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KENTUCKY NURSE

KENTUCKY NURSES ASSOCIATION
Constituent of the American Nurses Association

THE OFFICIAL PUBLICATION OF THE KENTUCKY NURSES ASSOCIATION
Volume 61 • No. 2 | Circulation 72,000 to All Registered Nurses, LPNs and Student Nurses in Kentucky | April, May, June 2013

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National Nurses Week: RNs as Leaders

The Article can be found at www.nursingworld.org

National Nurses Week 2013, ANA is calling attention to registered nurses (RNs) and their contributions to the health care system, both in the role they play as expert clinicians in diverse care settings and as leaders who can dramatically influence the quality of care and overall performance of the system into the future.

Now more than ever, RNs are positioned to assume leadership roles in health care, provide primary care services to meet increased demand, implement strategies to improve the quality of care, and play a key role in innovative, patient-centered care delivery models. The nursing profession plays an essential role in improving patient outcomes, increasing access, coordinating care, and reducing health care costs. That is why both the Affordable Care Act and the Institute of Medicine's (IOM) Future of Nursing report place nurses at the center of health care transformation in the United States.

The public wants leaders they can trust—and nurses consistently rank at the top of a respected annual poll as the most trusted profession.

Here we outline the history of National Nurses Week and the characteristics, opportunities, and challenges of the nursing profession.

How a recognition week was established

A "National Nurse Week" was first observed in 1954, based on a bill introduced in Congress by Rep. Frances Payne Bolton of Ohio, an advocate for nursing and public health. The year marked the 100 th anniversary of nursing profession pioneer Florence Nightingale's mission to treat wounded soldiers during the Crimean War. The International Council of Nurses (ICN) established May 12, Nightingale's birthday, as an annual "International Nurse Day" in 1974. But it wasn't until the early 1990s, based on an American Nurses Association Board of Directors action, that recognition of nurses' contributions to community and national health was expanded to a week-long event each year: May 6-12.

Read more about the history of National Nurses Week.

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Nursing: The nation's most trusted profession

In 2012, Americans again voted nurses the most trusted profession in America for the 13th time in 14 years in the annual Gallup poll that ranks professions for their honesty and ethical standards. Nurses' honesty and ethics were rated "very high" or "high" by 85 percent of poll respondents.

The nursing workforce

RN survey and projections—Nursing is the largest of the health care professions, and continues to grow. More job growth is projected in nursing than in any other occupation between 2008 and 2018. But a convergence of demographics—an aging population of nurses who will soon leave the workforce coupled with the demands of an overall aging nation—will widen the gap between the supply of nurses and the growing demand for health care services.

Despite growth in the proportion of younger nurses for the first time since 1980, the nursing workforce still features a disproportionate number of nurses nearing retirement age.

Other trends show that nurses' educational level has increased significantly over three decades, and that the workforce has become more racially and ethnically diverse. In addition, more men are choosing nursing as a career.

Key facts from the most recent U.S. Health Resources and Services Administration's National Sample Survey of Registered Nurses (2008), an every-four-years snapshot of the nursing workforce, include the following:

- The U.S. has 3.1 million licensed RNs, of whom 2.6 million are actively employed in nursing.
- The profession has grown by 5.3 percent since 2004, a net growth of more than 150,000 RNs.
- Nearly 450,000 RNs, 14.5 percent of the RN population, received their first U.S. license after 2003.
- The average age of employed RNs is 45.5.
- The proportion of RNs under age 40 increased for the first time since 1980, to 29.5 percent.
- About 250,000, or 8 percent of all RNs, are advanced practice registered nurses (APRNs) —nurses who have met advanced educational and clinical practice guidelines. Common APRN titles include nurse practitioner, certified nurse midwife, certified registered nurse anesthetist and clinical nurse specialist.

Delivering Quality & Innovation in patient care

Significant events occurred in 2010 that set the stage to optimize nurses' contributions, including the following:

Health reform—The Patient Protection and Affordable Care Act of 2010 expanded opportunities for nurses to provide primary care and wellness services and serve as key participants in new and innovative patient-centered care systems. The law also spurs movement toward the goal outlined in ANA's Health System Reform Agenda : a redesigned health care system that provides high-quality, affordable, accessible health care for all. And it makes strides toward improving what ANA has identified as the four most critical elements of reform: access to care, quality of care, health care costs, and a workforce that can meet demand.

See ANA's Health Reform Headquarters for more information.

The Future of Nursing report – The Future of Nursing: Leading Change, Advancing Health provides a blueprint to transform nursing so the profession can meet future health care demands and contribute fully to improve the quality of health care. The recommendations from the joint Robert Wood Johnson Foundation and Institute of Medicine initiative include removing barriers that prevent RNs from practicing to the full scope of their

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Highlights

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National Nurses Week continued from page 1

education and training and ensuring that RNs are full partners with physicians and other health care professionals in a redesigned health care system.

Nurse shortage and safe nurse staffing

Numerous studies have shown that patients fare worse when there is inadequate nurse staffing on a care unit—problems include poorer health outcomes, more complications, less satisfaction, and greater chance of death. A current study on nurse staffing, published in the New England Journal of Medicine in March 2011, links inadequate staffing with increased patient mortality.

Nurse shortages contribute to higher error rates, diminish time for bedside care and patient education, and lead to fatigue and burnout that decrease nurse job satisfaction and prompt nurses to leave the profession.

One recent estimate by prominent nursing workforce researchers pegged the shortage of nurses at 260,000 by 2025, primarily the result of a wave of impending nurse retirements. A shortage of nursing faculty at teaching institutions, which restricts capacity and results in qualified applicants being turned away, also compounds the problem.

To help ensure patient safety, ANA helped craft and supported a bill in Congress (S. 58/H.R. 876) that was intended to require hospitals to establish flexible staffing plans for each nursing unit and shift, based on varying unit conditions and with direct-care nurse input.

See this ANA website for more information on its Safe Staffing Saves Lives campaign.

For more information about National Nurses Week and the profession, go to: www.nursingworld.org/NationalNursesWeek. Or contact the following ANA staff members:

- Sheila Lindsay, 301-628-5197, Sheila.Lindsay@ana.org
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The ***Kentucky Nurse*** is published quarterly every January, April, July and October by Arthur L. Davis Publishing Agency, Inc. for Kentucky Nurses Association, P.O. Box 2616, Louisville, KY 40201, a constituent member of the American Nurses Association. Subscriptions available at $18.00 per year. The KNA organization subscription rate will be $6.00 per year except for one free issue to be received at the KNA Annual Convention. Members of KNA receive the newsletter as part of their membership services. Any material appearing herein may be reprinted with permission of KNA. (For advertising information call **1-800-626-4081, sales@aldpub.com.**) 16mm microfilm, 35mm microfilm, 105mm microfiche and article copies are available through University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

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Accent On Research

DATA BITS
Race for Reperfusion

Time is crucial in identifying a cardiac event. The sooner an individual recognizes he/she are experiencing a myocardial infarction (MI), the sooner treatment can be initiated and the better the outcome. A qualitative study was conducted by two nurse researchers at the University of Kentucky to evaluate reasons why some people sought out help immediately and others delayed. Two types of MI symptoms were evaluated: (a) fast-onset MI symptoms, described as experiencing sudden, severe, continuous chest pain; and (b) slow-onset MI, with more vague signs and symptoms which can be attributed to other causes.

In most cases, the slow-onset MI sufferers attempted to control symptoms by taking over-the-counter medications such as Tums. Several participants described their reasons for delay, "I felt hot and I kind of felt weak…I thought it was heartburn." The fast-onset MI sufferers immediately knew they were experiencing a cardiac event and sought help. For example, one person reported, "It was 4:00 in the morning, and the pain came, really severe pain and then a cold sweat and shivering."

According to the study, 27 out of 42 participants experienced slow-onset MI and in several instances the warning symptoms started weeks before they sought out help. The most common complaint of slow onset MI was an increased feeling of being tired; this was reported in 23 of the 27 slow-onset MI participants. Lack of knowledge about slow-onset MIs led to serious delays in treatment and negatively effected outcome. One person reported "There were pains, but they were gradual, you know, they were slow to start." The study findings demonstrate that the American public needs additional education about the variability of MI symptoms.

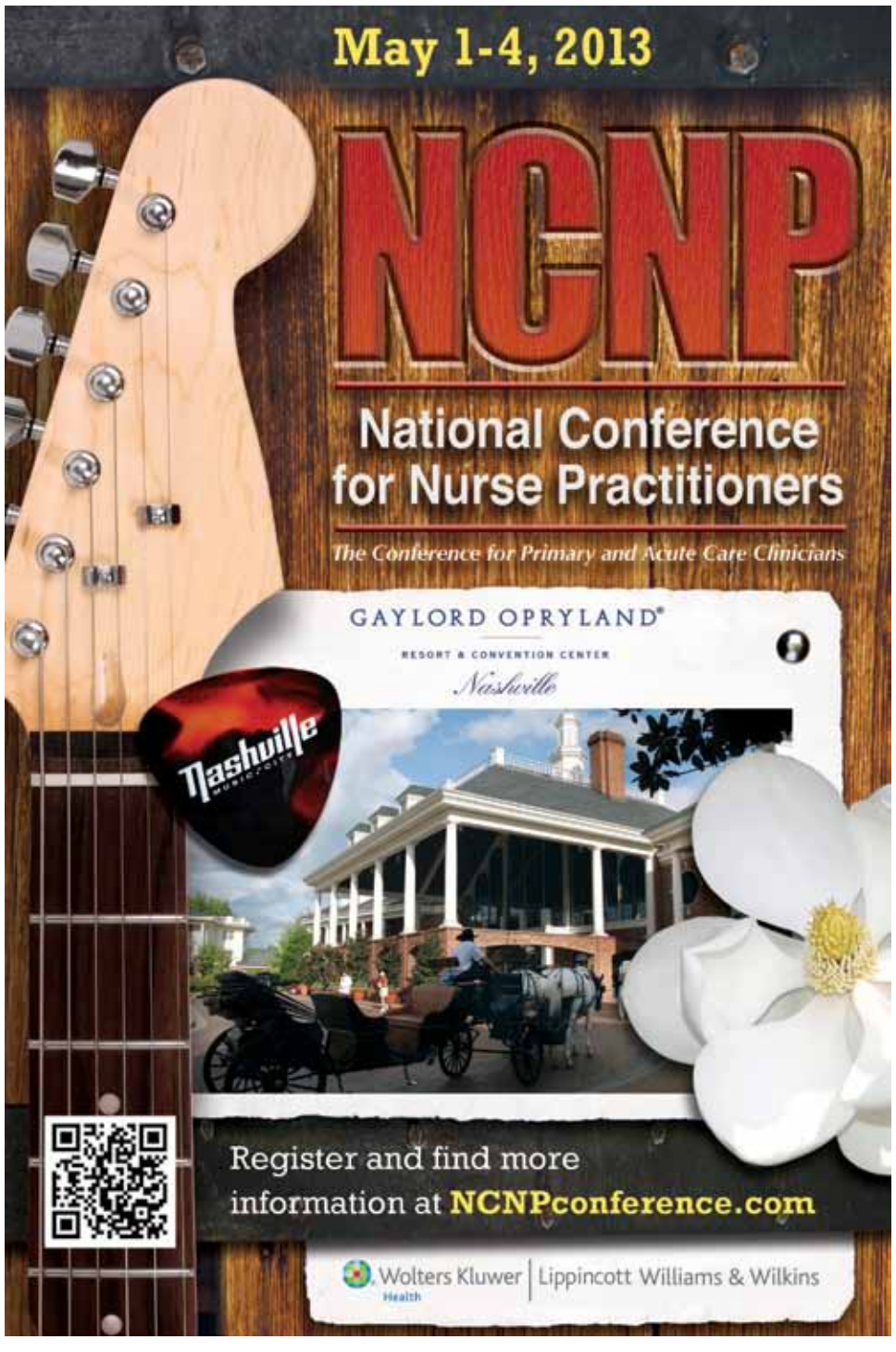
Healthcare providers need to educate patients as well as the public on the various presentations of a cardiac event and explain the importance of early intervention to decrease cardiac muscle damage. We need to teach people it is better to seek treatment than to ignore symptoms. We need to improve education to incorporate all symptoms of MIs, and to provide this education not only to individual patients, but also through the media in order to reach more people. Currently, most media portrayals of MI sufferers show the clenching of the hand on the chest with crushing chest pain or an immediate collapse and unresponsiveness. The reality is that many MIs often start out with slow, vague, intermittent symptoms that the person can wrongly attribute to other causes. The media could play an important role in making people aware their symptoms are heart related. The differences in symptomology for slow-onset MI sufferers led to delays in care because individuals didn't recognize their symptoms were heart related. If more people are educated about the differences between slow onset MI and fast onset MI, the likelihood that people will seek help earlier should increase.

Addressing education through a core measures initiative would be beneficial to patients who visit the hospital. Public education could be incorporated through elementary and secondary educational institutions, and the Health Department. Local hospitals could incorporate this education through their various health fairs. Regardless of means, there is a definite need for educating the public. Remember, the sooner reperfusion therapy is initiated, the better the outcome.

Source: O'Donnell, S., & Moser, D. K. (2012). Slow-onset myocardial infarction and its influence on help-seeking behaviors. *Journal of Cardiovascular Nursing, 27,* 334-344.

Submitted by: Karen Morrow, RN, and Mary Alane Sallee, RN, BSN students at Bellarmine University, Louisville, KY

Data Bits is a regular feature of *Kentucky Nurse.* Sherill Nones Cronin, PhD, RN, BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.



Student Spotlight

Transformational Leadership

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Transformational leadership is a term that describes a form of leadership in which there is motivation and enthusiasm from the leader that, in effect, *transforms* both the organization and the people within it (Homrig, 2001). The purpose of this paper will be to describe the meaning and essence of transformational leadership, to identify the characteristics of transformational leadership, and finally to discuss the application of transformational leadership to the healthcare setting.

Meaning and Essence of Transformational Leadership

Transformational leadership begins with a vision. Once that vision is captured by the leader, he or she then "injects" this vision into others with motivation, enthusiasm, and encouragement (Hall, Johnson, Wysocki, & Kepner, 2012). The leader uses energy to instill that vision onto others, in essence transforming them to be a part of the vision as well. Along with this, the leader must supply his or her followers with a clear direction, or purpose, for their vision. Everyone must have a clear picture of where this vision is taking them into the future. This is accomplished by being a role model as well as a coach. The leader must constantly be visible to others and have the attitude and perform the action that he or she is trying to instill in others. In this way, others will see the benefits of these things and follow suit (Hall et al., 2012). And, because it is not possible to always be visible to everyone at all times, the leader must be a coach from afar as well. It is important to follow up on both accomplishments and mistakes by maintaining the right balance of instructive criticism and positive reinforcement (Homrig, 2001).

Transformational leaders both inspire others and help them to create a sense of ownership of their own work and the organization as a whole. They inspire others by giving them a clear vision towards a purpose, or a goal, and supporting them as they reach their own individual milestones and when the organization as a whole reaches certain milestones. They help those around them feel ownership of their own work by recognizing the unique contribution that each individual team member makes towards the unit as a whole. So, in essence, the leader recognizes the bigger picture of the entire organization, as well as the individual parts (Homrig, 2001). Also important in the mission to help others feel individual ownership is the ability of transformational leaders to nurture new ideas that may at times seem risky. Transformational leaders value differences among people and creativity. They also respect others for challenging current practices and finding better or more efficient ways of doing things (Homrig, 2001). In this way, people feel valued and respected as individuals.

Characteristics of Transformational Leadership

Transformational leadership is not an easy term to define. One of the best ways to explore transformational leadership as a concept is to identify some of the specific characteristics that transformational leaders share. In this article, two-way communication, role-modeling, motivation, a clear vision, and enthusiasm are discussed.

First, transformational leaders foster two-way communication. It is equally important for the leader to receive and react to feedback as it is to be the one dictating how things go. By actively listening to the concerns and comments of followers, a transformational leader is able to alter the atmosphere to make for a better situation for everyone. This is a selfless way of thinking, as it takes into consideration not only the leader's needs but the followers' as well. In this way, everyone receives a sense of empowerment and belonging to the bigger picture (Straker, 2012).

Another important characteristic of a transformational leader is his or her ability to serve as a positive role model. By leading by example, the transformational leader gains trust and respect from the followers. They are more likely to recognize the benefits of changing and buy into the idea that the leader is trying to present. If a leader simply states what is expected and does not act accordingly, he or she loses the trust of followers due to the contradiction between what is said and what is done. They are less likely to follow the vision of the leader and they lose respect for him or her in the process (Straker, 2012).

Transformational leaders are also highly motivational. They do not simply state what they expect from others, but serve as energetic "coaches" in the process of change.

They are highly persuasive and charismatic people that are able to influence others easily. People easily buy into what they are saying because they feel inspired by them. This is especially important when challenges are faced. A lot of leaders cave in during times of hardship and their followers often follow suit. A transformational leader knows how to keep the energy level high and instill hope into people no matter what the circumstances (Straker, 2012).

Transformational leaders are also visionary. First, they grasp an idea and make it part of who they are. Then, they recruit a team of followers whom they inspire and share their vision with. In this way, they are agents for change. They are not typically satisfied with the status quo, but instead work extremely hard towards a long term goal (vision) by accomplishing smaller goals along the way (Straker, 2012).

Finally, it is equally important to note that transformational leaders are confident individuals. They display a sense of optimism and pride in their ideas to the point that their attitudes and actions are contagious. They maintain their confidence during successful as well as during trying times. When the followers look to them for guidance, it is the leader's confidence that convinces them to keep moving forward towards the vision (Straker, 2012).

Transformational Leadership in the Healthcare Setting

Transformational leadership can be applied to today's healthcare setting in a variety of ways. For example, a specific form of transformational leadership called "engaging leadership" is emerging in healthcare settings across the United States (Govier & Nash, 2009). To accomplish engaged leadership, the leader must take some of the focus away from him or herself, and instead place it on others as emerging leaders. In other words, it involves empowering others to be leaders themselves in a variety of ways. This requires humility to share some of the workload with others and in the process, some of the glory of being the leader. This is a form of teamwork that fosters a collaborative atmosphere in the healthcare setting. All disciplines feel equally powerful and responsible for the outcomes (Govier & Nash, 2009).

Transformational leadership can be a powerful tool in the healthcare setting that drives organizations towards needed change. Healthcare in general is constantly changing as new advances in medicine and technology emerge. Leaders that can carry a vision and inspire others to follow it are needed to help healthcare organizations change along with the times. For example, in an acute care setting where new computer technologies and new policies and procedures are constantly being added and revised, it is easy to become resistant to change and instead continue to be satisfied with outdated ways of doing things. With a transformational leader pushing the staff to adapt their practices and encouraging them along the way while acting as a role model, the staff is more likely to buy into the new ideas.

Conclusion

Transformational leadership is a unique approach to leadership that focuses more on *motivation, coaching, inspiring, and transforming* others as apposed to *dictating, ordering, and correcting* them (Straker, 2012). It's a teamwork approach in which the followers share a common vision with their leader and accomplish goals together towards the vision. It is also important that a transformational leader fosters open, two-way communication and serves as a confident role model for the attitudes and actions he or she is trying to instill in others. This approach to leadership is especially valuable in the healthcare setting where change is an inevitable, continual occurrence. Transformational leaders' energy and visionary approach can help guide others into new territories.

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Healing

Monica Stevens
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Yancey School of Nursing
Kentucky Christian University

Pain can seem everlasting and powerful
A vile feeling that seems unbearable
Gnawing away at every inch of your faith, even unto the depths of your heart
It will leave you feeling numb, unwanted, and helpless

Although powerful, pain is not an immovable force
It is not gravity, placing an infinite burden on our wellbeing
No, pain is merely a ghost
Transparent to the eye, but bombarding us with fear and doubt

Pain can be overcome
It is overcome through the belief in something bigger
Through healing, pain is overcome
It can be conquered

Healing is like the gentle ocean breeze that brushes your face
It is a gentle touch that leaves you feeling refreshed and rejuvenated
The beautiful sunrise that comes after the frightful darkness
However, to see the sun rise, you cannot dwell in the night

When the sun rises, you must embrace it
Embrace it and bathe in its warmth
Allow it to heal you fully and completely
From the inside-out

Student Spotlight

Moral Distress in Baccalaureate Nursing Students

Allison Theobald
Murray State University

Abstract

The purpose of this study was to review the moral distress levels of baccalaureate nursing students at a rural public university. Subjects (n=160) completed a questionnaire to determine the level and frequency of moral distress triggered by given clinical situations. Results were analyzed using qualitative descriptive comparison. Age, sex, gender, and marital status provided no influence on the levels of moral distress. The amount of school clinical experience had a positive relationship with levels of moral distress. The study identified seven clinical situations that generated the greatest amount of moral distress most frequently in baccalaureate nursing students. These seven clinical areas were found to cause significant moral distress in students and should be addressed by nursing educators in the classroom.

Introduction

Jameton (1984) defined moral distress as a situation "arising when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (p. 6). Since Jameton's definition, moral distress has become a prevalent topic in the contemporary nursing field. The American Association of Critical Care Nurses (AACN) (2006) claims moral distress causes significant physical and emotional stress, contributing to nurses' feelings of loss of integrity. Moral distress can affect nurses' relationships with patients and can affect the quality, quantity, and cost of nursing care. Furthermore, one in three nurses experience moral distress (American Nurses Association [ANA], 2010).

Literature Review

For all health care providers, moral distress is a growing concern in hospitals. Doctors and nurses feel trapped by "the competing demands of administrators, insurance companies, lawyers, patients' families and even one another…and they are forced to compromise on what they believe is right for patients" (Pauline, 2009, para. 1). Particularly with critical care nurses, moral distress adversely affects job satisfaction, retention, psychological and physical well-being, self-image, and spirituality (Elpern, 2005).

In an article exploring the effect of moral distress on the relationship between healthcare workers, Hamric (2010) reviewed the ANA Nursing Code of Ethics, which requires nurses to take action in situations where they believe the patient rights, or best interests are in jeopardy. The distinct perspective between various members of a treatment team can trigger moral distress experiences among any of the health care providers (Hamric, 2010).

The Royal College of Nursing (RCN) (2008) reported 70% of nurses sometimes left work feeling distressed and 11% always left work feeling distressed because they could not deliver the kind of dignifying care they knew they should provide. "A lot of the reasons for moral distress come from the environments where healthcare professionals work. People can't expect healthcare professionals to work in this kind of highly intense, emotional, intimate space and then expect them to tolerate threats to their professional integrity" (Pauline, 2009, para. 17).

Ganske (2010) explained the thorough research conducted in the clinical area and the lack of research addressing moral distress in academia. The article suggested there is evidence indicating moral distress also occurs in the academic setting. Students of several majors, including nursing, were tested to determine levels of moral distress occurring in the classroom. All results indicated a positive amount of moral distress does occur in the academic setting.

Moral distress is an issue in nursing. The research has demonstrated it is an issue in nursing students as well. Because nurses and students lose their capacity for caring and avoid patient contact when confronted with moral distress (ANA, 2010), moral distress needs to be addressed.

Methods

A convenience sample of 160 nursing students was selected from a rural southern university's three-year upper division baccalaureate nursing program. The research protocol was reviewed and approved by the university's Institutional Review Board. After obtaining informed consent, each student was given an anonymous and previously constructed moral distress survey to determine the perceptions of moral distress levels and frequency of situations in baccalaureate nursing students. Corley's Moral Distress Scale (Corley, 2005) is a 32 item scale scored on a 7 point Likert-type scale ranging from 1= low to 7=high for both level and frequency. Participants were asked to complete demographic data including questions about semester in school, age, gender, race, marital status, and number of children if applicable and to rate his/her level of moral distress and the frequency of which it occurs for each situation. The 32 potentially morally distressing clinical situations were provided and the participants were asked their perception of both level and frequency.

Data were analyzed using qualitative descriptive comparison. A descriptive comparison is focused on direct presentation of information. The researcher should only report significant statistics and not include information irrelevant to the argument or purpose. The main purpose of descriptive comparison is to condense large amounts of data into understandable and manageable chunks (Sandelowski, 2000).

Results

As each semester in nursing school progresses, there was a positive correlation with moral distress levels and frequencies. For example, sophomore nursing students reported low levels and frequencies of moral distress with only 10 students reporting a score higher than zero (29%). Seniors reported the highest levels of moral distress with 95% reporting scores higher than zero. When a situation was marked on the questionnaire by the student as causing moral distress, regardless of frequency, the level of moral distress was high (5-7) in each semester.

Discussion

These findings are in accordance with the literature review by Schluter et al. (2008) which suggests nurses with more education and experience have a significant positive correlation with moral distress. This study found seven clinical situations used in the questionnaire that consistently prompted the perception of moral distress in the greatest number of students. They were as follows: 1) Following the family's wishes for the patient's care when the student did not agree with them, 2) Carrying out a work assignment in which the student did not feel professionally competent, 3) Working with levels of staffing that the student considered unsafe, 4) Observing without taking action when care personnel did not respect the patient's privacy, 5) Working with nurses who were not as competent as the patient care required, 6) Working with nursing assistants who were not as competent as patient care required, and 7) Being required to care for patients the student was not competent to care for (Corley, 2005, p. 387). The identification of the specific clinical situations that cause the most moral distress in nursing students will benefit research. With this information, research can be more focused on these situations and develop specific interventions to manage them.

Limitations

One limitation was using a convenience sample from one public university in a rural community. The deficit of male participants provided another limitation, although the number of male subjects is a similar representation of male nurses in the workforce. The sample members had limited clinical experience and the majority of clinical experience was in rural hospital settings. Another limitation is the little variance in demographic variables. The mean age was 22.1 with a standard deviation of 3.9 years, and 89% of the participants were female.

Recommendations

Recommendations from the author as a result of this study include continued research on moral distress in nursing students and all nurses. This may include the development of a more suitable scale for students' use and different approaches to research including a focus on interventions and moral distress management. Furthermore, this study revealed the key areas that most frequently and most significantly cause moral distress in nursing students. Faculty members in both clinical and academic settings should address these experiences by providing clinical examples and discussing with students ways to manage the situations. Faculty working with students in a clinical setting should also intervene in situations that may cause moral distress and support the student who shows courage against the situation. Faculty should discuss with students how the situation could have been prevented, alternative options, and coping skills for the situations that cannot be solved.

Another recommendation made by the author is instilling interventions once a situation is no longer avoidable. Research will need to be conducted to determine what the most beneficial interventions should be. Then the interventions should be implemented into the baccalaureate nursing curriculum.

Conclusion

In conclusion, this study found moral distress occurs across the nursing career span, including nursing students. The prevalence of moral distress in nursing students indicates the need for further research and development of coping strategies and interventions to be taught in the academic setting. Situations frequently causing high levels of moral distress in nursing students should be addressed by all nursing schools in order to maintain the well-being of nursing students and ensure quality care to patients.

Moral Distress continued on page 6

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Student Spotlight

Moral Distress continued from page 5

Acknowledgements

It is with immense gratitude that I first acknowledge the support of my thesis advisor, Dr. Jessica Naber, RN, PhD, without whom this thesis would be little more than a cover page. Dr. Naber patiently and continually provided the advice, vision, and encouragement necessary for me to complete my baccalaureate thesis. My appreciation also extends to Dr. Michael Perlow, MSN, DSN who is due credit for his statistical analysis mastermind and eye for detail. With these two outstanding Murray State University's School of Nursing faculty members, I share the credit of this thesis and what is now the beginning of my research for nursing.

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FAITH

Monica Stevens
BSN Student
Yancey School of Nursing
Kentucky Christian University

A slim, feeble string of hope keeps me going
Something telling me to push harder
To hang on just a little longer

The sunrise gives me a glimpse of unveiled hope
Slow to rise, but strong upon impact
It pierces through my heart
Devouring the negativity and doubt that weigh so heavily

I breathe it in, letting the high carry me away
Despicable doubt, turned to ash
Replaced by a newfound faith
A faith that maybe, just maybe life can turn around
That maybe, although the darkness seems infinite
With light, comes life

The Impact of an Alcohol Education Program Using Social Norming

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Alcohol-associated accidents are a leading cause of mortality in college age students (Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002). Physical and sexual assault, emotional and mental health trauma, and legal problems are just a few of the negative consequences associated with alcohol use in this group (Turner & Shu, 2004). Unfortunately, statistics associated with alcohol abuse continue to be consistent. From 1993 to 2001, the numbers of college students participating in binge drinking (defined as consuming five drinks at one sitting for men and four drinks at one sitting for women) were approximately 44% (Wechsler, Lee, Kuo, Siebring, Nelson, & Lee, 2002).

Healthy People 2010 objectives were developed to address the problem but were not met (US Department of Health and Human Services, 2001). A leading health indicator of *Healthy People 2020* is aimed at the reduction of binge drinking in the United States and the objectives are focused on the reduction of alcohol and/or drug use across populations (U.S. Department of Health and Human Services, 2012). In order to achieve the *Healthy People 2020* imperatives and improve the health of generations, it is essential to indentify innovative interventions aimed at reducing alcohol consumption in college populations. Social norming interventions, based on Social Norming Theory, have been shown to have a positive effect on changing behaviors in college-age populations.

Social Norming Theory posits that people will strive to fit in with their perceived norm. The higher the perceived level of drinking behavior, the greater the risk for heavy drinking and the resultant alcohol-related problems. Several studies indicate that college students substantially overestimate the amount of alcohol consumed by their peers (Berkowitz & Perkins, 1986; Perkins & Berkowitz, 1986; Perkins & Wechsler, 1996). If there is a causal relationship between perceptions of norms and personal drinking behaviors, then programs that target correcting perceptions should result in a reduction in risky drinking behaviors. Social norming activities have shown some effectiveness in correcting perceptions and reducing alcohol use in large urban universities (Moreira & Foxcroft, 2008; Neighbors, Lee, Lewis, Fossos, & Larimer, 2007). However, generalizability to include all population groups cannot be established and additional research is necessary.

The main objective of this study was to correct perceptions and reduce alcohol use in first-year college students at a rural university using social norming interventions. This endeavor evolved from a class project designed to provide psychiatric nursing students and community health nursing students with a venue to meet course objectives for leading group education.

The study used a pretest-posttest design utilizing tests developed at Virginia Commonwealth University which were modified to only address issues related to alcohol use. A social norming program incorporating interactive components for students was prepared. The interactive components included the "Bartender Challenge" encouraging students to pour in accurate measurements, the "Clicker Challenge" which uses an audience response system to gather data and demonstrate student's perceptions of actual and expected behaviors, and the "Strategy Challenge" in which students brainstorm methods to keep themselves safe in party environments. Peer-group presentations were a key feature of this program. Senior nursing students were trained and performance-tested by the researchers to provide consistency in the program presentation using the same slides and speaker notes. Nursing students referenced posters strategically placed throughout the campus reporting prior year's statistics on drinking behaviors.

One week prior to the student-led presentations, a researcher explained the study to the target audience and invited the students to participate. All students accepting the invitation were given pretests at that time. Participating students took posttests six-weeks after the presentations. The surveys for 314 students were included in the data analysis. Participants were first semester students ranging from 18-44 years of age with 42% female, 58% male, and 82 % caucasion.

Overall, students' perceptions of what "other" students' think and do showed a positive statistically significant (p <.01) result; however, this did not create a positive change in students' own drinking behaviors as expected. The amount students' self-reported having consumed at their last social gathering (although not statistically significant: p =.663) had slightly increased (3.89% to 4.01%) and borders dangerously close to the definition of binge drinking.

Peer pressure and the practice of using protective behaviors were measured on a 5-point Likert scale ranging from strongly agree to strongly disagree. Pretest and posttest findings demonstrated a positive significant difference in what students believed "others" expected them to drink (p <.01) and in what they believed their "friends" expected them to drink (p <.02). Unfortunately, there were no significant differences in the practice of protective behaviors like using an alternate non-alcoholic beverage, setting limits before hand, utilizing designated drivers, eating before drinking, pacing drinks, or avoiding drinking games.

Paired t-test findings were mixed. There was no significant difference on students' attitude about their own drinking; however, there was statistical significance in what students' believed other students' attitudes were about drinking (p <.01). The choices ranged from "drinking is never a good thing to do" to "getting drunk frequently is okay if that is what the individual wants to do." There were minimal differences on the first extreme; however, there was a notable rise in the middle answer, "it is ok to get drunk occasionally if it does not interfere with academics or work responsibilities (49.5%-55.1%)." Furthermore, there was a significant decrease on the last extreme (29.7%-21.5%). These findings suggest that students are accepting of intoxication on occasion but are less forgiving when it impairs the ability to meet obligations.

In conclusion, while social norming interventions were partially successful in correcting perceptions of normal drinking behaviors among college students on this campus, the improved perceptions did not lead to a decrease in risky drinking behaviors or an increase in protective behaviors. The study had a few weaknesses. The program was presented during one class session and may have had more impact if provided in smaller bites over 3-6 weeks. In addition, the time period between the pretest and the posttest was very short (6 weeks). A longer time period may have provided more distinctive results. Additional presentations would need to be done varying the length of the program and the time interval between testings to see if this would elicit a correlation between improved perceptions and personal drinking behaviors.

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Enhancing the State's BSN Workforce With the Right Partner and the Best Technology

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The Institute of Medicine landmark report *The Future of Nursing* (1) provides clear direction to advance the profession of nursing and the health of all. The most poignant recommendation for institutions of higher education with schools and colleges of nursing charged academic nurse leaders to increase the proportion of nurses with a baccalaureate degree from the current 50 percent to 80 percent by 2020.

The state of Kentucky falls short in terms of BSN nurses. Kentucky currently has less than one-third (29.9%) of the nursing workforce prepared with the BSN as compared to 49.5% prepared with associate degree (AD) in nursing (2). The state has a significant challenge ahead to reach the IOM stated goal of 80 percent by 2020. This lack of BSN nurses also impedes the future pipeline for advanced degreed nurses, including those eligible to earn the MSN and the PhD. Kentucky is also a state which has significant health risk indices including cardiovascular diseases, stroke, cancers, asthma, diabetes, depression and obesity that could benefit from a more educated nursing workforce. In addition to state nursing educated workforce and health demands, many large urban or teaching hospitals in Kentucky now hire primarily baccalaureate prepared nurses. This approach is motivated, in part, to achieve American Nurses Credentialing Center (ANCC) Magnet Recognition® for quality patient care, nursing excellence and innovations in professional nursing practice. Such recognition is also viewed as a successful recruitment and retention message for both nurses and physicians.

Strategies recommended from IOM to attain the 80% BSN workforce include collaboration with private and public entities and the use of technology to augment instruction. Through a partnership between the University of Louisville (UofL) School of Nursing (SON) in collaboration with Owensboro Medical Health System (OMHS), a baccalaureate extension program was created using synchronous technology to broadcast didactic classes 110 miles west while clinical placement sites were arranged at the hospital for students. This extension program was designed to increase the much needed baccalaureate nurses in the state of Kentucky.

Owensboro Medical Health System (OMHS) is a licensed 447 bed acute care hospital serving an eleven county area in western Kentucky and southern Indiana with multiple service lines of cardiovascular, orthopedic, neurosurgery, rehabilitation, surgery, cancer, women's health, biobehavioral health and emergency services. The Owensboro region has a population of 332,780 and is located 110 miles west of Louisville. Currently the system is building a 440 bed replacement hospital as a result of growth in service areas and an aging population of 26.7% over 55 years of age. This percent is expected to increase by 11.6% over the next five years, leading to an increase in inpatient senior admissions through 2016.

OMHS employs 681 FTE's in nursing (892 RNs). The nursing strategic plan projected a need for 574 new RN FTE's over five years. During the first year of the plan, the recruiting goal of hiring 124 FTE's of RNs was met; however the need was underestimated. Equally important as the number of nurses is OMHS focus on educational attainment and national certification. The Chief Nursing Officer vision was to increase the number of BSN nurses. Through a survey of OMHS nurses, only 20% of the 515 who responded held BSN or higher degree, less than the state's 29.97% BSN workforce. In the survey, 89 expressed interest in BSN attainment while 59 desired to earn the MSN.

Although OMHS does have Magnet Recognition aspirations, their priority driver was to improve overall quality of care and patient outcomes, with a larger baccalaureate prepared workforce. Consequently, OMHS approached the UofL SON to submit a proposal for a BSN extension program in 2007.

The University of Louisville School of Nursing is one of eleven schools within a research metropolitan university and is located on the Health Science Center with Schools of Dentistry, Medicine and Public Health and Information Sciences. The school is approaching its 39th year in 2013, having begun in 1974 offering the associate degree in nursing. It is a school with a highly responsive faculty that now prepares BSN, MSN advanced practice registered nurses and PhD nurse faculty and nurse scientists. The SON responded to the call from OMHS, and when OMHS accepted the UofL proposal, planning quickly began. A collaboration agreement was then fully developed between the private and public entities.

Faculty affirmed the curriculum from the SON must remain the same at the OMHS extension program, since the university was the single degree granting authority and the Commission on Collegiate Nursing Education was the single accreditation body. Technology was determined to be the solution

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Enhancing the State's BSN Workforce continued from page 7

to augment instruction, especially in light of the faculty shortage. Two SON classrooms were remodeled into a 159 seat state-of-the-art technology synchronous auditorium. This remodel, equipment design and purchase took almost six months. The use of broadband and real time audio-video capability allowed students in Owensboro to interact with the UofL faculty and fellow students during the didactic classes. Only the clinical placements differed as they were arranged in the OMHS hospital or other agencies within the Owensboro community, such as long term care centers.

Simultaneously, the OMHS education building was remodeled and became the BSN program extension space. A reception area, secure records room, campus director office, faculty offices, one multipurpose meeting room, two 30-seat classrooms, one audio-video high fidelity classroom with twenty computer stations, a student lounge, a four-bay skills on-campus clinical lab and access to two ICU /trauma bays were built out. Three simulation suites are now shared with the hospital nursing education department. Signage denoting the UofL brand was hung outside the remodeled education building area and signs were also strategically placed throughout the hospital. Through the close oversight by the chief nursing officer and her education coordinator, the remodel occurred in a timely fashion for the start of the first cohort.

Faculty at the SON was then oriented to use of the auditorium technology. Faculty learned to pace their classes and lectures to allow Owensboro students to ask faculty questions about their lecture power point slides. Initially, as with any new technology, there were some connectivity issues and sound problems. Working closely with the audio video installation company and the information technology (IT) staff at both sites, issues using Blackboard, power points and capturing lectures on Tegrity, and the sound and response time by OMHS students were all addressed. It took efforts from both sites to resolve and improve the transmissions.

Faculty for OMHS was hired in a staged process based on course and semester student enrollment. Besides the director, one full-time faculty was hired in the first semester along with one part-time faculty. Another five clinical faculty and a staff person were hired and phased in to begin the first full OMHS cohort. All OMHS faculty attended all broadcasted lectures until the first student cohort completed all four semesters. OMHS faculty reinforced and addressed student concerns after lecture or in the clinical settings. OMHS faculty also worked closely with Louisville faculty in designing equivalent clinical experiences in the Owensboro area. These same pedagogical methods continue with utilization of the projection technology for courses requiring unique faculty expertise or when a faculty resigns.

Through a full proposal to the Kentucky Board of Nursing (KBN) with a companion site visit by the KBN nursing education consultant during summer 2009, the KBN approved the OMHS extension baccalaureate program. KBN recognized it as the first BSN distance extension program in the state. A substantive change proposal was also submitted to the Commission on Collegiate Nursing Education (CCNE) that was also approved in spring, 2009. Simultaneously UofL provided information to the Southern Association of Schools and Colleges (SACS) about the new BSN extension program. All changes were approved.

Marketing began from the start and still remains a pivotal reason for the extension program's rapid growth. Local newspapers and public radio made announcements. Websites for the SON and the OMHS were also updated about the extension program. The SON Office of Student Services staff traveled to OMHS frequently and met with three different area colleges and/or community colleges to brief staff on necessary course pre-requisites and to advise potential students. Several road trips were made by the dean and undergraduate associate dean who both presented updates about the extension program to the hospital nurses who might know of interested students. On-site fireside chats and open forums using the auditorium technology were broadcast to the OMHS students, faculty and hospital personnel by the dean. A 1-800 phone number was created to save long distance costs for interested Owensboro students. Class schedules had to be carefully planned as Louisville was on Eastern Time and Owensboro on Central Time.

Beyond the initial renovation costs and ongoing maintenance, the primary recurring cost was the faculty salaries. Hence, the budget was negotiated over several meetings. Regular updates and quarterly financial reports were conducted between the hospital and the university to review the OMHS faculty costs, start-up partial SON faculty and staff costs, and building and equipment expenses at both sites. This partnership was not viewed as a large revenue stream but rather a key intervention to address a critical professional goal for the state to have more BSN nurses prepared, and for a hospital with high quality patient goals.

Comparable library resources were provided at both sites. OMHS library added some new nursing journals to their collections. The OMHS students and librarians were provided full access to all university library services which were largely accessible online. Other resource needs have been since identified such as student tutors, and services for English as a second language.

Within a faculty shared governance model, all SON faculty have service commitments and sit on many SON Committees. The OMHS faculty served on committees by phone conferences or in person, and actively participated in the recent CCNE reaccreditation. The OMHS director served on the CCNE Task force. The OMHS faculty were physically present in Louisville during the faculty time with the CCNE program evaluators and during the reading of the report. An opportunity for OMHS student participation was also provided. With pride, the SON received a full ten-year reaccreditation through December 31, 2021 for both its baccalaureate and master's program.

Outcomes

In the first OMHS cohort of ten students admitted fall 2009, it was comprised of two students from Owensboro, who met all the standard UofL prerequisites, and eight eligible students from Louisville SON"s alternate list. Now after its third full year of implementation OMHS has their own full complement of eligible applicants to admit as a cohort and are at capacity with 80 current students.

Each semester of the first year as junior students enter into the upper division, a transitions ceremony is conducted to welcome and honor the new class into the profession of nursing. Students from both the SON and OMHS are present together on a Sunday afternoon with their parents and family members or friends in attendance. The students, after being individually introduced, all read and/or signed the Code of Conduct. Such events helped to unify both groups.

Regular phone conferences are still scheduled with the director of the Owensboro extension program and with the dean, BSN director or faculty to address concerns as they arose or to prevent them. Clinical and some tenured faculty from the SON traveled to OMHS during the early parts of August to go over courses and discuss strategies to improve teaching or student learning needs.

When the first cohort of ten OMHS students all graduated in December 2011, they walked across the stage at the university's graduation ceremony with great pride in their eyes, matched equally with pride in the faculty eyes. All ten graduates from the first cohort have now successfully passed their NCLEX-RN® licensure examination and are working. Some are in Owensboro still and some have plans to go onto graduate school. Although this initial phase is over, more graduates are yet to come from this Owensboro extension campus.

Although the total 19 BSN graduates from Owensboro do not fulfill the states or IOM's recommendation, they have made a significant contribution to the goals. Because of overlapping shared core values across and within both organizations that this process was very rewarding. Although this BSN extension program is only one solution to address the IOM recommendation, it can be replicated in other areas of the state to help achieve the IOM's recommendation of 80% BSN workforce by 2020.

In closing, the following quotes reflect the thoughts about the BSN extension of some key individuals:

OMHS Chief Nursing Officer Vicki Stogsdill stated "We are very pleased with the successful collaboration with the University Of Louisville School Of Nursing. Three years after the first student has arrived, the program is near capacity and we are hiring the BSN graduates into open RN positions. The Owensboro Extension Director, Dr. Elizabeth Johnson, and her faculty and staff, provide excellent advising and guidance to interested students and facilitate their smooth transition into the rigorous upper division curriculum. By increasing our BSN nursing workforce, we directly affect our patient outcomes. We are proud of our partnership and look forward to the continued success of the program."

Dr. Beth Johnson, UofL SON OMHS director, remarked: "This program has provided great learning opportunities for many in our community and served to assist in developing the health care provider population. The mission of the school and that of the health care environment are in alignment. Our nursing students clearly understand the importance of their role in providing and improving quality of care and service to the community."

Student Amanda Mathis commented that although she lived in Louisville, "I have much preferred the Owensboro campus; it has provided me with greater faculty and individual contact to help me become a registered nurse. Everyone has been so helpful in my learning."

And ***Dean Marcia Hern*** concluded: "There is no greater satisfaction as a dean than to see your students succeed because of their faculty. You know the profession will be stronger because of your graduates. Outstanding partners like OMHS make the task more rewarding despite all the hard work. Such collaboration affords us as a school and faculty to be responsive leaders to critical national nursing recommendations. Our work extends beyond the boundaries of Louisville and Kentucky. We are both state and national contributors for the good of the profession and the health of all."

Lessons Learned

1. Using technology is an effective way to address the faculty shortage and prepare more baccalaureate nurses.
2. Students are adaptive to the synchronous technology but valued their clinical faculty with face to face interactions.
3. Focus on the goal to improve the state's BSN nursing workforce helped sustain the energies needed.
4. Collaboration with a hospital who espoused to quality values proved key to the success.
5. Other strategies can be explored to further build out the state's future 80% BSN workforce.

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Partner Up for Success: Writing for Publication

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Nurses in acute care settings have many stories to share regarding the experiences they have with patients and families; yet, they often remain hesitant to write about the experiences. While it is generally recognized that writing for publication is important because it provides foundational knowledge to support evidence based practice, many nurses are not involved in writing for publication (Sarver, 2011). Multiple excuses are given for not writing for publication including such things as being too busy, lack of experience in writing, fear of not being successful and not knowing where to start the writing process (Sarver, 2011; Schatzer, 2012; Smith & Caplin, 2012). Many of the barriers that prevent nurses from writing for publication can be overcome when novice nurse writers are mentored by more experienced nurse authors. Synergy between a mentor and mentee is powerful and can result in a connection within a partnership that brings out both talent and passion for writing. The purpose of this article is to describe the story of the development of a strong collaborative bond between a university professor and a hospital-based nurse educator who came together and formed a successful ongoing writing partnership.

Establishing a Partnership

The nursing professor and nurse educator first met at a hospital sponsored workshop on writing for publication. The workshop was sponsored by St. Elizabeth Healthcare, in collaboration with Northern Kentucky University (NKU). Nursing faculty from NKU and nursing administrators from St. Elizabeth Healthcare worked together to develop an interactive writing workshop. The purpose of the writing workshop was to support staff nurses in becoming authors and to be actively engaged in writing for publication. An initiative of the writing workshop was to pair novice writers with experienced authors. During the workshops, a nurse educator and nursing professor experienced in writing formed a partnership with the goal being to write an article for publication.

The nurse educator had a specific topic in mind on which she wanted to publish an article. The article topic was on describing the implementation of a staff development program that was successfully completed during a hospital merger. The inspiration to publish an article about this topic came from repeated comments of colleagues who stated, "You should write about how we made the merger a success." The nurse educator had written several preliminary drafts; yet, there was no real progress toward completion of a publication. Feeling overwhelmed and frustrated just because of not knowing how to start writing an article for publication created a barrier that prevented writing progress.

Meeting a university professor at the workshop provided an unexpected opportunity for the nurse educator to partner with a colleague who had previous writing for publication experience. This partnership seemed to be the answer to the nurse educator's problem. The educator introduced herself to the professor, explained the topic of the article she wanted to write and asked the professor to mentor her. A partnership was formed. Even though the partners were both nurses, the professor was not familiar with the program the nurse educator wanted to write about. The lack of the professor's knowledge regarding the topic was found not to be a barrier, but a blessing. A lack of knowledge relative to the topic allowed the professor to view the topic in a non-prejudiced manner through a fresh unclouded lens. Writing about the topic involved a step-by-step collaborative approach.

Working collaboratively as writing partners, a written plan that included specific steps that would be followed to complete the publication was developed. Authorship was established. A literature review was conducted. An outline of the article was created to bring structure to the article. After the literature review and outline were complete the actual writing began. The nurse educator drafted the article as she understood the experience and once the draft was complete the nurse educator and university professor began meeting on a regular basis to complete the written text. Drafts of the article were shared per email and in face-to-face writing sessions. During interactive face-to-face writing sessions, written text was projected onto a screen to facilitate editing. Projecting the draft allowed the writers to view the text, revise and, re-write the article.

Summary

An old adage states, "Two heads are better than one," which turned out to be the case. An unexpected benefit of the relationship was the strong bond that was formed between the professor and nurse educator. The synergy that developed between the writing partners was attributed to the strength and expertise that both individuals brought to the writing process. Even though the nurse educator had a strong grasp of the topic, knowledge alone was not enough to write a publishable article. A professor with different and diverse experiences helped the nurse educator to capture the essence of the writing topic. Over time the mutual respect between the professor and nurse educator was recognized as the greatest benefit of the partnership. The synergy between the writing partners resulted in a passion for writing and the formation of a successful ongoing writing partnership that increased publication productivity. Formation of a collaborative writing partnership is a strategy that synergizes writing effectiveness and leads to successful publication. If other nurses are interested in writing for publication, a suggestion is to seek out colleagues with writing experience and partner with them.

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Eastern Kentucky University: Transforming Nursing Education

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Evelyn Parrish, APRN, PhD, EKU Online Psychiatric Mental Health Nurse Practitioner Coordinator;
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In the last 40 years, there have been many changes in the delivery of nursing education, Eastern Kentucky University (EKU) has continually evolved while remaining true to the university's mission of delivering quality education by providing opportunities to meet the needs of the changing demographics of their students.

Laying the Foundation

In August 1969, Dr. Robert Martin, then President of EKU notified the Kentucky Board of Nursing (KBN) of EKU's intent to establish a baccalaureate nursing program; the first students were admitted in September, 1971. The program at that time was structured as a generic baccalaureate program with a registered nurse track. KBN granted full approval in 1974 and initial accreditation was granted by the National League of Nursing (NLN) in 1979; accreditation was reaffirmed in 1985 and 1993. In 1998 the baccalaureate program was granted preliminary approval for accreditation by the Commission on Collegiate Nursing Education (CCNE) and in 1999 the master's program was also granted initial accreditation for a full five years. In 2001 and again in 2011 both the baccalaureate and master's programs were fully accredited. In response to many requests the 16 month Second Degree BSN option was added and the first cohort of students was admitted Fall 2003.

Since the initial beginning of the baccalaureate nursing program and through the growth of adding additional nursing programs, the nursing department has always remained steadfast to the University's primary mission of providing students with the highest quality of education. Additionally, each program was designed to provide outreach educational opportunities to meet the needs of the citizens of the central, eastern and southeastern Kentucky.

The Kentucky Health Reform Act of 1994 mandated increasing the number of health care providers, including nurse practitioners and other advanced practice nurses in the rural areas of Kentucky. In response to this legislation and repeated requests from students, potential students, alumni, and agencies/employers in the service region, the Department of Baccalaureate and Graduate Nursing (DBGN) submitted a proposal in April 1995 to begin a two-option master of science in nursing (MSN) program; the two options were Rural Health Family Nurse Practitioner (FNP) and Rural Community Health Care Nursing with an administration functional area. In 2004 the program was expanded to include a Rural Psychiatric Mental Health Nurse Practitioner (PMHNP) option; the first cohort graduated in 2007. The Rural Community Health Care Nursing has since been revised and is now called the Advanced Rural Public Health (PHN) option with areas of concentration in either nursing education or administration. We also offer post-MSN certificates in nursing education and nursing administration. Due to current advanced practice trends and community needs, the Family PMHNP option has replaced the Adult PMHNP option. We also have a post-MSN Certificate option in Family PMHNP and a post-MSN Certificate option for those practitioners who hold a current certification as either an adult psychiatric mental health clinical nurse specialist, or adult psychiatric mental health nurse practitioner, or current certification as either child/adolescent psychiatric mental health clinical nurse specialist, or child/adolescent psychiatric mental health nurse practitioner who would like to complete the requirements for the Family PMHNP certification.

Serving Kentucky

The DBGN continues to be one of eight departments within the College of Health Sciences. The DBGN continues to serve registered nurses (RN) seeking a bachelor's degree (RN-BSN) and MSN students on its main campus and at the regional campus centers. Selected courses leading to the bachelor of science in nursing (BSN) degree were first offered on an outreach basis in Corbin during Spring 1987. Through five years of funding from the Division of Nursing, the outreach program for RN grew and expanded to include offerings at the Danville, Hazard, Manchester, and Somerset sites through the use of distance education technology. In 1991, the DBGN was the first department at EKU to use the public educational television satellite system for outreach classes, which moved to Kentucky Telelinking Network (KTLN) in 1995. DBGN now uses interactive television (ITV) and some online technology to deliver RN-BSN and MSN classes to outreach areas of the Commonwealth.

In March 2010 The Kentucky General Assembly approved a change to the educational regulations of KRS 164-298 allowing the regional universities in the state of Kentucky to offer practice doctorates. This change paved the way for EKU to offer the Doctor of Nursing Practice (DNP). In April of 2010, EKU was given permission by the Kentucky Council on Post-Secondary Education and KBN to enroll students in the DNP program. On June 6, 2010 EKU admitted the first class into the Post-Master's DNP program; the first class is slated to graduate May 2013.

Moving Forward

"EKU Nursing staff have demonstrated from the very beginning that they are focused on the student, dedicated to the students' success and committed to the well-being of the commonwealth. Everything we have done and will do is a reflection of that," said Dr. Deborah Whitehouse, Dean of Eastern Kentucky University's College of Health Sciences.

In keeping with the needs of constituents, Eastern has blazed the trails in the use of technology to assist in delivering programs at distance sites. As technology has advanced so has instruction. As part of the transition, faculty moved from a hybrid model of course delivery with online and on-campus instruction, to a fully online format. Beginning with the fall semester of 2012, all DNP, PMHNP, and PHN with concentrations in administration and education courses were available 100 percent online. The FNP option will be transitioned in the summer semester of 2013. The online graduate nursing programs utilize Abode Connect™, a web conferencing software application to conduct face to face meeting with our students. The nurse practitioner options are also utilizing Typhon Nurse Practitioner Student Tracking System™ to monitor our students' clinical experiences. The FNP and PMHNP students enter their clinical hours and experiences during their program of study. This system will allow faculty to follow student progress in the clinical setting assuring they are meeting the identified student learning outcomes for the course as well as to evaluate students' progress toward achievement of the MSN program outcomes. The MSN and DNP program partnered with the Office of eCampus Learning services to support our fully on-line programs.

Today, The EKU Online Graduate Nursing program provides the convenience of online learning while maintaining the quality and rigor necessary for the student to become an extremely competent and confident MSN or DNP prepared nurse upon graduation.

Eastern has been preparing students for advancement for more than 100 years. By ensuring that every student – whether online or on-campus, received the quality instruction and individual support they need, faculty have laid the groundwork for nursing excellence in the Commonwealth for the next century.

KNA Members on the Move

Audrey Darville, PhD, APRN, CTTS, assistant professor, University of Kentucky College of Nursing, was selected by the Kentucky Nurses Association Board of Directors as the 2012 Research Utilization Nurse of the Year for 2012.

Kit Devine, DNP, APRN, WHNP, received her Doctor of Nursing Practice degree from Bellarmine University in August, 2012. She was the inaugural graduate of the program.

Three faculty members with the University of Kentucky College of Nursing were recognized at the Scientific Sessions of the American Heart Association in November 2012: Misook Chung, PhD, RN, associate professor, Arteriosclerosis/Heart Failure Research Award; Rebecca Dekker, PhD, RN, APRN, assistant professor, Marie Cowan Young Investigator Award; and **Susan Frazier, PhD, RN, FAHA,** associate professor, inducted as a Fellow of the American Heart Association.

Ellen Hahn, PhD, RN, FAAN, professor, University of Kentucky College of Nursing and the College of Public Health, has received an endowed appointment, the Marcia A. Dake Professorship in Nursing Science. The focus of this professorship is on the development of a program of research and service that addresses contributions nursing can make to the care of individuals, families and/or communities at risk for experiencing major health problems. These tie directly into Hahn's program of research and work in the area of tobacco policy. She directs the Clean Indoor Air Partnership and the Kentucky Center for Smoke-Free Policy. She is also co-director of the college's NIH-funded Center for Biobehavioral Research in Self-Management of Cardiopulmonary Disease. Her current research focuses on promoting smoke-free policy in Kentucky, particularly in rural areas, and on radon risk reduction.

Terry Jepson, MSN, APRN, faculty member at Western Kentucky University, will be retiring after the current semester but will remain in the graduate program on a part-time basis. Terry has been on faculty at WKU since 1997 and previously taught at Austin Peay State University in Clarksville, TN. Terry and her husband plan to spend more time in Florida during the winter months. She also plans to continue her practice as a nurse practitioner with Commonwealth Health Corporation in Bowling Green, KY. We wish her well!

Sharon Lock, PhD, RN, APRN, is serving as interim associate dean for MSN and DNP Studies at the University of Kentucky College of Nursing. Lock coordinates the Primary Care Nurse Practitioner Track in the graduate program and oversees clinical placements for that track. Her research interests include teen pregnancy prevention and sexual risk reduction among adolescents, for which she has received NIH funding. She maintains a faculty practice at the UK Women's Health and Rheumatology Clinic.

Debra Moser, DNSc, RN, FAAN, professor and Gill Endowed Chair, University of Kentucky College of Nursing, has received a research award from the Patient-Centered Outcomes Research Institute (PCORI) to study "Reducing Health Disparities in Appalachians with Multiple Cardiovascular Disease Risk Factors." The project is part of a portfolio of patient-centered comparative clinical effectiveness research that addresses PCORI's National Priorities for Research and Research Agenda. With this award, Moser and her team will compare the effectiveness of two approaches to cardiovascular disease risk reduction in adults with multiple co-morbid risk factors living in rural Appalachian Kentucky.

Attention Licensed Practical Nurses

We invite LPNs to continue their commitment to excellence by joining the Kentucky Licensed Practical Nurse Organization (KLPNO). If you want to make a different in healthcare, join your professional organization, the KLPNO. Health care has changed through the years but not KLPNO's commitment to quality healthcare.

Some of the benefits of membership in KLPNO include:

1. The opportunity to serve on committees pertaining to issues that affect the nursing practice.
2. LPNs who are currently engaged in nursing practice shall serve on the Kentucky Board of Nursing.
3. Legislative monitoring that may affect LPNs.

For more information regarding the KLPNO, contact:

Sister Margaret Seasly,
President, KLPNO
Phone (270) 554-9499 or
Email: srseasly@hotmail.com

Peggy Fishburn,
Treasurer, KLPNO
Phone (270) 237-7703 or
Email: hallnurse2001@yahoo.com

Poster Presentations 2012 Convention

The Poster Abstracts were presented at the 2012 Convention. The Event was sponsored by the KNA Education and Research Cabinet.

Gait Variability In Older Adults

Perla Lizeth Herandez Cortes
Facultad De Enfermeria
Universidad Autonoma De Nuevo Leon
Mexico

(Visit Was Sponsored by Sigma Theta Tau)

The gait changes in older adults are associated with disability, institutionalization and falls. Falls are a major health problem in this population. Nursing must work reduce this problem in order to reduce disabilities.

Objective: To explore the gait velocity, gait variability and the factors that are associated to major variability.

Method: Descriptive study (preliminary results), the socio demographic information was collected with a questionnaire that ask about age, illness, falls in the last year. The gait characteristics were collected from 30 old adults walking two times at self –chosen normal walking speed over walkway of GaitRite® system, variability was calculated with the coefficient of variation (SD/mean) x 100.

Results: The 83 7% of the participants was female, age mean 73.13(± 8.09), the mean of gait velocity was .89 m/s (± .20), 23% walked slower (velocity low that 1m/s), in this sample the age and falls in the last year was associated with lowest gait, step width variability, stance time variability, step length variability (p = 0.01).

Conclusion: The older adults of this sample show lowest gait velocity, age and falls were associated significantly with gait variability.

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The Effect of Reflective Writing Interventions on Critical Thinking Skills and Dispositions of Baccalaureate Nursing Students

Jessica Naber, RN, PhD
Murray State University
Murray, KY 42071

Objective: The purpose of this presentation is to explain the results of a study performed to test the effectiveness of a reflective writing intervention, based on Paul's model of critical thinking, for improving critical thinking skills and dispositions in baccalaureate nursing students during an eight-week clinical rotation.

The importance of critical thinking as an outcome for students graduating from undergraduate nursing programs is well-documented by both the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN). Graduating nurses are expected to apply critical thinking in all practice situations to improve patient health outcomes. Reflective writing is one strategy used to increase understanding and ability to reason and analyze. The lack of empirical evidence regarding the effectiveness of reflective writing interventions on increasing critical thinking skills supports the need for examining reflective writing as a critical thinking strategy. The purpose of the study performed was to test the effectiveness of a reflective writing intervention for improving critical thinking skills and dispositions in baccalaureate nursing students during an eight-week clinical rotation. An experimental, pretest-posttest design was used. The sample was a randomly assigned convenience sample of 70 baccalaureate nursing students in their fourth semester of nursing school at two state-supported universities. All participants were enrolled in an adult-health nursing course and were completing clinical learning experiences in acute care facilities. Both groups completed two critical thinking instruments, the California Critical Thinking Skills Test (CCTST) and the California Critical Thinking Dispositions Inventory (CCTDI), and then the experimental group completed a reflective writing Intervention consisting of six specific critical-thinking oriented writing assignments. Both groups then completed the two tests again. Results showed a significant increase (p=0.03) on the truthseeking subscale on the CCTDI for the experimental group when compared to the control group. Although none of the CCTST subscale scores changed significantly, the experimental group's scores increased on four of the five subscales. In addition the experimental group's scores were higher than the control group's scores on three of the five subscales. There were also some other slight differences on subscale scores that could be accounted for by the institution, age, ethnicity, and health care experience differences between the control and experimental groups.

The six reflective writing interventions were innovative and convenient in the format of administration, completion, and submission. Students were satisfied with the intervention; students verbalized that the intervention helped them to think critically about their clinical experiences. Overall, Paul's model has important connections to writing and can be used to guide written assignments at all levels of education. The model provides an organized, thorough thinking process that students can follow when writing. The reflective writing interventions will be used in nursing courses and programs to improve critical thinking skills.

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Doctor of Nursing Practice in Academic Settings: Recognizing the Benefits

Bridget R. Roberts, RN-BC, MSN, CNE;
Gina Purdue, RN, MSN; and
Yalanda Baker-Scalf, RN, MSN
DNP Students
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Richmond, Kentucky

The Doctor of Nursing Practice (DNP) is gaining popularity and prestige as a terminal degree in nursing. Although most recognize the degree as a way to solidify expertise in a clinical practice area, many interested in the faculty role are attaining their DNP in order to take on positions in college and university settings that may not have been attainable with a Master's Degree. The DNP in academia is controversial and the National League for Nursing (NLN) has not supported this degree as sufficient to teach without additional preparation in educational pedagogy. According to the American Association of Colleges of Nursing (AACN), however, the research doctorate no more prepares a nurse for a faculty role than the practice doctorate. The focus on current clinical contact with patients and other professionals only strengthens the DNPs ability to teach undergraduate and graduate students about evidence-based practice issues that are encountered in every day practice and provides opportunities to be involved in research and service. This poster presents foundational elements of DNP education, highlights how the DNP can be successful in teaching, scholarship, and service that are essential components of a nurse educator's role, and explores the DNP as solution to the nurse faculty shortage.

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Evidenced Based Practice: Fall Risk Assessment for Kentucky Children's Hospital Patients

Maureen Sanders, RN, BSN,
Amanda Toler, RN, BSN,
Diana A. Rodriguez, PhD, RN, Nurse Researcher,
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Lexington, Kentucky

Background

Prevention of falls and keeping children safe are important hospital priorities and concerns. In 2000, hospitals were required to implement fall reduction programs, with evaluations of their effectiveness. What is known about falls in the adult population has little relevancy for children because of their unique needs. Factors such as developmental level, parental presence, lack of experience with falls, and underreporting need consideration when assessing risk for falls in children. Furthermore, falls in pediatric hospitalized children contribute to increased morbidity, mortality, prolonged hospitalizations, and increased cost. Appropriate use of age appropriate fall scales results in improved quality of care and a decrease in hospitalization cost. The *objective* of this *evidence-based practice project* is to make evidenced based recommendations for implementing a pediatric fall risk assessment scale and policy.

PICOT Question

In pediatric patients, hospitalized at Kentucky Children's Hospital (KCH), does the use of the "Little Schmidy" Pediatric Fall Scale, vs. the current use of the Cummings Pediatric Fall Scale, help to reduce falls by identifying pediatric patients at risk for falls, thereby resulting in preventive interventions?

Method

Databases searched: OVID CINAHL and PubMed Clinical Queries. Search terms used: Pediatric falls, falls assessments, prevention of falls. Evidence was graded at a Level C, which was acceptable.

Results/Finding

Recommendations for Kentucky Children's Hospital are that:

- KCH implement an appropriate pediatric. fall scale assessment tool and protocol. The assessment scale needs to address the unique needs that children have, which include developmental level, temperament, anxiety, disorders that place them at risk, and the educational needs of parents/caregivers. Implementing a fall assessment/prevention protocol will meet the JCAHO's 2006 National Patient Safety Goal to reduce fall incidences,
- The recommended pediatric tool for adoption is the UCSF Medical Center "Little Schmidy" Fall Score because it addresses the needs unique to pediatric patients.
- A system is developed to communicate with parents, visitors, other nursing staff, and other disciplines caring for the child, so that preventative measures are consistently applied regardless of who is with the child and where the child may be within the hospital.

Significance for Practice

The recommendations grounded in evidence were incorporated in the most recent UKMC Enterprise Falls policy revision for the pediatric portion.

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Incorporating Electronic Medical Records Into A Small Liberal Arts College Medical Surgical Course

Gilbert Bangha, Nursing Student
Mikheil Matcharadza, Nursing Student
Alison York, Nursing Student
Teresa R. Villaran, RN, MS, MSN, APRN, CCRN
Berea College
Berea, Kentucky

Purpose

The purpose of this project is to Research, Collaborate and Integrate an Electronic Medical Record (EMR) into a medical-surgical undergraduate nursing course, anticipating EMR inclusion in all courses with a clinical component.

Utilizing the Plan-Do-Study-Act model recommended by the Institute for Healthcare Improvement (IHI): Science of Improvement[1], we are studying how to implement, evaluate and disseminate EMR technology into course work. Student researchers are utilized to gain their input as future users, and to create representative peer champions for use of the technology.

Background

The Institute of Medicine (IOM) reported on the future of nursing, recommending the use of technology to "prepare students for decision making in complex care environments".[2 pg. 20] Incorporation of EMR technologies has the potential to simulate real life clinical situations. Active, participatory learning by nursing students enhances safer clinical practice and critical decision-making[3].

The American Association of Colleges of Nursing (AACN) indicates 9 Essentials of Baccalaureate Education for Professional Nursing Practice[4], Essential IV emphasizes the need for nurses to have "knowledge and skills in information management and patient care technology".[4 pg. 3] Incorporation of technology is critical to the delivery of quality patient care. The decision support tools embedded in these information systems help nursing students and future practitioners make complex life-threatening decisions based on evidence.

Quality and Safety Education for Nurses, indicates six quality/safety competencies pre-licensure nurses should have.[5] Number six is Informatics and defines this competency as the "Use of information and technology to communicate, manage knowledge, mitigate error, and support decision making".[5] The knowledge, skills and attitudes nursing students need to gain confidence in the use of informatics include but are not limited to: explaining why information and technology skills are essential in care, navigating and documenting in an EMR, and valuing nurses involvement in design, implementation and evaluation of these patient support technologies. The benefit of utilizing an EMR in the nursing curriculum is not learning a particular vendor's software, but managing information and utilizing evidenced based decision support tools.

Students need the same opportunities when learning, unfortunately with the current nursing education system, this does not always occur. Currently senior nursing students completing their Capstone clinical hours with a preceptor do so in different institutions. Institutions vary on the availability of EMR use for students. Incorporating an EMR within the nursing curriculum gives all nursing students the opportunity to utilize and capitalize on the learning opportunities this type of technology offers. Exposing students to an EMR in their undergraduate education makes them more marketable to employers, and enhances their ability to go directly into health IT positions.

An EMR is a pedagogical teaching tool that requires active learning of both the faculty and students. The EMR will prepare our nursing students to be technologically ahead of their peers when entering the workforce. An academic EMR will increase students critical thinking skills and offer them a tool to enhance evidenced based decisions.

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Administration Of Librium Using CIWA & COWS Evaluation Scales

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Alcohol & Drug Treatment Center
St. Elizabeth Health Care
Falmouth, Kentucky

Abstract

Every patient experiences withdrawal differently. The symptoms and severity varies depending on the pattern of use, the chemical(s) abused, and presence of any comorbidity. In general the signs and symptoms of withdrawal can be summarized as follows: agitation, anxiety, elevated vital signs, flu-like symptoms, GI issues, generalized pain, tremors, and mental/emotional upset.

Chlordiazepoxide (Librium) is a benzodiazepine used for many indications. Librium can alleviate some agitation and anxiety that associates with withdrawal. Many patients that are experiencing withdrawal have manipulative behavior and in process of detox from addictive chemicals. They will seek any type of medication they can to ease their withdrawal symptoms. The CIWA (Clinical Institute of Withdrawal Assessment) and COWS (Clinical Opiate Withdrawal Symptoms) scales are withdrawal assessment tools. The scales provide a consistent way to measure the level of withdrawal. The nurse

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will utilize the appropriate scale, depending on the abused chemical, and place a value on withdrawal symptoms. The CIWA scale has 11 symptoms that are evaluated and scored. The COWS scale evaluates 12 symptoms with a value placed on heart rate. The values are added up and the total score represents the patient's withdrawal level. Librium is administered if the score falls within a range established by the medical staff.

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A Critical Thinking Exercise and Evaluation of Nursing Students In A Clinical Practice Area

Marsha Roberts, RN, MSN, CFRN, EMT
Eastern Kentucky University
Richmond, KY

Poster Presentation Narrative:

This presentation is focusing on the cognitive hierarchy of critical thinking: knowledge, comprehension, application, analysis, synthesis, and evaluation in the nursing student population. A hallmark of higher education is to engender in students an orientation to critical thinking. There are many definitions of critical thinking but the core concept includes adopting an orientation to knowledge that is thoughtful, open-minded, and considerate of different points of view grounded in logic and supported by evidence. Providing the tools that students need to make thoughtful decisions is inclusive of experience and building on basic skills.

Educators need guidelines to teach and assess critical thinking enriching the student's ability to come to an educated, in-depth conclusion. One strategy instituted for nursing students was performed in the clinical arena. Students were given an exercise to expand their process of assessment, planning, implementation, and evaluation.

This presentation will display results of eight students in a clinical setting performing a critical thinking exercise. This exercise included a learning plan that contains specific goals and objectives, materials that demonstrate achievement relative to the learning plan, learner reflections, learner and faculty evaluations of the material. This information has assisted in developing a formal plan to be utilized in the clinical setting.

The specific activity performed will be explained in detail. It involved assessing a patient they were randomly assigned, assessing the patient without prior report, learner and faculty evaluations of the patient assessment prior to any previous patient information. Summation of the assessment, plan, intervention, and evaluation were all discussed and then scored utilizing a critical thinking assessment tool.

The results of the above exercise will be fully noted from each student. Also, the educator's full evaluation of the whole exercise will also be noted. The results of the critical thinking assessment tool will also be noted.

Title of Poster Presentation: "A Critical Thinking Exercise and Evaluation of Nursing Students in a Clinical Practice Area"

Abstract: This is not a research endeavor. This was a strategic exercise to assess critical thinking. The goal is to simply display a successful critical thinking exercise that can be utilized in a clinical setting to assist in in-depth thinking.

Participants: Eight students and this author in the second level, second semester of an Associate Degree Nursing Program

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The Prevalence Of Childhood Obesity And Impact In Private Practice

Teresa Stidham APRN-BC, MSN
Western Kentucky University
Bowling Green, Kentucky

Context: Obesity has become an increasingly severe medical issue in epidemic proportions in children. The prevalence of obesity in children has grown over 11% since 1990's. The related health issues such as hypertension, type II diabetes, fatty liver, metabolic syndrome, asthma, dyslipidemia, sleep apnea, coronary artery disease, orthopedic and psychosocial problems are continuing to rise which add to the health care crisis at hand. These relationships are seldom reported.

Purpose: Objective of this study is to determine the correlation of increased weight and body mass index score as continuous variable rates of health issues, among obese children in clinical practice, adding educational prevention to reduce health risks.

Method: The goal of this work was to develop a reliable method to identify obesity in children and correlate the health issues connected to the children so that a process would be developed to create an efficient method for treatment to reduce BMI, method for education and awareness to prevent obesity therefore reducing the health issues related to obesity. Children were recruited through volunteer wellness program. Medical history and family history were collected through interview process involving the guardian.

Findings: Among children from a selected group of voluntary participants will have been classified according to weight and BMI.

Discussion: Childhood obesity should be considered a chronic medical condition that requires long-term management and immediate attention. Ultimately the goal is to prevent obesity in children and the medical complications it creates.

Effects of a Formal Service-Learning Program on Baccalaureate Nursing Student's Perception of Their Level of Cultural Competence

Kim Clevenger, EdD, MSN, RN, BC
Morehead State University
Morehead, Kentucky

The learning outcomes of cultural competence and community engagement are often approached simultaneously in nursing curriculum; however, formal service learning to promote the development of cultural competence in nursing students has not been implemented at the study university. The purpose of this quasi-experimental study was to test Kolb's theory of experiential learning, related to the effect of a formal service learning program on students' perceived level of cultural competence.

The research question examined the impact of a formal service learning program in a baccalaureate nursing program on developing culturally competent individuals, compared to traditional community service. The nonequivalent control group pre/post design used the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals Student Version (IAPCC-SV) (Campinha-Bacote, 2007). The treatment group of 37 entry-level baccalaureate nursing program (BNP) students received a formalized service learning program, while the control group of 37 upper-level BNP students took part in traditional community service. Both groups were administered the IAPCC-SV before and after participating in a service project.

A ***t*** test was conducted and data analysis revealed no significant differences on the pretest, and significant differences on the posttest. The post intervention results indicated a greater level of cultural competence among traditional service-learning program students; however, students within both groups perceived themselves to be operating within a level of cultural competence, and levels increased for both groups, following the service experiences. The results suggest any type of service experience can reinforce the importance of caring for diverse populations, increase cultural competence, and thus contributing to positive social change.

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Circadian Rhythm and Shift Work

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Judy Ponder, DNP, RN
Shriners Hospitals for Children
Lexington, Kentucky

Significance: Shift work is a reality of our 24 hour society. According to Doghramji and Markov, (2011) approximately 22 million Americans are engaged in shift work. However, this is not just defined as night work, but also includes rotating schedules and rising early after minimal sleep for occupational reasons. A large number of shift workers complain about their sleep primarily with respect to the quality of day sleep they experience following the night shift. The primary cause of such sleep disturbance is circadian rhythm disruption.

Background: Circadian rhythm is the body's 24-hour internal clock. It determines sleep patterns and affects a persons' immune response, ability to concentrate, energy level, appetite and level of alertness. This rhythm also influences hormone production and body temperature and is associated with obesity, depression and seasonal affective disorder. By shifting your sleep and activity schedule, you alter the pattern of your body's circadian rhythms. Human beings, like many other living things, have a number of internal processes that show a distinct circadian rhythm. The most obvious is our sleep cycle, with activity during the day, followed by sleep during the night. Our sleep is governed by the circadian rhythms' timed release of melatonin (Bohrer, 2010).

The National Sleep Foundation (NSF) reports that a key factor in sleep regulation is based on the persons' exposure to light or to darkness. This exposure to light stimulates a neural pathway from the retina to the hypothalamus. In the hypothalamus, the supra-chiasmatic nucleus (SCN) works like a clock that triggers a regulated pattern of activities that affect the entire body (National Sleep Foundation, 2012). During the day melatonin secretion is suppressed but as darkness occurs the SCN stimulates the pineal gland to release melatonin. Core body temperature is a good way of charting your own rhythm because energy levels are reflected by our temperature. Our body temperature is not a static 37.5 C, in fact it fluctuates throughout the day and correlates with our circadian rhythm. Of course, it is also affected by ambient temperature and how active we are. Normally, as your body temp starts to drop, you get sleepy. While you're sleeping, your body temp continues dropping until it reaches its' lowest point and as it rises you begin to wake up (www.sciencedaily.com/releases/2010). Even if one is able to initiate sleep at this circadian phase, it is virtually impossible to maintain it. As such, day sleep is often light and fragmented. Seasonal changes and variation in the hours of sunlight exposure elicit changes in individual circadian rhythm, thus affecting the natural circadian rhythm inhibiting optimal sleep and causing other physiological responses.

Purpose: To research the use of variable shift schedules for nurses providing direct patient care. Effective scheduling of nurses is crucial as hospitals must be staffed 24 hours a day by a limited number of nurses. The task of scheduling staff is a complicated balancing act between the organization needs, patient needs and its' employee needs. This may require nurses to work variable shifts, for example day/evening shifts or evening/night shifts during their work week. The overall purpose of this project was to explore the literature regarding circadian rhythm in shift workers and less than optimal sleep patterns.

Literature review: A literature review was completed to explore shift work and coping with the

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biological clock. According to a 2010 study by the Centers for Disease Control and Prevention (CDC), night shift workers have a higher prevalence of short sleep duration (http://www.cdc.gov/mmwr/preview/mmwrhtnl/mm611a2.htm). The average sleep duration of night shift workers is 2 to 4 hours shorter than that of age matched individuals sleeping at night (http://sleepcenter.ucla.edu/body). Chronic sleep loss at home is directly related to decreased alertness on the job. According to Healthy People 2020, fatigue and sleepiness can decrease productivity and increase the chance of mishaps such as medical errors. The project identified a need to focus attention on the education of employees regarding ways to decrease circadian rhythm disruption. For example:

- 7% of American workers are shift workers (Gamble, K. et. al, 2011).
- Night shift workers that use sleep deprivation as a way to switch to and from diurnal sleep on work days are most poorly adapted to their work schedule (Gamble, K. et al, 2011).
- Night shift nurses can improve alertness during the night and increase daytime sleepiness by bright light exposure of tolerable intensity and duration in their workplace (Yoon, I. et. al, 2002)
- "Circadian alignment can be achieved with bright light exposure during the shift and avoidance of bright light (with dark or amber sunglasses) toward the latter portion of the work period and during the morning commute home" (Zee, P. & Goldstein, C., 2010)

Intervention: As a result of the project, the following interventions were performed:

- An educational in-service was conducted to discuss circadian rhythm and shift work. Articles retrieved during the literature review were made available to staff for review.
- A handout was developed and distributed to staff regarding tips to decrease circadian rhythm disruption.
- A blue light was purchased and made available for staff use according to manufactures instructions.

Discussion: Restorative sleep contributes to an individuals' health in many positive ways. Unfortunately for shift workers, restorative sleep may seem illusive. The Institute of Medicine report, in 2006, called sleep/wake disorders "an unrecognized and unmet public health problem" (Doghramji, K. & Markov, D., 2011). A goal from the Healthy people 2020 is to "increase public knowledge of how adequate sleep and treatment of sleep disorders improve health, productivity, wellness, quality of life, and safety on roads and in the workplace. Night shift is associated with a myriad of health and safety risks. A gap remains between knowledge base and implemented practice changes for shift workers.

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Active Steps for Diabetes Program (ASDP)

Kendall Diebold, Elizabeth Mouser
Kathy Hager / Gina Pariser, Clinical Faculty
Bellarmine University

Type 2 Diabetes (T_2D) accounts for 90 to 95% of all diagnosed cases of diabetes in the United States and is associated with older age, obesity, physical inactivity, and race (specifically African American and Hispanic populations in the United

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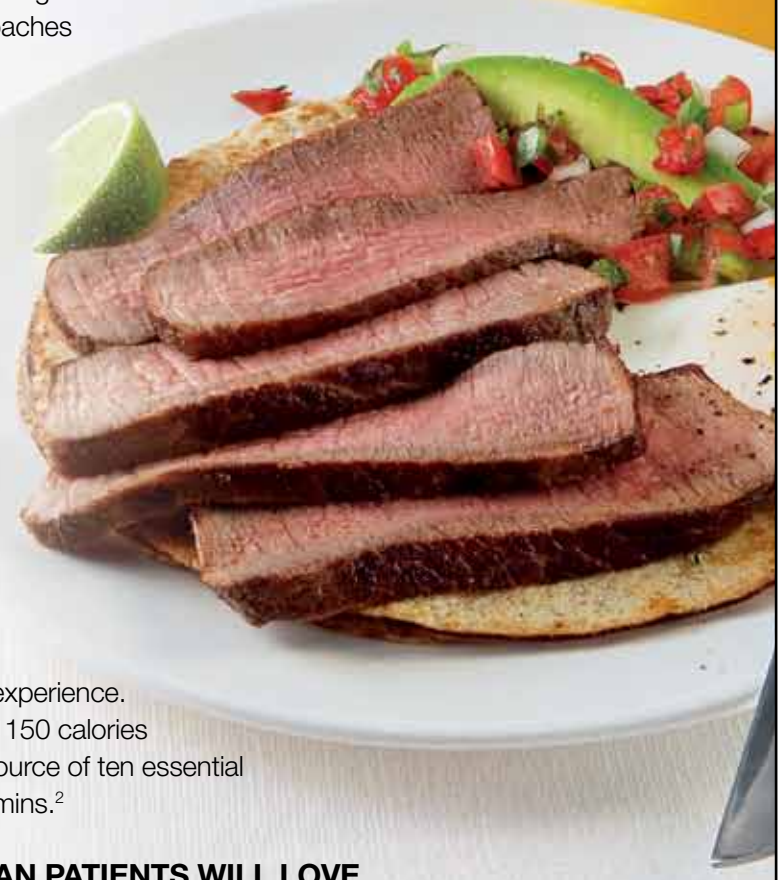
BE BOLD
WITH LEAN BEEF

Heard the good news about lean beef? The latest research presents **a new way of thinking:** lean beef can be part of a solution to one of America's greatest health challenges—eating for a healthy heart. A study published in the American Journal of Clinical Nutrition found that participants in the BOLD (Beef in an Optimal Lean Diet) study experienced a **10% decrease in LDL cholesterol** from baseline when they ate lean beef daily as part of a heart-healthy diet and lifestyle containing less than 7% of calories from saturated fat.*1

SETTING THE RECORD STRAIGHT
This ground-breaking clinical study substituted lean beef for white meat as part of an overall heart-healthy diet and found the improvements in LDL cholesterol seen on the beef-containing diets were just as effective as DASH (Dietary Approaches to Stop Hypertension).

MANY LEAN CUTS
Lean beef is easily served with vegetables, whole grains and low-fat dairy—improving taste, satisfaction and providing essential nutrients. And many of the most popular cuts of beef—like Top Sirloin steak, Tenderloin and 95% lean Ground Beef—meet the government guidelines for lean.



TEN ESSENTIAL NUTRIENTS
Packed with high-quality protein, lean beef provides a satisfying, nutrient-rich experience. A 3-ounce serving of lean beef contains 150 calories on average and is a good or excellent source of ten essential nutrients, including iron, zinc and B-vitamins.2

PART OF A HEART-HEALTHY PLAN PATIENTS WILL LOVE
Lean beef can be a deliciously welcome and satisfying choice in a heart-healthy diet. Help your patients increase meal flexibility by including lean beef among other heart-healthy choices on their shopping lists.

Learn more about the many nutritional benefits of lean beef at: BEEF nutrition.org

Kentucky BEEF Council
kybeef.com

* Subjects that consumed the BOLD diet experienced a 10.1% decrease in LDL cholesterol compared to baseline. In comparison to the Healthy American Diet, subjects experienced a 4.7% decrease in LDL cholesterol on the BOLD diet.
1 Roussell MA, Hill AM, Gaugler TL, West SG, Vanden Heuvel JP, Alaupovic P, Gillies PJ, and Kris-Etherton PM. Beef in an Optimal Lean Diet study: effects on lipids, lipoproteins, and apolipoproteins. Am J Clin Nutr 2012; 95(1):9-16.
2 USDA, ARS. 2011. USDA National Nutrient Database for Standard Reference, Release 24. Nutrient Data Laboratory Home Page, http://www.nal.usda.gov/fnic/foodcomp/search/

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States). This chronic condition increases the risk of other morbidities, including heart disease, stroke, hypertension, hyperlipidemia, neuropathies, and mobility issues. While T2D can often be controlled by following a healthy meal plan and exercise program, self-management education is a key step in improving health outcomes and quality of life. With this principle in mind, we have aided in the development of Active Steps for Diabetes, a twelve-week community-based diabetes self-management program in which participants meet for two hours twice a week. Active Steps for Diabetes is a collaborative effort between nursing and physical therapy professionals and students. Participants are involved in self monitoring of blood glucose, pulse and blood pressure, forty minutes of exercise led by physical therapy personnel, and specialty education provided by nutritionists, nursing and physical therapy professionals. Additionally, the partnership between students, staff, and the members of the Active Steps community provides a service-learning opportunity for all those involved. The purpose of the Active Steps program is to individualize the participants' self management; to address the effects of medications specific to the individual; provide meals that incorporate favorite foods with appropriate diet portions and choices; and design supervised exercises unique to the participants' physical limitations. ASDP is constantly evolving, striving to meet the needs of all participants by working to solve issues that arise, including funding for the program and transportation for individuals to and from classes. Communication is also a large component of ASDP, with emphasis placed on follow-up phone calls, emails, and reminders to encourage participants to return for each session, as well as information regarding upcoming events. Furthermore, the results for A1Cs, body mass indices, and specific exercise skills of the Active Steps participants are compared to the results of the standard diabetes self management program routinely taught in community health centers; the ASDP has consistently demonstrated significant improvement over the standard programs in A1Cs and the six-minute walk distance. Most importantly, from a student perspective, this program has enriched the usual undergraduate clinical experience by cultivating a relationship of cooperation between different fields of healthcare.

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Assessment of Barriers and the Effectiveness of an Educational Program on the Participation in a Nurse Practice Council

Jennifer Morgan, RN, BSN, CCRN, CNL candidate
Veteran's Affairs Hospital, Louisville Kentucky
Saint Xavier University

Learning Objectives:

- Identify and assess the barriers to participation in the nurse practice council
- Increase involvement of the nursing staff in the nurse practice council within the Medical Intensive Care Unit.
- Foster an environment of collaboration and improved practice

Purpose: There has been a historically low involvement of the staff nurses in the unit level nurse practice council. Several attempts have been made to start a council and have been unsuccessful, mainly due to low staff participation. The purpose of this research is to identify and assess those barriers to participation and the dissolving of these barriers in order to increase nurse participation in the council.

Study sample: Bedside staff nurses at the Louisville Veteran's Affairs Hospital's Medical Intensive Care Unit.

Methodology: Using a pre and post survey methodology we identified the key barriers to the participation in the nurse practice council. An educational program was developed and implemented based on these barriers. We compared the pre educational survey to the post educational survey to see if the intent for participation changed after an educational activity. The survey consisted of five likert scale questions and one open ended question to obtain additional information.

Results: The surveys identified 13 separate barriers in the initial survey. There was a significant improvement in the nurse's intent for participation in the nurse practice council post educational survey. Only 57% of the nurse pre educational survey intended to participate, this increased to 90% on the post-educational survey.

Conclusion: By understanding what the barriers of the nurse practice council are and addressing these issues with staff there has been a significant improvement in the intent to participation in the nurse practice council. However, one area that remains a concern to the nurses is managerial support.

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Best Evidence-Based Techniques For Smoking Cessation

Amber Miller, Nursing Student
Kelsie Witham, Nursing Student
Cariee Fannin, Nursing Student
Ashley Peterson, Nursing Student
Chelsea Wagner, Nursing Student
Megan Smith, Nursing Student
Michelle McClave, MSN, RN
Morehead State University
Morehead, Kentucky

The purpose of this study is to explore various nursing evidence based practices utilized in the education of patients on smoking cessation. We will compare three clinical facilities' methods of interventions for smoking cessation to one another and discuss their attributes and deficiencies. We will then compare these clinical sites to those analyzed from evidence-based, peer-reviewed articles of nursing interventions pertaining to smoking cessation within acute care, medical-surgical patient settings.

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Diabetes Self-Management Adherence, A Systematic Review of the Literature

Lisa G. Jones, MSN, RN, CCRN, PhD Candidate
Eastern Kentucky University
Richmond, KY

Aim. The purpose of this review is to identify factors that impede self-management adherence as well as factors that foster self-management adherence.

Background. Worldwide prevalence of diabetes mellitus continues to increase, as does the financial burden of the disease and its associated complications. Effective self-management of diabetes has been shown to decrease the risk of complications, as well as decrease the financial burden. Diabetes self-management requires tight glycaemic control, achieved through diet, physical activity and medications. Patients are frequently unable to maintain the required tight glycaemic control due to poor adherence to self-management practices.

Review methods. A search of the online databases CINAHL and Medline was conducted for research studies published between 2005 and 2010, and relevant hand-searched studies published prior to 2005. A total of 11 qualitative studies and 15 quantitative studies are included in this review.

Results. Major barriers to self-management adherence include complexity of self-management, health literacy, financial burden, availability of resources and lack of knowledge. Factors that support diabetes self-management adherence include education, self-efficacy, social support and goal setting.

Conclusion. As diabetes is a chronic disease, long term self-management is necessary. Sustained adherence requires ongoing education and social support. Healthcare providers can promote diabetes self-management and patient independence by implementing a model of care delivery that empowers the patient by providing clear, understandable directions, offering social support, and identifying available resources to support self-management behaviors.

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Sepsis: Will I Recognize The Next Event?

Phelan Bailey, RN, CEN
David Price, RN, CEN
Freda Kilburn, DSN, MSN, BSN, RN
St. Claire Regional Medical Center
Morehead, Kentucky

Abstract: Sepsis is a clinical syndrome that results from the human body's response to infection. There has been considerable confusion regarding the specifies of the various sequel of events with the occurrence of sepsis. According to Synder and colleagues (2012), suspected sepsis patients account for more than 500,000 emergency department visits annually, with respiratory and urinary infections being the most common cause. Hospitalizations for septicemia more than doubled from 326,000 in 2000 to 782,000 in 2008 and was the 11th leading cause of death in adults (34,843).

Patients presenting with sepsis to the ED for evaluation by a triage nurse are often the most challenging, complex, and difficult to definitively diagnosis. In sepsis, attempts have been made to provide a clear and accurate definition, but these efforts have not met with unanimous support. However, it appears that common consensus of sepsis is one with multiple signs and symptoms, which can vary among patients and within the same patient over time and can vary in severity from mild to shock to death. Unable to provide a definitive clinical picture and to formulate proper therapies certainly would not be beneficial nor lend itself to performance improvement, quality patient outcomes or establishment of best practices.

Purpose: Performance improvement based on evidence based guidelines is a challenge for emergency department nurses. With sepsis, it is further complicated by conflicting clinical signs and symptoms and the importance of early interventions for quality outcomes. In 2004 and again in 2008, Dellinger, Levy, and Carlet developed international guidelines for management of sepsis as a bundle concept. The bundle concept in sepsis management is defined as a group of interventions related to a disease process that when implemented together, result in better outcomes than when implemented individually. The bundle concept for sepsis includes six interventions.

Presently the ED of this small, 159 beds, rural Kentucky hospital has a seven page adult order set for the treatment of severe sepsis and septic shock. Multiple interventions are coalesced into a prototcol that focuses on therapies directed by specific physiological goals and alternative therapies when the desired outcome is not obtained. The purpose of this review is to determine the extent of use of the order set by the ED personnel and if the sepsis indicators were identified within a time frame.

Method: Data are being collected from the medical records of 43 patients that were admitted or discharged with a diagnosis of sepsis during January, February and March of 2012. Results are pending.

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Horizontal Violence: Nurses Not-So-Little Dirty Secret

Mary Ntinyari Mikiugu, Nursing Student
Marsha Roberts, MSN, RN, CFRN, EMT
Eastern Kentucky University, Richmond, KY

This was a research endeavor. The impetus for this project was to get a closer look whether nursing

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students experience horizontal violence and if so, raise awareness on what the behaviors look like and what can be done to eradicate the problem.

Previous studies on workplace bullying among nurses found that nursing students are easy targets for bullying. Yet very few of those studies have included nursing students as the main participants. Therefore, a survey was formulated to find out the frequency and experiences of horizontal violence among nursing students.

Students lack formal instruction in dealing with conflict, asserting their rights, and accessing resources to assist with the development of their professionalism. Professionalism begins with the individual. How will nursing students choose to look at, relate to, and value their peers to promote collegiality?

This presentation will display results of this study through evaluation of student surveys. The overall sample of Associate Degree Nursing students and a small number of registered nurses enrolled in a local college. The study was both a descriptive and quantitative that lasted two months during summer semester 2012. The research topic was presented to the nursing department research mentor for guidance and thereafter submitted to the Institutional Review Board for approval. A questionnaire was the method used to collect data.

The results of the study will be fully noted by the student with the mentor as a support. A discussion will be done discussing the results of the study, the realities that came out of the study, and the plan of where we go next with this topic.

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Comparison of Nursing Interventions for the Prevention of Hospital Acquired Pressure Ulcers

Jeremy Back, Nursing Student
Cassie Farmer, Nursing Student
Sylvia Hedge, Nursing Student
Audreanna Helton, Nursing Student
Lauren Porter, Nursing Student
Michelle McClave, MSN, RN
Morehead State University
Morehead, Kentucky

Hospital acquired pressure ulcers are becoming increasingly problematic in the health care setting. Nursing interventions are essential to the prevention and treatment of pressure ulcers. Additionally, appropriate nursing interventions can promote optimal health status, decreased length of stay, lower costs of care and increased patient satisfaction. The purpose of this study is to compare three clinical sites methods of intervention and treatment of hospital acquired pressure ulcers. This will be accomplished through the utilization of the National Database of Nursing Quality Indicators (NDNQI) to promote the use of Evidence-Based Practice Guidelines in the chosen three clinical sites.

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Examining Nursing Documentation In Patient Care

Sylvia Hedge, Nursing Student
Christa Bledsoe, MSN, RN
Morehead State University
Morehead, Kentucky

Documentation within a patient's medical record is a vital aspect of nursing practice. Nursing documentation must be accurate, comprehensive, and flexible enough to retrieve critical data, maintain continuity of care, track client outcomes, and reflect current standards of nursing practice. There are many different ways of documenting care. Narrative source-oriented and problem oriented charting methods are used, as are focused charting, charting by exception, and computer-assisted documentation. Recommendations from evidenced based literature are established based on deficiencies and attributes of a medical facility documentation tool.


The Human Touch by Marge

THE PAINTING

"The Human Touch" is an original oil painting 12" x 16" on canvas which was the titled painting of Marge's first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

The Human Touch

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Limited Edition Prints
by
Marjorie Glaser Bindner
RN Artist

Limited Edition Full Color Print
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Note Cards—5 per package for $6.50

The Human Touch

Her step is heavy
Her spirit is high
Her gait is slow
Her breath is quick
Her stature is small
Her heart is big.
She is an old woman
At the end of her life
She needs support and strength
From another.

The other woman offers her hand
She supports her arm
She walks at her pace
She listens intently
She looks at her face.
She is a young woman at the
Beginning of her life,
But she is already an expert in caring.

RN Poet
Beckie Stewart*

*I wrote this poem to describe the painting, ***The Human Touch*** by Marge."
Edmonds, Washington 1994

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Professional Nursing in Kentucky * Yesterday * Today Tomorrow

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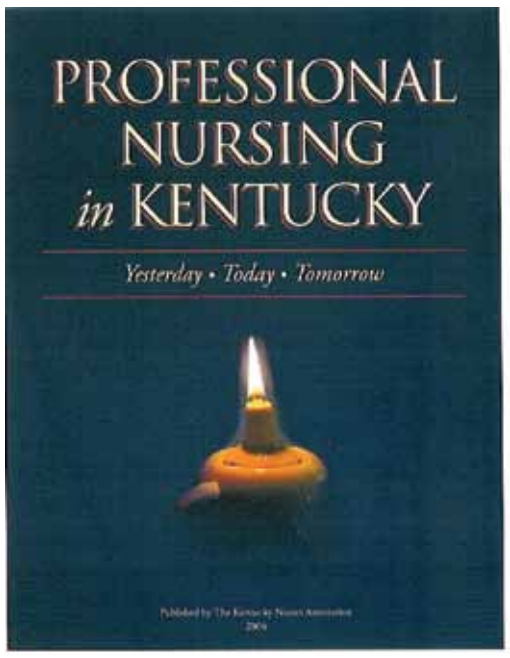
The Editors have collected pictures, documents, articles, and stories of nurses, nursing schools, hospitals, and health agencies to tell the story of Professional Nursing in Kentucky from 1906 to the present.



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Welcome New Members

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the January/February/March 2013 issue of the *KENTUCKY NURSE.*

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Jennifer Ajkay
Canda R. Byrne

District #11
Beth Ann Meade

KNA
KENTUCKY NURSES ASSOCIATION

Kentucky Nurses Association Calendar Of Events 2013

May 2013
13 Materials Due for the July/August/September 2013 Issue of ***Kentucky Nurse***

27 Memorial Day Holiday – KNA Office Closed

June 2013
11 Materials Due for the ***Call to Summit*** 2013

July 2013
4 Fourth of July Holiday – KNA Office Closed

August 2013
12 Materials Due for the January/February/March 2013 Issue of ***Kentucky Nurse***

September 2013
2 Labor Day Holiday – KNA Office Closed

October 2013
3 6:00 PM KNA Board of Directors Meeting,
Capital Plaza Hotel, 405 Wilkinson Boulevard, Frankfort, KY 40601

4 **Summit 2013**
Capital Plaza Hotel, 405 Wilkinson Boulevard, Frankfort, KY

*All members are invited to attend KNA Board of Directors meetings (please call KNA first to assure seating, meeting location, time and date)

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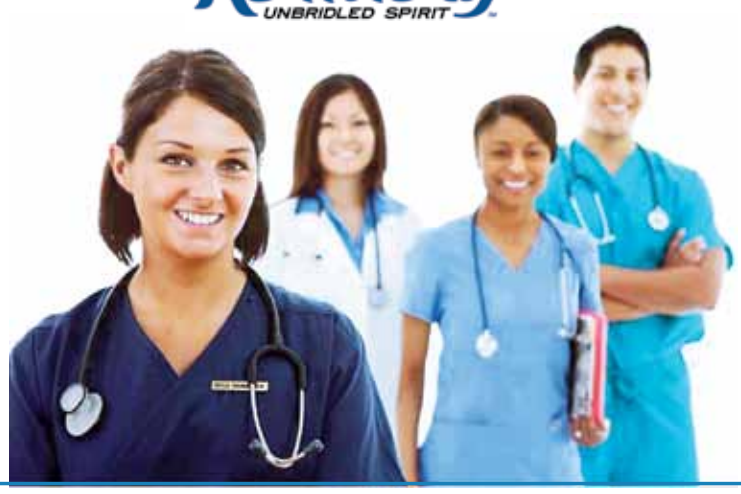

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KNA Centennial Video
Lest We Forget Kentucky's POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. *"During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.*

POW NURSES
Earleen Allen Frances, Bardwell
Mary Jo Oberst, Owensboro
Sallie Phillips Durrett, Louisville
Edith Shacklette, Cedarflat

_____ **Video Price: $25.00 Each**

_____ **DVD Price: $25.00 Each**

_____ **Total Payment**

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KENTUCKY NURSES ASSOCIATION
MEMBERSHIP APPLICATION FORM

How Did You Hear About KNA? _____

❑ Mrs. ❑ Ms. ❑ Miss ❑ Mr.

Last Name: _____ All Credentials: _____

First Name: _____ Graduation Month & Year: _____

Middle Name: _____ Pre-Licensure Program: _____

Maiden Name: _____ Employer: _____

Nick Name: _____ Employer Address: _____

Mailing Address: _____ Employer City/State/Zip Code: _____

City/State/Zip Code: _____ Work Phone: _____

Home Phone: _____ Work Fax: _____

Home E-Mail: _____ Work E-Mail: _____

RN Licensure Number: _____

State of Licensure: _____

State Nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. Consult your tax **advisor.**

I. MEMBERSHIP CATEGORIES
(choose one)

____ **FULL MEMBER (Select One)**

____ Full Membership/Full Time Employment

____ Full Membership/Part Time Employment

____ **ASSOCIATE MEMBER**
(Receives Full Benefits) (Select One)

____ 1) RN enrolled in at least half time study as defined in KNA policies*
*** School**

_____
(KNA reserves the right to verify enrollment)

____ 2) Graduate of prelicensure program within one year of graduation

_____
(KNA reserves the right to verify enrollment)

____ 3) Registered nurse not employed

____ **SPECIAL MEMBER (select one)**

____ 1) Registered nurse who is retired and not actively employed in nursing

____ 2) Registered nurse who is currently unemployed as nurse due to disability

____ 3) Impaired registered nurse with limited membership

NOTE: Your dues include the following annual subscriptions: **The American Nurse, the American Nurse Today,** and **The Kentucky Nurse**

Make Checks Payable to:
AMERICAN NURSES ASSOCIATION

MAIL CHECK AND APPLICATION TO:

KENTUCKY NURSES ASSOCIATION
P.O. Boxc 2616
Louisville, KY 40201-2616
Tel: (502) 637-2546
Fax: (502) 637-8236

TO PAY USING A BANK CARD

_____
Visa / Mastercard

_____
Card Expiration Date

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Signature

II. PAYMENT OPTIONS
(Amount Includes ANA/KNA/District Membership)

FULL MEMBER

___ Monthly—$24.75—Withdrawal from your checking account. (Enclose check for 1st month payment. Signature is required below.* See **monthly bank draft** section)

___ Annual—$291.00—Enclose check or pay by credit card

ASSOCIATE MEMBER

___ Monthly—$12.63—Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.* See **monthly bank draft** section.)

___ Annual—$145.50—Enclose check

SPECIAL MEMBER

___ Monthly—$6.56—Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.* See **monthly bank draft** section)

___ Annual—$72.75—Enclose check

***MONTHLY BANK DRAFT**

In order to provide for convenient monthly payments to American Nurses Association, Inc (ANA), this is to authorize ANA to withdraw 1/12 of my annual dues from my checking account on the 15th of each month; ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice; the undersigned may cancel this authorization upon written receipt by the 15th of each month

* _____
Signature for Bank Draft Authorization

KNA Use Only

State _____ District _____

Exp. Date _____ Payment Code_____

Approved by _____ Date _____

Amount Enclosed _____

KNA
KENTUCKY NURSES ASSOCIATION

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