

1 **TOPIC: INCREASE AWARENESS OF THE BENEFITS OF FAMILY-**  
2 **WITNESSED RESUCITATION**

3  
4 **SUBMITTED BY: Grossmont College California Nursing Students' Association, Board of**  
5 **Directors**  
6 **El Cajon, California**

7  
8 **AUTHORS: Erin Cafagna, Nicole Silva, and Christina Story**

9  
10 WHEREAS, The American Association of Critical-Care Nurses supports the presence of  
11 family members during cardiopulmonary resuscitation efforts, and this support  
12 comes from various studies that have shown the benefits of family-witnessed  
13 resuscitation (Guzzetta, 2015, p. 1); and  
14 WHEREAS, when taking a systematic approach to offer family-witnessed resuscitation, family  
15 should be defined as “direct family members or significant others identified as  
16 family” (Salmond, Paplanus, & Avadhani, 2014, p. 484); and  
17 WHEREAS, studies show that over 98% of family members believe it is their right to witness  
18 the cardiopulmonary resuscitation efforts (DeWitt, 2015, p. 500); and  
19 WHEREAS, promoting family-witnessed resuscitation is beneficial to the emotional and  
20 psychological needs of family members which are important aspect of nursing  
21 care that can be often overlooked in emergency department and trauma centers”  
22 (DeWitt, 2015, p. 500); and  
23 WHEREAS, 570 relatives of patients who were involved in cardiac arrest were asked to  
24 participate in a study focusing on family-witnessed resuscitation. The study  
25 yielded unsurprising results that showed family members who participate in  
26 family-witnessed resuscitation are less likely to develop symptoms of anxiety and  
27 depression than those who were not able to witness the CPR efforts (Jabre et al.,  
28 2013, p. 1008); and  
29 WHEREAS, research shows that it is vital for nurses to be properly trained and feel confident  
30 to best facilitate family-witnessed resuscitation. By increasing the beneficial  
31 awareness of family-witnessed resuscitation, nurses will be more open to asking  
32 family members if they would like to witness the resuscitation process, which will  
33 help improve the psychological health of the patient’s family members over time.  
34 It is critical that hospitals not only develop policies in relation to family-witnessed  
35 resuscitation, but also hold training sessions to better educate nursing staff on the  
36 long-lasting benefits of family-witnessed resuscitation (Wendover, 2012, p. 24);  
37 therefore be it

38  
39 **RESOLVED,** that the California Nursing Students’ Association encourage its constituents to  
40 increase awareness of the benefits of family-witnessed resuscitation through  
41 education and advocacy of the practice to healthcare professionals and family  
42 members; and be it further  
43 **RESOLVED,** that the California Nursing Students’ Association support educational sessions on  
44 family-witnessed resuscitation for its constituents and all nurses, nursing students,

45 and nursing school faculties to promote the benefits of family-witnessed  
46 resuscitation such as emotional benefits to family members; and be it further  
47 RESOLVED, that the California Nursing Students' Association promote the utilization of  
48 family-witnessed resuscitation by publishing this resolution in *Range of Motion*  
49 and creating an action and educational plan for hospitals towards educating their  
50 employees on family-witnessed resuscitation; if feasible, and be it further  
51 RESOLVED, that the CNSA send a copy of this resolution and the action plan to American  
52 Association of Critical-Care Nurses, American Nurses Association, Association  
53 of California Nurse Leaders, California Association of Clinical Nurse Specialists,  
54 California Association of Colleges of Nursing, California Association for Nurse  
55 Practitioners, California Board of Registered Nursing, California Institute for  
56 Nursing and Health Care, Cedars-Sinai Medical Center, Grossmont College  
57 School of Nursing, John Muir Medical Center, Kaiser Permanente Zion, Nurse  
58 Alliance of California, Rady Children's Hospital, Scripps Memorial Hospital,  
59 Sharp Grossmont Hospital, Southwestern College School of Nursing, Stanford  
60 Health Care, UCLA Medical Center, UCSD Medical Center, USD School of  
61 Nursing, and all other organizations deemed appropriate by the CNSA Board of  
62 Directors.

63

1 **TOPIC:** IN SUPPORT OF INCREASED AWARENESS OF THE COMPLEXITY OF GUN VIOLENCE IN THE  
2 UNITED STATES  
3

4 **SUBMITTED BY:** NATIONAL UNIVERSITY,  
5 **City/State:** SAN DIEGO, CALIFORNIA  
6

7 **AUTHORS:** MELVYNE CERRILLO, REYNALDO LACABA, KEENA MAPANAO  
8

9 WHEREAS, Research shows, in the United States there is the assumption that gun violence is  
10 strongly linked to people with a mental illness; particularly, depression and anxiety  
11 (Metzyl, 2015, p. 12); and  
12 WHEREAS, the assumption fails to recognize that the cause of gun violence is a complex problem  
13 that is affected by social, political, and psychological factors, which are constantly  
14 changing (Metzyl, 2015, p. 13-14); and  
15 WHEREAS, although nurses are responsible for mental health assessments and expected to help  
16 identify potential shooters to prevent gun violence, clinical judgment doesn't always  
17 necessarily predict future occurrences due to the lack of specificity because of the  
18 changing conditions noted above (Metzyl, 2015, p. 7); and  
19 WHEREAS, evidence shows that 60% of the shooters in mass shootings since 1970 were socially  
20 marginalized and displayed symptoms of acute paranoia, delusions, and/or depression  
21 before committing the crime, but doesn't account for the complexity of the issue such  
22 as temporary feelings of depression (Metzyl, 2015, p. 1); and  
23 WHEREAS, evidence also shows that persons who supported religious and political aggression and  
24 radical behavior commonly displayed symptoms of depression and anxiety (Bhui, 2014,  
25 3); however, not all persons of a particular profile will commit homicide and be involved  
26 with gun violence (Metzyl, 2015, p. 7); and  
27 WHEREAS, that although there are a number of gun violence incidences where the shooter suffered  
28 from a form of mental illness, the National Center for Health Statistics notes that  
29 between 2001 to 2010, less than 5% of 120,000 gun-related deaths were caused by  
30 persons with a mental illness (Metzyl, 2015, p. 4); therefore be it  
31

32 **RESOLVED,** that the California Nursing Students' Association (CNSA) collaborate with clinics and  
33  
34 community healthcare employees, when feasible, for the recognition of gun violence as  
35  
36 a complex problem and to support discrediting social stigmas by separating the  
37  
38 perception of persons with a mental illness and gun violence; and be it further  
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40 **RESOLVED,** that the CNSA support public and community health nurses' assessments and education  
37 on gun violence, which directly impacts public and community health; and be it further  
38  
39 **RESOLVED,** that the CNSA increase nursing students' awareness of the complexities of gun violence  
39 by encouraging information about the topic to be acknowledged in mental health  
40  
41 curriculum in nursing schools, when feasible; and be it further

41 RESOLVED, that the CNSA members model an evidence-based language when discussing this issue;  
42 a language that encourages open inquiry and problem-solving while inhibiting further  
43 social stigmatization of victims in order to avoid discouraging persons with a mental  
44 disorder from seeking treatment because of fear of public judgment; and be it further  
45 RESOLVED, that, if feasible, the CNSA create a Twitter or Facebook page that addresses the  
46 complexities of gun violence; especially, if such event occurs and the media negatively  
47 portrays persons with a mental illness; and be it further  
48 RESOLVED, that, if feasible, the CNSA publish an article about the complexities and misassumptions  
49 of gun violence in *Range of Motion* and any other relevant publications; and be it  
50 further  
51 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses' Association  
52 California, the Association of California Nurse Leaders, American Psychiatric Nurses  
53 Association, the American Association of Colleges of Nursing, the American Academy of  
54 Nursing, the National League for Nursing, the National Organization for Associate  
55 Degree Nursing, and all others deemed appropriate by the CNSA Board of Directors.

1 **TOPIC:** **INCREASED AWARENESS OF THE BENEFITS OF MOBILE HEALTHCARE CLINICS IN RURAL**  
2 **AREAS AND UNDERSERVED POPULATIONS**  
3  
4 **SUBMITTED BY:** **California State University, Fresno**  
5 **City/State: Fresno, California**  
6  
7 **AUTHORS:** **Courtney Marie Brown, Conrad Delmundo, & Andrew Youngblood-Schiavello**  
8  
9 WHEREAS, Access to care is exceedingly important to the health and well-being of rural populations  
10 to achieve the best health outcomes (Clinton MacKinney, A. et. al. 2014, p. 3 & p. 18);  
11 and  
12 WHEREAS, Mobile health clinics (MHCs) can reach vulnerable populations with poorer health and  
13 access barriers to healthcare, making it easier for those without transportation offering  
14 affordable and free services, that can overcome financial barriers such as health  
15 insurance requirements and copayments (Hill, C. 2014, p. 262); and  
16 WHEREAS, MHCs usually serve the medically disenfranchised— individuals who are underinsured,  
17 uninsured, or who are otherwise disconnected from the healthcare system (Aung, K. et.  
18 al. 2015, p. 37); and  
19 WHEREAS, MHCs can reduce health disparities and improve delivery of care, in addition to  
20 addressing social determinants of health, such as food insecurity, housing, and other  
21 issues (Aung, K. et. al. 2015, p. 36); and  
22 WHEREAS, MHCs show promise in their potential to reach individuals with high risk for chronic  
23 disease who have previously undetected risk factors such as; undetected elevated blood  
24 pressure, undetected elevated levels of blood glucose, and undetected elevated total  
25 cholesterol (Aung, K. et. al. 2015, p. 37); and  
26 WHEREAS, Data collected from surveyed patients seen on a MHCs found that 27 percent said they  
27 would have gone to an emergency department (ED) if the mobile unit was not there,  
28 lowering the number of unnecessary ED visits (Song, Z. et. al. 2013, p. 7); and  
29 WHEREAS, MHCs can save the healthcare system money by preventative health and easing ED  
30 impaction and has been calculated as a \$14 to \$1 return on investment (Aung, K. et. al.  
31 2015, p. 37); and  
32 WHEREAS, MHCs act as a safety net for the community and provide services for public health,  
33 public education, community health as well as preventative health in the form of  
34 vaccinations for school children (Ewert, L. Personal Communication, August 31, 2016);  
35 therefore be it  
36  
37 RESOLVED, that California Nursing Students Association (CNSA) raise awareness of the benefits of  
38 mobile healthcare units regarding patient care through highlights or articles in its Range  
39 of Motion magazine if feasible; and be it further  
40 RESOLVED, that CNSA educates its constituents of the health, education and community benefits of  
41 mobile healthcare units for rural areas and low socioeconomic populations, when  
42 feasible, through either a breakout session or general sessions at CNSA Membership

43 North Meeting, Membership South Meeting, and CNSA State Convention; and be it  
44 further

45 RESOLVED, that CNSA highlight mobile health clinic benefits to the community and disperse facts  
46 about MHCs to CNSA's constituents through CNSA's Community Health Committee if  
47 feasible; and be it further

48 RESOLVED, that the CNSA send a copy of this resolution to the Center for Medicare and Medicaid  
49 Services, Centers for Disease Control, Federal Office of Rural Health Policy division of  
50 U.S. Department of Human Health Services: Health Resource and Services  
51 Administration, Office of Disease Prevention and Health Promotion, Community  
52 Regional Medical Centers of Fresno, Clovis Community Medical Center, Saint Agnes  
53 Medical Centers of Fresno and Kaiser Permanente Medical Centers of Fresno, Valley  
54 Children's Hospital of Madera, and all others deemed appropriate by the CNSA Board of  
55 Directors., and all others deemed appropriate by the CNSA Board of Directors.

1 **TOPIC:** TO PROMOTE EDUCATION ABOUT THE COMPLEXITIES SURROUNDING MEDICAL  
2 CANNABIS AS AN EFFECTIVE TREATMENT FOR CHRONIC PAIN  
3

4 **SUBMITTED BY:** **Maurine Church Coburn School of Nursing**  
5 **City/State: Monterey, California**  
6

7 **AUTHORS:** **Nancyanne C. Lansdowne**  
8

9 WHEREAS, the NSNA passed a resolution “In Support of Patients’ Safe Prescribed Access to  
10 Therapeutic Medical Cannabis and Continued Further Research and Awareness of  
11 the Topic” (NSNA, 2014), echoing a 2008 statement by the American Nurses  
12 Association supporting patient access to medical cannabis (ANA, 2008);  
13 unfortunately, the misperceptions and complexities surrounding medical cannabis  
14 continue to inhibit access for many patients seeking this safe and effective treatment  
15 for chronic pain even when the situation is deemed medically safe and appropriate  
16 (Aghajanian, L. 2013); and

17 WHEREAS, recent research continues to indicate that cannabis, as an alternative to opioids, for  
18 chronic pain management results in positive outcomes, particularly for the elderly,  
19 who are more susceptible to the adverse effects of opioid analgesics (Cohen, 2016,  
20 pg. 515-516); and

21 WHEREAS, Cannabis is not a simple drug. It has multiple strains and compositions associated  
22 with it that are not regulated or uniform and vary widely depending on the  
23 dispensary supplying the substance. Moreover, concentrations of cannabis strains  
24 are not regularly tested for cannabinoid concentration (Cohen, 2016, p. 516); and

25 WHEREAS, there remains a lack of specific evidence-based guidelines for the administration of  
26 medical cannabis, along with a lack of regulation or oversight, leaving California  
27 health care providers to rely on “trial and error” (Aghajanian, L. 2013); and

28 WHEREAS, California led the nation when it passed the Compassionate Use Act (Proposition  
29 215) in 1996, legalizing the use of medical cannabis, then in 2004, SB420 created a  
30 statewide regulatory system (Aghajanian, L. 2013) and, as recently as October 2015,  
31 enacted the Medical Marijuana Regulation And Safety Act to create a system that  
32 would begin much needed regulation for cultivation, manufacture, sale, distribution,  
33 and testing of medical cannabis;” (Medical Marijuana Regulation and Safety Act, A.  
34 243, 2015); and

35 WHEREAS, California state law provides for legal medical cannabis use, but without federal  
36 approval of medical cannabis, the pharmaceutical services in skilled nursing  
37 facilities and hospitals are prohibited from dispensing medical cannabis, as all drugs  
38 administered must be in compliance with federal and state laws (Aghajanian, 2013);  
39 therefore be it

40  
41 **RESOLVED,** that the California Nursing Students’ Association (CNSA) support efforts that will  
42 increase public and professional awareness of the benefits and constraints of using  
43 medical cannabis for management of chronic pain, when appropriate; and be it  
44 further

45 RESOLVED, that the CNSA encourage its constituents to become more informed, aware, and  
46 proactive about recognizing legal opportunities to appropriately replace opioids  
47 with medical cannabis products; and be it further

48 RESOLVED, that the CNSA support supplementing nursing education and curricula; particularly,  
49 in geriatrics and palliative care, with information on medical cannabis as an  
50 alternative form of analgesia over opioids; and be it further

51 RESOLVED, that the CNSA include an article about the benefits and complexities of medical  
52 cannabis in the online newsletter, *Range of Motion*, if feasible; and be it further

53 RESOLVED, the CNSA consider the formation of a statewide nursing student task force to  
54 investigate the complexities surrounding the use of medical cannabis and prepare a  
55 presentation based on the results about the benefits and complexities of the use of  
56 cannabis as an alternative for pain management at a future convention when  
57 feasible; and be it further

58 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the  
59 American Nurses Association/California, the Association of California Nurse Leaders  
60 (ACNL), the Nurse Alliance of California, the National League for Nursing, the  
61 California Association for Nurse Practitioners, the California Association of Clinical  
62 Nurse Specialists, the California Association of Colleges of Nursing, the California  
63 Organization of Associate Degree Nursing, the National Organization for the Reform  
64 of Cannabis Laws, the Marijuana Policy Project, Students for Sensible Drug Policy,  
65 the National League for Nursing, and all others as deemed appropriate by CNSA  
66 Board of Directors, and all others deemed appropriate by the CNSA Board of Directors.



1 **TOPIC:** **IN SUPPORT OF A NATIONWIDE GENOMIC COMPETENCY EDUCATION AND RESEARCH**  
2 **INITIATIVE**  
3  
4 **SUBMITTED BY:** **California State University San Marcos – School of Nursing**  
5  
6 **AUTHORS:** **Stephanie Lichtwardt**  
7  
8 WHEREAS, the nursing profession is faced with caring for a population in which 9 out of 10 leading  
9 causes of death have a genomic component (Munroe & Loerzel, 2016); and  
10 WHEREAS, “personalizing health care through the use of genomics is associated with improving  
11 patient quality, safety, and health outcomes” (Calzone, Jenkins, Culp, Caskey, & Badzek,  
12 2014, p. 40); and  
13 WHEREAS, genomic core competencies have been developed to guide application of professional  
14 skills and responsibilities. The *Essentials of Genetic and Genomic Nursing: Competencies,*  
15 *Curricula Guidelines, and Outcome Indicators, 2nd Edition* serves as the benchmark for  
16 genomics education (McCabe, Ward, & Ricciardi, 2016); and  
17 WHEREAS, Calzone and Jenkins (2012, p. 158) assert that despite existing resources, established  
18 competencies, and published model curricula, “evidence indicates that the progress of  
19 U.S. nursing competency in genetics and genomics remains limited.” Furthermore,  
20 improvement of genomic literacy of nurses and nursing faculty has become an ongoing  
21 and global concern (Read & Ward, 2016); and  
22 WHEREAS, inadequate genomics education has been identified as a “significant limiting factor in  
23 the translation of genome science to clinical practice” (Ward, Purath, & Barbosa-Leiker,  
24 2016, p. 1). Perceived barriers to successful curriculum integration of genomics include  
25 faculty lack of knowledge (91%), curriculum too full (83%), not high enough priority  
26 (48%), and not covered on the NCLEX (22%) (Jenkins & Calzone, 2014); and  
27 WHEREAS, “no study to date has evaluated how well [the *Essentials*] recommendations for  
28 education are known or are being met for any level of nurse” (Munroe & Loerzel, 2016,  
29 p. 86). Moreover, evidence specific to the impact of genomically competent nursing  
30 practice on public health is extremely limited, “further hindering efforts to translate  
31 genetics/genomics discoveries into patient care as well as efforts to influence  
32 incorporation of genetics/genomics information into academic curricula, licensure  
33 examinations, [and] schools of nursing” (Calzone & Jenkins, 2012, p. 168); therefore be  
34 it  
35  
36 RESOLVED, that the California Nursing Students’ Association (CNSA) encourage its constituents to  
37 advocate for the incorporation of genetic/genomic content in nursing curricula as  
38 outlined in the *Essentials* competencies, and be it further  
39 RESOLVED, that the CNSA encourage its constituents to advocate for the provision of support,  
40 training, and quality resources to prepare nursing school faculty for the successful  
41 integration of genetic/genomic content into nursing curricula; and be it further

42 RESOLVED, that the CNSA support the efforts of the US Genetic/Genomic Nursing Competency  
43 Initiative and other nurse scientists to provide research examining the impact of nursing  
44 competency in genomics on patient safety and health outcomes; and be it further  
45 RESOLVED, that the CNSA increase awareness and advocacy of the application of genetic/genomic  
46 knowledge to health promotion, disease prevention, and therapeutic decision-making  
47 including pharmacogenomics through articles in the *Range of Motion* publication, and  
48 informational and educational breakout sessions at the annual CNSA convention, if  
49 feasible; and be it further  
50 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses  
51 Association\California, the Association of California Nurse Leaders, the Nurse Alliance of  
52 California, the California Board of Registered Nursing, the American Association of  
53 Colleges of Nursing, the California Association of Colleges of Nursing, the National  
54 Council of State Boards of Nursing, the Accreditation Commission for Education in  
55 Nursing, the National Coalition of Health Professional Education in Genetics,  
56 International Society of Nursing in Genetics, and all others deemed appropriate by the  
57 CNSA Board of Directors.

1 **TOPIC:** **IN SUPPORT OF EDUCATING HEALTHCARE PROFESSIONALS ON THE CALIFORNIA “END**  
2 **OF LIFE OPTION ACT”**  
3  
4 **SUBMITTED BY:** **California State University, Sacramento**  
5  
6 **AUTHORS:** **Ryan Robertson, Karyn Howland, Lynette Cabral, Rosalina Mateus, Marjorie Rodriguez**  
7  
8 WHEREAS, in 2016, National Student Nurses' Association (NSNA) House of Delegates adopted the  
9 resolution “In support of improving education curricula related to End of Life (EOL) care”  
10 which addresses EOL care curricula. The 2016 NSNA resolution addresses EOL patient  
11 care, however, an information gap currently exists with regards to the specific details of  
12 California’s End of Life Option Act among the healthcare professionals; and  
13 WHEREAS, the State of California passed the “End of Life Option Act”, which went into effect on  
14 June 9, 2016 (End of Life Option Act of 2015); and  
15 WHEREAS, this law allows for some terminally ill patients to end their life under very specific  
16 criteria (End of Life Option Act of 2015); and  
17 WHEREAS, other states have similar laws with different criteria, which can lead to confusion among  
18 healthcare professionals (Assembly Committee on Health Bill Analysis, 2015); and  
19 WHEREAS, based on rough estimates of potential aid-in-dying participation, California may have  
20 approximately 350 participants a year who will use the EOL law as well as a greater  
21 number of terminal patients who will request information regarding EOL options  
22 (Assembly Committee on Health Bill Analysis, 2015); and  
23 WHEREAS, healthcare professionals must be well informed on the details of this new aid-in-dying  
24 law as they have a responsibility to educate patients on their healthcare options without  
25 regard to personal bias (American Nurses Association, 2010, p. 8); therefore be it  
26  
27 RESOLVED, that the California Nursing Students’ Association (CNSA) support an increased  
28 awareness of the need for education on the California End of Life Option Act among  
29 healthcare professionals by disseminating the specific details of the law to each Chapter,  
30 publishing articles in the Range of Motion newsletter, and appropriate CNSA committee  
31 action, when feasible; and be it further  
32 RESOLVED, that the CNSA support forums to discuss the End of Life Option Act at constituent  
33 chapters; and be it further  
34 RESOLVED, that the CNSA provide a forum to discuss the End of Life Option Act during focus  
35 sessions at Membership Meeting and Annual Convention, if feasible; and be it further  
36 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses  
37 Association\California, the Association of California Nurse Leaders, the California Board  
38 of Registered Nurses, the California Association for Nurse Practitioners, the California  
39 Nurses Association, the Nurse Alliance for California, the California Hospital Association,  
40 the California Association of Clinical Nurse Specialists, and all others deemed  
41 appropriate by the CSNA Board of Directors.