



San Antonio Indian Nurses Association

SAINA ANNUAL AWARDS PROGRAM - 2022

BACKGROUND

Through this Awards Program, SAINA identifies those who exemplify the very best in the profession of nursing and healthcare; honors their contributions to the nursing profession and the field of health care; and recognizes the positive difference that they have made in the lives of their colleagues, patients, families, as well as the communities in which they live.

The primary goal of SAINA's Awards Program is to promote the outstanding accomplishments and significant achievements of individual registered nurses of Indian and non-Indian heritage and community leaders in the delivery of health care to those in the nursing profession as well as to other health professionals, government officials, and the public.

SAINA's Awards Program also identifies and recognizes champions of nursing - leaders who are not members of the nursing profession but have made significant contributions in support of the nursing profession.

TIMELINES

The 2022 Call for Nominations for Awards is now open. Nominations must be submitted by 5:00pm (Central) on October 20th, 2021. Award recipients will be recognized at the 4th Annual Gala of SAINA, which will be held November 6th 2022 in San Antonio, TX.

09/24/2022 – Call for Award Nominations OPENS

10/20/2022 – Call for Award Nominations CLOSES

October 21st to October 23rd 2022 –Award Nominations reviewed by the Awards Committee, develop a list of recommended award recipients

October 23rd 2022 – The Committee communicates the decision to the awardees and the nominees.

November 6th 2022 – Awardees will be recognized during 4th Annual Gala.

AWARD CATEGORIES

- Exemplary Nursing Student Award
- Rising Star Nursing Award
- Exemplary Professional Practice Award
- Transformational Leadership Award
- Faculty/Educator Award x 2
- Lifetime Achievement Award
- Team Member Excellence Award
- Honorary Membership Award

All nominations can be emailed to sainausa@sainausa.com no later than **October 20th, 2022**



San Antonio Indian Nurses Association

- APRN Exemplary professional practice

ADDITIONAL AWARDS MAY BE PRESENTED BASED ON THE DECISION OF THE AWARDS COMMITTEE.

SELECTION CRITERIA

1. Current SAINA membership (Optional for Honorary and team member award)
2. RNs of Indian heritage (Preferred)
3. Team Member award for other healthcare professionals of Indian Heritage (Preferred)
4. Contributed significantly through education, outreach, service, or other initiatives that enhanced nursing profession locally and nationally.
5. Selection will solely be based on the criteria description. No discrimination will be made based on Age, Gender, title etc.
6. Self-Nominations will be accepted
7. Incomplete nomination will not be considered
8. Honorary Membership will be awarded based on the criteria identified by the award program.

NOMINATION PROCESS

1. Each nominee must meet all the specific award's criteria. Nominees who do not meet the award criteria will not be considered.
2. Current members of the awards committee, Awards Subcommittee (if any) may **not** be nominated for any award.
3. Award nominations will be accepted from:
 - Members
 - Non-Members
 - Community
 - Physicians
 - Patients and families
4. Nominators may be required to verify the accuracy of the information included in the nomination.
5. Nominators are encouraged to check each nomination for completeness and accuracy as incomplete nominations will not be considered. Additionally, nominations will not be accepted after the deadline. Nominators will receive confirmation of receipt of the nomination.
6. The Scholarship and awards committee will serve as the Committee on Awards for 2022 and will make decisions on the award recipients
7. The decision of the committee will be final.
8. The Committee will communicate the decision to the awardee via electronic communication.

SUBMISSION PROCESS

1. All nominations for Awards must be submitted via email provided on the nomination form. (Please scan the document in pdf format.)
2. Last day for submission is October 20th 2022 5pm Central time.
3. Extra evidence of support is welcomed but not required to receive a nomination or award.

QUESTIONS

All questions can be emailed to sainausa@sainausa.com.

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San Antonio Indian Nurses Association

EXEMPLARY PROFESSIONAL PRACTICE AWARD

NOMINATION FORM

This award was established to celebrate **Exemplary Professional Practice**. The award recognizes registered nurses who have consistently demonstrated excellence in nursing practice. One (1) award will be given for the year 2022. The award recipients must demonstrate excellence in at least one specific element of Professional Practice. The award categories are for **Patient Care Management, Nursing Practice, Collaborative Practice, Community Outreach and Leadership**. Any Indian registered nurse is eligible to be nominated. (For Definitions please see below)

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Please **circle** the specific area of clinical excellence for which this nurse is being nominated:

1. PATIENT CARE MANAGEMENT

2. NURSING PRACTICE

3. COLLABORATIVE PRACTICE

4. COMMUNITY OUTREACH

5. LEADERSHIP

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** and share a story or two that demonstrates the reason for your nomination of this registered nurse. Use no patient names or identifying data, but describe the situation and your nominee's role in it. Please use the back of this form or attach an extra sheet if needed.

<p><u>PATIENT CARE MANAGEMENT</u> – Practice based on evidence-based practice which values autonomy, caring and a humanistic approach to patient care.</p> <p><u>NURSING PRACTICE</u> – Value of education, experience and competence.</p> <p><u>COLLABORATIVE PRACTICE</u> – The nurse in collaboration with physicians and other health care professionals define the care and evaluate the outcome of care provided.</p> <p><u>COMMUNITY OUTREACH</u> – Nurses practicing beyond the confines of the institution both for professional development and in providing community service, including professional organizations, regularly sharing information.</p> <p><u>LEADERSHIP</u> – Visionary leadership is needed to support practice and the delivery of patient care.</p>

THANK YOU FOR YOUR SUPPORT OF YOUR COLLEAGUES

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San Antonio Indian Nurses Association

EXEMPLARY PROFESSIONAL PRACTICE AWARD (APRN)

NOMINATION FORM

This award was established to celebrate **Exemplary Professional Practice**. The award recognizes APRNs who have consistently demonstrated excellence in advanced nursing practice. One (1) award will be given for the year 2022. The award recipients must demonstrate excellence in at least one specific element of Professional Practice. The award categories are for **Patient Care Management, Nursing Practice, Collaborative Practice, Community Outreach and Leadership**. Any Indian registered nurse is eligible to be nominated. (For Definitions please see below)

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Please **circle** the specific area of clinical excellence for which this nurse is being nominated:

1. PATIENT CARE MANAGEMENT

2. ADVANCED NURSING PRACTICE

3. COLLABORATIVE PRACTICE

4. COMMUNITY OUTREACH

5. LEADERSHIP

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** and share a story or two that demonstrates the reason for your nomination of this registered nurse. Use no patient names or identifying data, but describe the situation and your nominee's role in it. Please use the back of this form or attach an extra sheet if needed.

PATIENT CARE MANAGEMENT – Practice based on evidence-based practice which values autonomy, caring and a humanistic approach to patient care.

ADVANCED NURSING PRACTICE – Value of education, experience and competence.

COLLABORATIVE PRACTICE – The nurse in collaboration with physicians and other health care professionals define the care and evaluate the outcome of care provided.

COMMUNITY OUTREACH – Nurses practicing beyond the confines of the institution both for professional development and in providing community service, including professional organizations, regularly sharing information.

LEADERSHIP – Visionary leadership is needed to support practice and the delivery of patient care.

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San Antonio Indian Nurses Association

RISING STAR NURSING AWARD NOMINATION FORM

This award is for a **direct caregiver (registered nurse)** who has been in practice for less than two years. The award identifies a person who has made a **successful transition into a professional nursing career**.

You may fill out this form using Microsoft Word. If form is hand written, **please write legibly** or your nomination may not be considered. (Add extra pages if needed)

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** how this nurse embodies philosophy of Nursing Excellence and represents nursing profession as a rising star. Use no names or identifying data, but describe how this nurse has made a successful transition into a professional nursing career. Please use the back of this form or attach an extra sheet if needed.

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San Antonio Indian Nurses Association

EXEMPLARY NURSING STUDENT AWARD

NOMINATION FORM

SAINA established **Exemplary Nursing Student Award** to provide nursing students recognition and celebration that demonstrate commitment to care and compassion and make the nurse-patient connection that makes such a difference in the healthcare experience. We hope this will inspire and motivate students to provide the best clinical skill possible and to impact patients and families with human spirit and kindness.

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Name of student being nominated: _____

Facility/School/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** and share a story or two that demonstrates the reason for your nomination of this student registered nurse. Use no patient names or identifying data, but describe the situation and your nominee's role in it. Please use the back of this form or attach an extra sheet if needed.

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San Antonio Indian Nurses Association

TRANSFORMATIONAL LEADERSHIP AWARD

NOMINATION FORM

This award is for a registered nurse who demonstrates exceptional leadership of nursing or patient care services in any setting. The nominee should demonstrate **excellence in leadership** and does not need to be in a formal leadership position.

The awards committee will look for specific examples of how the nominee demonstrates following criteria:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Empowers others to actively participate in assessing, planning, implementing and evaluating process improvements • Promotes a culture where others are positive, challenged and involved • Leads by example, demonstrating respect, integrity and collegiality | <ul style="list-style-type: none"> • Demonstrates a commitment to staff development • Has influenced change in health care delivery • Promotes effective relationships within multi-disciplinary health care teams • Advocates for nursing in the health care setting |
|--|---|

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail**, with personal accounts or stories, why you feel this nurse deserves this award. Use no patient names or identifying data, but give supporting evidence. Please use the back of this form or attach an extra sheet if needed.

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San Antonio Indian Nurses Association

FACULTY/EDUCATOR AWARD NOMINATION FORM

Recognize an exemplary Indian **Faculty/Educator RN** staff for outstanding performance in the planning, delivery, and evaluation of educational curriculum, including functioning as role model and demonstrating leadership and excellence in interdisciplinary collaboration. **Two (2) award will be given for the year 2022.**

You may fill out this form using Microsoft Word. If form is hand written, **please write legibly** or your nomination may not be considered. (Add extra pages if needed)

Name of faculty/educator being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail**, with personal accounts or stories, why you feel this faculty/educator deserves this award. Use no patient names or identifying data, but give supporting evidence. Please use the back of this form or attach an extra sheet if needed.

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LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

The **Lifetime Achievement Award** was created to recognize those nurses who have devoted their life's work to the compassionate care of others. Recipients of this award are nominated for their dedication to nursing through active mentoring, role modeling, advocating for their patients and promoting the positive image of nursing. They serve as a beacon of inspiration to those at all stages of their career and in the various and important roles of nursing. Criteria's include:

- Distinguished career as a nurse in clinical practice, administration, education, and/or research that promote a positive image of professional nursing
- Demonstrates and actively engages in the professional development of self and others in the nursing profession
- Serves as a role model and advocate for nursing practice and the advancement of nursing as a professional
- Advocates for the improvement of patient care and serves as an exemplar for enhancing the patient experience
- Recognized by the broader nursing community as a transformational nursing leader
- 25+ years of service

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** and share a story or two that demonstrates the reason for your nomination of this registered nurse. Use no patient names or identifying data, but describe the situation and your nominee's role in it. Please use the back of this form or attach an extra sheet if needed.

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TEAM MEMBER EXCELLENCE AWARD NOMINATION FORM

Nominees are *non-nursing* team members that can include, but are not limited to:

PCAs/CNAs/Nursing Techs, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, OR and Cath Lab Techs, Pharmacy, Lab, Radiology, Food and Nutrition, Environmental Services and Physicians

The nominee will consistently demonstrate:

1. Excellence in interdisciplinary teamwork with nursing staff, and
2. Excellence in communication skills with patients and nursing staff, and
3. Excellence Standards for their profession.

You may fill out this form using Microsoft Word. If form is hand written, **please write legibly** or your nomination may not be considered. (Add extra pages if needed)

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail**, with personal accounts or stories, why you feel this person deserves this award. Use no names or identifying data, but give supporting evidence. Please use the back of this form or attach an extra sheet if needed.

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HONORARY AWARD NOMINATION FORM

This award was established to celebrate individuals of national or global influence who have furthered the course of healthcare. **Honorary membership** is conferred by SAINA Board of Directors on those who demonstrate superior achievement in a chosen field and a special commitment to the ideals and concerns of nursing. **Honorary membership** is granted to individuals throughout the world who are not eligible for regular membership but have demonstrated sustained superior achievements that have contributed to the advancement of nursing and healthcare at the national or global levels.

A nomination should address a majority of the following criteria:

1. Demonstrates a commitment to the mission and vision of SAINA
2. Makes a sustained national or global impact on nursing and healthcare.
3. Demonstrates superior achievement and leadership in his/her field of work.

Nominations will be evaluated for:

- **Diversity** – documentation comes from a variety of sources (e.g., awards for achievements, published articles that highlight the nominee's work, etc.)
- **Objectivity** – evidence reflects a variety of perspectives and persons familiar with the nominee's work
- **Contribution** – applicability of the nominee's contributions to nursing and healthcare must be evident in submission materials

You may fill out this form using Microsoft Word. If form is hand written, please write legibly or your nomination may not be considered. (Add extra pages if needed)

Name of RN being nominated: _____

Facility/Unit/Dept.: _____

Your Name: _____ Your Facility/Unit: _____

Your Phone #: _____ Nominees Cell #: _____

Your Email: _____ Nominees Email: _____

Nominees Address: _____

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Please **describe in detail** and share a story or two that demonstrates the reason for your nomination of this registered nurse. Use no patient names or identifying data, but describe the situation and your nominee's role in it. Please use the back of this form or attach an extra sheet if needed.

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