Nursing Shortage Nonexistent at Annual Convention

"Carrying at the Crossroads of Adult Health" was the theme as Kansas City, Missouri, hosted the 10th Annual Convention of the Academy of Medical-Surgical Nurses (AMSN). More than 400 nurses, from Alaska to the Bahamas, participated in the annual meeting. AMSN is the only professional specialty nursing organization designed to meet the needs of Medical-Surgical Nurses.

A jazz band welcomed attendees as they arrived for the Opening Ceremonies. The events began with a tribute to the World Trade Center, Pentagon, and Flight 93 victims, the heroes at the scenes, and to the Military and Uniformed Service Nurses. True to the spirit of being the “First Line of Defense,” there were no attendee cancellations as a result of the frightening events of September 11.

The AMSN banner displayed the new mentoring program entitled “Nurses Nurturing Nurses.” The program is being piloted at various facilities across the country. The title of “Nurses Nurturing Nurses” generated positive comments from participants as well as general agreement that the idea of nurturing nurses was crucial in recruitment and retention of medical-surgical nurses.

The 10th Annual Convention boasted ten corporate sponsors and over seventy exhibitors.

The Academy honored excellence among its members and chapters, through awards in clinical practice, clinical leadership, scholarship, and chapter achievement.

Clinical, educational, research, and leadership-focused sessions were presented during the four-days of meetings. Experts in the various fields provided book reviews, and poster and oral presentations.

continued on page 11

AMSN Featured in Chicken Soup for The Nurse’s Soul

The Academy of Medical-Surgical Nursing (AMSN) contributed to the nursing shortage’s "soup kitchen" in the most recent addition to the Chicken Soup for the Soul series: Chicken Soup for the Nurse's Soul.

Sally Russell, MN, RNC, Education Director for AMSN, is quoted in the book's review section saying “Chicken Soup for the Nurse's Soul is a book long overdue. These stories cannot help but touch the hearts and souls of all who read it, nurses or not. Nurses will recognize their own experiences somewhere in these stories, which affirm the personal nature of nursing and the importance of personal touch involved in the care of others. The authors have done nursing a wonderful service in bringing to light the touching, funny, heartfelt anecdotes shared by those at the bedside.”

Author LeAnn Thieman, LPN, who was the keynote speaker at AMSN’s 9th annual convention in Orlando, Florida, and her co-authors bring much needed recognition to the "Nurse’s Soul" with this tribute to the nursing profession. With a marked decrease of nurses entering the field, nurses have been forced to cope with increasing work loads, inadequate staffing, and an overall lack of support for their professional endeavors.

continued on page 17

Inside this issue...

National Election Results ..................2
AMSN National Awards ....................4
Clinical Features
  Irritable Bowel Syndrome .............10
  On The Ball with Pain Management .13
  Legislative Update .....................16
Academy of Medical-Surgical Nurses

President's Message

Barbecue, Dorothy, Kansas City, OH MY!! Many of us recently returned from Kansas City, where we celebrated AMSN’s 10th anniversary during the annual convention. This was one of the most exciting conventions I have attended in the 10-year history of the Academy. I’m not sure if this is the case because I am serving as President of the organization and feeling proud of being in this role, or if it was something more subtle. I truly believe that this is the time for medical-surgical nursing, and there was a feeling of enthusiasm in the air. I know many others noticed it, too. The atmosphere was charged with an indefinable feeling, one that exuded a quality of high spirits and excitement. The medical-surgical nurses who attended this convention demonstrated something that I believe has been missing from med-surg nursing for a long time—the PRIDE and RESPECT for their chosen specialty. These medical-surgical nurses showed each other and the exhibitors not only what a great specialty medical-surgical nursing is, but also that med-surg nursing is comprised of a great group of people.

The convention was a time to learn, a time to get reacquainted with old friends from previous years, and a time to make new friends. The networking and socializing is a major part of any national convention, and we certainly were able to partake in both of these opportunities.

In gearing up for next year’s conference, AMSN decided to designate its first special interest group (SIG) a Military/Uniformed Services SIG. Major Dorothy Dizmang, USAF, was appointed the chairperson, and she held the group’s first meeting in Kansas City. Although the meeting was well attended, some of our military colleagues were unable to attend because of the events of September 11. The meeting was a great opportunity for nurses from the various branches of the military to meet and network. Please visit the Web site www.medsurgnurse.org to respond to a survey specifically designed for our military colleagues.

The keynote speakers and break out sessions were all very current and pertinent to med-surg nursing. Karen Kowalski spoke about creating a wonderful work environment that attracts staff in this time of a major nursing shortage. She highlighted the need for us to care and support one another and taught us how we can improve our work environment. Another issue of importance to our members is end-of-life care. Lora McGuire presented “Pain Relief with End-of-Life Issues” and Marijo Letizia spoke on “Increasing Your Comfort and Competence in Providing End-of-Life Care.” The “Precepts from Last Acts” was also available to attendees. From “Living in the Real World of Nursing” (Cec Grindel) to “Health Care Politics in the

Daddario Wins AMSN National Office, Chick Elected Regionally

MSN recently held elections for the positions of National Secretary and North Central Regional Director-Elect. The winners are Diane Daddario, BSN, RN, BC, for the position of Secretary and Katherine Chick, MSN, RN, CNS, for the position of North Central Regional Director-Elect.

Diane, a staff nurse at Evangelical Community Hospital in Lewisburg, Pennsylvania, won a four-way race for the position of national secretary. She began her term at the 10th annual convention and will serve in the role of secretary through September 2003. She has been a medical-surgical nurse for 23 years, beginning as a nursing assistant and working her way through an LPN program and a diploma RN program. She earned her medical-surgical certification through ANCC in 1992. In 1996, she completed her bachelor of science degree in nursing. Diane is also a member of ANCC’s Content Expert Panel for Med-Surg Nursing and was appointed chairperson of the panel in March. She has served AMSN on the Legislative Policies and Issues Committee since 1999 and currently serves as chairperson. Diane is a new member to the Board of Directors.

Katherine Chick ran unopposed for the position of North Central Regional Director-Elect. Kathy will serve in this role through September 2003, at which time she will assume the role of North Central Regional Director, serving until October 2005. Kathy is a Clinical Nurse Specialist at Saint Mary’s Hospital in Rochester, Minnesota. She is a charter member of the Academy and was instrumental in the founding of the Upper Mississippi River Valley Chapter (2000 Chapter Achievement Award Winner), where she is immediate past president. She has been a medical-surgical nurse for 33 years and has been certified as a clinical specialist in medical-surgical nursing for 11 years.

Congratulations to both Diane and Kathy, and thanks to all who participated in this year’s election.

Don’t forget to visit AMSN’s web site: www.medsurgnurse.org

continued on page 18
A historic meeting for nursing specialty organizations was held in Salt Lake City, Utah, on November 16-18, 2001, at the Grand America Hotel. The National Federation of Specialty Nursing Organizations (NFSNO) and the Nursing Organizations Liaison Forum (NOLF) worked to create one new entity to represent an alliance of nursing organizations which influences, impacts, and optimizes the profession and health care delivery with one voice. This new entity is titled the Nursing Organizations Alliance (NOA).

A major part of the work of the meeting was discussion of the executive recommendations for the Nursing Organizations Alliance. These recommendations were jointly developed by the boards of both NFSNO and NOLF and include the vision, mission, guiding principles, and structural guidelines. The document outlining these recommendations was unanimously accepted by the combined NFSNO/NOLF attendees after hours of stimulating debate. A coordinating team, consisting of one NFSNO board member, one NOLF board member, and five new members, was elected. This team will guide NOA and maintain its major initiatives, including the Nurse in Washington Internship (NIWI).

Another important component of the weekend was an overview of the work done September 8-11, 2001, at the Call to the Nursing Profession in Washington, DC. Linda Stierle, MSN, RN, CNAA, CEO, of the American Nurses’ Association, outlined the process involved in selecting critical nursing domains to develop strategies to address/correct the nursing shortage. These domains are: work environment; economic value; education; legislation/regulation/policy; delivery systems/nursing practice models; diversity; recruitment/retention; professional/nursing culture; PR/communication; and leadership/planning. Participating stakeholder nursing organizations will develop action steps within domains that coincide with their strategic and operational plans. AMSN will be contributing to several domains.

The closing topic of the meeting was a presentation on “Nursing’s Response to Chemical and Biological Terrorism.” Cheryl Peterson, MSN, RN, CNAA, Director of the International Nursing Center of ANA, outlined bacterial, biological weapons such as anthrax, plague, tularemia, brucellosis, cholera, and salmonella. She discussed other biological weapons including botulism, smallpox, and viral hemorrhagic fevers. Also addressed were chemical agents including chlorine, hydrogen cyanide, mustard, sarin, and soman. Peterson reviewed legislation proposed to address the bioterrorism threat and nursing’s role in responding to terrorism.

Among the nursing leaders present were Marlene Roman, MSN, RN, ARNP, president of the Academy of Medical-Surgical Nurses (AMSN); Mary Johnson, BSN, RN, Cm, president, and Candy Laughlin, MS, RN, Cm, president-elect of the American Academy of Ambulatory Care Nursing (AAACN); Jean Nardini, RN, immediate past president of the American Nephrology Nurses Association (ANNA); Patricia Terrell, MSN, CPNP, COPS, president-elect of the American Society of Plastic Surgical Nurses (ASPSN); Janice Harris, RN, president of the Dermatology Nurses Association (DNA); Kathy Bell, RN, president of the International Association for Forensic Nurses (IAFN); Sheri Stormer, RN, BSPA, ONC, president, and Laurie Sienkiewicz, MSN, RN, ONC, president-elect of the National Association of Orthopaedic Nurses (NAON); Jean Lewis, RN, president, Donna Brassil, RN, president-elect, and Dorothy Calabrese, RN, immediate past president of the Society of Urologic Nurses and Associates (SUNA).

Sheri Stormer, RN, BSPA, ONC
NAON President

AMS N Member Honored as STERIS Nurse of the Year

Katherine A. Singleton, MSN, RN, CNS, has been recognized with the prestigious STERIS Nurse of the Year award and was featured in the September 2001 issue of Cleveland Magazine.

Currently, Ms. Singleton serves on the AMSN Board of Directors, and is the North Central Regional Director. She has been published in several nursing journals and was a speaker at 10th Annual Convention in Kansas City, Missouri.

Ms. Singleton is currently a care coordinator for vascular surgery at the surgical/orthopaedic nursing unit at Fairview Health System, Cleveland, Ohio. Her peers applaud her contributions to both the nursing field and to humanity. She is an energetic individual who has the ability to combine humor and compassion to help patients, families, and colleagues with difficult situations.

Singleton acknowledges that learning is a lifelong process, and that keeping current is one of the most important things, especially in the “information age.” When asked about being in the spotlight she states, “I’m just driven by making tough situations better.”

STERIS Corporation is a leading provider of infection prevention, contamination prevention, microbial reduction, and surgical support systems, products, services, and technologies to health care, scientific research, food, and industrial customers throughout the world.

Carol Ford
Associate Managing Editor
MEDSURG Nursing Journal
2001 Clinical Awards

Congratulations to the Clinical Practice and Clinical Leadership Award recipients presented at the 10th Annual Convention. The nomination letters of both winners reflected outstanding exemplars of the CORE values: Commitment, Opportunity, Responsibility, and Education that characterize these distinguished nurses.

Clinical Practice

Teresa Snyder from Chatham, Ohio, was the Clinical Practice Award recipient. Ms. Snyder's nominations echoed her flexibility in responding to the needs of patients and to the staffing configurations of a demanding neurology/stroke unit. Teresa is described as a consistent contributor, preceptor, and mentor. She is a full-time, 12-hour shift bedside nurse, wife, mother, and grandmother. Her professional journey began as a LPN and has continued at the bedside for more than 30 years. Perseverance and consistency summarizes her nursing efforts. Teresa has served as President of the Nursing Senate, a self-governing body for nursing, is the current Secretary for the Northeast Ohio Chapter of AMSN and is a volunteer for her local fire department. Traveling over 60 miles and quietly using her days off to attain her BSN degree, and meeting senate and chapter commitments, typifies her style in serving her profession and community.

Soon after, she was recruited to her current position as a Regional Manager and now has influence over a multi-hospital system. Upon receipt of this award, she exclaimed, “It pays to be downsized!” Inspiration and resiliency summarize her nursing efforts. Alicia was instrumental in the success of the Sunshine Chapter and currently serves as president for that chapter.

Each of the winners received a complimentary registration to the convention, a plaque, and an honorarium to facilitate traveling to the annual convention.

Members of the Clinical Practice Committee select the winners of the Clinical Practice and Clinical Leadership Awards from the nominations received from the AMSN membership. This national committee reviews each blinded nomination and scores each category against a checklist. The checklists are mailed to the National Office of AMSN. The committee members are notified after the President contacts the recipients. This year was extremely difficult as all those nominated were outstanding. The Committee wishes to extend congratulations to all of those who nominated their colleagues. A Registered Nurse may be nominated more than one time.

Take a moment to think of a RN whose practice or leadership embodies the reason you entered this profession or one whose actions inspires you during those times when it is not easy to stay in our profession. Please nominate that RN for the clinical practice or clinical leadership award to be presented at AMSN’s 11th Annual Convention in Arlington, Virginia. Watch for announcements and applications in a future issue of AMSN News.

Kathleen Singleton, RN, MSN
Clinical Practice Committee Chair
North Central Regional Director

Clinical Leadership

The Clinical Leadership Award winner was Alicia De Leon Sanchez from Miami, Florida. Ms. Sanchez's nomination letters describe her as a vocal supporter for medical-surgical nursing and credit her for moving med-surg from the “floor” to a specialized unit. “Supporting those around her to take risks and standing behind them no matter the outcome” characterizes her leadership style. When her father was ill, Alicia took her laptop to his bedside in the Philippines and continued to prepare for the JCAHO survey. Upon arrival home, she was informed that downsizing included her position. She remained until after the JCAHO review, which yielded the highest scores ever.
7th Annual Chapter Achievement Awards

The seventh annual Chapter Achievement Awards were presented during the annual convention in Kansas City, Missouri. These awards are presented to the two chapters that have shown exceptional contributions and achievements in the support of the goals and philosophy of the Academy of Medical-Surgical Nurses.

Members of the Chapter Development Committee select the winners of the Chapter Achievement Awards based on the Chapter Achievement Reports received from the AMSN chapters. This national committee reviews and scores each category based on whether the award criteria was met, exceeded, or not met. To be eligible for the award, the chapter must:

1. Provide evidence of:
   a. Ongoing membership recruitment and retention,
   b. Sound educational programs applicable to medical-surgical nursing,
   c. Ongoing marketing of the national organization and local chapter,
   d. Active participation at the national level.
2. Networks with other professional organizations.
3. Participates in community service.
4. Demonstrates political/legislative opportunities on local, state, or national level.

Once again, the Greater Atlanta Chapter of AMSN has earned this prestigious award in the category of a chapter more than two years old. This is the fourth time in the history of the award that the Greater Atlanta Chapter has captured this honor (1995, 1996, 2000, and 2001).

The Sunshine Region Chapter has distinguished itself as the winner for a chapter under two years old. This chapter's charter was revoked in 1999, and under new leadership, was re-established this year.

Although the competition was stiff and the committee had a difficult task in selecting the winners, both the Greater Atlanta and the Sunshine Region Chapters excelled in all areas of the award criteria. Both chapters received a plaque and two complementary registrations to the 2002 annual convention in Washington, DC.

Congratulations to the Greater Atlanta and the Sunshine Region Chapters of AMSN!

Committee News

Clinical Practice Committee

One of the overall purposes and objectives of the Clinical Practice Committee is to address issues that affect the clinical practice of medical-surgical nursing. Position statements reflect the CORE values of AMSN and serve as a reference resource to the medical-surgical nurse.

Over the past two years, the focus of each position statement spoke to both fundamental and contemporary issues that confront not only the medical-surgical nurse, but also the professional nursing community at large. Committee members are responsible for the development, review, and revision process of the statements. Each position statement is reviewed by the AMSN Board of Directors and by selected experts throughout the United States. It is also reviewed by randomly selected AMSN members at large.

AMSN Position Statements:

- Code of Conduct/Ethics
- Environmental Tobacco (Secondhand) Smoke
- General Health and Wellness
- Health Literacy
- Identification of the Registered Nurse in the Workplace
- Latex Use
- Mandatory Overtime
- Needlestick and Sharps Injury Prevention
- Pain Management
- Political Awareness for the Registered Nurse
- Professionalism
- Staffing Standards for Patient Care
- Tobacco Use
- Unlicensed Assistive Personnel
- Restraint-Free Environment (in process)
- Worker Safety

AMSN News spotlights new position statements, and all of the position statements can be found on the AMSN Network at www.medsurgnurse.org. If you have any suggestions for future topics that relate to medical-surgical nursing practice, contact the national office.

Kathleen Singleton
Board Liaison
Clinical Practice Committee
Excellence...

AMSN is pleased to present the abstracts of the winners of the Poster Contest at the 10th Annual Convention in Kansas City, Missouri. These posters demonstrate excellence in clinical practice, education/management, and research. One poster from each of the three categories was selected. Posters were reviewed by members of the Research Committee and were judged on the following criteria: Focus/Topic, Problem/Hypothesis Described, Research Methods, Findings/Outcomes, Implications/Relevance, Creativity/Originality, and Appearance/Presentation. AMSN congratulates all persons whose posters were selected as "blue ribbon" winners. Thank you to everyone who participated in the annual poster contest, all of the posters were excellent.

The following poster was selected in the clinical practice category:

**Restraint Free - A Patient's Right**

Patients can experience harm, unintentional limitation of their rights and dignity, deterioration in well being, and feelings of isolation when restraint methods are used. Research found that restraint use resulted in longer lengths of stay and more serious injuries for the restrained individual. In 1998, hospital data demonstrated an increase in restraint usage.

With the goal of enriching the quality of human life, a hospital wide philosophy and belief that the patient has the right to be restraint free was adopted. A housewide educational program was instituted utilizing a self-learning packet that included a test and validation of restraint application. Emphasis was placed on the use of alternatives with a major financial commitment being made to use patient sitters. A revision of the current restraint policy, physician order sheet, and documentation flow sheet occurred.

Restraint usage decreased from 3% in 1998 to 0.9% in 2000. A dramatic decrease from 23% to 9% in restraint use in the critical care unit was noted. No increase in falls or injuries related to decreased restraint use was found. Additionally, the decrease in restraint use had a positive impact on patient satisfaction by recognizing the dignity of the patient. Quality of care increased through a greater awareness of safety issues and the patient's right to be restraint free and treated with dignity and respect.

In conclusion, patients can be restraint free without the threat of falls or injuries occurring. A restraint free environment can positively influence patient satisfaction, quality of care, nursing practice, and the patient's sense of self worth.

Mary Ann Trenta, RN, BSN, Administrative Supervisor
Monica Lareau, RHIT, Quality Management

The following poster was selected in the research category:

**Prostate Screening Health Beliefs and Practices of African American Men**

The purpose of this study was to investigate the health beliefs and practices of 59 midwestern African American men over 45 years of age regarding prostate cancer screening. A descriptive nonexperimental design was used with a self-administered questionnaire developed by the researchers to identify participants knowledge level, health beliefs, and practices related to the screening and early detection of prostate cancer in African American men. Results indicate that over 60% of the participants had a high level of prostate cancer knowledge, early detection and over 70% reported that they had prostate screening done on a regular basis. They believed prostate cancer was not preventable, ran in families, and if contracted, treatment would be painful and could impair sexual function. Other significant beliefs included: good health habits were important to over 60% of the participants, most (80%) rated their health as good or excellent, and half of the participants indicate that they rely on their faith to stay healthy. About 90% of the participants indicated that based on the information provided they now plan to have prostate screening done on a regular basis. They believed prostate cancer was not preventable, ran in families, and if contracted, treatment would be painful and could impair sexual function. Other significant beliefs included: good health habits were important to over 60% of the participants, most (80%) rated their health as good or excellent, and half of the participants indicate that they rely on their faith to stay healthy. About 90% of the participants indicated that based on the information provided they now plan to have prostate screening done on a regular basis. Findings of this study provide culturally appropriate information which may contribute to developing prostate cancer prevention programs in African American communities.

Arleen Fearing, RN, EdD; Doris Bell, RN, PhD; Marguerite Newton, RN, PhD and Sharon Lambert, RN, DNS
The following poster was selected in the management/education category:

A Three Tiered Approach to Career Development and Excellence in Clinical Practice of MEDSURG Nurses

Nursing retention and recruitment continues to challenge health care systems and hospitals across the United States. Creative approaches and innovative programs at a university health system have fostered education and career development as a method to modify this trend. Providing med-surg nurses with opportunities to learn away from the bedside offers time for reflection and critical thinking about career goals and professional pursuits. In addition, the programs are nurturing nurses and promoting ownership and control in an environment recognized for high patient care needs.

The programs are successful because they offer various levels of involvement and participation to meet the needs of the individual professional nurse. The Professional Excellence Program (PEP) is an innovative model with an integrated database designed to facilitate the professional development of the nursing staff. This program is designed to support individual learning needs and goals by encouraging paid time away from the bedside for clinical and educational interests. The Nursing Practice Case Review Program enables a focus group of nurses to convene to develop a patient case study. Discussion of nursing documentation, pathophysiology, implications for nursing care, and the inclusion of a patient interview component are fundamental to the program’s design. The Medical-Surgical Nursing Fellowship Program provides experienced nurses with independent study opportunities to learn more about a specific patient population.

The integration of these three programs provides med-surg nurses with a broad spectrum of unique and creative career building and educational opportunities. The implementation, evaluation, and features of these programs are ongoing. The applicability of this three tiered approach to other institutions will be highlighted.

Beth Dierdorf, RN, MSN, CS, Elizabeth Good, MSN, RN, C, Terran Sims, MSN, RN, ACNP-C, CNN - University of Virginia Health System, Charlottesville, VA

Chapter News

Charter Granted for Newest AMSN Chapter

Congratulations and welcome to the newest AMSN Chapter! The Deep South Chapter of AMSN was granted its charter in November 2001 for having met the qualifications required for establishing a chapter. Including Southern Louisiana and Southern Mississippi, officers are President Jody Torres, President-Elect Janet Boudreaux, Secretary Cheryl Myers, and Treasurer Wanda Saucier Cieslinski.

Sunshine Chapter

The first meeting of the New Sunshine Chapter took place in January 2000 and was a great success. The chapter held elections, planned several education sessions, and was able to submit the needed paperwork for the chapter achievement award. The chapter was re-chartered in May 2000. The chapter is the only local AMSN chapter in Florida and invites all nurses to attend its monthly meetings as well as the educational offerings. The last program offered, the Med-Surg Certification Review Course presented by Sally Russell, Education Director for AMSN, attracted nurses from as far away as northern Florida. The board for the Sunshine Region Chapter includes Alicia DeLeon Sanchez, President and winner of the Clinical Leadership Award, Kathy Tomlinson, President-elect, Beth Cohen, Secretary, and Tammy Weidner, Treasurer. The chapter also has a membership and marketing chair, education chair, and historian. One goal of the chapter is to attract nurses from the surrounding area to become active members of the local chapter and national organization.

Cece Grindel, Elizabeth Good, Beth Dierdorf

Have you been receiving AMSN’s electronic news bulletins? This new service provided by AMSN informs members via e-mail of important news and information relevant to medical-surgical nursing. If you would like to receive these bulletins, just visit AMSN’s homepage at www.medsurgnurse.org and sign the guestbook. You will automatically receive future editions of AMSN Electronic News.
PHOTO HIGHLIGHTS of AMSN’s 10th Annual Convention

1) Attendees visit the Hill-Rom exhibit booth.
2) JoAnn Wedemeyer (L) and President Marlene Roman (R), present the “United We Stand” basket to one of the winners.
3) Winner of the AMSN gift basket with Marlene Roman and Cindy Ward.
4, 5) Attendees during sessions.
6) Millie, highest bidder for the AMSN carpet bag, with JoAnn Wedemeyer.
7) Attendee studies a poster presentation.
8) Attendees in session.
9, 10) Attendees visit the displays in the exhibit hall.
11) AMSN Board of Directors: (Standing L to R) Kathleen Reeves, Treasurer; Cindy Ward, Southern Regional Director; Diane Daddario, Secretary; Mary Matice, Northeast Regional Director; (seated L to R) Kathleen Singleton, North Central Regional Director; Marlene Roman, President; Doris Greggs-McQuilkin, President-Elect; Lee Northrup, Western Regional Director.
12) Uncle Sam and AMSN want you to volunteer!
13) Attendees enjoying a session.
14) Speaker Daniel E. Nickelson, MA, BA, Director of Government Affairs, Cleveland Clinic, addressed “Health Care Politics in the George W. Era.”
Irritable Bowel Syndrome (IBS) affects 40 million Americans or 15-20% of the general population (1). IBS affects three times as many women as men, or at least more women than men seek medical care for the disorder. It is one of the most common diseases diagnosed by gastroenterologists, and it is associated with considerable costs to society. In the United States, it is estimated that Irritable Bowel Syndrome accounts for $8 billion in direct medical costs and $25 billion in indirect costs annually (2).

Irritable Bowel Syndrome is a functional gastrointestinal disorder. Structurally, the gastrointestinal tract appears normal, and all laboratory tests are normal. Nevertheless, the patient experiences real symptoms. IBS is a chronic condition in which the primary abnormality is an altered physiological function. Although not well understood, the syndrome appears to be the result of visceral hypersensitivity and altered brain-gut interactions. An individual with IBS has a more sensitive large intestine, which causes them to experience strong reactions to otherwise benign peristaltic movements and pressures. Abdominal pain, diarrhea, constipation, bloating, or a combination of these symptoms characterizes the syndrome. Rome II criteria defines Irritable Bowel Syndrome as the presence for at least 3 months in the preceding year of abdominal discomfort or pain that cannot be explained by structural or biochemical abnormalities and that has at least two of the following three features: 1) pain relieved with defecation, 2) an onset associated with a change in the frequency of bowel movements (diarrhea or constipation), or 3) an onset associated with a change in the form of the stool (loose, watery, or pellet-like) (3).

IBS is diagnosed by excluding other gastrointestinal pathologies, and identifying symptoms that coincide with the Rome criteria.

Although diagnostic criteria for Irritable Bowel Syndrome have been developed, a cure has not yet been discovered. Therefore, treatment focuses on symptom relief. Therapies focus predominantly on dietary modifications, stress management, and when necessary pharmacological intervention. Since alcohol can aggravate IBS, limiting its use is recommended. Adding more fiber to the diet is also recommended, although gradually, in order to avoid the bloating and discomfort that can often be associated with fiber. Carbonated beverages, chewing gum, large heavy meals, artificial sweeteners, and gas-forming foods should also be avoided. Stress management techniques may be helpful in coping with the anxiety of a chronic condition. If dietary and emotional lifestyle changes do not help, medical therapy may be beneficial. Antispasmodics, antidiarrheals, antidepressants, prokinetics, stool softeners, and laxatives are some of the medications currently utilized to treat the specific symptoms.

Fortunately, a new classification of medications called serotonin receptor agonists and antagonists are currently under investigation. These medications target specific gastrointestinal motility receptors and promise to benefit patients with diarrhea and constipation predominant IBS. Alosetron (Lotrenox), is a serotonin antagonist which was approved by the FDA to treat diarrhea predominant IBS in women (4). Shortly after entering the market, however, the medication was voluntarily withdrawn due to safety concerns. Tegaserod (Zelnorm), is serotonin agonist that is under investigation to treat constipation predominant IBS (5). The FDA recently reviewed Tegaserod, but did not approve the medication. Instead, Tegaserod was denied with recommendations for additional areas of research. New medications such as these, when studied thoroughly, approved by the FDA, and administered safely will have a tremendous benefit to those who combat severe symptoms of IBS.

Irritable Bowel Syndrome is not a life threatening condition, but it can be a life-altering syndrome. Painful, unpredictable bowel movements are hallmark of the disorder. The condition may lead to anxiety and social uneasiness. IBS affects a significant percent of the population and costs the US several billion dollars. Fortunately, clinical investigations are underway to better understand the pathophysiology of the condition, and to develop medications to treat the often devastating symptoms.

References
(1) Camerilli, M., Choi M-G., Irritable bowel syndrome. Alimentary Pharmacology and Therapeutics. 1997; 11: 3-15

Beth Dierdorf MSN, RN, CS
Patient Care Coordinator in the Digestive Health Center of Excellence
University of Virginia Health System
Charlottesville, Virginia
the American Nurses’ Association (ANA) House of Delegates met in Washington, D.C., from June 29-July 1, 2001, to discuss the many issues and concerns that face nurses today. Delegates assembled in the Grand Ballroom of the Hyatt Hotel, which was transformed to replicate the U.S. House of Representatives. There were delegates from each state as well as many invited guests. I was privileged to represent the Academy of Medical-Surgical Nurses (AMSN) at this very important event.

During the course of the meeting, the delegates were able to bring issues to the floor for discussion and then vote on courses of action from where they were seated. Some of the issues included: Bylaws changes, Code of Ethics revisions, and resolutions for the coming year. The votes were immediately tabulated and could be viewed on several large screens that were situated throughout the room.

Of particular importance, ANA delegates voted for a bylaws change that would allow the United American Nurses (UAN) to move forward with its affiliation with the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO). The passage of this bylaws change was recognized as a milestone in ANA’s history. ANA CEO Linda J. Stierle, MSN, RN, CNAA, said, “As a multipurpose organization, ANA represents the interests of all registered nurses to effect change in the workplace that will benefit nurses, their patients, and health care delivery.”

The House of Delegates also passed a measure to increase ANA annual membership dues by $35.00, effective January 1, 2002.

Additionally, a revised Code of Ethics was passed by the House of Delegates that more accurately reflects the issues and concerns of nurses who work in the present health care environment.

Many of the delegates stated that ANA should be seen as a leader in defining the role of nurses, and it was widely agreed that ANA should be a forerunner in shaping the future of nursing. As a result, the following resolutions were passed by the ANA House of Delegates.

The ANA will:

• Ensure that this agenda will focus on nursing’s role and values in health care delivery.
• Outline the necessary changes to promote accessible, quality health care delivery within the work environment, the health care industry, and nursing education programs.
• Promote diversity in all work environments and settings, the health care industry, nursing education programs, and the health care workforce.
• Focus resources on the professional practice environment, work environment, and the issues of recruitment and retention of nurses in their roles and in all practice settings.

Doris Greggs-McQuilkin, MA, BSN, RN
President-elect

In the face of the nursing shortage, keynote speaker Karren Kowalski highlighted the need for care and support to nurses who ultimately create an environment of thriving where patients and families experience nurturing and healing. A Town Hall meeting discussing ideas for caring for patients in the time of shortage was held at the close of the convention. Colleagues shared innovative nursing practices and staffing patterns to help others in similar settings.

Plan to attend the 11th Annual Convention—“Medical-Surgical Nursing: The First Line of Defense” to be held October 17-20, 2002 in Washington, D.C. Call the AMSN National Office or visit the AMSN Network at www.medsurgnurse.org for more information. Members will receive a brochure in the spring.

Kathleen Reeves, MSN, RN,C
Treasurer

Kathleen Singleton, MSN, RN
North Central Regional Director

AMSN Corporate Members

The Academy of Medical-Surgical Nurses gratefully acknowledges the financial support received from the following corporate members:

Centra Health System
Dale Medical Products, Inc.
Hill-Rom
Nursefinders
Nursing Spectrum Magazine
Parkland Memorial Hospital
Purdue Pharma L.P.
Ross Products Division, Abbott Laboratories
Scale-Tronix, Incorporated
University of Virginia Medical Center
Valley Health System
Preamble
Nurses nationwide have been struggling with the controversial issue of mandatory overtime. When mandated, nurses may be required to work up to 16 hours in a 24-hour period. Studies have shown that when a worker exceeds 12 hours of work and is fatigued, the likelihood of making an error is increased (IOM, December 1999). Research showing the impact of fatigue on residents can help guide both future research and public policy initiatives (ANA statement before National Summit on Medical Errors and patient safety research (http://www.nursingworld.org pressre/2000sta0911.htm). Some of the recent changes were prompted by cost-cutting layoffs and redesign of organizations. The situation is made worse by an increase in patient acuity and the worst nursing shortage in our nation’s history. This issue is so controversial that many states are enacting laws at local/state levels prohibiting mandatory overtime.

Position Statement
AMSN opposes the use of mandatory overtime as a solution to provide adequate staffing to a facility. Mandatory overtime should not be used as a means to provide staffing for chronic understaffing. AMSN does not believe in the establishment of predetermined or fixed nurse-patient ratios. Although overtime may sometimes be used, it should be done on a voluntary basis and after all other attempts to provide staff have failed. No nurse should be required to work beyond his/her physical and mental capability.

AMSN believes that medical-surgical nursing is the foundation of every health care organization. Therefore, it must be involved in ongoing research and open discussions concerning staffing principles as a practice issue (AMSN 2000 Position Statement: Staffing Standards for Patient Care). According to ANA’s recent study “Nursing, Staffing, and Patient Outcomes in the Inpatient Hospital Setting” (March 2000), nurses are the key indicator of quality health care. The study concludes that there are five adverse outcomes that may be less severe if adequate staffing is provided: length of stay in hospital, hospital acquired pneumonia or urinary tract infections, post-operative infections, and pressure ulcers.

Commitment
AMSN is committed to supporting nurses who practice in adult health/medical-surgical settings and their endeavor to provide safe patient care. The Academy believes that all of these settings should have a logical method to accurately measure the needs and outcomes of the patients.

Opportunity
AMSN believes that the opportunity exists for nurses to define their practice and that they should be proactive during this staffing crisis. Nurses should participate on hospital committees and speak out with one voice. There is an opportunity to do evidenced-based outcome research on the impact that staffing levels have on safety and the incidence of errors.

Responsibility
AMSN Scope and Standards of Medical Surgical Nursing (2000) states that nurses have the responsibility to practice in a safe manner. The staff has the right to report unsafe conditions or inappropriate staffing without personal consequences (Principles for Nurse Staffing, ANA, 2000). Nurses accept responsibility and accountability for individual nursing judgments and actions within the scope of established nurse practice acts, standards, regulations, statutes, and rules governing nursing practices (AMSN: Position statement Professionalism, 2001).

Education
AMSN promotes education as an essential tool for all nurses regardless of specialty. All nurses must stay informed about the regulations and practices that govern their state.

Utilization
Adult health/medical-surgical nurses in all settings can use this position statement to begin discussions and plan for appropriate use of resources.

References
IOM December 1999 To Err is Human: Building a Safer Health System.

Send Us Your News!
AMSN News welcomes news from Academy members. If you have a news item or article that you would like published, send it along with your name, address, phone number, and other comments/suggestions to:

Sue Stott, AMSN News Managing Editor
East Holly Avenue/Box 56, Pitman NJ 08071-0056
Fax: 856-589-7463 • Email: amsn@ajj.com
On the Ball with Pain Management

Despite advances made in pain management, pain continues to be undertreated in approximately half of all postoperative patients. (Faries, 1998). Adequate postoperative pain management is essential for achieving positive outcomes such as patient comfort, increased patient satisfaction, decreased postoperative complications, decreased risk of deep vein thrombosis, earlier ambulation, faster postoperative recovery time, and reduced length of hospital stay (AMSN, 2000; Ramsay, 2000).

Because pain management is often optimized by using more than one drug or technique (Carpenter, 2000), in addition to the use of opioids and nonopioids, local anesthetics are being used for postoperative pain management. Local anesthetics act to dull pain sensations without altering sensations in other parts of the body. Level of consciousness is not affected by the local anesthetic.

I Flow Corporation manufactures the On-Q Pain Management and Pain Buster systems which each provide a continuous infusion of local anesthetic directly into the patient’s operative site. These systems are essentially the same device but marketed for different types of surgeries such as orthopedic, abdominal, gynecologic, cardiac, Cesarean, hernia, and bariatric. Nurses often refer to either the On-Q Pain Management System or the Pain Buster system as a “Pain Ball.”

The pain ball, which is easy to use for both patients and nurses, is comprised of a disposable round balloon-like pump that provides a continuous infusion of a local anesthetic. The device is non-electric and requires no programming. Due to the preset flow rate, it is not necessary to squeeze the pump. The force to deliver the medication is provided by the pump via positive pressure. The pump is portable and lightweight. Some of the pumps come with a carrying pouch (some patients refer to the pouch as a fanny pack). The pouch is secured to the patient’s clothing or waist to prevent dislodging or kinking of the tubing.

The surgeon places an epidural type catheter directly into the operative site during surgery. The pump is filled with local anesthetic in the Operating Room and the primed tubing is connected to the catheter. The catheter is coiled at the operative site and then covered by a transparent adhesive dressing. Depending on the fill volume, the pump may last from 2-5 days. For pain balls that contain latex, due to a unique design feature, the latex does not come in contact with either the drug or patient. Thus the pain ball can be used for latex sensitive patients. Sometimes small air bubbles are visible inside the pump, however an in-line air filter eliminates any potential danger.

Bupivacaine (Marcaine) is the most common local anesthetic used in the pain pump. Although drug reactions to bupivacaine are uncommon, the nurse should be alert to the potential reactions. Symptoms of bupivacaine drug reactions include hypotension, hypoxia, cardiac dysrhythmias, seizures, and urticaria.

Postoperative assessment should include vital signs, pain assessment (using appropriate assessment tools), integrity of the pump and tubing as well as the integrity of the transparent adhesive dressing covering the catheter insertion site. It is important that the dressing is only changed per surgeon’s orders since the dressing removal may dislodge the catheter.

The surgeon should be notified if the patient experiences inadequate pain control; redness, swelling, leakage, or drainage at the catheter site; inadvertent removal of the catheter, and increased heart rate or irregularity in heart rate from baseline.

Patient/Family teaching should include the frequent evaluation of pain, use of an appropriate pain scale, and analgesic options available in addition to the local anesthetic. The patient should be instructed that the pump functions on its own and does not need to be squeezed to provide the medication. The manufacturer recommends that the device not be used while showering, bathing, or swimming, thus the patient should be instructed on these restrictions. Temperature can affect the viscosity of the anesthetic. Therefore, the patient should be instructed that the flow restrictor (part of the tubing) should be taped close to or in direct contact with the patient’s skin. A cold pad or hot pack should not be placed over the flow restrictor or tubing, as this will effect the delivery time of the anesthetic. The surgeon or nurse can remove the catheter. Patients who go home with the pump are sometimes instructed to remove the catheter themselves. Most of the time, patients are instructed to visit the physician’s office for follow-up and catheter removal.

As with any pain management modality, some patients have benefited from the use of the pain ball and others have not. Those patients who have benefited report that they have fewer episodes of breakthrough postoperative pain than those using traditional systemic opioids alone. Patients continue to use opioid analgesics but may require decreased amounts because of the continuous local anesthetic infusion. Anecdotally, nurse colleagues report that patients require less systemic analgesics (in particular opioids) and participate in pulmonary hygiene and ambulation postoperatively more readily than patients who receive analgesics alone.

The On-Q Pain Management and Pain Buster systems provide additional options for patients experiencing postoperative pain. Information for health professionals and patients, including printable Patient Guidelines for both the Pain Buster and On-Q Pain management systems, is available on the I-Flow Corporation web site www.i-flow-corp.com/home.html.

References:

Kathleen A. Reeves, MSN, RN, C
Treasurer
Managing Bedside Emergencies

Managing Bedside Emergencies was a pre-convention workshop offered on October 18 prior to the opening of the 10th Annual Convention in Kansas City, Missouri.

This workshop concentrated on those patients who are on a medical-surgical unit for one reason, who then experience an unexpected emergency situation. Assessment and interventions for the med-surg nurse caring for these patients was the particular focus. The speaker and the participants shared experiences they had, talked about positive and negative endings to these experiences, and how they impacted that outcome.

The first session in this workshop covered cardiovascular emergencies on the medical-surgical unit. Discussion centered on myocardial infarction, cardiogenic shock, hypertensive crises, and heart failure. Subjective and objective data was assessed for all of these situations, and the nursing interventions necessary was stressed.

The second session focused on endocrine emergencies on the medical-surgical unit. Cushing's disease and syndrome started off this session since these patients are at risk for many cardiovascular and fluid and electrolyte imbalances. Syndrome of Inappropriate Anti-diuretic Hormone (SIADH), also not unknown on med-surg units, was included. The greatest time was spent on differences in assessment and interventions for Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic Nonketotic Coma (HHNKC). Differences in clients at high risk for developing these illnesses, the assessments in each, and the interventions necessary were highlights of this session.

Renal Emergencies was the topic of the third session. Acute Renal Failure (ARF) was the total topic covered, since there are two major causes in medical-surgical clients. Hypoperfusion of the kidneys occurs when bloodflow to the kidneys is decreased for a long enough period of time. This may occur in heart failure, anaphylaxis, hemorrhage, or fluid loss from vomiting and diarrhea or third spacing. The other major cause of Acute Renal Failure is nephrotoxicity, and discussion occurred on which drugs given frequently on med-surg units are often causative agents. Assessment parameters, and interventions for all the phases of ARF were included.

The final session, neurologic emergencies, included discussion on CVAs and increased intracranial pressure. High-risk population clients were discussed, early symptoms to observe, and diagnostic values indicative of these situations were all included. Nursing interventions stressed reducing intracranial pressure and promoting body compensatory responses.

Throughout the day pharmacological treatment and management was included, as well as those drug interactions and synergistic effects that the nurse need to be aware of and observe. Medical management of all of these emergencies was also included, although the nursing interventions were the major focus of the day.

This was an informative and at times extremely interactive workshop. Stories and examples from the instructor and many participants were shared, and a great deal of networking occurred among the 80 plus participants.

Sally Russell, MN, RNC
AMSN Education Director
Nurses for a Healthier Tomorrow

In 1999, a small group of organizations started discussing a joint communications crusade to address the nursing shortage. Now 32 members strong, Nurses for a Healthier Tomorrow is about to launch its much-anticipated campaign. AMSN is proud to be a supporting member of this initiative.

The coalition of leading national nursing and health care organizations, with Luci Baines Johnson and Elizabeth Dole as its honorary co-chairs, has developed a national campaign designed to boost the attractiveness of nursing as a profession. The campaign targets middle- and high school-age youth, although retaining current nurses also is an objective.

"Nursing. It's Real. It's Life." serves as the campaign tagline and will be incorporated into all of the coalition's communications materials.

"It's Real" shows young students that nursing is hip, it's cool, it's exciting, it's respected, it demands real brain power, and it provides incredible benefits to all humankind," says Greta Sherman, senior partner of JWT Specialized Communications' health care group.

"It's Life" reminds students that humankind would not exist as we know it without the nurturing, life-saving aspects of nurses and the nursing profession," Sherman continues.

The tagline was developed when it was determined by focus group research that young people were not being provided with adequate positive information about nursing as a profession. The Nurses for a Healthier Tomorrow advertising campaign features specific messages aimed at improving the image of nursing while encouraging young people to enter the profession.

Nurse Retention and Quality of Care Act of 2001 (S.1594)

Senators Hillary Rodham Clinton (D-NY) and Gordon Smith (R-OR) introduced the Nurse Retention and Quality of Care Act of 2001 to address the current crisis in nurse staffing and the emerging nursing shortage. The American Nurses Association (ANA) believes that a major contributing factor is dissatisfaction with the work environment. The Congressional Research Service, General Accounting Office, academic research and ANA surveys of American nurses have all revealed startling levels of frustration with working conditions.

The Bill will amend the Public Health Service Act to provide programs to improve nurse retention, the nursing workplace, and the quality of care. Grants will be awarded for a period of not greater than 3 years. They may be extended if it is demonstrated that the institution has significantly improved the quality of its workplace for nurses and enhanced patient care or has been designated as a Magnet Hospital by the American Nurses Credentialing Center.

The use of funds shall be used to:
1. Promote retention and satisfaction of professional nurses;
2. Promote collaboration and communication among health care professionals;
3. Promote nurse involvement in organizational and clinical decision making processes;
4. Organize care to enhance the satisfaction of professional nurses, improving the nursing workplace environment, and promote the quality of nursing care;
5. Promote opportunities for professional nurses to pursue education, career advancement, and organizational recognition;
6. Promote high quality of patient care;
7. Promote a balanced work-life environment;
8. Offer such other activities as may be determined by the Secretary to enhance the workplace environment for professional nurses.

The Safe Nursing and Patient Care Act (H.R. 3238, S.863)

The Safe Nursing and Patient Care Act was introduced by Reps. Pete Stark and Steve LaTourette and Sens. Kennedy and Kerry. The purpose of the bill is to improve working conditions for nurses and quality of care for patients. It limits the ability of hospitals and other health care providers to require mandatory overtime from nurses. It would be enforced through Medicare's provider agreements.

Medicare's provider agreements would be amended to prohibit the use of mandatory overtime by nurses to protect the quality of patient care, except in the case of a declared state of emergency. Mandatory OT limitations would prohibit a nurse to work in excess of either (1) 12 hours in a 24-hour period or (2) 80 hours in a consecutive 14-day period. Voluntary OT would not be affected.

The Secretary of Health and Human Services has been given the authority to investigate complaints for violations of the standard. If a violation is found, the secretary shall require a plan of action to eliminate the occurrence and is given the authority to issue civil monetary penalties up to $10,000.

The bill explicitly prohibits providers of services from penalizing, discriminating, or retaliating in any manner with respect to a nurse who avails themselves of these protections. In order to remain protected, a nurse would be required to have acted in good faith.

Nurse Reinvestment Act (H.R. 1436, S.706)

The Nurse Reinvestment Act would authorize funding for public service announcements and recruiting programs in secondary schools and offer tuition reimbursement and scholarships for nursing students. It would also highlight advantages and rewards of a nursing career. Encouragement would be given to individuals from diverse communities and backgrounds to enter the profession.

Nursing Education and Employment Development (NEED) Act (S.721)

The Nursing Education and Employment Development (NEED) Act would award scholarships to nursing students in exchange for service in underserved areas and would generally attempt to attract more students to the profession. The bill authorizes $10 million for a mentoring program for nurses in the early stages of their career, $10 million for a media campaign to enhance the image of the nursing profession, and $45 million over six years for a program to help hospitals retain nurses.

Both of these bills were introduced 11/01 by the Senate Health, Education, Labor, and Pensions (HELP) Committee chaired by Sen. Kennedy. Both bills contain similar provisions and authorize similar programs. The committee is expected to merge the two bills before taking them to Senate floor.

To contact your Senator/Representative, visit the web site www.thomas.loc.gov. It is the United States government's site that will give email addresses of individuals/committees, phone numbers, and any information about a bill or the legislative process.

When writing or calling, mention bills by name and number.

References
http://www.house.gov/stark/bills.html
http://www.thomas.loc.gov/cgi-bin/query
Press release: Nurses Strategic Action Team; A program of the American Nurses Association dated October 7, 2001
Plans are underway for AMSN’s 11th Annual Convention, Medical-Surgical Nursing: The First Line of Defense. The Program Committee is hard at work putting together a wonderful convention based on comments from those who attended the 10th annual convention in October, as well as those given by colleagues from around the country. We are excited about the possibilities and are sure everyone who attends will be enthused, energized, and touched by the sessions.

Confirmed sessions include our annual book discussion and our Friday morning general session. The book to be discussed is We Band of Angels, written by Elizabeth Norman. This is a very touching and moving story of those medical-surgical nurses who were held as prisoners of war following the fall of Bataan and Corregidor during the first days of World War II. They were held for three years, and the story will make you proud of our colleagues and incredibly angry at man’s inhumanity to man. Ms. Norman is scheduled to speak at our Friday morning general session where she will motivate and inspire us.

There will be an increased number of CE opportunities available. This change was made to meet the demands of organizations, such as the Air Force, for approving attendance at our convention.

So, mark your calendar and save the date, October 17-20, 2002, to be in Washington, DC.

Chicken Soup for the Soul

continued from page 1

Chicken Soup for the Nurse’s Soul hopes to remind nurses, who may have forgotten why they became nurses in the first place, that they are health care’s link to compassionate patient care.

The book features stories from cancer survivor and Tour de France winner Lance Armstrong, Dr. Bernie Siegel, “Dr. Mom,” Florence Nightingale, and professional story teller and humorist, Karyn Buxman. The book was released in August at $12.95 per copy and can be found at bookstores countrywide.


Allison Johnson
Editorial Coordinator
Anthony J. Jannetti, Inc.

Call for Abstracts for 2002!

AMSN’s official call for Abstracts for poster presentations for the annual meeting in Washington, DC, October 17-20, 2002, will appear in the next issue of AMSN News. Visit www.medsurgnurse.org to download the Abstract form now. Plan to submit an abstract in one or more of the following categories: Clinical Practice, Education/Management, or Research.

We look forward to hearing from you!
ANCC Approver/Provider Unit

It is with regret that the AMSN Board of Directors made the decision to relinquish our status as an Approver of Continuing Education programs, effective at the end of August 2002. ANCC has increased the cost of going through the accreditation process, and the fiscally prudent course at present is to put those resources into products and actions that will increase the AMSN membership base. It is sincerely hoped that AMSN will again seek to be an Approver at some point in the future.

In order to meet the ANCC criteria, programs submitted to and approved by the AMSN Approver Unit must be presented before August 31, 2002. Programs that have already been approved by the AMSN Approver Unit, but were being planned to be repeated after August, will not be able to have CEs attached to them without being approved by another Approver Unit.

We regret any inconvenience that this will cause to our chapters, our members, and to those who used our Approver Unit. If you need assistance in finding other Approver Units who will provide their service to you, look for information in upcoming AMSN News. Contact the AMSN National Office for information.

Sally Russell, MN, RNC
AMSN Education Director

AMSN Approver Unit Update

The following educational activities have been approved for AMSN continuing education credits as of October 31, 2001. If you have an approved activity that does not appear on this list, please contact the AMSN National Office.

<table>
<thead>
<tr>
<th>Host</th>
<th>Date of Program</th>
<th>Program/Contact</th>
<th>Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater New York Chapter</td>
<td>7/24/01</td>
<td>Current Trends in Diabetes Management</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jane De Jong, 845-342-7327</td>
<td></td>
</tr>
<tr>
<td>Central Ohio Chapter</td>
<td>8/14/01</td>
<td>A Walk in the Park: Using Cardiac/Pulmonary</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rehab Principles to Maintain Personal Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nancy Franke, 614-293-4115</td>
<td></td>
</tr>
<tr>
<td>Greater New York Chapter</td>
<td>9/26/01</td>
<td>A Cognitive-Behavioral Approach to Pain</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jane De Jong, 845-342-7327</td>
<td></td>
</tr>
<tr>
<td>International Association of Forensic</td>
<td>9/27-10/1/01</td>
<td>9th Annual Scientific Assembly</td>
<td>up to 27.0</td>
</tr>
<tr>
<td>Nurses (IAFN)</td>
<td></td>
<td>Linda Saunders, 011-61-8-8201-3557</td>
<td></td>
</tr>
<tr>
<td>Delaware Valley Chapter</td>
<td>9/27/01</td>
<td>New Options for Managing Sickle cell Disease</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Karen McPherson, 215-646-8700, ext. 1468</td>
<td></td>
</tr>
<tr>
<td>Southern Illinois Prairie Chapter</td>
<td>10/26/01</td>
<td>Issues Impacting End-of-Life Care</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arleen Fearing, 618-650-3999</td>
<td></td>
</tr>
<tr>
<td>Northeast Ohio Chapter</td>
<td>10/30/01</td>
<td>Taking the Charge Out of Being In Charge</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diane Palec, 216-444-8331</td>
<td></td>
</tr>
<tr>
<td>Delaware Valley Chapter</td>
<td>12/6/01</td>
<td>Diabetes Management Overview</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Karen McPherson, 215-646-8700 ext. 1468</td>
<td></td>
</tr>
</tbody>
</table>

President's Message

continued from page 2

George W. Era” (Dan Nickelson) to “Road to Nursing Under Construction” (Sister Paula Rose) — this convention offered keynote and breakout sessions to meet the needs of all our attendees. We learned how to care for the geriatric patient; how to speak to our patients about safe sex; how to care for our patients with pancreatitis, in shock, with venous and arterial disorders, with Type II diabetes, and with colon cancer; and how to become more politically active.

We were also able to share the joy and pride of our members who received the Clinical Practice and Clinical Leadership awards, the Chapter Achievement Awards, and the MEDSURG Nursing Photo and Writer’s Awards. This truly was a time to celebrate medical-surgical nursing as well as each other’s accomplishments.

I would like to take this opportunity to invite all of our members, colleagues, and peers to attend the national convention in October 2002 in Washington, D.C. This year was fun, exciting, and informative; next year will be tremendous! We are already hard at work on putting together the topics that are pertinent to med-surg nurses and to scheduling the foremost and most knowledgeable speakers possible. The convention gives you, the med-surg nurse, an opportunity to network, learn, and socialize. It’s a time to announce to the world that you are a med-surg nurse and the time to celebrate our chosen specialty — medical-surgical nursing!

Marlene Roman, MSN, RN, ARNP
President
**Spread the word about AMSN by recruiting NEW members!**

Share the benefits of membership with your friends and colleagues. Recruit as many new members as you can between now and September 30, 2002 to receive special awards.

<table>
<thead>
<tr>
<th>Level</th>
<th>Recruit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-4 new members</td>
<td>You will receive one $5 coupon for every new member you recruit (a value of up to $20)</td>
</tr>
<tr>
<td>2</td>
<td>5-9 new members</td>
<td>You will receive 5-9 $5 coupons, PLUS an AMSN logo pin (a value of up to $57)</td>
</tr>
<tr>
<td>3</td>
<td>10-14 new members</td>
<td>You will receive 10-14 $5 coupons, PLUS an AMSN logo pin, PLUS a copy of the Scope and Standards of Medical-Surgical Nursing Practice (a value of up to $92)</td>
</tr>
<tr>
<td>4</td>
<td>15-24 new members</td>
<td>You will receive 15-24 $5 coupons, PLUS an AMSN logo pin, PLUS a copy of the Scope and Standards of Medical-Surgical Nursing Practice, PLUS a copy of the 2nd Ed. Core Curriculum for Medical-Surgical Nursing ($192 value)</td>
</tr>
<tr>
<td>5</td>
<td>25 or more new members</td>
<td>You will receive 25 (or more) $5 coupons, PLUS an AMSN logo pin, PLUS a copy of the Scope and Standards of Medical-Surgical Nursing Practice, PLUS a copy of the 2nd Ed. Core Curriculum for Medical-Surgical Nursing, PLUS one complimentary convention registration to AMSN’s 11th Annual Convention in Washington, DC (a value in excess of $522)</td>
</tr>
</tbody>
</table>

Encourage your friends and colleagues to join the only professional organization designed exclusively for medical-surgical nurses. Don’t forget to persuade your LPN and LVN colleagues to join as Associate Members, too.

To be eligible for the incentives offered, please make sure that the “Who referred you to AMSN?” section on the membership application is completed and a check payable to AMSN is included. The membership application may be duplicated for your convenience.

**Benefits of AMSN Membership include:**

- Subscription to MEDSURG Nursing Journal
- AMSN News subscription
- Reduced “member prices” on all products and convention registration
- MedSurg Nursing Connection subscription (electronic newsletter)
- Access to the “Members Only” section of the AMSN Network, www.medsurgnurse.org
- Networking and educational opportunities

It's a Great Time to Promote AMSN Membership Discounts

Many hospitals are looking for ways to retain and recruit nurses, and research shows that salaries and sign-on bonuses are only short-term solutions, if they work at all. Employers who value professional development are seeking methods to honor and recognize medical-surgical nurses’ commitment to their institutions. Sharing our membership discounts with nursing directors and recruiters could be a way that you can help AMSN and help employers retain their nurses.

The following are group membership rates that apply to the $75 membership dues for full and associate members.

<table>
<thead>
<tr>
<th>SAVE $5 on each membership when 5-9 people join at the same time</th>
<th>. . . . . . . . . only $70 each</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVE $10 on each membership when 10-19 people join at the same time</td>
<td>. . . . . . . . . only $65 each</td>
</tr>
<tr>
<td>SAVE $15 on each membership when 20-30 people join at the same time</td>
<td>. . . . . . . . . only $60 each</td>
</tr>
<tr>
<td>SAVE $25 on each membership when 40 or more people join at the same time</td>
<td>. . . . . . . . . only $50 each</td>
</tr>
</tbody>
</table>

For more information, please contact the AMSN National Office.

Combine the Membership Discounts and the Member-Get-A-Member Campaign for an even greater value!
Summary of Minutes of Fall Board Meeting

The AMSN Board of Directors met in Kansas City October 17 & 21 and discussed the following:

- Certification Review Course/Med-Surg Update will be held as post-convention workshop starting in 2002 (if arrangements can be finalized).
- A certification review practice question book & a review course as self-study are being worked on.
- Brainstorming ways to increase membership and ways to get AMSN publicized to med-surg/adult health nurses. It is requested that all members ask nurses to visit the Web site and sign the guest book. Working on getting other sites to use AMSN as a link. As of September 28, 2001, there were 2,462 members.
- Nurses Nurturing Nurses program has been developed to increase mentor/mentee relationships individually and within institutions. There has been increased involvement in program. The Research Committee has selected additional sites for this program to begin in January 2002.
- Nurse House provides guidance and financial assistance to RN’s in need as a result of illness, injury, or disability. AMSN will provide members with Nurse House materials. There will also be articles included in newsletter.
- Special Interest Groups (SIGs) are being developed. The Military/Uniformed Services SIG met for first time in Kansas City. They are working on ways to “stay connected,” such as a with chat room on the AMSN Network.
- The Chapter Development Committee is working on a proposal to revise Chapter Achievement Awards.
- A Raffle was held at the national convention with at portion of the proceeds donated to the Red Cross September 11 Disaster Relief Fund.

Diane Daddario, BSN, RN, BC
Secretary