MNORN 2020 Election

If you are a member of MNORN, you will receive an email from Election-America on November 1st. This email will say, in part,

> Dear MNORN Member:
> Welcome to the Minnesota Organization of Registered Nurses 2020 Election. The election is now open. This year, you are being asked to vote on:
> - President
> - Second Vice President
> - Director (2)
> - Nominating Committee (2)
>
> You are also being asked for input on the topics that ANA should include in this year's Membership Assembly Dialogue Forums.

The email will give you a link to the election site, the election code and your voting pin number.

After you vote, you will receive this notice:

MNORN 2020 Election
Thank you for voting!
Your vote was successfully submitted

Thank you, in advance, for taking the time to vote! Watch for the email from Election-America that should hit your in-box the morning of November 1st.

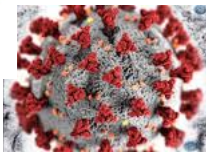
This year's election ends on November 30th.

Save the Date:

The December MNORN Annual Meeting/Member Meeting will be on December 15th at 7PM via Zoom

The topic for the meeting will be "2020 The Year of the Nurse Meets the COVID Pandemic - What have we learned?"

You will receive an evite to this meeting mid-November



Unfortunately, the Celebrations of the 100th Anniversary of Women Voting in National Elections has been Sidelined with the Pandemic

"The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex. Congress shall have power to enforce this article by appropriate legislation."

After decades of organizing, protesting, rallying, and campaigning, women in the United States won the right to vote with the ratification of the 19th amendment on August 18, 1920.

Nurses were among the earliest women's suffrage activists . Bearing witness to the social issues that contributed to health disparities, many become proponents for urban sanitation, labor laws, and public health initiatives. However, women's suffrage was a controversial movement.

ANA Hall of Fame inductee Lavinia Lloyd Dock, a cofounder of the International Council of Nurses, was an active and vocal champion of women's suffrage. She led protests, picketed the White House, and was arrested for participating in women's rights demonstrations. Nurses Mary Bartlett Dixon, Sarah Tarleton Colvin, and Hattie Frances Kruger also were proudly arrested while demonstrating for women's suffrage.
It's important to note that the 19th amendment failed to fully enfranchise African American, Asian American, Hispanic American, and Native American women. "Tensions stemming from anti-Black racism and anti-immigrant sentiments existed in the woman suffrage movement from its inception," **writes Treva B. Lindsey.**

[1] Sarah T. Colvin was one of the most active workers in organizing the Minnesota Graduate Nurses Association in 1905, and served as its president in 1905,6,7,8, and 9. It was largely through her efforts that the registration law was passed in 1907, and she has maintained an active interest in the growth and activities of the association to the present day, serving on various boards and committees all through the years.

Nurses need to be involved in policy development at all levels

Joanne Disch, PhD, RN, FAAN (10/28/2020)

In its simplest form, a policy is "a set of guidelines or rules that determine a course of action (Merriam-Webster, 2020). Policies exist at the unit level, as well as at organizational and societal levels – and can be developed by individuals or groups. They can address specific topics such as a policy for documentation, or visiting hours, or broad professional practices or the nation's health. This requires action by nurses at all levels. Donna Shalala (2012, p.3) noted: "Health reform will only be achieved if nurses are unrelenting in pursuing their rightful place in policy leadership in partnership with others who are also committed to accessible, safe, effective, and equitable health care." Within Minnesota, nurses have long been involved in policy work, that is, creatively tackling problems, individually or in groups, to change practice and profoundly improve health care, nursing education and our profession. Several examples are given here:

The Cadet Nurse Corps

The outdoor or winter uniform of the Cadet Nurse Corps

As the United States began preparing for entry into World War II, there was concern as to how the war effort could be sustained without an adequate supply of nurses. Numerous ideas were proposed, with one little known idea being to draft nurses. Katharine Densford, Director of the University of Minnesota School of Nursing (UMSON) at that time, felt that that was not a defensible approach, i.e., using the draft to target one specific occupation, no matter how desperately they were needed. Plus, she felt that nurses were patriotic and, if effectively recruited, would enlist in record numbers. So, she joined with other national nursing leaders across the country to develop and propose a different approach: Increase the funding to support students going into nursing and create a program that would offer such appeal that young women would join in droves. Thus, the Nurse Training Act of 1943 was launched, resulting in the United States Cadet Nurse Corps. Funding included a monthly stipend, support for housing, and health care. What drew many of the participants, though, was "the snappy uniform." Each cadet received a winter and summer uniform and a beret. Claire Fagin, PhD, RN, FAAN, former dean of the University of Pennsylvania School of Nursing and interim President of the University, recalls how she and a friend were walking down Fifth Avenue in New York City, passed a recruiting station (one of hundreds across the country) and saw a poster. "The uniform was what drew me in. Of course, once I explored the program, I was hooked." The approach worked – 179,000 Cadet Nurses were recruited (Robinson, 2009, p. 13). The UMSON's cohort was the largest and first to reach its capacity in the nation.

Collaborative action to gain APRN privileges

In 2015, 16 years of relentless work spearheaded by 4 advanced practice nurses (Julie Sabo, Mary Chesney, Mary Fran Tracy and Sue Sendelbach) resulted in the removal of statutory barriers to Minnesota advanced practice registered nurse (APRN) practice, enabling greater access to health care for individuals and their families, and an affirmation of the key role that APRNs play in health care delivery (Sabo et al, 2017). To accomplish their goal, they created an infrastructure for action; established valuable partnerships among the coalition and external stakeholders; gained cohesion among all four roles of APRNs; and engaged strong legislative authors and bipartisan support. It remains a remarkable example of a committed group of nurses, persisting against adversity, devising new strategies – and eventually achieving a sweeping policy change that influenced health care throughout Minnesota and serves as a model for APRN practice in other states.

Becoming engaged in policy as a nursing student

Nicole Dailey was an undergraduate nursing student when she first became intrigued by policy and the impact that nurses and even nursing students could have. In her senior year, she applied for and was chosen to be an intern with State Senator John J Marty of Minnesota. Subsequently, she was appointed to the Roseville Human Rights, Inclusion and Engagement Commission before graduation, and then became vice chair of the Commission after one year. With a scholarship to Mitchell Hamline Law School, she continues making a difference as she is now editor of the school's *Journal of Public Policy*.

Examples of policy work underway

Earlier in the fall, more than 1100 nurses, many from Minnesota, signed on to a letter to the American Nurses Association (ANA) regarding their disappointment that the ANA had declined to endorse a presidential candidate this year. Concern was expressed that the Code of Ethics requires nurses to advocate for the public's health, and that, given his positions on COVID and health care, Joe Biden should be endorsed. The ANA declined to do this, so nurses, individually and collectively, have moved forward to pursue other options for informing the public about the candidates' positions and advocating for those candidates who most closely align with nursing's accountability to the public's health.

A smaller, different group has written a letter in response to a request for input by the American Association of Colleges of Nursing (AACN) as they revise *The Essentials: Core Competencies for Professional Nursing Education*. Specifically, the 19 leading nurse educators, one being Joanne Disch from Minnesota, "respectfully request full Domain status for The Policy Process in the proposed Essentials documents…. In the draft, policy is mentioned and defined as a concept and… relegated to sub-competency level: *3.4 Advance equitable population health policy*" (Personal communication, Milstead,

2020). Given the need for nurses engaging in creating and disseminating policies at all levels, *all* nurses must be equipped to participate in policy work, not necessarily running for Congress but enabling nurses to fully participate in transforming the current healthcare environment at whatever level works for them. A recent book on the importance of political activity in society, *The Political Determinants of Health* by Daniel Dawes (with a forward by David Williams), emphasizes the vital nature of policy work in all dimensions.

Merriam-Webster (2020). Definition of policy. Retrieved at https://www.merriam-webster.com/dictionary/policy

Milstead, J. (2020). Personal communication, Oct 18, 2020

Robinson, T.M. (2009). *Your country needs you: Nurse Cadets of World War II*. Available at Xlibris Corporation.

Sabo, J.A., Chesney, M., Tracy, M.F., & S. Sendelbach (2017). APRN consensus model implementation: The Minnesota experience. *J of Nursing Regulation, 8*(2), 10-17.

Shalala, D.E. (2012). Foreword. In D.J. Mason, J.K. Leavitt, & M.W. Chaffee, *Policy and Politics in Nursing and Health Care* (6th ed.). St. Louis MO: Elsevier.

ANA's Nurse Suicide Prevention & Resilience Resource Site

The American Nurses Association (ANA) is committed to meeting the needs of nurses by offering a NEW Nurse Suicide Prevention and Resilience Resource Site at www.nursingworld.org/practice-policy/...

We encourage all nurses to check out the site, bookmark the pages, and share the resources with a colleague or a friend in need.
Nurses, you are not alone. Help is available.

MNORN Members Inducted into the American Academy of Nursing

Lisa Martin, Ph.D., RN, PHN, AHN-BC is an Associate Professor of Nursing with St. Catherine University in St. Paul, Minnesota and has extensive experience teaching nursing in graduate and undergraduate nursing programs. She is an alumna of The Centers for Disease Control and Prevention/Association of Schools of Public Health Minority Health doctoral fellowship and The University of Minnesota Medical School-Division of General Pediatrics and Adolescent Health's Interdisciplinary Research doctoral fellowship program. She holds a B.S. from Augsburg University, an M.S. in Nursing Administration, and Ph.D. in Nursing from the University of Minnesota.

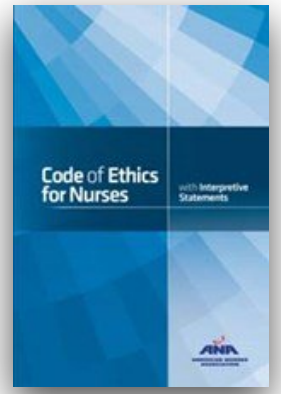
Lisa has experience building research collaborative projects with reservation and urban-based American Indian communities, and community-based participatory research, a partnership approach to the research process. Her current research looks closely at American Indian youth living with overweight and obesity in low-income, rural, and American Indian communities. Lisa's areas of interest include American Indian healthcare and research, diabetes prevention in American Indian youth, quantitative and qualitative research methods, nursing education, holistic nursing, cultural competency, and inclusivity.

Lisa serves on the Boards of the Indian Health Board of Minneapolis, Inc. and the Lisa currently serves on the board of directors of the Indian Health Board of Minneapolis, Inc.,and the National Alaska Native American Indian Association. She is diversity consultant to the AARP Center to Champion Nursing of America and RWJF Future of Nursing Campaign for Action.

Dr. Sonja J. Meiers is a Professor of Nursing and Director of the Graduate Programs in Nursing, Department of Nursing, Winona State University, Rochester, MN. Her clinical and research focus is on enhancing care for individuals and their families with attention to the influence of the nurse-patient or nurse-family member relationship. Dr. Meiers collaborates to enhance family health and family care with colleagues in acute care and community settings. Dr. Meiers is an active participant in Rochester Healthy Community Partnership and in Community Pathways to Family Health and Recovery, Inc., both community-based participatory research teams in Rochester, MN focused on improving the health of underserved families. She is a founding member of the International Family Nursing Association (IFNA), has served as President-Elect from 2017-2019, as Co-Chair of the Research Committee from 2015-2017 along with Dr. Helene Moriarty, and as initial convener of its International Research Collaboration Subcommittee in 2014, where she led the "Defining Family Nursing" project. She was also Co-Chair of the Conference Planning Committee for IFNC14 held in Washington, D.C. along with Dr. June Horowitz. Dr. Meiers appreciates the lessons learned through connections with international colleagues and is dedicated to ongoing development of the science and practice of family nursing through this amazing network of dedicated professionals. She looks forward to increasing collaborations with other organizations to promote family nursing and family health, opportunities for interprofessional endeavors, pursuing the goal that "Every nurse is a family nurse", and developing family nursing leaders worldwide.

The ANA Ethics Advisory Board has Issued Two New COVID Policy Briefs Covid

CODE OF ETHICS FOR NURSES: THE CODE & COVID-19 PANDEMIC



The COVID-19 pandemic has distressed nurses in innumerable ways which need much more recognition and comprehension. Among reported sources of distress are:

- insufficient staffing and training
- questionable, evidence-lacking use of personal protective equipment (PPE) due to insufficient supplies
- forced separation from loved ones
- isolation and loneliness
- furloughs
- loss of wages
- homeschooling and full-time care of children while still working
- unexpected care of family members who are frail and vulnerable, possibly trying to keep them out of institutional long-term care because of the risk of contagion there
- stress on relationships from being seen as a possible source of infection
- forced overtime
- seeing colleagues become ill, suffer, and possibly die from a preventable pandemic
- witnessing the too-often deadly result of longstanding structural racism as a deplorable social determinant of health

I HAVE A DUTY TO MYSELF

"The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."

PROVISION 5 OF THE CODE OF ETHICS FOR NURSES

Nurses don't always recognize that the duty to care for others and the duty to attend to one's own well-being are equal ethical obligations. As this nurse revealing her mask scars shows, it is crucial to attend to our duty to self during these challenging times so that the profession can sustain itself, and so we are able to care for others.

The duty to care has been draped in a familiar, but potentially harmful and misleading archetype during our national response to COVID-19: Nurses as heroes. There is a strong

association within and outside of the profession that nurses are heroic. Nurses' professional commitments are deeply virtuous, including compassion, courage, clinical competence, integrity, fairness, trustworthiness, wisdom, and many others, but heroism is not on the list.

So often overlooked is the nurse's obligation to care for oneself. It is crucial for nurses, and their employers, to fully consider the importance of taking care of physical, mental, and emotional needs.

Heroes encounter and overcome obstacles, seek and achieve goals, strive for justice – as do nurses – but the hero myth centers on additional requirements for the archetype to be fulfilled. Heroes must put themselves at extraordinary risk, face dangers so great that death is likely, and ceaselessly pursue a quest to prove him or herself. This construct risks harm to nurses. Nurses are not obligated to take on extreme risks to prove their value. Unconscious adoption of heroism blurs the ethical edge of professional practice and the important distinction that nurses must preserve their own well-being in order to care for others.
While describing nurses as "heroes" is clearly intended to express affirmation and appreciation, there is an often-overlooked and unintended consequence of implicit coercion - that nurses must take unnecessary risks for themselves and their loved ones in order to be a hero at work. At times, a nurse's job demands a duty to care for patients even in undesirable conditions, but U.S. health care should not be so risky that it requires heroism.

UNSAFE ASSIGNMENTS & WORK ENVIRONMENTS GUIDANCE FROM PROVISION 5

The nursing profession's foundational documents obligate nurses to assume responsibility for competent practice, to safeguard their moral integrity and wholeness of character, and to promote their own health and safety. The ANA's "Nurses, Ethics and the Response to the COVID-19 Pandemic," (2020) states that nurses may make an ethical choice not to respond in the COVID-19 pandemic if:

- they are in a vulnerable group
- there is inadequate support for meeting the nurse's personal and family needs
- they feel physically unsafe in the response situation due to a lack of personal protective equipment or inadequate staffing
- the nurse is concerned about professional, ethical, and legal protection for providing nursing care in the COVID-19 pandemic

Additionally, nurses can refuse unsafe assignments or those that contradict deeply held moral beliefs but need to do so as outlined in the Code of Ethics for Nurses so as to avoid patient abandonment. Most states' licensing boards clarify that patient abandonment does

not occur until a nurse accepts a patient assignment at shift change and subsequently does not deliver the relevant standard of nursing care after accepting the risky assignment. Refusing an unsafe assignment may result in an employer's punitive action, including termination, but does not result in disciplinary action that could place the nurse's license at risk. These considerations and decisions are difficult, but shame should not be associated with a nurse's decision to prioritize personal values and obligations over the duty to care in an environment that is beyond what is ethically required.

Nurses who seek to successfully promote their own personal integrity and well- being are well served by learning how their jurisdictions:

- regulate or prohibit mandatory overtime for nurses
- prevent retaliation for whistle-blowing on illegal or unethical employer practices
- address refusal of assignments

Nurses may find useful information from their licensing boards, state nursing organizations, health related sections of their state bar associations (attorneys), or local attorneys (such as growing numbers of nurse attorneys) who represent nurses facing disciplinary actions. Initial consultations with attorneys are often free of charge.

ACCEPTING RISK AND CHALLENGE, NOT DANGER
ACCEPTING EXTRAORDINARY RISK

Just as the hero myth is misplaced, so is the statement that nurses accepted or "signed up for" extraordinary risk when they chose to practice nursing. Throughout every nurse's education and skill development, safety - to self and patients - is stressed. Nurses are never expected to sacrifice or trade their own safety for the benefit of others.

Martyrdom is certainly not ethical, obligatory, nor inherent in the nurse's duty to car
The problem with the "accepting risk" argument is that it wrongly shifts the health care organization's moral responsibility to the nurse to keep employees safe. As with informed consent, any agreement to accept risk must be fully informed and voluntary. Nurses who know they will be disciplined, fired, or otherwise retaliated against for refusing to accept extraordinary risk of harm cannot be said to have voluntarily or willingly assumed the risk to their own health, safety, integrity, or that of their loved ones. Nurses have perhaps "signed up for" and assumed extraordinary risk if they freely choose to work with COVID-19 patients despite full knowledge of the danger involved, willingly accept the increased risk of infection for themselves and their loved ones, and recognize and accept departures from evidence-based practice.

Martyrdom is certainly not ethical, obligatory, nor inherent in the nurse's duty to care.

ACCEPTING EXTRAORDINARY CHALLENGE, NOT DANGER

The pandemic presents a unique challenge for the nursing profession in that the weight of moral adversity and distress falls on nurses in all settings. Nurses in all roles are profoundly challenged at this time. Nurses may respond to the distress they suffer in many ways, ranging along a spectrum of healthy and unhealthy coping mechanisms. Grace, sensitivity, and respect for our own and others' experiences are crucial. At the same time, nurses in all settings and roles, from direct care to system administration, must be vigilant in their duty to self at all times, including during these problematic periods.

Nurse leaders are well-positioned to fulfill the moral obligation to frontline nurses' safety and must foster balancing work with health and well-being within their organizations. Organizational support for the registered nurse is a "non-negotiable necessity". Nurse leaders, administrators, and managers can welcome discussions that address and resolve duty to care concerns. According to ANA's Nursing Administration: Scope and Standards of Practice, (2016) "The nurse administrator must support a milieu in which nurses at all levels can deal openly with moral and ethical questions and intra-and interprofessional quality and safety concerns". Leaders who model transparent decision making, self-care and advocate for nurses' safety, well- being and resiliency meaningfully inform healthy work environments. So often overlooked is the nurse's obligation to care for oneself. It is crucial for nurses, and their employers, to fully consider the importance of taking care of physical, mental, and emotional needs. This holistic approach to self-care will aid nurses in providing their patients with the highest quality of care.

Resources to support nurses in all roles and settings are abundant. ANA Enterprise's Healthy Nurse Healthy NationTM social movement initiative gives practical guidance and strategies that promote self-care of the whole nurse. Additionally, the American Nurses Foundation launched the Well-Being Initiative that gives tools and resources for nurses to engage in routine and purposeful self-care. By adhering to one's duty to self, a nurse can feel empowered to exercise moral courage that may reject the hero orientation and, in turn, sustain both the profession's health and those who entrust their own health to it.

COVID-19: Evidence as the Basis of Decisions[1]

[1] https://www.nursingworld.org/~4a5b08/globalassets/covid19/covid-19_-evidence-as-the-basis-of-decisions-final_sm.pdf

COVID-19, caused by the novel coronavirus called SARS-CoV-2, spreads mainly through close contact with people through respiratory droplets that can land in the mouth or nose, or inhaled into the lungs when a person talks, coughs, or sneezes. It may also potentially be spread in other ways, such as touching an object that has the virus on it, and most certainly can be spread by people who are asymptomatic. This is a global pandemic and a public health disaster that has resulted in widespread illness and deaths, as well as social and economic disruptions. The access to appropriate and adequate resources and supplies is key to the rapid and safe response to a pandemic for patients, nurses, and other clinicians. Lack of resources contributes to the uncertainty surrounding the response to COVID-19.

THE EVOLVING EVIDENCE

The importance of informed and timely communication of constantly evolving information is crucial as health care organizations and public federal, state, and local agencies grapple with how to respond to the pandemic. Actions that were considered appropriate at the beginning of the pandemic may not be appropriate the next day, as new scientific data and evidence emerge. We are daily observers of an emerging situation in which scientists and others are constantly learning and using the changing evidence to make decisions and provide guidance. Information about resources, such as personal protective equipment (PPE), and the evolving recommendations about their use by health care professionals and the public is an example. Scientists, policy-makers, and health care professionals are continuously learning about how the virus spreads, about how to mitigate its spread, about treatments that work and those that don't, about testing and contact tracing, and about the possibility of developing a vaccine that is effective and efficacious. The ANA provides information on the COVID-19 pandemic, our current national emergency status, and specific implications for nursing through the ANA Coronavirus Resources Center, which is continuously updated (https://www.nursingworld.org/coronavirus). It is essential that scientific findings and data be used as evidence in health care decision- making, practice interventions, and policy.

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FROM ERODING TRUST TO ENGENDERING TRUST

Trust is the cornerstone of the work that nurses do. Nurses are trusted by the public, as reported in Gallup polls, and in turn, must be able to trust that evidence will guide nursing practice and decision-making. Trust in key public health and governmental agencies, such

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as the Centers for Disease Control and Prevention (CDC), the United States Department of Health and Human Services (HHS), and the U.S. Food and Drug Administration (FDA), and others tasked with protecting the health and safety of Americans is essential.

Transparency, accompanied by honesty and caring, is required to establish trust. Confusing and contradictory information does not engender trust. When information changes and there is new evidence and data to support new recommendations and policy, it is important that this is communicated in a variety of ways by public health and governmental agencies, as well as by individual agencies and healthcare facilities. Health care decision-making, policy, and interventions must be based on the science. Data and evidence are the foundation of safe patient care, and they inform decisions made to protect nurses and other health care professionals.

ESTABLISHING ETHICAL PRACTICE

Several provisions in the Code of Ethics for Nurses with Interpretive Statements (2015) guide nurses faced with the need for transparent, timely, and honest information to provide the confidence that they are working in a safe environment.

Interpretive Statement 1.3 addresses the leadership role of nurses in "assuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care", and includes "acting to minimize unwarranted, or unnecessary medical treatment and patient suffering" (Code of Ethics, pg. 2). Scarcity of resources and the need to consider allocation algorithms opened the door to frank conversations regarding medically appropriate (and inappropriate) interventions, the impact of co-morbidities, and the pervasive health disparities in today's health care system. Nurses were trusted to provide comfort and intentional presence for patients suffering physically, psychologically, spiritually, and emotionally.

Interpretive Statement 3.5 addresses the responsibility of nurses to be aware of and report questionable practices and concerns in order to promote the patient's best interests and the integrity of nursing practice. Nurses who know that persons or leaders in organizations are not using the most current evidence to make practice decisions must take these concerns forward and communicate them. Further, nurses have a responsibility to assist whistle-blowers, who identify potentially questionable practices that are factually supported, to reduce the risk of reprisal against the reporting nurse. Such actions should be focused equally on the best interests of the patient and the integrity of nursing practice.

Interpretive Statement 5.4 addresses preservation of integrity where nurses practice with and expect integrity. When circumstances change, nurses expect to be informed in an honest

and open manner, and that decisions will be made using the best possible evidence that is in the best interests of patients and staff. Availability of space, equipment, supplies, and finances must also inform decisions. When faced with natural disasters, nurses and other health care professionals have demonstrated the ability to adapt, innovate, and overcome the crisis at hand. This work is directly or indirectly guided by an organization's mission and vision statements, professional ethics and practice standards, and the principles of quality including safety, equity, and professional performance as required by regulatory and accrediting agencies. In essence, nurses innovate and create new avenues of nursing care while remaining within the requirements of quality performance.

ESTABLISHING ETHICAL PRACTICE

As addressed in Provision 6, nurses must have a voice and participate in decision-making involving patient care activities and activities related to their practice and working conditions. Having this voice allows nurses and other health care professionals to shape the new avenues of care within the necessary boundaries. The establishment of horizontal and vertical communication networks focused on accurate, timely, and suitable information, ultimately build trust, stability, and a sense of community. While much of this communication can be electronic, some must be in person. Leadership visibility encourages communication, while building trust and community.

We must as individuals, as units, facilities and organizations, and as a profession, take time to honor the loss, recognize the survivors, and celebrate our accomplishments

Interpretive Statement 8.4 addresses the need for collaboration to protect human rights in extraordinary situations, such as a pandemic, which may necessitate altered standards of care. In such cases, a "utilitarian framework usually guides decisions and actions with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources" (Code of Ethics, p. 33). All of this must be done with a sense of caring for our patients, their family and friends, and each other, while maintaining our sense of empathy and caring. In doing this, it is important to build our resilience and avoid burnout. Finally, we must as individuals, as units, facilities and organizations, and as a profession, take time to honor the loss, recognize the survivors, and celebrate our accomplishments.

SUMMARY

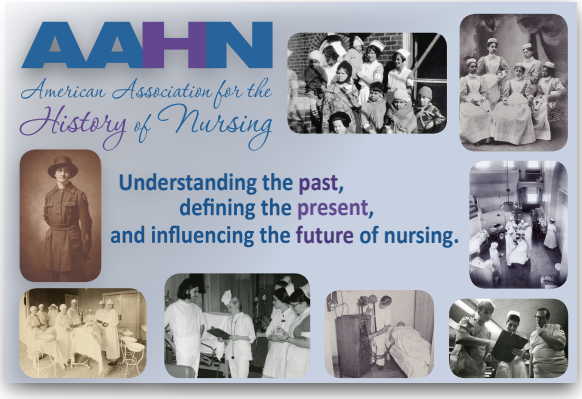
During the crisis of a pandemic, as expected in all aspects of nursing practice, it is essential that nursing practice and nursing interventions be based on the evidence derived from science and data.

In this time of unprecedented change and uncertainty due to COVID-19, the emerging scientific evidence results in recommendations that may change based on new data and information. As new information emerges, this must be communicated with all those affected by the pandemic and caring for patients.

Ongoing, honest, timely, and transparent communication through various mechanisms and among all those involved in patient care is essential, especially in times of change and uncertainty.

Nurses must feel that they can express their viewpoints and concerns about patient care, the need for equipment, including personal protective equipment, without fear of retribution or retaliation.

The Code of Ethics for Nurses with Interpretive Statements (2015), as the ethical standard for the profession, serves as a guide for nurses to use in their ethical practice to guide decision-making.



If you are interested in Nursing History, you may be interested in joining the American Association for the History of Nursing

The AAHN is an international professional organization whose purpose is to promote and advance knowledge about nursing and healthcare history.

Programs are designed to:

- Engage and educate nurses who are interested in nursing and healthcare history
- Support research into and serve as a resource about nursing and healthcare history
- Encourage the collection, preservation and use of historical materials
- Further interdisciplinary collaboration in history.

Members are located globally, throughout the US and these other countries: Australia, Brazil, Canada, Germany, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, Taiwan, and the UK.

Included in Member Benefits are:

- Annual subscription to the *Nursing History Review*, the leading journal on nursing history
- Discounted Annual Research Conference rates
- Numerous award and grant opportunities
- Opportunities to present at the Annual Research Conference
- Reduced rates for the *American Journal of Nursing*
- Access to webinars and other virtual learnings

CLICK HERE TO LEARN MORE ABOUT AAHN

Ethical guidance for COVID-19 response in Minnesota calls for balancing three ethical

objectives: protecting the population's health by reducing mortality & serious morbidity; respecting the rights and interests of individuals & groups; and striving for fairness while protecting against systematic unfairness. Professors Wolf and DeBruin will discuss strategies to strike this balance, with a focus on protections for fairness and equity. They co-lead the

Minnesota COVID Ethics Collaborative, a statewide initiative to share expertise and develop ethics guidance to cope with the moral challenges posed by the COVID-19 crisis, such as allocation of scarce medical resources in the event that need surges beyond supply.

Speakers:
Debra DeBruin, PhD, is Interim Director and Director of Graduate Studies for the Center for Bioethics. She primarily works on issues in public health ethics and the ethics of health policy, with a focus on concerns about social justice and health equity.
Susan M. Wolf, JD, is McKnight Presidential Professor of Law, Medicine & Public Policy; Faegre Baker Daniels Professor of Law; and Professor of Medicine at the University of Minnesota. She chairs the University's Consortium on Law and Values in Health, Environment & the Life Sciences.

Event date:
Friday, November 6, 2020 - 12:15pm to 1:30pm
Event location:
ZOOM | RSVP | Open to the Public

RICHFIELD PUBLIC SCHOOLS

Health Services Supervisor Vacancy

The Richfield Public Schools is currently accepting applications for a full time, 12 month Health Services Supervisor. This position coordinates and oversees District health services for staff and students, planning, supervising and implementing the programs, services, operations of the district health services. The health services supervisor also directs the work of health services staff within buildings and programs providing skilled nursing services, nursing treatments, health assessments, evaluation, and program implementation. Duties of the job involve developing and implementing health- related policies and procedures, collaborating with public health and MN Department of Health on school related public health issues, leading district-wide health services, supporting the supervision of health personnel, planning and implementing programs to address health-related barriers to learning, promoting the wellness of students and staff, providing training for administrators and staff.

We are located in the heart of the Twin Cities Metropolitan area and serve a diverse student population in Richfield and the surrounding communities. The Richfield Public Schools are committed to preparing all students for success in a changing world.

Salary Range: $80,000-$90,000

To apply, click here: https://www.applitrack.com/richfieldmn/OnlineApp/default.aspx?Category=Health+Care