



2018 CALL FOR ABSTRACTS

CONFERENCE REGISTRATION AND NANAINA MEMBERSHIP FORMS

National Alaska Native American Indian Nurses Association (NANAINA) Annual Conference

St. Catherine University

St. Paul, Minnesota

June 8 and 9, 2018

CREATING A VISION FOR INDIGENOUS NURSING

NANAINA is pleased to call for abstracts for the 2018 conference!

******Abstract Submission Extended to April 12******

The purpose of this conference is to operationalize and apply the conceptual model “Nursing in Native American* Culture” based on the sacred medicine wheel that represents Indigenous oneness in Native American nursing as described by Lowe & Struthers (2001). Members of NANAINA contributed to the development of this model at a conference in 2000 in Montana and refer to it as the Native American Nursing model. This model can be used by all nurses interested in serving Native Americans to guide and inform nursing care, education, research, and administration.

“Other health providers as well can understand the cultural construct of nursing in Native American culture and utilize this model to provide health care to Native American clients, families, and communities. Nurses in other cultures can use this framework to help explore and define the nature of their own nursing practice” (Lowe & Struthers, 2001).

**For the conference the term Native Americans is used interchangeably with Alaska Natives and American Indians.*



The 2018 conference will share evidence-based, best practices in each of the seven dimensions of nursing in the Native American Nursing model:

Connection

Holism

Trust

Spirituality

Caring

Traditions

Respect

2018 CONFERENCE OUTCOMES

Using the Native American Nursing model as described by Lowe & Struthers (2001), the participants will meet the following outcomes:

1. Discuss best practices, research results, and implications of the seven dimensions of the Native American Nursing model.
2. Apply implications from the seven dimensions of the Native American Nursing model to the future of Native American nursing and health care.
3. Develop strategies to increase the number of Alaska Native and American Indian nurses at all levels of education and practice.
4. Explore mentoring opportunities for Alaska Native and American Indian nursing students, graduates, and practicing nurses.

Target Audience for this conference: To re-connect NANAINA members, students, health professionals and interdisciplinary partners to a vision of Indigenous nursing and answer the question of 'What do we want our future to be?' This conference will be valuable for nursing students of all educational levels, practicing nurses, and other interdisciplinary health and human service professionals working with Alaska Native and American Indian people and cherished partners of NANAINA.



Continuing Education The Indian Health Service Clinical Support Center is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



SUBMISSION OF ABSTRACTS FOR ORAL OR POSTER PRESENTATIONS

- All nurses, students, Schools/Colleges/Universities of Nursing, healthcare organizations and partners of NANAINA are encouraged to submit abstracts and to attend the conference
 - Undergraduate and graduate student submissions are especially encouraged
 - Abstract should be in WORD format, use 12-point font size in the preferred typeface Times New Roman.
1. Discuss best practices, research results, and implications of the seven dimensions of the Native American Nursing model.
 2. Apply implications from the seven dimensions of the Native American Nursing model to the future of Native American nursing and health care.
 3. Develop strategies to increase the number of Alaska Native and American Indian nurses at all levels of education and practice.
 4. Explore mentoring opportunities for Alaska Native and American Indian nursing students, graduates, and practicing nurses.

NANAINA will accept abstracts for poster and oral presentations that reflect the conference objectives. Students are encouraged to submit poster abstracts.

Name: _____

Address: _____

Phone/Email Address: _____

Organization: _____

Role: _____

Select the conference objective that best fits your presentation: _____1_____2_____3_____4

Preferred format: _____Poster_____Podium _____No preference—poster or podium

Is the presentation related to: _____Practice_____Research_____ Education_____Admin?

Please use the following format to submit your abstract:

“Title of Paper” [name of author/s]

Background/Rationale: Background, literature, purpose of project or study.

Methods/Approach: Descriptions of method(s) used in the project, if it is a research study include sample, methodology, and analysis.

Results: Briefly describe the results of the study or project; use themes or statistics if available. Indicate if still in progress.

Conclusion: Describe knowledge gained, implications for AIAN nursing practice, policy or research or future research.

Send abstract to: lcmartin@stkate.edu by April 12, 2018 5:00 PM (CST)

For further information, contact: Dr. Lisa Martin, NANAINA President

Email lcmartin@stkate.edu Phone (612) 227-4709

The NANAINA Abstract Committee reserves the right to assign abstracts as a podium or poster presentation.

2018 KEY DATES AND DEADLINES:

Abstract submission deadline: **April 12**

Presenters to be notified no later than: **April 19**

Deadline for presenters to confirm participation: **April 26**

2018 Early (Reduced) Conference registration deadline: **April 30**

All presenters will be required to register for the conference and pay the applicable registration fee no later than *April 30, 2018*. If the primary author is unable to attend the conference and has made arrangements for someone else to present the paper or poster, that person must register for the conference and pay the applicable registration fee.



2018 CONFERENCE REGISTRATION INFORMATION

Early (Reduced) Registration		Registration after April 30, 2018	
NANAINA Members	\$300.00	NANAINA Members	\$350.00
Non-members	\$350.00	Non-members	\$400.00
Students*/Retired	\$150.00	Students/Retired	\$175.00
<i>*Students may be eligible for a scholarship for conference fees. For application, contact Misty Wilke, NANAINA Past-President, at mwilkie@bemidjistate.edu</i>			
Single Day Registration: \$200 per day			

CANCELLATION POLICY: We are sorry that we cannot provide a refund in the event of a cancellation. If you cannot attend the conference, please send a representative in your place.

Internet registration is not available for the 2018 conference. Complete registration forms in this brochure and make check or money order payable to: National Alaska Native American Indian Nurses Association.

To pay by credit card contact Mike Snesrud, NANAINA treasurer, at sneskoda@gmail.com

A 4% processing fee will be added to credit card payments.

Please send completed registration form/s and fees to:

Mike Snesrud,
 NANAINA Treasurer
 418 Russell Drive South
 Holmen, WI 54636

Consider donating an item for the NANAINA Silent Auction! Please contact Erna Johnson, Board Member-At-Large, at Erna.foo@hotmail.com with item description. All proceeds from the silent auction will go towards student scholarships.



2018 CONFERENCE HOTEL AND LODGING INFORMATION

- 1) St. Catherine Raeunhorst Dorm Suites - 3-4 bedroom suites with shared kitchen and bathroom. \$40.00 per person per night (no housekeeping available). *Dorm fees must be included with conference registration.* Please include the number of individuals and nights you plan on staying, rooms are available June 7, 8, and 9 with check-out by 12N June 10. The Raeunhorst Dorm Suites are a short walking distance to the conference and include parking.
- 2) Suggested Hotels in the St. Paul - Minneapolis area.

Days Inn St. Paul-Minneapolis - Midway
2.2 miles from St. Catherine University

<https://www.wyndhamhotels.com/days-inn/st-paul-minnesota/days-inn-st-paul-minneapolis-midway/overview?CID=LC:DI::GGL:RIO:National:09947&iata=00065402>

Country Inn and Suites by Radisson
Bloomington at Mall of America, Minnesota
8.2 miles from St. Catherine University

https://www.countryinns.com/bloomington-hotel-mn-55425/mnbloomi?s_cid=os.amer-us-cis-MNBLOOMI-gmb

Questions? Contact Lisa Martin, NANAINA President
lcmartin@stkate.edu
612-227-4709



2018 CONFERENCE REGISTRATION FORM

Name/Credentials:	
Position:	Department:
Institution:	
Street Address:	
City:	State: Zip Code:
Email:	
Work Phone:	Cell (Optional):
Amount Included for Registration:	
If applicable, amount included for Rauenhorst dorm suite lodging (available June 7-9, \$40.00/night):	
Early (Reduced) Registration	Registration after April 30, 2017
NANAINA Members \$300.00	NANAINA Members \$350.00
Non-members \$350.00	Non-members \$400.00
Students*/Retired \$150.00	Students/Retired \$175.00
<i>*Students may be eligible for a scholarship for conference fees. For application, contact Misty Wilke at mwilkie@bemidjstate.edu</i>	
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2018 NANAINA MEMBERSHIP APPLICATION

Send to: Mike Snesrud, NANAINA Treasurer 418 Russell Drive South	<input type="radio"/> New Member <input type="radio"/> Renewing
Please type or print legibly	
Name:	Nursing Credentials:
Address:	City: State: Zip:
Phone:	Cell:
Email:	
If Student, print name of nursing school:	
Recruited by:	

Membership Information

Please check all that apply:					
<input type="checkbox"/> RN	<input type="checkbox"/> Allied Health Profession	<input type="checkbox"/> LPN/VN			
<input type="checkbox"/> Other					
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student		
Educational Information (check all that apply and year completed):					
<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	
Bachelor Institution Attended, City/State:					
Masters Institution Attended, City/State:					
Doctoral Institution Attended, City/ State:					
Employer:					
Title/Position:					
Tribal Affiliation(s):					
Experience in nursing:					
<input type="checkbox"/> Less than	<input type="checkbox"/> 2-5 yrs.	<input type="checkbox"/> 6-10 yrs.	<input type="checkbox"/> 11-15 yrs.	<input type="checkbox"/> 16-20 yrs.	<input type="checkbox"/> 20+ yrs.
Annual Membership Fees (January 1 to December 31) Check option for this application:					
<input type="checkbox"/> Full (\$75.00) <input type="checkbox"/> Lifetime Member* (\$750.00) <input type="checkbox"/> Associate (\$50.00) <input type="checkbox"/> Student**(\$10.00)					
<input type="checkbox"/> Retired (\$25.00) <input type="checkbox"/> Corporate (\$250.00)					

Date _____ Signature _____

