National Nurses Week: RNs as Leaders

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 rated “very high” or “high” by 85 percent of poll respondents.

The nursing workforce

RN survey and projections—Nursing is the largest health care profession, 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.

The public wants leaders they can trust—and nurses consistently rank at the top of a respected annual poll as the most trusted profession. Nurses’ honesty and ethical standards. Nurses’ influence the quality of care and overall performance of the system into the future.

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 100th 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.

The Article can be found at www.nursingworld.org

STUDENT SPOTLIGHT

Transformational Leadership

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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.

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 license after 2003.
NURSING FACULTY: Midway College, a four-year liberal arts college founded in 1847, seeks applicants for tenure-track positions in the Associate Degree Nursing Program.

Nursing Instructor & Clinical Coordinator: Responsible for student placement & monitoring student progress in clinical performance. Conducts clinical site visits, monthly clinical level meetings, orientation of new clinical instructors, & evaluation of clinical instructors. Assists the Division Chair with the implementation of the Nursing Student Orientation Program. Request for Clinical Site. Teaching responsibilities of half time faculty.

Adjunct Clinical Instructors: Oversight, instruction and evaluation of student performance in clinical experiences. Required degree is required, teaching experience preferred. (1) Minimum two year nursing experience. Direct inquiries to Barbara Kitchen at (502) 446-5370 or e-mail barbara.kitchen@midway.edu.

Review of applications will begin immediately and continue until the positions are filled. Send a letter of application, curriculum vitae, unofficial transcripts and names and addresses of three references to Anne Cookley, SPHR, Director of Human Resources, Midway College, P.O. Box 2616, Bowling Green, KY 42104-1543. Visit Midway College at www.midway.edu.

Notices of Nine Determination: Midway College has written policies for the removal of the basis of race, color, religion, national or ethnic origin, sex, age, or disability to the elimination of its educational policies, scholarship and loan programs, and other activities. These statements shall be made publicly available in the Office of the College President, 125 Maywood Avenue, Murray, KY 42071 and in the Office of the Dean of Student Affairs, 1310 Baptist Hill Road, Owensboro, KY 42302.

We have put the above information in our faculty handbook and our faculty are reminded of it regularly. We work in a community that supports and understands people who have medical conditions that may need additional health care. For those in our community who have a medical condition, a disability, we are committed to doing what we can to accommodate it.

Applying online at lensvensborohs.org

April, May, June 2013

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education and training and ensuring that RNs are full partners with physicians and other health care professionals in a redesign of 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, an increased risk of adverse events, and higher nurse burnout.

The current nurse shortage and the difficult economy have only added to the strain. According to a 2012 report by New York City’s Public Health Department, hospitals are acting as if the staffing crises are temporary. By prioritizing financial outcomes over patient outcomes, hospitals are increasing the nurse to patient ratios, diminishing time for bedside care and patient care unit—problems include poorer health outcomes, Nurse shortage and safe nurse staffing education and training and ensuring that RNs are the full partners with physicians and other health care professionals in a redesign of health care system.

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, Carmel Manor Rd. 859-781-5111, a constituent member of the American Nurses Association. Subscriptions available at $19.00 per year. The KNA membership 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, salesmidway.com. 10mm microfilm, 35mm microfilm, and microfiche and article copies are available through University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

The purpose of the Kentucky Nurse shall be to convey information relevant to KNA members and the profession of nursing and practice of nursing in Kentucky.

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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 affected 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.


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.
Transformational leadership begins with a vision. Once that vision is captured by the leader, he or she then “injests” this vision into others with motivation, enthusiasm, and encouragement (Hall, Johnson, Wysocki, & Kepern, 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. Even during times of hardship the leader must constantly be visible to others and have the attitude and perform the action as a coach. The leader must constantly be visible to their vision. Everyone must have a clear picture of her followers with a clear direction, or purpose, for well. Along with this, the leader must supply his or her followers often follow suit. 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 belongs 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 example. By demonstrating the transformational leader gains trust and respect from the followers. They are more likely to recognize the benefits of changing goals to bring 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 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 can buy into what they are saying because they feel inspired by them. This is especially important when challenges are faced. A lot of leaders 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. For the followers to buy into what they are doing, 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 only individually satisfied with the status quo. They 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).

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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 the leader to recognize 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. By adopting a transformational approach, the 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 opposed to dictating, ordering, and controlling them (Straker, 2012). It’s a teamwork approach in which the followers share a common vision with their leaders. They establish 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.

References


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 during both fall and spring semesters to determine the levels and frequencies of moral distress triggered by given clinical situations. Results were analyzed using qualitative descriptive comparison. Again, no significant correlation was provided on the influence 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 situations 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 in which one knows the right thing to do, but institutional constraints impede or prevent one from doing so (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 contributes to high levels of emotional stress and can negatively influence 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 inevitable. It is a part of working with vulnerable populations. 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). The deficit of male participants provided another limitation to the research and development of coping strategies and interventions to be taught in the academic setting. 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%). Juniors 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) The student was not competent as patient care required, 2) 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 caused 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 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 was similar to the nursing 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.

Conclusion

In conclusion, this study found moral distress occurs most frequently in nursing school, 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.

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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 instrument was reviewed and approved by the university’s Institutional Review Board. After obtaining informed consent, each subject completed the validated questionnaire to construct moral distress survey to determine the perceptions of moral distress levels and frequency of moral distress. The instrument was adapted from 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 the number of children if applicable and to rate his/her level of moral distress and the frequency in 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 interpret the numbers (Krippendorff, 1998). The data was grouped into understandable and manageable chunks (Sandelowski, 2000).

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 researching 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 for 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.

Moreover, 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.

Nurse Practitioner

Graves-Gilbert Clinic Urology Department is seeking an experienced Nurse Practitioner who is willing to join a thriving and growing Urology Practice.

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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, RN, MSN 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 am honored to present this thesis and what is now the beginning of my research for nursing.

References


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 degree 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.


Wechsler, H. W., & Wechsler, H. (1996). Variation in campus, Owensboro, KY; Chief Nursing Officer, (Ms. Vicki Stogsdill, RN, MSN, MBA, CNAA, FACHE, Cynthia Alvey, MSN, RN and Diane Chlebowy, PhD, RN

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The school is approaching its 39th year in 2013, a 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 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.

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Strategies recommended from IOM to attain the 80% BSN workforce include collaboration with public and private 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 utilizing synchronous technology to broadcast didactic classes 110 miles west in Owensboro, KY. With understanding and improving health and objectives for improving health (2 vols.): U.S. Department of Health and Human Services. United States Department of Health and Human Services (2001). Healthy People 2010, 2nd ed.

As a Registered Nurse, you understand the importance of education. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master's degree will make you an even better nurse. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master's degree will make you an even better nurse. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master's degree will make you an even better nurse. Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master's degree will make you an even better nurse.

A degree from Indiana Wesleyan University makes a statement.

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to address concerns as they arose or to prevent them. Clinical and some tenured faculty from the SON were able to attend the courses and exams of August to go over courses and discuss strategies to improve teaching or student learning needs.

The OWLF was taken as an opportunity for all 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 their Owensboro classmates.

Faculty salaries. Hence, the budget was negotiated and captured through the OMHS’ ability to be fronted on the City auditorium to allow Owensboro students to enter into the upper division, a transitions ceremony into the profession of nursing. Students from both programs and with the dean, BSN director or faculty and with the director of the Owensboro extension campus.

Additionally, the OMHS education building was remodeled and became the SON’s program extension space. A reception area, secure records or other agencies within the Owensboro community, differed as they were arranged in the OMHS hospital with the UofL faculty and fellow students during the use of broadband and real time audio-video design and purchase took almost six months.

Faculty for OMHS was hired in a staged process and with face to face interactions. Technology but valued their clinical faculty and actively participated in the recent CCNE reaccreditation. The OMHS director served on the CCNE Task Force and the college’s 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 area.

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 the Owensville SON. Now after its full year of implementation OMHS has its own full complement of eligible applicants to admit as a full complement of students.

Each semester of the first year as junior students entered into the upper division, a transitions ceremony into the profession of nursing. Students from both the SON and OMHS are present together on a Son-day 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 reinforce and addressed student concerns after all broadcasted lectures until the first student staff person were hired and phased in to begin the transition.

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 exaggeration in saying that students succeed because of their faculty. You know the profession will be stronger because of your participation in its development and growth. The SON Office of Student Services staff traveled to OMHS during the early parts of the SON traveled to OMHS during the early parts Of Nursing. Three years after the first student has arrived, the program is near capacity and we are hiring full-time faculty. Beyond the initial renovation costs and ongoing maintenance, we have also been able to augment instruction, especially in light of Kentucky Nurse  •  Page 8 April, May, June 2013

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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 workforce of 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 significant contributions to the program. Initially, the OMHS was 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 about the program and was interested in transitioning to a BSN. The number was created to save long distance costs for interested Owensboro students. Class schedules had graduated students are spread throughout Eastern Time and Owensboro on Central Time.

Beyond the initial renovation costs and ongoing maintenance, we have also been able to facilitate their smooth transition into the rigorous upper division curriculum. By increasing our BSN nursing students we can better serve the needs of the community. At the same time, we have a bigger impact on nursing programs across the state and national contributors for the good of the profession will be stronger because of your participation in its development and growth. The OMHS education building was remodeled and became the SON’s program extension space. A reception area, secure records or other agencies within the Owensboro community, differed as they were arranged in the OMHS hospital with the UofL faculty and fellow students during the use of broadband and real time audio-video design and purchase took almost six months.

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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.

References


opportunities to meet the needs of the changing mission of delivering quality education by providing evolved while remaining true to the university's Eastern Kentucky University (EKU) has continually changes in the delivery of nursing education, nursing providers, including nurse practitioners and mandated increasing the number of health care Kentucky. citizens of the central, eastern and southeastern educational opportunities to meet the needs of the each program was designed to provide outreach University's primary mission of providing students with the highest quality of education. Additionally, master's programs were fully accredited. In response 2001 and again in 2011 both the baccalaureate and granted initial accreditation for a full five years. 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 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 certification, in order 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 at the regional health care 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 Bill HB 158, 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 Board of Nursing (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 without. 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 programs utilize Ahode 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 online 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 individualized attention, they need to succeed, we have laid the groundwork for nursing excellence in the Commonwealth for the next century.
Andrey Darville, PhD, APRN, CNTS, assistant professor, University of Kentucky College of Nursing, was selected by the Kentucky Nurses Association Board of Directors to receive 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 Group; Patricia Dugan, PhD, RN, APRN, assistant professor, Marie Cowan Young Investigator Award; and Susan Frazier, PhD, RN, FAAN, 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 professorship, University of Kentucky College of Nursing and the FAHA, Susan Frazier, PhD, RN, APRN, assistant professor, inducted as a Fellow of the American Heart Association.

Terry Jepson, MSN, APRN, faculty member at Western Kentucky University, will be retiring after the current semester but will remain in the graduate program for a time. Terry has been on faculty at WKU since 1997 and previously taught at Austin Peay State University in Clarksville, TN. Terry has an additional 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 Program 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.” This project is part of a portfolio of patient-centered comparative clinical effectiveness research that supports the 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-morbidity 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 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 Searsly, President, KLPNO
Phone (270) 554-9499 or Email: srgacsiy@hotmail.com
Peggy Fishburn, Treasurer, KLPNO
Phone (270) 237-7703 or Email: KLPNurse2001@yahoo.com

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 Hernandez 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.

Methods: 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 83.3% of the participants was female, age mean 73.13± 8.09, the mean of gait velocity was 0.76±0.12 m/s, 53% walked slower (velocity low that 1 m/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.

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 promote 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 interventions in clinical practice as a method of improving critical thinking. 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 Dispositions Inventory (CCTDI) 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 CCTDI 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 clinical practice and 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.
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 does the practice doctorate. The focus on current clinical contact with patients and other professionals only strengthens the DNP’s 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.

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

Gilbert Bangha, Nursing Student
Mihekl Matcharadza, Nursing Student
Alison York, Nursing Student
Teresa R. Villarazo, M.S., APRN, CCRN
Berea College
Berea, Kentucky

Purpose
The purpose of this project is to Research, Collaborate, and Integrate an Electronic Medical Record (EMR) into the clinical 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 Improvement1, we are studying how to evaluate and disseminate EMR technology into course work. Student researchers are utilized to gain their input as future users, and create a 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 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 that “The Baccalaureate Education for Professional Nursing Practice”4 is essential. Essential IV emphasizes the need for nurses to have “knowledge and skills in information management and patient care technology.5 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 faculty manage knowledge, mitigate error, and support decision making.6 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 technology, but increasing awareness of 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 course in their final semester of study 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. EMR use for students in 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 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.

References

Administration Of Librium Using CIWA & COWS

Evaluation Scales

Carla G. Hamilton, BSN, RN
Alcohol, Drugs and Mental Health 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 co-existing medical disorders that place them at risk, and where the child may be within the hospital.

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, University of Kentucky Medical Center
Lexington, Kentucky

Background
Prevention of falls and keeping children safe are important hospital priorities and concerns. In 2000, hospital administrators and healthcare providers were aware of the potential for fall injuries to occur and that fall injuries could result in hospitalization, and increased cost. Appropriate intervention in the use of age appropriate fall scales results in improved quality of care and a decrease in hospitalization rates, and increased cost. Appropriate use of age appropriate fall scales results in improved quality of care and a decrease in hospitalization rates, and increased cost. Appropriate use of age appropriate fall scales results in improved quality of care and a decrease in hospitalization rates, and increased cost. Appropriate use of age appropriate fall scales results in improved quality of care and a decrease in hospitalization rates.

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 does the practice doctorate. The focus on current clinical contact with patients and other professionals only strengthens the DNP’s 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.

Results/Finding

Recommendations for Kentucky Children’s Hospital are that:

- KCH implement an appropriate pediatric fall scale assessment tool and protocol. The assessment’s Hospital (RCH) does the use of the “Little Schmidt” Pediatric Fall Scale, vs. the current use of the Cummings Pediatric Fall Scale, help to reduce falls by identifying and preventing patients at risk for falls, thereby resulting in preventive interventions?

- The recommended pediatric tool for adoption is the UCSF Medical Center “Little Schmidt” 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.
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 prior to shift. The CIWA-S scale evaluates 12 symptoms with a value placed on heart rate. The values are added up and the total score represents the CIWA-AIS withdrawal severity level. Librium is administered if the score falls within a range established by the medical staff.

Poster Presentations continued from page 12

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 project 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 several models of critical thinking. 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 support of 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. This exercise included a learning experience that is inclusive of nursing theory and evidence to create a learning environment that is reflective of critical thinking. The exercise included a learning experience that is inclusive of nursing theory and evidence to create a learning environment that is reflective of critical thinking.

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

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

Abstract: This project 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 several models of critical thinking. 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 support of evidence. Providing the tools that students need to make thoughtful decisions is inclusive of experience and building on basic skills.

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 project, and the measurement of any patient outcomes. 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.

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 are significant, fatty liver, metabolic syndrome, asthma, dyslipidemia, sleep apnea, coronary artery disease, orthopedic and psychosocial issues, among obese children to rise which add to the health care crisis at hand. These relationships are seldom reported.

Purpose: The 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, providing 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, family history were collected through interview process involving the guardians.

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

Discussion: 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 Cleverger, 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 programs to promote the development of cultural competence in nursing students has not been implemented at the study university. This study, which tested 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 nonequivocal 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; both groups were administered the IAPCC-SV before and after participating in a service project.

A t test for paired means 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 that levels increased for both groups, following the service experiences. The results suggest any type of service experience can enhance cultural care for diverse populations, increase cultural competence, and thus contributing to positive social change.

References

Circadian Rhythm and Shift Work
Rhoda Janes, MSN, RN
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 shifts 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.

Method: The National Sleep Foundation (NSF) report that the average shift worker experiences 6 hours less of sleep on the day shift than normal diurnal sleepy. In addition shift work upsets the body's internal clock (circadian rhythm) which controls all of our sleep patterns, body temperature and blood pressure. The effects of shift work are supported by data from the International Agency for Research on Cancer (IARC) that is associated with an increased risk of different cancer types such as breast, prostate, lung, and colorectal.

Objectives: To explore 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 rotating shifts or fixed daily, 12-hour shifts. Shift work can also influence nurses' job satisfaction, longevity, and psychosocial problems.

Context: (American Nurses Association, 2004) essentially concludes that the practice of shift work is complex and significant to nurses and other health care professionals. Several studies have been conducted that have focused on the effects of shift work on the psychological, physical, and social aspects of nurses and other health care professionals. One of the most significant factors is the disruption of the circadian rhythm. This rhythm is also responsible for diurnal variations in body temperature and blood pressure. Nurses working rotating shifts are disrupting this rhythm which affects the circadian rest-activity cycle. The circadian rhythm orchestrates the sleep/wake cycle and affects a persons' immune response, ability to concentrate, energy level, appetite and level of alertness. In the industrial world this rhythm also influences hormone production, mood 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 that are influenced by light.

The National Sleep Foundation (NSF) reports that about the persons' exposure to light or to darkness. This exposure to light stimulates a neural pathway from the retina through the hypothalamus. There is a lot of research that has shown that light exposure affects neurotransmitters in the brain to a large extent. The hypothalamus, the supra-chiasmatic nucleus (SCN) works like a clock that triggers a regulated pattern of rhythms that is synchronized with the environmental cycle. The National Sleep Foundation (Sleep Foundation, 2012). During the day melatonin secretion is suppressed but as darkness occurs the SCN stimulates the pineal gland to release melatonin. Melatonin is linked to the body's circadian rhythm, and affects a persons' immune response, ability to concentrate, energy level, appetite and level of alertness. In the industrial world this rhythm also influences hormone production, mood 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 that are influenced by light.
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/mmwrhtml/mm6004a1.htm). The average sleep duration of night shift workers is 2 to 4 hours shorter than that of age matched individuals sleeping at night (https://sleepcenter.ucla.edu/boa). 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 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 manufacturer instructions.

**Discussion:** Restorative sleep contributes to an individual’s 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.

**References**


**SETTING THE RECORD STRAIGHT**

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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 (T2D) 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 States).
States. This chronic condition increases the risk of other morbidities, including heart disease, stroke, hypertension, hyperlipidemia, neuropathies, and malignancies. With this premise, it is often observed 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 added in the development of Active Steps for Diabetes, a twelve-week community-based diabetes self-management program. Initially, it consisted of two hours twice a week. Active Steps for Diabetes is a collaborative effort between nursing and physical therapy personnel, and specialty education is provided by dietitians, nurses, 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 participant’s self-management, to address the effects of medications specific to the individual; provide meals that incorporate favorite foods with appropriate portion sizes and choices; and design supervised exercises unique to the participants’ physical limitations. ASDP is constantly evolving, studying and attempting to remove all barriers to participation 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 A1C, body mass index, 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 Active Steps participants have demonstrated significant improvement over the standard programs in A1C’s 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.

Assessment of Barriers and the Effectiveness of an Education Program on the Participation in a Nurse Practice Council
Jennifer Morgan, RN, BSN, CNRN, CNL, candidate
Veternan 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 Center
• 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 in the past 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 in the nurse practice council in order to increase nurse participation in the council.

Study sample: Biddles staff nurses at the Louisville Veterans Affairs Hospital 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 ended question to obtain additional information.

Results: The surveys identified 13 separate barriers to increased participation in the nurse practice council and participation increased to 90% on the post-educational survey.

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

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 glycemic control, routine physical activity, and medications. Patients are frequently unable to maintain the required tight glycemic control due to poor adherence to self-management practices.

Methods: A search of the online databases CINAHL, and Medline was conducted for research on self-management adherence from 2000 and 2005, and relevant hand-searched studies published prior to 2005. A total of 14 qualitative studies and 15 quantitative studies were included in the review.

Results: Major barriers to self-management adherence include complexity of self-management, patient and family social and decision-making resources, availability of support, 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 multifaceted approach to diabetes treatment by the patient by providing clear, understandable directions, offering social support, and identifying available resources to support self-management behaviors.

Best Evidence-Based Techniques For Smoking Cessation
Amber Miller, Nursing Student
Kelsie Witham, Nursing Student
Carrie Fannin, Nursing Student
Ashley Peterson, Nursing Student
Chelsea Wagner, Nursing Student
Megan Scandling, 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 the benefit of combining these interventions. 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.

Assessment of Barriers and the Dissolving of these Barriers in Intensive Care Unit
Lisa G. Jones, MSN, RN, CCRN, PhD Candidate
Eastern Kentucky University
Richmond, KY

Purpose: To assess the barriers to participation in the intensive care unit and to identify factors for the dissolution of these barriers and the involvement of the staff nurses in the unit level intensive care unit.

Aim: The purpose of this research is to identify and assess those barriers to participation in the intensive care unit practice council and participation increased to 90% on the post-educational survey.

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

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Sepsis: Will I Recognize The Next Event?
Phelan Bailey, RN, CEN
David Price, RN, CEN
Fredi 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 specifics of the various sequel of events with the difference of opinion among nurses and colleagues (2012), suspected sepsis patients account for more than 500,000 emergency department visits annually with respiratory and urinary tract infections being the most common cause. Hospitalizations for sepsis has more than doubled from 326,000 in 2000 to 701,600 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 is often the most challenging, complex, and difficult to definitively diagnose. In sepsis, attempts have been made to provide a clear and accurate definition, but these efforts have not met with unanimous success. However, it appears that common consensus of sepsis is one with multiple signs and symptoms, which can vary independently 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 modified international guidelines for management of sepsis as a bundle concept. The bundle concept in sepsis management is defined as a group of interventions for the treatment of severe sepsis and septic shock. Multiple interventions are coalesced into a protocol that focuses on therapies directed by specific physical 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 nurse and within the sepsis indicators were identified within a time frame.

Method: Data are being collected from the medical records of 45 patients that were admitted or discharged with a diagnosis of sepsis during January, February and March of 2012. Results are pending.

Horizontal Violence: Nurses Not-So-Little Dirty Secret
Mary Mniyari Mikiugu, Nursing Student
Marsha Roberts, MSN, RN, CCRN, EMT
Eastern Kentucky University
Richmond, KY

This was a research endeavor. The impetus for this project was to get a closer look whether nursing
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 qualitative research project. It is also a multiple choice test on which to assess the development of their professionalism. Overall, the students showed a higher level of professionalism than their counterparts in other studies.

The results of the study will be fully noted by the student with the mentor as a support. A discussion with the mentor for guidance and thereafter submitted to the nursing department to be reviewed by the Institutional Review Board. A questionnaire was the method used to collect data.

The results of the study will be published in the next issue of the Journal of Nursing Education. The study will be published in the next issue of the Journal of Nursing Education.

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, decrease 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.

Examining Nursing Documentation In Patient Care

Sylvia Hedge, Nursing Student
Christa Bedsoe, 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 effectiveness and reliability of a medical facility documentation tool.

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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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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<th>Option 3</th>
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<tr>
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<td>14k gold vermeil over</td>
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