AMSN convention.

AMSN knows you juggle many balls as a medical-surgical nurse, including your passion for your career and your professional development. Those are two balls you don’t want to drop, so we have created this step-by-step guide to help you get to the AMSN Annual Convention, an education experience designed just for you that is – with a little assistance from us – entirely within your grasp.

Step One: Hunt and Gather

The first thing you want to do is visit the AMSN Web site (www.medsurgnurse.org). Convention dates and locations are posted year-round, so check the “Events” section regularly and mark your calendar early. The convention is in the fall, so in-depth information about the program and registration are posted each spring. This year, the convention is in Las Vegas, NV, October 24-29, 2007, at the Las Vegas Hilton. The program is one of the most exciting and innovative we have ever prepared, with the country’s top experts speaking on a wide variety of medical-surgical nursing topics. Once you know the details about courses, registration, travel, and hotel, you are ready for the next step.

Step Two: Dollar$ and Sense

Attending a convention is an investment in your own professional development. Some nurses include monies for their continuing education activities in their personal/family budgets. Others use the money they receive from clinical ladder increases or income tax refunds to attend education activities such as AMSN’s convention.

Getting your employer to fund your convention attendance is another option. You may not realize that there may be money budgeted for continuing education, so it doesn’t hurt to ask! Here’s how you can approach your employer.

Write a proposal: Do your homework and state your case by preparing a concise proposal containing:

1. Facts about the convention. List dates, location, time off needed, costs of registration, hotel, airfare, and miscellaneous.
2. Benefit to your employer. You can tell your employer that you will return the institution’s investment in you by:
   - Sharing the information you learn with your unit/coworker/committee.
   - Writing an article for your facility’s newsletter or publication.
   - Helping to write a new policy/guideline.
   - Developing a new program or initiative.
   - Using information from the conference to solve a problem your unit or facility is facing.
3. Customize your education for optimum return. Look at the convention sessions and determine those that are the most applicable to your employer and you. Capitalize on how these sessions could help by stating specific benefits.
4. Be a presenter. Consider submitting a poster that will bring visibility to your employer. Or, if you have time, submit an abstract for a session you can present on a topic of interest to medical-surgical nurses. As a poster presenter or speaker, you may receive a discount on your convention registration. Also, some employers will reward you for presenting by paying your convention expenses.
5. Sum up with a win/win rationale. Write a conclusion that hits your strongest points. State clearly that your attendance is a win/win situation for you and your employer: you will have increased knowledge and qualifications to optimize your job performance, which in turn benefit your employer, unit, coworkers, and patients.

Note: If you do not receive support from your employer, don’t give up! You still have other options:

- Your employer may not fund all your expenses, but you may want to negotiate for part of the cost. For example, agree to split the total or pay your own airfare. Demonstrate the importance of this meeting to your professional development and your willingness to contribute to it.
- Apply for a convention scholarship from AMSN. Visit www.medsurgnurse.org, click on the “Foundation” tab at the top, and scroll down to “AMSN Convention Grant”.

Step Three: Make Your Plans

Once you have (hopefully) obtained support from your employer, it’s time to register and make your travel arrangements. Here are some useful tips:

Make reservations early for the greatest savings.

- Airline. Search airline Web sites and sites such as Travelocity.com, CheapTickets.com, or Kayak.com to obtain the lowest fares. Start early to increase your chances of getting a great price. Rates can change daily, so search for a month or so and look for the best deals. Sign up with your favorite airline to get notices of special fares. If you get a good fare, tell your colleagues so they may take advantage of your find. Also keep in mind that AMSN contracts with individual airlines and car rental companies, so make sure to check the registration brochure and Web site to compare prices.

- Hotel. Make your reservation as soon as you decide to attend the convention. This will guarantee you get a room at the headquarters hotel where all the sessions take

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To all of our volunteers, thank you! You help AMSN remain strong and thriving. For those of you thinking about volunteering, please consider sharing your time and talents with your colleagues; you may benefit from improved health at the same time. To become more involved with AMSN at the national level, please complete an "Willingness to Serve Form" online. I thank you in advance for your commitment to AMSN.

Kathleen A. Reeves, MSN, CNS, CMSRN
AMSN President

Reference

Step Four: Capitalize on the Experience

1. **Maintain your certification.** If you are certified, make the most of the meeting by maintaining your credential with CNE contact hours.

2. **Become a leader.** There are volunteer opportunities on AMSN committees, task forces, and at the national level. These activities are extremely rewarding and are valued by employers. Volunteering has a positive impact on your facility (you can transfer your learning to your work setting; also your volunteerism provides visibility for your employer).

3. **Enjoy yourself!** Attending the convention is also a great time to play. You’ll have time to enjoy the city, make new friends and see familiar faces, network, and open doors you never imagined. In addition to spending time on your own exploring, shopping, and dining, you may also attend AMSN-sponsored social events and peruse a dynamic exhibit hall to chat with vendors.

We’re Here to Help

We hope this guide helps you join us at the convention. We plan to place this information on AMSN’s Web site, so if you have any further tips to share that would help your colleagues get to convention, please e-mail your tips to us at amsn@ajj.com. You may also use this email address for additional questions or feedback. Or call us at 866-877-AMSN (2676). Our goal is to help you get there so you can reap the rewards!

**MEDSURG Nursing 2007 Cover Photo Contest**

Capture the spirit of **MEDSURG Nursing** while promoting your institution! The journal is sponsoring a photography contest for AMSN members and friends of medical-surgical/adult-health nursing. The first prize winner will receive $250 and one complimentary registration to the 16th Annual AMSN Convention in Las Vegas, NV. Honorable mention photographs also will be selected. Award winning photographs will be featured on the cover of future issues of the journal. Photos may be submitted by individuals or institutions through their public relations department or agency.

**Purpose**
The purpose of the photo is to communicate the commitment, and professional and clinical excellence of adult-health/medical-surgical nurses as they practice in a variety of health care settings, such as private practice, acute, general, critical-care, long-term care, outpatient, home health, sub-acute, and community settings.

**Criteria**
1. Submit one or more photographs consistent with the purpose.
2. Photo(s) must be clinically accurate as well as aesthetically sound.
3. Photo(s) must be submitted using a 3 mega-pixel minimum digital camera on the highest quality setting (preferred), or submitted as high-quality 8x10 prints.
4. 8x10 prints must be submitted in plastic sleeves.
5. Digital photo(s) must be submitted on CD in a JPEG file format.
6. Obtain and submit a signed photo release form (or other appropriate form) from all identifiable parties pictured in the photograph on the organization’s letterhead.
7. Clearly indicate a contact person, including their name, organization, address, phone number, and email.
8. The deadline for receipt of entries is **August 1, 2007**.

Please note all entries become the property of **MEDSURG Nursing** and will not be returned. Questions may be emailed to msjrnl@ajj.com.

Entries may be submitted to:
**MEDSURG Nursing**
Cover Photo Contest
East Holly Avenue Box 56
Pitman, NJ 08071-0056
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Celebrate Medical-Surgical Nurses Week
November 1-7, 2007

Medical-surgical nurses make significant contributions to the health and well-being of the public. They have a vast set of specialized skills and knowledge in all aspects of adult health. They help adults and their families promote, restore, and maintain an optimal level of health. The bottom line is that medical-surgical nurses make a difference in the lives of their patients! In 1999, AMSN established November 1 as Med-Surg Nurses Day. The purpose is to pay tribute to all of the medical-surgical nurses in the nation and to raise awareness of the specialty of medical-surgical nursing.

Through the years, medical-surgical nurses have been promoting the specialty and celebrating the day with various activities and events. Unfortunately, the one-day celebration may only benefit the nurses working that day. If you weren’t scheduled to work on November 1, you probably missed the festivities. Consequently, some nurses have anecdotally asked if the celebration could be “officially” expanded to a week.

They stated that a week-long celebration is a more fitting tribute to the large group of med-surg nurses working in various settings.

In response to this request, the AMSN Board of Directors established the Med-Surg Nurses Week Task Force to explore the possibility of changing Med-Surg Nurses Day to Med-Surg Nurses Week. The task force was charged with creating an action plan to promote the week and for providing nurses with items and ways in which they can celebrate, honor, and advance the med-surg specialty within their practice settings.

We are pleased to announce that beginning this year, November 1-7 is “officially” Medical-Surgical Nurses Week! Look to future issues of Med-Surg Matters, the AMSN Web site, and Med-Surg Nursing Connection (AMSN’s e-newsletter), for the task force’s suggestions of products and ways to celebrate the wonderful specialty of medical-surgical nursing – all week long!