

# The Alaska Nurse AaNA

The Official Publication of the Alaska Nurses Association  
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# From our President



Leaves fall, temperatures chill, and termination dust glazes mountain peaks; autumn arrives and brings with it palpable transformation. This season of change extends to the Alaska Nurses Association, too; it's election time for our Board of Directors and Labor Council. Each time it rolls around, I've always said, "If anybody wants to run for president, I won't run against you." This year, Shannon Davenport, a current co-chair of our Legislative Committee, decided this is something she would like to do. So, in keeping my word, I didn't run again.

I stepped into the president role in March 2015 after being Vice President and never looked back. I continued the vision that Pat Senner, a former president and professional practice director of AaNA, started in being on the cutting edge of the loan forgiveness program called SHARP. The AaNA has been active since its inception; we have been involved in the federal program called SHARP-1 and most recently worked with the Alaska Legislature to create SHARP-3, which uses employer matching funds and direct incentives as a component of the loan forgiveness program. As council members, we make sure the applicant is an eligible healthcare worker such as a nurse, dentist, or behavioral health counselor. It's a great program that has helped a lot of people and has gotten many nurses into hard-to-serve areas around the state.

I'm also involved with the Alaskans Together for Medicaid taskforce. This taskforce has members that are directly involved in helping people get on Medicaid, stay on Medicaid and/or navigate the Medicaid system. They also help the medical community navigate through Medicaid in getting paid. The AaNA is basically there to support them and report back to the Board of Directors information that would be helpful to our members. During the pandemic, the AaNA was instrumental in providing information to the taskforce and direction on how to support clients. I'll be staying on these committees until the new president can take on these duties.

Our annual Trending Topics in Nursing Conference was held on October 12-14, ending with the AaNA General Assembly. We discussed safe staffing and the Nurse Licensure Compact (NLC) during a free pre-conference on Thursday. Friday, we kicked off the conference with an

incredible presentation on the fentanyl crisis. (Note to self: we probably, in the future, shouldn't start off with such an emotional topic at 8:30 in the morning.) We then had an array of topics from inclusivity to trauma-informed care. A great time was had by all! We had marvelous food, hot coffee, the camaraderie was excellent, and we had a terrific silent auction. I would like to put a shout out to all who donated items and to those who bid on all the baskets. Thank you!

Nursing Narratives, held on October 12, was again a huge success. The stories that were told were heart moving and funny. Thank you to all who presented and a special thank you to AaNA grievance officer Jennifer Hazen for spearheading and co-hosting this great event.

At the General Assembly we passed several resolutions that will lead AaNA going into the future of 2024. Check out the article included in this issue for details!

Thank you again for supporting me as the president and supporting AaNA, your state nurses association. Please continue to be active in your association, supporting the nursing students and continuing education activities. Remember these nursing students will one day be taking care of you!

Please don't hesitate to contact me about any concerns, questions, or comments about this issue or anything in general about what we do as an organization. Though October is my last month as AaNA president, I will still be involved in the organization and will serve as an ex-officio member of our Board of Directors as past president.

Eat healthy and exercise regularly. Get into a regimen now so when the snow has fallen you will be ready with those skis, snowshoes, or skates and eager to get out in the fresh cold air!

Warmest regards,

*Jane Erickson*

Jane Erickson, ADN, RN  
President, Alaska Nurses Association

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**AUTHOR GUIDELINES FOR THE ALASKA NURSE:** The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to [Andrea@aknurse.org](mailto:Andrea@aknurse.org).



A Union of Professionals

# AFT Nurses and Health Professionals News Roundup



## ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

## MORE THAN 1,300 WORKERS STRIKE AT PEACEHEALTH IN WASHINGTON

Hundreds of respiratory therapists, radiology techs, and maintenance workers from PeaceHealth Southwest Medical Center and PeaceHealth St. John Medical Center in Washington went on strike for five days in late October over unfair labor practices. The members of the Oregon Federation of Nurses and Health Professionals are demanding improved patient staffing, higher wages,

and a better contract. OFNHP President Jonathon Baker made it clear why they've chosen this path: "We have been demanding a change for months, and yet management has ignored us. That is why we are taking action: to win a safe hospital for staff and patients. A strike is a tool that workers use to highlight how important they are and to pressure management to do what's right, and that is what they are forcing us to do."

**STAY UP-TO-DATE ON THEIR FIGHT: [ofnhp.aft.org](http://ofnhp.aft.org)**

## PHYSICIANS AT PROVIDENCE ST. VINCENT UNIONIZE

Ballots in a union election for more than 70 physicians at Providence St. Vincent Medical Center in Portland, Oregon, were counted August 1. Despite vocal opposition from Providence executives in the run-up to the vote, 87 percent of the doctors voted in favor of unionization. They now join the Pacific Northwest Hospital Medicine Association, an existing hospitalists union represented by AFT Nurses and Health Professionals and serviced by the Oregon Nurses Association. Shirley Fox, an obstetrics hospitalist, called their unionization victory a chance to "redefine our relationship with the hospital system, which has increasingly put our concerns aside as it aims to meet corporate priorities."

**READ WHY THE HOSPITALISTS ORGANIZED: [www.aft.org/news/physicians-providence-st-vincent-say-union-yes](http://www.aft.org/news/physicians-providence-st-vincent-say-union-yes)**



## SAFE STAFFING BILL INTRODUCED IN WISCONSIN

Members of the Wisconsin Federation of Nurses and Health Professionals held a news conference in support of legislation introduced in September that sets required staffing levels for hospitals and other healthcare facilities. The draft specifies the number of patients per nurse providing direct care to those patients in 17 types of hospital settings. “Safe staffing ratios are good for patients,” said Connie Smith, WFNHP president and surgical tech at St. Francis Hospital in Milwaukee. Smith said the legislation would give nurses and other healthcare workers “the tools we need to provide the kind of care our patients have needed and what we’ve always wanted to provide them.”

**TAKE A LOOK AT THE LEGISLATION:** [wisconsinexaminer.com/brief/union-lawmakers-seek-legislation-that-would-set-staffing-requirements-for-health-care/](https://www.wisconsinexaminer.com/brief/union-lawmakers-seek-legislation-that-would-set-staffing-requirements-for-health-care/)

## ST. PETER’S HEALTH NURSES VOTE TO UNIONIZE, EXPANDING MONTANA NURSES ASSOCIATION LOCAL

Registered nurses at St. Peter’s Health clinics in Helena, Montana, have voted 45-14 to unionize, welcoming 70 more nurses into the Montana Nurses Association Local 13. While the nurses were organizing, administrators at St. Peter’s cut their benefits and hired a union-busting consultant that leaked a document containing nurses’ disciplinary records, financial information, and details on their personalities and family members. Though the leak eroded trust, nurses say they are ready to work collaboratively in negotiations.

**SEE WHAT NURSES ENDURED TO FORM THEIR UNION:** [www.mtpr.org/montana-news/2023-10-18/st-peters-health-clinic-nurses-in-helena-vote-to-join-a-union](https://www.mtpr.org/montana-news/2023-10-18/st-peters-health-clinic-nurses-in-helena-vote-to-join-a-union)



## OHIO STATE RESPIRATORY THERAPISTS SAY ‘UNION YES’ IN 50TH AFT VICTORY THIS YEAR

Respiratory therapists at The Ohio State University Wexner Medical Center have voted overwhelmingly

to unionize, 101 to 19, joining with the Ohio Nurses Association to fight for the pay and conditions they deserve. The win brings the number of new AFT organizing victories this year to 50, a record for the union, totaling more than 8,000 workers. “I am so excited for all respiratory therapists at OSU. We worked long and hard to get our union. With our union we are looking forward to creating positive changes, improving working conditions, and ensuring our contributions to healthcare are valued and respected,” said Julie Barnes, a respiratory therapist.

**CHECK OUT THEIR UNIONIZING STORY:** [www.aft.org/press-release/ohio-state-respiratory-therapists-vote-union-yes-50th-aft-victory-year-hot-labor](https://www.aft.org/press-release/ohio-state-respiratory-therapists-vote-union-yes-50th-aft-victory-year-hot-labor)

## WENATCHEE NURSES VOTE TO JOIN THE WASHINGTON STATE NURSES ASSOCIATION

Registered nurses at Wenatchee Valley Hospital voted overwhelmingly in July to form a union with the Washington State Nurses Association as their bargaining representative. During the five-month organizing drive, nurses voiced their frustration over wage parity, concerns over floating between facilities in the Confluence Health system, and confusion during changes to its management structure. WSNA will now work with the 100 nurses to identify bargaining priorities and to form a bargaining team to negotiate a first contract.

**CELEBRATE THEIR VICTORY:** [www.aft.org/news/wenatchee-nurses-vote-join-washington-state-nurses-association](https://www.aft.org/news/wenatchee-nurses-vote-join-washington-state-nurses-association)

## OREGON HEALTH AND SCIENCE UNIVERSITY NURSES REACH A LANDMARK DEAL

After months of stalled negotiations, the nurses at Oregon Health and Science University and hospital management reached a provisional deal on September 25, avoiding a strike. The agreement secures historic wage increases along with workplace safety and safe staffing language for OHSU’s more than 3,100 nurses who are represented by the Oregon Nurses Association. “I am proud of the nurses who organized, fought for and won this historic contract—a contract that our union colleagues across the country can look to as an example in their own fights for improved working conditions that will support them in caring for their patients,” said bargaining unit vice president Duncan Zevetski.

**VIEW THEIR HISTORIC CONTRACT:** [www.aft.org/news/oregon-health-and-science-university-nurses-reach-landmark-deal](https://www.aft.org/news/oregon-health-and-science-university-nurses-reach-landmark-deal)

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## OHIO INTRODUCES FIRST-OF-ITS-KIND STAFFING LEGISLATION

Members of the Ohio Nurses Association joined State Representatives Haraz Ghanbari and Elgin Rogers in late September to introduce a groundbreaking bill that would create legally binding minimum staffing standards for nurses in all Ohio hospitals and encourage individuals to pursue careers in nursing. “Ohio’s nurses and healthcare workers are tired and fed up with hospital administrators turning a blind eye to unsafe staffing conditions, and this bill is a

step in the right direction,” says ONA President Robert Weitzel, who is a registered nurse.

**GET DETAILS ON THE BILL:** <https://ohnurses.org/ohio-nurses-association-announces-safe-staffing-standards-bill/>

## MENTAL HEALTH WORKERS IN OREGON VOTE TO UNIONIZE

Mental and behavioral health professionals at Legacy Health’s Unity Center for Behavioral Health in Portland, Ore., voted in August to join the Oregon Nurses Association after months of organizing. Workers voted to unionize to improve staffing and safety, boost patient care standards, have a voice in healthcare decision-making, and ensure equitable pay for frontline mental health employees. “Forming a union helps us reach goals like safety, retention and access to education, together,” says Ryen McGrath, a clinical therapist lead at Unity Center. “The union isn’t some faceless third-party organization. The union is us, organized.”

**LEARN ABOUT THEIR GOALS:** [www.aft.org/news/mental-health-workers-oregon-vote-unionize](http://www.aft.org/news/mental-health-workers-oregon-vote-unionize)



## AFT+ Member Benefits

AaNA union members have access to a rich array of discounts, services, and benefits that go beyond the workplace. Benefits include exclusive financial products, trauma counseling, pet insurance, scholarships, and savings on travel, computers, prescriptions, cell phone service, and so much more!

Explore your benefits at [www.aft.org/member-benefits](http://www.aft.org/member-benefits)

# LEARNING TO UNDERSTAND NEURODIVERGENCE

By Stacey Sever, BSN, RN, CCDS  
AaNA Health and Safety Committee Chair



I will be the first to admit that I did not know what the term neurodiversity meant when the call for articles to contribute to The Alaska Nurse magazine came out. As I am a curious person, I immediately went to Google to find out what neurodiversity was. This is what I found:

The terms neurodivergent and neurodiverse refer to people whose thought patterns, behaviors, or learning styles fall outside of what is considered "normal," or neurotypical. Neurodiversity embraces the idea that differences in the human brain are natural and, in many cases, can lead to meaningful and positive insights and abilities.

In reading further, the article that I found also detailed who would be considered neurodivergent. This population includes, but is not limited to, those with autism, attention deficit hyperactivity disorder (ADHD), Tourette's syndrome, and other various learning disabilities such as dyslexia.

I have a son who is diagnosed with ADHD, so I continued to read the article with more interest. My interest is multifactorial as our family navigates our son's diagnosis and how he interacts with family, friends, school, and the community in general.

This article helps in identifying characteristics and behaviors of neurodivergence, which includes some challenging traits:

- *Social communication difficulties, such as trouble making eye contact while talking or not reading body language*
- *Speech and language challenges, such as stuttering and repetition*
- *Learning challenges that may be related to difficulties with focus, reading, calculation, ability to follow spoken language, and/or problems with executive functioning (important skills, including working memory, flexible thinking, and self-control)*
- *Unusual responses to sensory input (sensitivity or unusual insensitivity to light, sound, heat, cold, pressure, crowds, and other stimuli)*

- *Unusual physical behaviors, such as rocking, expressing tics, blurting things out, and shouting at unexpected times*
- *Inflexibility (inability to adapt or to change interests based on age or situation)*

In reflecting on my son's behavior, he does have some learning challenges such as focus, following directions without getting distracted, and being unable to control himself sometimes as in sitting still while in the classroom. He is improving on his flexibility. When he was younger, if a change in plans occurred for any reason that was beyond our control, he would become upset to a level that seemed over the top for the situation.

While some of the above traits can strain the patience of even Mother Teresa, there are some characteristics and behaviors that have a positive impact:

- *Ability to stay focused on a topic or activity of interest for long periods*
- *Outside-the-box thinking, which can lead to innovative solutions to challenges*
- *Strong observational skills and attention to detail*
- *Superior ability to recognize patterns, including in codes and behaviors*
- *Having strong skills in areas such as music, art, technology, and science*

My son enjoys fishing and will spend hours out on the lake with his rod and reel, but he will lose interest quickly if the fish aren't biting. He is very adept at math; however, the math word problems give him anxiety and he will either refuse to complete the problem or just write "I don't know" much to the dismay of his teachers. Fortunately, his school has worked with our family to develop an education plan to support him throughout his academic career. It has been a learning experience within our family as we have adjusted our parenting style to accommodate to his learning and behavioral needs.

The most recent numbers indicate that up to 30 percent of the population is considered

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# TRENDING TOPICS IN NURSING 2023

By Kimberly Kluckman, RN  
AaNA Board & Labor Council Treasurer



October in Alaska. To many residents, it signifies the change of the seasons. Birch leaves begin an annual color change, eventually dropping off their branches. The mornings turn darker and a bit chilly. October also marks the time the Alaska Nurses Association hosts our annual Trending Topics in Nursing Conference.

On October 12-14, 2023 nurses and speakers from around Alaska gathered at the annual statewide conference and membership meeting of the Alaska Nurses Association (AaNA). Trending Topics in Nursing 2023 was a hybrid event held on October 13-14, 2023 on the campus of Alaska Pacific University - Atwood Building. October 12th was an in-person pre-conference, at the BP Energy Center, sponsored by AaNA and the American Federation of Teachers (AFT).

At Trending Topics in Nursing (TTN) participants gained knowledge about emerging topics in nursing throughout Alaska. Our interactive presentations featured unmissable content from local and national experts including registered nurses, physicians, and social and community services professionals.

A special treat for in-person participants were silent auction baskets donated by AaNA and CE staff, community partners and friends of the Alaska Nurses Association. The funds raised by the baskets are to be donated to the Foundation for Alaska Nurses. The baskets included various themes: a Tea Basket, Baby Girl and Baby Boy Basket, Automotive Basket, "Made with Love" Bakery Basket, Christmas Basket and Movie Basket, to name a few. Funds raised with these baskets are to go back to the Alaska Nurses Foundation to continue its mission to providing education events like this one for years to come.

Some things participants had to say about Trending Topics in Nursing 2023:

"TTN is great because it is offered in person and Zoom. TTN is a fantastic offering to all Alaska nurses. The topics were so diverse and yet applicable to all nurses."

"The Alaska Nurses Association continues to deliver high-caliber information that is relevant to current nursing practice."

"Always interesting information, fun to learn with other nurses and to know that we are all in this together."

"TTN is a great place to rejuvenate your practice."

The Board of Directors of the AaNA would like to thank all the presenters and exhibitors for offering their time and knowledge to this year's event.

## Pre-Conference Presenters

**Jeremy Hoffman** – Presented "Code Red - Strategies to Advocate for Safe Staffing."

Jeremy Hoffman is the Deputy Director of Health Issues at the American Federation of Teachers (AFT) where he helps manage the union's Healthcare Team. Jeremy plays a leading role in shaping the union's healthcare policy strategies and provides support to AFT healthcare locals around the country. Jeremy has extensive experience in healthcare policy on the Federal, State and local level and has worked in the labor movement for several decades, including for AFT healthcare locals in Alaska and Oregon. Jeremy began his AFT career with the United Federation of Teachers in New York City. Prior to working with the AFT Jeremy worked with the Hotel & Restaurant Workers International Union (HERE) and the Laborers International Union of North America (LIUNA). In addition to his work in organized labor, Jeremy also has extensive experience working in government, including directing the New York City Council Committee on Health in the early 2000s and later as the Director of the Office Workforce Innovations at the New York State Department of Labor.

**Senator Cathy Giessel, Beth Farnstrom, Shannon Davenport** – Presented "NLC – A Bad Fit for Alaska."

Senator Giessel is an advanced nurse practitioner and lifelong Alaskan. She received her Bachelor of Science in Nursing from the University of Michigan, Ann Arbor; and her Masters of Science in Nursing from UAA. She previously worked at a number of clinics across Anchorage and the North Slope Borough. She served on the Alaska Board of Nursing, including as its chair for 5 years. First elected to the Alaska State Senate in 2011, she is the current Senate Majority Leader, overseeing a coalition caucus, and representing District E.

Beth graduated from Capital University in Columbus, Ohio. She has been a staff nurse, charge nurse, and an assistant head nurse, and has been involved in Post Anesthesia Care for over 40 years. Beth previously served on the Alaska Board of Nursing, serving as secretary, vice chair, and chair. She has been the AaNA director of professional practice since 2014 and has served on the AaNA Board of Directors since 2017. She is passionate about ensuring nurses have a voice in public policy.

Shannon has been in healthcare for the past 27 years. She began her career as a CNA and is now pursuing a doctorate in nursing. She has had the privilege of working in many fields of nursing, including Pediatrics, Pediatric



ICU, Psych Nursing, Wound Care, and Faith-based Parish Nursing. These are all in addition to her current positions as a hospice nurse, PACU/OR nurse, and one of the Co-Chairs of the AaNA legislative committee.

#### TTN 2023 Presenters

**Sandy Snodgrass and Project HOPE** – Keynote presenters of “Fentanyl Awareness.”

Sandy is an Anchorage resident and mother of Bruce Snodgrass, a 22-year-old who lost his life due to a fentanyl overdose in October 2021. In the time since, Snodgrass has dedicated herself to sharing her son’s story as a means of increasing awareness and advocating for legislative action. “Bruce’s Law,” a bill titled in honor of Sandy’s son, was introduced in Congress in June 2022. If passed, the bill would authorize a public education and awareness campaign focused on the dangers of fentanyl-laced street drugs. Snodgrass now heads the AK Fentanyl Response Project.

**Tim Easterly** – Tim is a father of 4, and grandfather of 5. He has had a long and colorful road to this place and time. In his professional life, Tim spent more than 20 years in the private security industry, with experience ranging from the military to janitorial work to installation and repair of high-end electronic systems. He has worked as a correctional officer in Arizona... and been incarcerated in Alaska. He has a degree in computer science from Charter College in Alaska and is currently working on a bachelor’s in business administration through Eastern Gateway Community College, Franklin University in Ohio. Tim identifies as a person in long-term recovery and is currently bringing the valuable lessons learned from his lived experience to bear as the

program coordinator for Project HOPE, Alaska’s overdose education and naloxone distribution program.

**Project HOPE**, an initiative of the Alaska Department of Health, works with community organizations to provide overdose education and naloxone kits to Alaskans. Under a medical standing order, Project HOPE overdose response programs maintain supplies of opioid overdose rescue kits and distribute kits to those at risk of experiencing an opioid overdose, as well as to family members, friends, caregivers, and others in a position to administer the life-saving drug naloxone.

**Shane Pitts** - Shane began his career with the DEA (Drug Enforcement Administration) in January 2004. After graduating from the basic diversion investigator training academy, he was assigned to the Denver Field Division, working in the Diversion Unit, then on the Tactical Diversion Squad, which focused on criminal cases involving DEA registrants. In 2014, Shane was assigned to the DEA International Training Team in Quantico, where he was a force-multiplier with overseas counterparts and allies. He trained a multitude of units in a wide array of skills and techniques. This included individuals from over 90 countries and active

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# STAFFING SURVEY

AaNA is taking on the staffing crisis. Fill out our survey to help win safe staffing standards in Alaska.



[WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK](http://WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK)

training in over 40 foreign countries, which equated to over 100 foreign missions – everywhere from Afghanistan to Zambia. Shane came to the DEA's Anchorage District Office in November 2020 as the supervisor of the newly formed Alaskan Diversion Unit.

**Dr. Tracy Wiese** – Presented “Inclusivity in Healthcare.”

After obtaining a Bachelors of Science in Nursing at the University of Alaska, Anchorage, followed by a Masters in Nursing: Family Practice, a Post-masters certification as a Psychiatric Nurse Practitioner, and a Doctor of Nursing Practice. She is currently the clinical director of Identity Health Clinic, Alaska's only LGBTQ2IA+ focused clinic. She has lectured nationally and statewide on topics pertinent to this community. Prior to her current position, Dr. Wiese specialized in child abuse medicine and adult sexual assault response. She has been providing medication management and therapy to some of Alaska's most vulnerable individuals since 2013.

**Lynne Young** – Presented “Reading, Writing, and Care: Common Injuries at School.”

Lynne is a certified athletic trainer with 20 years' experience and is an Impact Trained Athletic Trainer. She provides athletic training to numerous high schools and other athletic programs, helps train professional ski patrollers at Alyeska and Hilltop ski areas, and gives injury prevention talks throughout the region. She's also a recognized leader in concussion education, prevention, and recovery. Young earned both bachelor's and master's degrees in physical education and exercise science from the University of Southwestern Louisiana.

**Dr. Laura Schulz** – Presented “Iron Deficiency Anemia.”

Dr. Schulz was Alaska's first full-time pediatric oncologist and has been practicing in the state since 2005. She helped build up the state's only pediatric oncology program so that most families with a childhood cancer diagnosis can now receive all their treatment, including access to clinical trials, without leaving Alaska. She is the recipient of an American Academy of Pediatrics Alaska Chapter Special Achievement Award honoring her work helping more Alaskan families to receive medical care close to home. She earned her medical degree and general pediatrics degree at The Ohio State University and trained in Pediatric Hematology/Oncology at the University of Colorado Health Sciences Center.

**Jeff Mathews RN** – Presented on two subjects “RSV” and “Neurobiology of Trauma.”

Jeff has 20 years' experience as an Emergency Room and Forensic Nurse and 40 years of experience as a member of the Military Medical Community. He has deployed to both natural disasters (weather, earthquake, flooding, and fire) and manmade disasters (active shooter and homicide bombers). These experiences have honed his clinical skills, allowing him to thrive in fast-paced and challenging healthcare environments. Additionally, his tenure within the Military Medical Community has provided him with a unique perspective on healthcare delivery and leadership, further enhancing his ability to educate and

guide future nursing professionals. Jeff is eager to share his wealth of knowledge with aspiring nurses, fostering a dynamic learning environment that combines practical insights with academic excellence. He is committed to inspiring students to think critically, act compassionately, and excel in their nursing careers. His teaching approach emphasizes real-world scenarios, evidence-based practices, and the ethical responsibilities that come with the nursing profession.

**The Alaska End-of-Life Alliance Rachel Bernhardt, Brehan Corveau, MPH; Denise Hendrickson, BSN, RN, MPA; Linda Johnson, BSN, RN, CCM; & Julie Raymond-Yakoubian, PhD** – Presented “End-of-Life Care: Past, Present, and Future.”

Alaska End-of-Life Alliance was formed to assist Alaskans who are planning for, or who are at the end of their lives, by providing them end-of-life support. The alliance of professionals and advocates offers education, advocacy, and support services so that Alaskans are informed and empowered when living out the final stages of their lives. The presenters' backgrounds are varied, from public health, nursing, anthropology, and armed services, and many are now End-of-Life Doulas. Though their paths to end-of-life care are varied, they are all impassioned to promote equity and openness in dying and deathcare.

**Andrea Andraschko** – Presented “Empowerment for Success - Building Resilience and Thriving in the Workplace.”

Andrea is an assistant professor of business administration, health occupations, and health sciences at Alaska Pacific University. She teaches healthcare management and business subjects. She is a dedicated educator deeply committed to creating an empowering learning environment. With a passion for helping students step beyond their comfort zones, she consistently challenges them to question the status quo and broaden their perspectives. This educational philosophy stems from a firm belief in the transformative power of learning and exploration. Andrea's approach encourages students to not only excel academically but also evolve as thoughtful, innovative individuals ready to have a meaningful impact in the world.

**Annabel Moreno, MSN, RN** – Presented “Trauma-Informed Care.”

Annabel Moreno is the Clinical Nurse Supervisor of Educator Behavioral Health for Providence Alaska Learning Institute. She is also a transition mentor for Kodiak, Seward, Valdez, and St. Elias. She has an MSN in Nursing Science and is planning to work on a DNP in nursing education next year. Annabel is the first generation of her family attending college in the United States. Her family is from Pomabamba, Peru. Her parents instilled the drive for education and an attitude of “si se puede” which means “you can do it.” Annabel feels fortunate to have come to the US and to be working in the nursing profession. Her nursing experience is from being a Combat Medic in the United States Army, as well as being

a Licensed Practical Nurse. Afterwards, she pursued a BSN at the University of Alaska Anchorage. After working for a couple of years in medical-surgical and psychiatric nursing, she decided to go back and get a Master of Science in Nursing. She has worked as an assistant professor at UAA School of Nursing, teaching Fundamentals Nursing and Psychiatric Nursing in the Associate Nursing program. Annabel has an adult special-needs daughter and two sons in the Anchorage School district who love to play basketball. She owes her success not only to her parents but also to her spouse, who supported her and took care of the family when Annabel was working long days at Providence Alaska Medical Center and studying at the UAA School of Nursing.

The Board of Directors would also like to thank Peppercinis Deli, Sweet Caribou, and Kaladi Brothers for catering these events. The Board would also like to thank the Foundation for Alaska Nurses for sponsoring Trending Topics in Nursing 2023 which allows for our affordable registration prices, along with plenty of scholarships and member discounts.

We are already looking forward to 2024! The Alaska Nurses Association can't wait to have you join us for next year's energizing event, to celebrate our collective resilience, power, and dedication to our profession.

**Save the dates for Trending Topics  
in Nursing 2024! October 3rd and 4th**

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neurodivergent. Divergent thinking has the capability of attaining great achievements. Many successful people have been diagnosed or suspected as being neurodivergent, including:

- Ryan Gosling, actor – ADHD
- Ingvar Kamprad, founder of IKEA – ADHD, Dyslexia
- Bill Gates, cofounder of Microsoft – ADHD, Dyslexia
- Tim Burton, filmmaker and screenwriter – Autism
- Billie Eilish, musical artist – Tourette's Syndrome
- Emily Dickinson, poet – Autism
- Thomas Jefferson, President of United States – Autism

Understanding those who are neurodivergent can be rewarding in many ways. Being aware and accommodating to the needs of the neurodivergent individual can promote their strengths and abilities that benefits everyone.

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# Da Agony of De Feet

## 3-Simple Interventions to Prevent Falls, Foot Injuries, and Amputations

By Michele (Shelly) Burdette-Taylor, PhD, MSN, CWCN, CFCN, NPD-BC, LTC-R



There is a major gap in our healthcare delivery for people at risk for falls, foot injuries, and amputations. This article is a proposal for an innovation in practice by implementing evidence to support the patient-centered care of people at-risk. Early recognition of a problem leads to prevention of potential complications, especially for the elderly with arthritis, diabetes, or heart disease.

There is evidence that three simple, cost-effective interventions could dramatically reduce the number of foot injuries leading to wounds, amputations, falls, and hospitalizations by up to 75 percent. Three simple daily interventions that healthcare providers, individual clients/patients, and caregivers should incorporate in activities of daily living (ADL) are:

**1. Look at your feet every day.** Look for areas of redness, blistering, moisture between the toes, and cracks on the heels. Report anything you are suspicious about — especially if you have diabetes, loss of protective sensation, arthritis, or heart disease. Have basic skin and nail care done on a routine basis, every 6 to 8 weeks, by a caregiver, certified foot care nurse, or podiatrist.

**2. Wear therapeutic shoes and never go bare-foot, not even in your home.** Therapeutic shoes are defined as being long enough, wide enough, and high enough to support the structure of your feet and toes. They are rubber soled with a wide base and able to be secured by cinching laces, Velcro, or elastic. Therapeutic shoes should be fitted by a specialist, either at a shoe store or orthotist (specialist in orthotics), pedorthist (specialist in shoes), or podiatrist (foot care doctor).

**3. Wear a Fitbit or other device to monitor steps, blood sugar, and blood pressure.** Newer evidence is emerging on the use of monitoring and sensing devices and how valuable they are for avoiding compli-

cations. Many of these devices keep your health and well-being “top of mind” and the information may be transferred to your healthcare provider for their input and assistance. As nurses, we know that it is imperative to be invested in your health and welfare.

Foot and nail care is a specialty of nursing. A certified foot and nail care nurse (CFCN) is an RN with the minimum of a baccalaureate in nursing who has completed a course of study and is certified as a specialist by the Wound Ostomy Continuity Nurses’ Credentialing Board (WOCNCB). The specialist in therapeutic foot and nail care focuses on hygiene, assessment, intervention, skin care, nail care, customized footwear, compression socks, patient-centered education, and appropriate and timely referral. A CFCN could — in 10 minutes or less — conduct a comprehensive lower extremity assessment, implement treatment protocols, provide education, and refer.

This initiative for innovation in practice is in direct response to the Institute of Medicine (IOM) and the Agency for Health Care Quality Research (AHRQ). The AHRQ and IOM have charged nurses to practice to the full extent of their education and training and develop innovative healthcare proposals specifically to lead change, improve care, and reduce costs. CFCNs should be utilized as a member of the multidisciplinary team in acute, primary, outpatient, and home care settings.

Nursing, as the most trusted profession, and with skill in communication, rapport, and sustaining relationships, allows for the transferring of knowledge while demonstrating care, compassion, and competency. Utilizing the certified foot and nail care nurse raises the standard of care substantially and reduces overall costs of lives, limbs, and dollars. This proposal is a simple inexpensive evidence-based innovation that could have tremendous positive outcomes nationwide and even worldwide.

# ADHD & Nursing

By Julie Cottrell, RN, CPAN



As a nurse, have you ever questioned if you had the signs and symptoms of attention deficit disorder? I have spent most of my adult life reflecting on this question. I have always had difficulty with paying attention when the pace of life slowed down. As long as I had 20 different things to look at or pay attention to I was fine. As a nurse, when there was a code or another type of emergency, I was there and ready to lend a helping hand. When the hospital chaos picked up, it was during this trend that I realized there was more to me than I realized. I found myself hyper focusing while charting or reading any kind of lengthy documentation. I often found myself deep in thought and then a person would walk by or walk up to me with my back turned it would cause me to jump out of my skin.

There are three types of ADHD. First, is the predominately inattentive presentation where it is difficult to finish a task or to pay attention to details. This type is often easily distracted or forgets the details of their daily routine. The second type is the predominately Hyperactive-Impulsive presentation. This person fidgets and talks a lot. It is hard to sit still for long periods of time. If you have this type you may feel restless and find it difficult to not interrupt another person when they are speaking. A person with impulsiveness often has more injuries and accidents than other people. The final type is the combined presentation. This person will have both types of symptoms and they will be equally present. It is important to identify with these types of ADHD individuals even if you do not have ADHD yourself, due to your coworker or patient may have.

There are several ways to deal with the symptoms of ADHD:

- Arriving early for work, being prepared for the day will make the day run more smoothly and with less stress.
- Making tasking lists are especially important to make sure that you accomplish all that is required of you for the day.
- With today's tagging technology, place a tracker on your stethoscope or your work bag so that you will not lose your belongings; it is easy for things to get moved in the hospital environment.
- For smaller items like your name badge, pens, Kelly clamps, try using a retractable holder.

- When it comes to charting, try to chart in real time as much as possible. If that is not possible then write everything down in notes especially the times when your tasks are performed so that when you chart you are charting accurately.
- Set alarms for medication passes, meal breaks, and for tasks that are time sensitive.
- Use a brain sheet that can help you stay organized and can also be a time saver knowing that you have completed all of your duties before moving on to another patient.
- Consider treatment.
- Consider seeking a therapist to help you cope with your life and your disability.
- Medications may be necessary to help you feel "normal."
- When you are not at work, try to connect with support groups or other people who also share the diagnosis of ADHD.

The more you educate yourself about ADHD the more clearly you will be able to define the characteristics that make you unique. There is also a website and magazine that can assist you in learning more about ADHD. ADDitude is the website and a quarterly magazine that gives out incredibly useful information about ADHD and how to cope.



# Embracing Neurodiversity in Nursing

## Understanding, Caring, and Supporting

By Aimee Tremblay, MSN,RN | Associate Nursing Professor, Alaska Pacific University

In the realm of healthcare, the term "neurodiversity" is gaining recognition and importance, especially in the nursing profession. Neurodiversity encompasses a wide range of neurological differences and conditions, such as autism, ADHD, dyslexia, and more. This article aims to educate nurse professionals about what neurodiversity is, who it affects, potential causes, available treatments, nursing care, and how to support diverse clients. Additionally, we will touch on the experiences of nurses who are neurodiverse and provide guidance on how to navigate both work and education.

### Understanding Neurodiversity

Neurodiversity refers to the natural variation in neurological conditions and cognitive functioning. It recognizes that neurological differences are a part of the human experience, just like other forms of diversity. These differences may affect an individual's perception, communication, social interaction, and behavior. Neurodiversity emphasizes the need to respect and appreciate these differences rather than pathologize them.

### Who Does Neurodiversity Affect?

Neurodiversity affects a significant portion of the population. While the exact statistics can vary, it is estimated that about 1 in 54 children in the United States is diagnosed with autism spectrum disorder (ASD). Additionally, many individuals have ADHD, dyslexia, or other neurodiverse traits that may not have been formally diagnosed.

### Causes and Treatment

The exact causes of neurodiversity are complex and not fully understood, but they often involve a combination of genetic, environmental, and developmental factors.

There is no "cure" for neurodiversity, but there are various treatments and interventions to help individuals manage their condition and improve their quality of life.

- *Autism, for example, can benefit from behavioral therapy, speech therapy, and occupational therapy.*
- *ADHD is often managed with a combination of counseling, medication, and behavioral strategies.*
- *Dyslexia may require specialized educational support, including tutoring and assistive technology.*

### Nursing Care for Neurodiverse Clients

Nurses play a crucial role in providing healthcare services to neurodiverse individuals.

Here are some key considerations for nursing care:

- *Listen: People who are neurodivergent may feel misunderstood or left out. Be willing to listen to them. Let them know you hear them and respect them and their choices.*

- *Communication: Tailor your communication style to the individual's preferences and needs. Some may benefit from visual aids or written instructions, while others may prefer verbal communication.*
- *Sensory Sensitivities: Many neurodiverse individuals have sensory sensitivities. Pay attention to environmental factors like noise, light, and temperature to ensure their comfort.*
- *No two neurodivergent people are the same. The personalities and preferences of neurodivergent people can be widely different, even when they have the same underlying condition.*
- *Structure and Routine: Some neurodiverse clients thrive in structured environments. Consistency in care routines can provide a sense of security.*
- *Empathy and Patience: Empathetic and patient nursing care is critical. Understand that behaviors may be a result of neurological differences rather than intentional actions.*
- *Avoid Value-Based labels: Experts recommend against using the terms "high-functioning" and "low-functioning" to describe conditions like autism. They often assume a person's level of function based on how much they behave like someone who's neurotypical. Don't assume that anyone is incapable or unintelligent. People who are neurodivergent often have conditions or preferences that make them stand out or appear different.*
- *Advocacy: Be an advocate for your neurodiverse clients, ensuring they receive the accommodations and support they need within the healthcare system.*
- *Treat Everyone with Respect: You can "normalize" and provide others with accommodations in a way that honors their human dignity.*

### Supporting Neurodiverse Nurses

Nursing is a profession that values diversity and inclusivity. It's important to recognize and support neurodiverse nurses who contribute their unique perspectives and skills to the field.

- *Disclosure and Accommodations: Neurodiverse nurses should feel comfortable disclosing their condition to their employers and requesting reasonable accommodations in the workplace.*
- *Mentorship and Support Groups: Connecting with mentors and support groups can provide a sense of community and guidance for neurodiverse nurses.*
- *Self-Care: Neurodiverse nurses should prioritize self-care, ensuring they have the necessary tools and strategies to manage their condition while excelling in their profession.*
- *Continuing Education: Seek out resources and workshops that focus on the unique challenges and strengths of neurodiverse healthcare professionals.*

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# Nurses unite for improved patient care

By Adrienne Coles, AFT Communications Specialist | Published in AFT Voices

In a recent triumph of collective action, a group of nurses at Providence Alaska Medical Center stood resolute in the face of proposed staffing changes that would have significantly impacted patient care and working conditions on their unit. On Sept. 15, PAMC management unveiled a new staffing model that threatened to nearly double patient-to-nurse ratios, triggering immediate concerns among the nursing staff and their union, the Providence Registered Nurses bargaining unit of the Alaska Nurses Association.

The proposed plan called for long-stay patients to be relocated to 5 North, an acute care med/surg unit. The nurses voiced their concerns with the staffing approach, citing a lack of transparency about the rollout of the strategy. PAMC management based its proposal on a similar staffing model for long-stay patients at a system hospital, although in that facility, patients are treated in a separate unit. Nurses, led by PRN President Terra Colegrove, sought a dialogue with hospital management to express their reservations about the proposed changes.

Patients who face challenges transitioning to community care after eight days or longer in the hospital are considered long-stay patients. “Barriers like financial hardship or lack of guardianship keep them from leaving the hospital,” says Colegrove, adding that assisted living and skilled facilities have limited availability, so patients stay at the hospital because there’s no place for them to go.

These patients were spread throughout the hospital, but management’s plan involved consolidating these

patients in 5 North, altering the patient-to-nurse ratio from 5:1 to 9:1. However, nurses were quick to point out drawbacks of the new model, citing the increased patient-to-nurse ratio as a cause for concern, even with a plan to include additional patient care technicians. Given their experience with higher ratios leading to a rise in hospital-acquired infections and violence rates on the unit, the nurses were determined to prevent its implementation to protect patients and themselves from dangerous labor practices.

Collective action was the best way forward.

Nurses meticulously researched the proposed changes, identified potential flaws and attended town hall meetings set up by management, armed with questions and concerns. Union-provided stickers became a symbol of their resistance, reflecting their united stand against the 9:1 ratio.

Amid this united front, nurses actively engaged with the hospital through emergency meetings, town halls and a demand to bargain from the union. Their steadfast efforts compelled PAMC management to pause the proposed plan two weeks later, showcasing the power of collaborative action and well-informed advocacy. The win is an example of what happens when the focus is on real solutions that result in safe staffing.

“The nurses asked enough difficult questions that management had to pause the plan,” says Colegrove. “It just shows when you work together, you can get a lot accomplished.”

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## Conclusion

Neurodiversity is an integral aspect of human diversity, and it’s essential that nurse professionals embrace and understand it. By recognizing the importance of tailored care, fostering an inclusive environment, and supporting

neurodiverse colleagues, the healthcare system can better meet the needs of all its patients and professionals. As the field of nursing evolves, it’s crucial that neurodiversity becomes a central part of our commitment to compassionate, patient-centered care.

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