Montana’s Dr. Deanna Babb
Inducted to American Academy of Nurse Practitioners

Dr. Deanna Babb is a family nurse practitioner leader providing primary care in central Montana. She was honored in the spring of 2013 as “Unsung Hero” for her caring, personalized health care and serves as faculty for Montana State University and is the past Coordinator of the FNP program. She was the recipient of the AANP Montana Nurse Practitioner Advocate of the Year and MNA Excellence for Advanced Practice Nurse. Dr. Babb actively works at the state and federal level to promote independent NP practice and generously shares her knowledge of scope of practice and healthcare business development with her NP colleagues across the nation.
Please visit MNA’s constantly updated website!  
www.mtnurses.org

Enjoy a user friendly layout and access to more information, including membership material, labor resources, Independent Study Library, and more downloadable information.

2014 MNA Student Scholarships
2 Scholarships to be awarded: 
$1,000 will be awarded to an APRN Graduate Student 
$1,000 will be awarded to an Undergraduate Nursing Student
Requirements are as follows: 
Submission of student essay 
Nomination letter from a nursing faculty member 
Student must be enrolled in an accredited nursing program 
The qualities of a successful candidate will demonstrate leadership qualities and advocacy for the nursing profession as documented in the nomination documentation.
Due date for application is no later than September 22, 2014.
Email submissions to Kim@mtnurses.org.

Published by: Arthur L. Davis
Publishing Agency, Inc.

Big Horn Hospital Association
Big Horn County Memorial Hospital Heritage Acres

Acute Care RN
Evening/Night FT Position & Per Diem Shifts Available
(Ob Experience Preferred)

Long Term Care
RN or LPN
FT Night Shift

Swing Bed RN or LPN
FT Day Shift

Please see application at www.bighornhospital.org/careers

Send application and resume to:
Human Resources
Big Horn Hospital Association
17 N Miles Ave, Hardin, MT 59034
For information call: (406) 665-2310
EOE

CONTACT MNA
Montana Nurses Association 
20 Old Montana State Highway, Montana City, MT 59634
Phone: (406) 442-6700 Fax: (406) 442-1841
Email: info@mtnurses.org
Website: www.mtnurses.org
Office Hours: 8:00 a.m. - 5:00 p.m. Monday through Friday

VOICE OF NURSES IN MONTANA
MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:
• Council on Practice & Government Affairs (CPGA) 
• Council on Economic & General Welfare (E&GW) 
• Council on Continuing Education (CCE) 
• Council on Advanced Practice (CAP)

MISSION STATEMENT
The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

CONTINUING EDUCATION
Montana Nurses Association is accredited as an approved provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Montana Nurses Association (OR042, 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an approved provider by the American Nurses Credentialing Center’s Commission on Accreditation.

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Questions about your nursing license? Contact the Montana Board of Nursing at: www.nurse.mt.gov

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WRITER’S GUIDELINES:
MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in The Pulse. Please limit word size between 500-1000 words and provide resources and references. MNA has the right to accept, edit or reject proposed material. Please send articles to: kim@mtnurses.org

Correctional Nursing
Best Kept Secret in Nursing!
At CCA, we do more than manage inmates, we care for people. CoreCorrecon Corporation of America (CCA) is currently seeking Correctional Practitional Nurses, Registered Nurses, & an APRN in Montana who have a passion for providing the highest quality care in an institutional setting.
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17 N Miles Ave, Hardin, MT 59034
For information call: (406) 665-2310
EOE

www.mtnurses.org
We live in a litigious society and, at times, our work as nurses puts us squarely in the middle of the legal realm. Being contacted by an attorney or a member of law enforcement is very stressful and a situation many of us were not trained on how to appropriately respond.

If you are contacted by an attorney and the subject matter relates to your work for an employer or something you may have observed while doing work for the employer, the first thing a nurse should do is inform the inquiring party that you are bound to report the encounter to your employer and the employer will then respond to the inquiry. If you receive a letter, provide your employer with the letter. If you are called on the phone, explain that you must report to your employer before you are able to respond to any questions. Don't be bullied by pushy persons, it is always appropriate to tell a caller that you will have to call them back at a time which is more convenient for you. Remember, the caller WANTS something from you and that puts you in the power position.

It may be true that your employer has also been contacted by the attorney, but not always. Sometimes legal action begins with an investigation of sorts, sometimes a private investigator will attempt to contact staff before a suit has even been filed. The most important thing to remember is not to answer any questions until you have reported the interaction to your employer. The nurse should contact their supervisor AND risk management as quickly as possible and turn the matter over to them, they are the experts.

If you find that as a nurse, you are personally named in litigation, you should also contact your malpractice carrier as soon as possible, they too are experts and will guide all your future interactions throughout the process.

Another common scenario is a chain of custody issue. Perhaps a nurse was working in the Emergency Department and collected a sample from a crime victim or a crime suspect. When that case comes closer to trial, it is common that the nurse will be contacted by the district attorney or a defense attorney. In either case, the appropriate action is to report the details of the contact to your supervisor and risk management who will council you on next steps. Although a nurse must ultimately be cooperative with law enforcement, they also have a duty to report to their employer all legal matters relating to their work for the employer. This will result in a win-win for the nurse and the employer.
Importance Of Being Familiar With Policies And Procedures

How many of us recall ALL the details of our first couple weeks at a new job? In reality, very few of us would honestly say we did. In many instances, it is during this time that new employees are provided with the employer’s policies and in some cases, procedures. This is also the time, when new employees are given vast amounts of new information about the facility and how practice of nursing works there. It is common that many employers have new employees sign a document acknowledging they received (and have read) the company’s policies.

Since all employees are required to strictly adhere to the employer’s policies, and many employees have signed a legal document binding them to said policies, the best practice is to read and become intimately familiar with them. You are responsible for knowing them and practicing according to facility rules and regulations.

Procedures are often outlined in a manual, or more commonly in this day and age, a text. I have seen many employers use Mosby’s as their reference nursing procedures. Like policies, employees are also bound to follow the employer’s procedures. In cases of adverse patient events, the employer’s insurance will cover employees—although it becomes a bit more sticky if, for some reason, the employee has deviated from established policies and procedures.

In any event, if you as an employee have signed a document outlining the terms and conditions, or a document affirming you will follow a set of guidelines and rules (policies and procedures), you need to take the time to go back over things so you can familiarize yourself with how to practice at your new facility. Don’t be too overwhelmed by a new job to do the right thing. The consequences of non-compliance can be devastating.

The Importance of Advocacy:
GET INVOLVED!

The 2015 Montana State Legislative season is right around the corner. Each year, a staff of MNA representatives contact out to nurse members for assistance in providing testimony and a trusted voice on nursing issues in our state. Nurses have the patient experiences which, through testimony and advocacy, can impact public policy so nurses can better serve their patients.

Holding hearings is one of the most important duties of the Montana State Legislature. Our legislature spends thousands of hours each year seeking public input; and registered nurses offer unique vantage point. Clinical experiences provide real-life examples detailing the needs of patients and the effects of public policy on patient outcomes. It is nurses who understand these healthcare issues and are trusted by both patients and the public. Our members should not underestimate their ability to influence legislators to make decisions that will affect quality care.

Advocacy involves the process of persuading someone to at least consider one’s point of view. Nurses have many opportunities to observe firsthand the positives and negatives of the current healthcare system in Montana. This enables them to identify the needs and concerns related to the current care our patients are receiving. Nurses continue to be ranked the most trusted profession and by sharing experiences and insight, our members can advocate for patients and families effectively, becoming a powerful force in the policy-and-law making process.

Each year MNA creates a legislative platform with a goal to bring forth legislation addressing nursing issues in Montana. Through the legislative process, which is a process of negotiations and consensus, it is important that our nurses provide their input as we facilitate establishing coalitions in support of our proposed legislation as our bills move through committees, the House, and the Senate.

The passion for quality care and your patient experiences are the valuable tools needed for creating change. We encourage our members to be advocates and assist in improving the nursing practice in Montana. Become familiar with the issues, or bring your issues to MNA. Get to know your legislators and pressure them on issues that are important to you. Reach out to MNA for assistance on when to contact your legislators and be available to testify on our important legislation.

For more information on important legislative dates and the 2015 MNA Legislative platform, please visit our website at www.mtnurses.org or call 406-442-6710.

Big Sky Surgery Center Nurses Vote to Join Montana Nurses Association

Adrienne Coles
AFT Communications Specialist

Registered nurses employed with the Big Sky Surgery Center in Missoula voted in June to join Montana Nurses Association. The RNs won with 78 percent of the vote. The group, 25 in all, approached the Montana Nurses Association for representation four months ago. The nurses are organizing trailblazers and reputed to be the first freestanding surgical center ever to join a union.

“We believe that we can improve our workplace and advocate for our patients’ rights,” says Amy Brown, a registered nurse at the center. The RNs approached the union because they wanted fair and equal treatment in the workplace; they also wanted to be able to voice their concerns without fear of employer retaliation. “The nurses have played a key role in the success of this center”, says Brown, who has been a nurse for 25 years and employed at Big Sky since the center first opened 16 years ago. Brown led the charge for the nurses to organize because they had no voice, she says. “There was no path for advocacy, no structure for grievances.”

A group of physicians founded the center in 1998. The clinic was small at first but grew quickly. Today, it serves patients from a wide region and provides services ranging from ear, nose and throat to gynecology to pain management. The setting is unique in that it runs Monday through Friday from 6 a.m. to 7 p.m. (or until patients leave). However, the nurses believe the constantly evolving Board of Directors and the different styles of leadership at the facility have spawned vague and inconsistent policies. “Ultimately, we are out to win the respect that our work entitles us to,” says Brown. “This isn’t about wages or benefits; it’s about strengthening our ability to care for our patients. By having a voice, we can look out for patients and ourselves professionally, and we can speak about how we impact the bottom line from a care perspective.

With this victory, all of the nurses won the right to collectively bargain a contract with a goal of creating a fair work environment by solidifying consistent policies, eliminating inconsistent decision-making, creating a fair grievance process and reducing the fear of intimidation, says Robin Haux, Labor Program Director for Montana Nurses Association. “The dedicated nurses of Big Sky Surgery Center took a big first step in strengthening their voices.”

MNA Executive Director Lori Chovanak notes that the union and the nurses “are excited about moving forward with securing the first contract, solidifying consistent policies and addressing the issues that brought them to the point of organizing.”

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For more information on important legislative dates and the 2015 MNA Legislative platform, please visit our website at www.mtnurses.org or call 406-442-6710.
**MNA Montana Approved Providers**

- St. Vincent Healthcare
  - Billings, MT
- Kalispell Regional Medical Center of Kalispell Regional Healthcare
  - Kalispell, MT
- Benefits Healthcare Systems
  - Great Falls, MT
- St. Peter’s Hospital
  - Helena, MT
- Community Medical Center
  - Missoula, MT
- Bozeman Deaconess Hospital
  - Bozeman, MT
- Providence St. Patrick Hospital
  - Missoula, MT
- Billings Clinic
  - Billings, MT
- MT Geriatric Education Center
  - Missoula, MT
- St. James Healthcare
  - Butte, MT
- Montana Health Network
  - Miles City, MT
- Livingston Healthcare
  - Livingston, MT
- Montana Healthcare Association
  - Helena, MT
- Montana Public Health Training Institute
  - Helena, MT
- Mountain Pacific Quality Health
  - Helena, MT
- North Valley Hospital
  - Whitefish, MT
- Partnership Health Center
  - Missoula, MT

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**Criteria: Why They Matter**

When you provide care for your patients, is that care based on standards of practice, or just what you decided to do that day?

When you work on policies and procedures for your facility, are those grounded in professional practice standards, or are they just ideas that you think (or hope) would work?

When you provide patient teaching, do you base the education on what that patient needs to know and can handle at that moment in time, or do you just talk to him/her about what you think is important?

In order to provide safe and effective care for our patients, we use evidence-based practice, standards from reputable sources, and conceptual/theoretical frameworks that guide our work. In the same way, quality continuing education is driven by evidence-based practice, standards, and theoretical frameworks that help you learn and grow as a professional.

While it is true that anyone can develop and present an educational activity, how do you know that activity meets quality standards? How do you know that it’s based on the best available evidence? How do you know that it is free of bias and promotion?

When you choose your own learning activities to meet your continuing education requirement, do you pick what’s available on the day you have off, regardless of the type of activity or the provider, or do you check to be sure that it’s an activity developed with quality standards? Why would we be less vigilant about our own learning than we are about the care we provide for our patients?

Selecting a continuing education activity that is designed under the auspices of the American Nurses Credentialing Center’s Accreditation Program ensures that the educational plan is sound; content is based on best available evidence; the activity has been specifically structured to address a gap in knowledge, skill, or practice; and the provider is committed to working with you to obtain outcomes that enhance your professional development and quality of care you provide (or the quality of the work that you do as a nurse educator, nurse researcher, or other area of nursing practice).

The American Nurses Credentialing Center is the world’s premier nursing credentialing organization, and provides the Magnet® Recognition Program, the Pathway to Excellence® program, and individual certification, as well as the Accreditation Program for Continuing Nursing Education. The ANCC Commission on Accreditation has published a white paper on the Value of Accreditation for Continuing Nursing Education: Quality Education Contributing to Quality Outcomes. You can read this document at http://www.nursecredentialing.org/Accreditation/ResourcesServices/Accreditation-WhitePaper2012.pdf.

Providers of continuing nursing education within the ANCC Accreditation Program use specific language to indicate that either the activity has been approved or they are operating as an approved or accredited provider. This assures you that quality standards are in place. If you don’t see this language on brochures, web sites, or other information telling you about a learning activity, contact the organization putting on the activity and ask. You owe it to yourself and to your patients to be sure you get good quality continuing education.

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**Consider a Career at St. Alphonsus Health System**

St. Alphonsus Health System is a four-hospital regional, faith-based Catholic ministry serving southwest Idaho and eastern Oregon.

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- Coronary Care
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- Clinical Support Team (Float Pool)
- Med-Surg
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- Main OR
- Nursing Professionals

To learn more and to apply, please visit www.stalphonsus.org/careers

Or call Roxanne Ohlund 208-367-3032
or Rick Diaz 208-367-3118

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For an application or more information, please call 406-228-9541 or visit us online at www.prairietravelers.com

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**As a Veterans Affairs Nurse, I’m inventing a new model of health care.**
The Council met Wednesday May 21st at the MNA office in Helena in competition with a beautiful spring day. The meeting was opened by Sandy Sarcy, our chair. Debby Lee, our council representative to the BOD introduced two new members – Tere Lehman and Hope Ballew. Welcome! We encourage all our members to consider becoming involved in the important and expanding work of the Council.

Imagine...

what you’d be able to do if you didn’t have that long commute? Imagine how good 300 days of sunshine feels. Imagine not having to worry about affordable housing.

Not at all. Far from frenetic big city commutes, Wenatchee, WA is the home of Central Washington and Wenatchee reflects all your dreams by inspiring a lifestyle that stimulates the heart and mind. Free spirited lifestyle that stimulates the heart and mind. Central Washington and Wenatchee reflects all your dreams by inspiring a world for you!

They work towards the same goals and their experience is valued, voices heard and individually respected. Here, you’ll always know your insights and ambitions can be expressed to the fullest. It really could be a different world for you!

Central Washington and Wenatchee reflects all your dreams by inspiring a free spirited lifestyle that stimulates the heart and mind.

Relocation assistance provided: We offer competitive salaries along with full benefits including 2:1 retirement matching, Medical/Dental/Vision insurance, and 24 days paid leave. Apply online at www.CWHS.com

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OB RNs WANTED

Full-time Night Shift Positions

NO Rotating Shifts, NO Circulating or Scrubbing on C-Sections! Just focus on what you love: Moms & Babies! Bonuses include Weekend/Night Differential, BSN base-wage add-on, and working with top-notch modern equipment. Average 15 deliveries/month & increasing, but still leaving you enough time for patient education.

$5000 Sign-on Bonus!

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Montana Approved Provider Update 2014: Investigating the Evidence

Susan Porrovecchio, BSN, RN, CARN
Member, MNA CCE

Pam Dickerson PhD, RN-BC, FAAN
Director of Continuing Education Presenting at the Montana Approved Provider Update, May 2014

Pam Dickerson, our MNA Director of Continuing Education, introduced the Council to the newly purchased Turning Technology software -- a wonderful tool for actively engaging your audience! Executive Director Lori Chovanak provided an update from the Board of Directors. At your annual MNA Convention in October you will hear about the work of the Board Of Directors, but just for a tease -- did you know there are 850 APRNs in Montana and only 1/3 are MNA members?! The Association advocates for all nurses – and the more who are members, the stronger the voice!

On Thursday, the Council, with our CE Director Pam Dickerson presenting, held our annual Approved Provider Update for 5.3 contact hours at the lovely Green Meadow Country Club: Provider Update 2014: Investigating the Evidence. We had approximately 45 attendees representing almost all of our Approved Providers for Montana. Kudos to our hardworking Director, Pam, who had just returned from presenting this AP Update in Alaska!

The day was spent evaluating evidence for designing effective continuing nursing education activities and developing skills in providing evidence supportive of the quality work in the provider unit. How do we design continuing education activities to achieve maximum benefit?

We had an excellent opportunity to dialogue and work together on common questions (i.e. the amount of detail requested in the planning table; enduring materials, co-providing/joint providership). A new item was Exemplars -- Mary Fry Davis of Benefis spoke to Quality Outcome 1; Cynthia Pike of St. Vincent spoke on needs assessment; Polly Troutman of Providence St. Patrick spoke on Educational Design Principles 11, 12, 13. This proved to be a wonderful opportunity to hear firsthand from those in the trenches, to ask questions and receive feedback.

Members of the CCE participated in small group sessions where each group received different scenarios where we had to choose the correct response for common questions that arise when reviewing applications. We had the opportunity to use the new (to me at least!) Turning Technology software — I am a fan! Instant, anonymous feedback; including percentages.

THANK YOU TO ALL FOR YOUR HARD WORK! And a special nod to our tireless Director of Continuing Education, Pam Dickerson, and Kathy Schaefer, our CE Specialist, for your expertise.
Darkness to Light Workshop

Donna Miller
Outreach Educator

Montana Nurses Association will be providing a 2½ hour sexual abuse prevention workshop, Tuesday, August 19th, 2014 from 1:30-4:00 PM and again on Tuesday, November 18th, 2014 from 6:00-8:30 PM. This is a free workshop and open to all.

The workshop will be held at Montana Nurses Association, 20 Old Montana State Hwy, Montana City, MT 59634.

This Evidence based, nationally recognized curriculum was founded in Charleston, South Carolina in 2001 and is currently being offered in 49 states, the District of Columbia, and 11 other countries and has over 2500 trained facilitators.

Participants attending the workshop will learn:
- Tips discussing which body parts are private and which body parts are public with a child.
- Strategies to eliminate or reduce the risk of sexual abuse of children/teens.
- Symptoms a child/teen may show because of sexual abuse.
- Facts about the perpetrator of sexual abuse.
- Strategies on how to respond to a disclosure of sexual abuse.

Montana Nurses Association (OH-242 12/01/2014) is an approved provider of continuing nursing education by Montana Nurses Association (OH-242 12/01/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OHN-001-59), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

New MNA Contact Hour Opportunities

1. MNA Online Independent Study Library:

MNA Online Independent Study Library Available Online at www.mtnurses.org

MNA Independent Study Library

2. MNA Upcoming Live Webinar Offerings:

Montana Nurses Association offers 3 One Hour Webinars

- Developing Critical Thinking and Clinical Judgement Skills
- Moral Distress and Ethical Dilemmas
- ER • OB

MNA Convention Plans

The continuing education theme for our convention this year is “Nurses as key players on the healthcare team.” The purpose of all of our educational sessions is to empower nurses to be actively engaged as fully contributing members of the team providing patient-centered care. This will help Montana nurses meet the recommendations of the Future of Nursing report related to nurses practicing to the full scope of their abilities and being full partners in redesigning healthcare.

Convention sessions are a combination of clinical and leadership/ professional development topics centered around this theme. Contact hours will be awarded for all continuing education activities. Remember that this is a license renewal year for RNs, and convention provides a wonderful way to earn contact hours, network with colleagues, enhance your own professional development and contribute to the work of the association. The full schedule of events and registration information can be found at www.mtnurses.org. We look forward to seeing you October 1-3 in Helena!

MNA Convention Plans

The Accreditation Program sincerely thanks Pam Dickerson, PhD, RN-BC, FAAN as past Chair of the Commission on Accreditation. Under Pam’s leadership, the Commission has provided strategic guidance and support for the Accreditation program. Highlights under Pam's tenure include:

- Development of a new conceptual framework for the Primary Accreditation Program
- Development and publication of a new Primary Accreditation Program Manual
- A strategic focus on the link between continuing nursing education and the professional practice of nursing/patient outcomes
- Development of new program criteria for the Premier Program prize including criteria to recognize both Providers and Approvers
- Publication of the first Commission on Accreditation white paper
- Expansion of the Joint Accreditation Program Revised Nursing Skills Competency Program criteria
- Development of the Practice Transition Accreditation Program

NORTON SOUND HEALTH CORPORATION

NSRH is a Joint Commission accredited facility with 18 acute care beds, 15 LTC beds serving the people of the Seward Peninsula and Bering Straits Region of Northwest Alaska. New hospital now open!

Contact
Rhonda Schneider, Human Resources
rmschneider@nshcorp.org
877-538-3142

www.nortonsoundhealth.org
Call For Nominations

All members are eagerly encouraged to consider involvement in MNA by consenting to serve and accepting nominations to any of the open positions. Seasoned nurses and new graduates alike who hold membership in MNA are welcome. Service in a position is a wonderful way to gain knowledge of MNA, provide valuable input into the future of our organization, represent nurses throughout the state, and develop leadership skills. If you are a new member to MNA or have ever considered serving in a position, there are many veteran members who are willing to mentor you.

Open Positions for 2014 Elections

GENERAL BALLOT
• (1) Treasurer – 2 year term
• (1) Council on Practice & Government – Representative to the Board – 1 year term
• (1) Director at Large – Representative to the Board – 2 year term
• (3) Council on Practice & Government Affairs – 2 year term
• (6) Council on Continuing Education – 2 year term
• (1) Chair-Elect – 1 year term then assumes 2 year President term
• (6) Council on Continuing Education – 2 year term
• (3) Council on Practice & Government Affairs – 1 year term
• (3) Council on Practice & Government Affairs – 1 year term
• (1) ANA Membership Assembly Delegate – 2 year term

COUNCIL ON ADVANCED PRACTICE BALLOT
• (1) Chair-Elect – 1 year term then assumes 2 year President term
• (1) Member at Large – 2 year term
• (1) Secretary – 1 year term

Call for Nominations continued on page 9

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Big Sky, Big Opportunities!
• Nurse Practitioners
• Nursing Leadership
• Experienced RNs

For more information and to apply, visit www.billingclinic.com/careers
or call (406) 238-2638

DID YOU KNOW...
Teton Medical Center in Choteau, MT qualifies for the NURSE Corps Funding Program?
In exchange for a 2 year service commitment at TMC, nurses can get 60% of their school loan paid with a 3rd year eligibility to receive as additional 35% of loan forgiveness.
Applicant eligibility includes:
• Baccalaureate or associate degree in nursing
• Unrestricted license as an RN in the state of Montana
• Be employed at least 32 hours

Current openings: RNs and CNAs
Full-time and Part-time competitive wages and benefits

To take advantage of this federally funded NURSE Corps Program and for more information contact Human Resources at (406) 466-3763 • www.tetonmedicalcenter.net

DEER LODGE MEDICAL CENTER

Deer Lodge Medical Center is seeking an experienced nurse to join our nursing leadership team as a clinical supervisor.

Located in beautiful SW Montana our state of the art CAH opened in September 2011. DLRC provides patient-centered care in our 16 bed med/surg unit, 4 room ED and 6 bed 2 OR perioperative unit.
Successful candidates will have Montana RN license, BSN preferred with 4 years hospital experience. In addition to RN duties, the clinical supervisor functions as a clinical resource and nurse manager for a 12 hour shift including patient care assignments, variable staffing, new employees orientation, evaluation of the quality and appropriateness of care and will function as a super user for EPIC.

Contact Jaena Richards, COO - jrichards@dlmed.org

Northern Montana College - Fort Benton

There is no identified conflict of interest for any planner or presenter involved with this learning activity except Sue Geraghty, who is on the speakers’ bureau for Nordisk and on the nurse advisory boards for Kedrion, NovoNordisk, and Biogen Idec.

1:15 – 3:30 PM

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CE EVALUATION

3:00 – 7:30 pm Collective Bargaining Assembly in Western Star

Rules and Regulations

Call for Nominations continued from page 8

COLECTIVE BARGAINING BALLOT

1. Council on Economic & General Welfare – Representative to the Board – 2 year term

2. Council on Economic & General Welfare – 2 year term

3. Delegate to National Federation of Nurses AFL-CIO Convention Delegates (4) plus alternates (4) – 2 year term

All members seeking nomination must submit a Consent to Serve form which can be found on the MNA website www.mtnurses.org, or by calling Kim at the MNA office at 406-442-6710. Completed form may be e-mailed to Kim at, kim@mtnurses.org, or mailed to the MNA office, please include a photo of yourself. According to MNA Bylaws, any member may self-nominate as well. Nominations will be accepted through the close of Nominations at the MNA Annual House of Delegates October 3, 2014. Nominations will also be accepted from the floor, provided a Consent to Serve form is submitted at the House of Delegates. In compliance with MNA Bylaws, Nominations will also be accepted at the Collective Bargaining Assembly for Collective Bargaining Positions October 2, 2014.

Is there something you would like to see in upcoming editions of the Pulse? Would you like to submit something for publication? Articles are due October 6, 2014. If you have any questions please call the MNA office or email Kim, 406-442-6710 or kim@mtnurses.org.

Administers and Services Administration (HRSA) and the Indian Health Service.

*This program is supported by funding from the Health Resources and Services Administration (HRSA) and the Indian Health Service.

For more information call 406-894-7884 or visit our website at www.montana.edu/nurses.
Novice nursing students face many stressors and anxiety-producing experiences. From learning to interact with patients, to perfecting techniques and administering the first injection, students experience a variety of emotions, including anxiety and diminished self-confidence. A mentoring program engaging both novice and advanced nursing students helps alleviate these stressors. Peer mentors, assuming a role-modeling position offer support, encouragement, and guidance to the beginning nursing student (Dennison, 2010; Talley, 2008). In order to address these stressors, and foster collegiality among nursing students, a peer mentoring program for the Helena College nursing department was developed in 2013.

The peer-mentoring program was introduced in 2008. In order to address these stressors, and foster collegiality among nursing students, a peer mentoring program for the Helena College nursing department was developed in 2013.

Peer Mentoring in a Community College Nursing Program

By the completion of the semester, the RN student will:

- provide guidance to the assigned mentee in her/his role as nursing student
- cultivate within the mentee, a sense of belonging as part of the Helena College nursing program and the nursing profession
- identify the mentee’s learning style and foster the development of individualized learning strategies
- serve as a positive role model of nursing professional, who exemplifies integrity, ethical principles, caring, and clinical competence

Table 1—Program Objectives for RN student mentors at Helena College

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LPN Students Janis Hazlett (left) and Harley Breker are mentored by Mattie Westphal, RN Student (standing). These students graduated from their respective programs in May 2014.

Helena College Nursing Program Peer Mentoring Program Guidelines

The peer-mentoring program was introduced in the spring semester of 2013 and based on participant feedback, has been modified in the subsequent semesters. The basic framework includes the random pairing of a first semester licensed practical nursing student (PN1) with a registered nursing (RN) student. The mentor-mentee pairs are matched up at the start of the new academic year, and engage in a mentoring social event, to allow time for the students to interact and get acquainted. The RN student mentors have mentoring requirements during their leadership classes. Learning objectives include designated time with the mentor in fundamentals skills lab, gerontology clinical, and one-on-one periodically throughout the semester.

Program Outcomes

The outcome of the peer-mentoring program is designed to promote collaboration and collegiality between the different nursing cohorts in Helena College nursing programs, easing the transition of the first semester students. Peer mentoring provides an opportunity for the more experienced nursing students to nurture and support students with less experience, while the novice student receives encouragement and reassurance from a more experienced peer. Furthermore, the experienced student mentors gain self-confidence and strengthen skills by demonstrating to the mentee, while the novice mentee’s confidence is buoyed knowing that the mentor, too was a novice a few short months before (Riley & Fearing, 2009). To meet the generalized program goal, several objectives have been identified for the RN student mentors (Table 1).

Program Participant Assessments

At the semester end, both the student mentors and mentees receive confidential surveys to evaluate the mentoring experience. Studies show mentors report the mentoring process improved their confidence and allowed them to perfect their skills (Riley and Fearing, 2000), while the student mentees say they were less intimidated asking a question of their mentor and appreciated seeing it was possible to become a similar confident student (Giordana & Wedin, 2010). The mentee student experiences positive leadership role modeling, which can be emulated in future situations. Subsequently, the mentoring relationship enhances self-esteem in both the mentor and mentee. In addition to supporting clinical experiences and skill building, mentoring can promote an inclusive environment within the campus or institution. Helena College nursing students noted that the mentoring program fostered interactions between the cohorts. Student mentors noted, “Students got to know and bond with many people I would not have otherwise had an opportunity to meet” and “the best thing about the mentoring program was getting to know the new students.”

While seventy percent (77/24) of the RN mentors reported a benefit from working with a novice student and over eighty (20/24) percent of PN1 students felt they would incorporate their mentoring experiences in future professional experiences, the program was not without challenges. According to Riley and Fearing (2009), students in mentoring programs cite time and scheduling as the biggest issues. Helena College student mentors noted it was difficult to find times to meet that fit both schedules. Student comments included, “Time seemed to be the biggest obstacle for everyone” and “It was hard to find personal time to meet with our mentees.” Student mentors offered suggestions to this problem, including a less structured approach where the mentors offered suggestions to this problem, including a less structured approach where the RN student mentor could provide guidance to any PN1, rather than trying to match specific student schedules.

Conclusion

Peer mentoring has a role in nursing education to provide support, encouragement, and guidance with skills and tasks. Role modeling of professional behaviors and leadership skills is essential. While responses from both mentor classes over past semesters were favorable, successful mentoring programs will necessitate frequent evaluation and innovations. Future modifications include the utilization of social media tools to permit maximal student engagement and interactions and development of biweekly mentoring get-togethers to foster collaboration and discussions.

References


Introducing expanded facilities in Diagnostic Imaging, Oncology, Obstetrics, and Surgical Services.
Montana Recognized for Mentoring and Preceptor Programs

Rita Cheek, PhD, RN; Sandra Kunz PhD, APRN, PHCNS-BC; Kailyn Dorhauer, MHA

At the Montana Summit on Nursing Education (June 9-10, 2014 in Helena, MT), Tina Gerardi, Deputy Director from the Robert Wood Johnson Foundation, Academic Progression in Nursing (APIN) National Program Office acknowledged the work of Montana’s APIN grant team for their efforts establishing programs for mentors and preceptors in nursing. Dr. Gerardi reviewed the progress of each of the nine APIN states including Montana. The RWJF supports work on the goal “to increase the proportion of nurses with a baccalaureate degree to 80% by 2020” (IOM, 2011, p. 11). The APIN mentors to progress their education is based on the need for nurse educators, primary care providers, nursing specialists, and nursing leaders for an increasingly complex health care system. The Montana Center to Advance Health through Nursing (MT CAHN) is Montana’s Action Coalition and sponsors the APIN grant. With the financial support of RWJF, the APIN grant team created the mentor and preceptor programs to help build a stronger nursing workforce.

The mentoring and preceptor programs strengthen the nursing workforce in Montana through different approaches. A mentor is typically assigned to orient or guide an undergraduate student nurse, a new graduate or new employee in the clinical setting. The preceptor establishes a professional relationship with the specified student or nurse and may or may not become a mentor. Mentoring and preceptorship are professional relationships and can be formally specified or informally initiated. Mentoring and precepting both include coaching and guiding. Differences between the two roles are in the nature of the relationship. The mentor will often be a preceptor, so precepting is commonly day-to-day supervision in a clinical situation while mentorship is more focused on developing the student’s knowledge and skills. The Preceptor Modules were developed to enhance preceptor effectiveness and satisfaction with the precepting experience and to prepare preceptors to support the development of students and nurses transitioning to new practice experiences. To date, two cohorts of nurses are participating in the MNA/MT CAHN Preceptor programs to help build a stronger nursing workforce.

The Montana Nurses Association (MNA) and MT CAHN/APIN are co-providing continuing education for preceptors to strengthen their knowledge and skills. The Preceptor Modules were developed to enhance preceptor effectiveness and satisfaction with the precepting experience and to prepare preceptors to support the development of students and nurses transitioning to new practice experiences. To date, two cohorts of nurses are participating in the MNA/MT CAHN Preceptor programs to help build a stronger nursing workforce.

Mentoring Program

The mentoring program initiated by APIN and supported by MT CAHN has two parts. One provides an individual mentor for each registered nurse enrolled in a bachelor’s degree program who would like to have a mentor. The other aspect is a continuing education workshop for any nurse interested in becoming a mentor.

Mentoring was initiated with six RN to BSN students at Montana Tech of the University of Montana in Butte. The mentors are experienced nurses with a bachelor’s degree in nursing or higher who are willing to establish a relationship with the RN student for the duration of the student’s education. Some relationships will last much longer.

If you would like to have a mentor or become a mentor, please contact Rita Cheek at 406-543-1266 or via e-mail at rcheek@q.com.

To prepare mentors for their role, a continuing education workshop on The Art of Mentoring in Nursing was created. LeAnn Olguvie, MSN, RN, NE-BC, Director of the Learning Center at St. Patrick Hospital in Missoula, Katie Schlepp, BSN, RN, Clinical Navigator at Benefis Health System in Great Falls, and Rita Cheek, PhD, RN, a member of the APIN grant team, developed the workshop. This interactive workshop was offered in Butte, Great Falls, Missoula, Kalispell, Pablo, Glendive, Miles City, and Billings with a total of 130 attendees. Future plans are to develop a distance version of the workshop while maintaining interaction among participants.

Preceptor Program:

The preceptor program operates under the premise that adult undergraduate and graduate nursing students, new graduates, and nurses transitioning to a new setting or role bring life experiences and storybooks to the practice setting. However, “preceptors are the essential link between what nurses are taught and what they do, and between what nurses know and what they need to know” (Ulrich, 2012, p. xxiv). The Montana Nurses Association (MNA) and MT CAHN/APIN are co-providing continuing education for preceptors to strengthen their knowledge and skills. A total of 17.5 contact hours are available to preceptors who complete all five modules.

If you are or would like to be a preceptor of undergraduate or graduate nursing students, new graduates transitioning to practice, or experienced nurses transitioning to a new role and are interested in participating in the MNA/MT CAHN Preceptor Modules, please contact Sandra Kunz at skunz@montana.edu for more information.

In summary, MT CAHN is honored by the recognition from the Robert Wood Johnson Foundation for the mentoring and preceptor programs that may be used as models for other states in their work to strengthen the nursing workforce. Both programs are developed to support and encourage nurses and nursing students who are advancing their nursing education or practice. Many nurses in Montana are retired or currently working – want to “give back to the profession” by serving as a mentor or a preceptor for nursing students or nurses transitioning to a new role. The spirit of altruism and stewardship to the profession by Montana nurses will assure the sustainability of the mentor and preceptor programs for present and future generations of nurses. Thanks to RWJF for acknowledging this powerful endeavor.

Promote Your Profession

Montana Nurses Association would like to welcome the following new members and acknowledge their work in patient care in Montana. Your contribution towards health and well-being enhances the core value of family all across the state and your efforts are invaluable. We hope to see you at convention in October, gaining Continuing Education contact hours, networking with other nurses and viewing the political arena that is exclusively yours. MNA has a wonderful pool of members who would welcome the opportunity to mentor, and Convention is the place to explore those options and meet new friends. I hope you encourage all your nursing friends to become members and keep our voice strong in all areas of healthcare.

New name? New address? New phone number? New email address?
If your name is not listed, and you believe it should be, please contact Cathy Ransier at 406-442-6710 or email cathyr@mtnurses.org

Join MNA Today!
Application online at mtnurses.org

Fort Peck Tribes Diabetes Program
Fort Peck Tribes Diabetes Program serves the Native American Diabetics within reservation boundaries. Our program has two RN’s, six outreach workers and one, PCN worker. We offer a monthly news letter, diabetes education within the schools, JVN and eye screenings, DM oral care, community screenings, wound care, nail care, and pay for access to local wellness centers for all diabetics. Diabetic breakfast in Poplar IHS on Wednesday mornings and DM breakfast in Wolf Point on Thursday mornings. We also offer patient incentives for DM patients who are in adherence. Our outreach workers can deliver medications and transport patients to doctor appointments. Follow us on our Facebook page: Fort Peck Tribes Diabetes Program
710 2nd Ave. West, PO Box 1027
Poplar, MT 59255
Phone (406)-768-3168 • Fax (406)-768-3176

MEMBERSHIP MATTERS!
Montana Nurses Association would like to invite you to join us today

Benefits Include:
• Empowering RNs to Use Their Voices in the Workplace
• Improving Patient Care
• Having Input Regarding Wages and Benefits
• Continuing Education Opportunities
• Legislative Representation

Call or email today
cathyr@mtnurses.org
(406) 442-6710
Application also available on our website
Students’ Perception Of Geriatric Care

Rebecca Mills Brown
Student Liaison, Council on Practice & Government Affairs

Societal views are wide spread and affect many areas of life and gerontology care is no different. When closely examining the current work force shortages in gerontology it is apparent that there is a correlation between negative societal views of aging and a decreasing interest in gerontology care. “It is estimated that by 2050, 3.5 million additional health care professionals and direct-care workers will be needed” (Geriatrics Workforce Shortage). The need for health care workers is not a new concern, but one issue that arises over and over again is attracting workers to the gerontology field. This is no doubt a reflection of the overall negative attitudes associated with the process of growing old that are interwoven into the tapestry of our cultural fabric” (Gleberzon, 2002, p. 45). Some students tend to rely on images they see in the media to learn about aging and the older adult population, showing the need for gerontological education for undergraduate students. (Van Dussen & Weaver, 2009; Callahan, 2011) Even more concerning is “that students within health programs tend to believe about aging does appear to be effective in reducing misconceptions and ignorance about the elderly, and students with more factual knowledge about the elderly tend to hold less negative stereotypes about them” (Gleberzon, 2002, p.45). Educators themselves first must understand the aging process and gerontology care to be able to educate students to accurate and appropriate views of gerontology. This proves to be problematic as “58 percent of baccalaureate nursing programs have no full-time faculty certified in geriatric nursing” and “only three of the nation’s 145 allopathic and osteopathic medical schools have a geriatrics department” (Kovner, Mezey, & Harrington, 2002, p. 79). These problems only get worse when looking at the reasons why gerontology care is not integrated into curriculums. “Lack of interest in care for older people in general, lack of gerontology-related competencies within curricula, and a negative image of gerontological care were reported as the most frequently-encountered barriers to incorporating gerontological care aspects into curricula” (Deschodt, de Casterl, Milisen, 2012, p. 139). Certified faculty, and gerontology curriculum must be improved so that gerontology care and correct views of aging are taught.

Researchers insist that positive attitudes about the aging population must be introduced early in college education in order to be studied effectively. In 1999, Knapp and Stubblefield found that students who enrolled in a gerontology course did, however, gain advanced knowledge of aging. (Callahan, 2011) “When a student communicates with or simply has a positive contact with an older person on a daily basis, they have more positive attitudes towards older adults” (Callhana, 2011, p.7). Through education societal biases can be combated to attract students to the gerontology field and long-term care.

Ultimately an increase in work force numbers is going to be necessary to care for the growing number of aging adults. At some point gerontological education is going to have to become a priority to improve recruitment and overall interest in serving the aging population. The research clearly suggests that only through education will the societal biases in the health care workforce be overcome, end workforce shortages, and better serve the aging population.

References


Students’ Perception Of Geriatric Care

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References


**Montana Nurse West Region Director of American Nursing Informatics Association**

Patricia Mulberger, MSN, RN-BC serves as the West Region Director for ANIA (American Nursing Informatics Association). She was asked to serve as interim director at the end of 2012 and was voted in for a six-year tenure in 2013. Ms. Mulberger also serves on the Nurse Advisory Council for Meditech, a healthcare software vendor. Her day job is as Clinical Informatics Quality Supervisor at Kalispell Regional Healthcare. In that capacity, Ms. Mulberger plans, develops, and implements nursing informatics programs, ensures the quality of clinical data, functions as an internal consultant and resource person in relation to clinical informatics, and acts as a computerized nursing documentation liaison to physicians.

Within the last 10 years Ms. Mulberger has had several articles published in the MUSE International Newsletter and spoke at many conferences including the recent 2014 Meditech Nurse and Home Care Conference in June, where she presented on automating the discharge and transfer process. Patricia is also a member of Sigma Theta Tau.

**Montana Nurse Inducted to Academy**

Jeannine Brant was recently selected as a new inductee into the American Academy of Nursing! This is an incredible testament to the quality of Jeannine's work and her commitment to the profession.

Congratulations, Jeannine!

**Increasing Options for Infant Nutrition in Montana**

Jessica Welborn
Mother's Milk Bank of Montana

Breast milk contains all of the vitamins and minerals that a baby needs in the first six months of life and it is packed with disease fighting substances that protect a baby against illness. One in 8 babies are born premature in the United States. Human milk is especially critical for premature and sick infants because it provides easy digestibility, immunological components, and it protects them from devastating intestinal infections like Necrotizing Enterocolitis (NEC). A mother's own milk is not always available to premature babies in the NICU. The World Health Organization states that in cases where a mother's own milk is not available, human donor milk (milk from another mother) is the next best option. Donor milk offers many of the benefits of human milk including optimal nutrition, easy digestibility, infection fighting, and promotion of growth and healing tissues.

The Mothers’ Milk Bank of Montana (MMBMT) is the fifteenth milk bank to open under the Human Milk Bank Association of North America (HMBANA), a non-profit association of donor human milk banks established in 1985 to set standards for and to facilitate the establishment and operation of milk banks in North America. Donor milk goes through a rigorous process of screening, testing, and pasteurization, which ensures that donor milk is safe for medical use.

In 2011, HMBANA milk banks processed about 1.5 million ounces of donor milk. Since the MMBMT was established in the fall of 2013, it has collected and dispensed a total of 7,031 ounces of milk to hospital Neonatal Intensive Care Units in Montana and out-patient infants for various reasons including:

- failing to thrive on formula
- facing life-threatening diseases or conditions
- with failing immune systems or catastrophic diseases
- whose mothers can’t keep up the milk to nourish multi-birth babies
- whose mothers aren’t producing enough milk during the first week of life
- whose mothers aren’t able to produce enough milk for their baby's demand
- adopted by families who believe in the value of breast milk
- born to mothers whose breast milk isn’t suitable for consumption, either because of disease or due to prescription medications that pass through the milk

The cost of donor milk is a major barrier for many families who have a baby that could benefit from donor milk. For this reason, the MMBMT has established the Give the Gift of Milk Fund to help financially strained families pay for donor milk. The Give the Gift of Milk Fund provides up to $250 worth of donor milk for each baby that qualifies. So far we have provided 8 babies with donor milk through the Give Gift of Milk Fund.

The goal of the MMBMT is to be the regional milk bank for Montana, Idaho, Wyoming, North Dakota, and South Dakota. We need your help to grow and reach our goal over the next few years. You can help us by letting moms know that they have the option to donate their extra breast milk or by referring a baby that could benefit from donor milk. Please do not hesitate to call the milk bank at 406-531-0789 or email us at info@mothersmilkbankofmt.org for more information.
A nurse pulls a heparin vial from a medication cart. She looks at the label, fills the syringe, and delivers the infusion—without error. The infant dies.

This true example happened when a cart was incorrectly labeled: the vial contained 10,000 units/mL instead of the usual 10 units/mL. Part of the problem was that the labels looked similar; in fact, the abundance of these types of cases has led to a change in heparin labels effective May, 2013. A likely contributing factor is “inattentional blindness,” which refers to the failure to see something that is unexpected. In the heparin example, the nurse was addressing factors that contribute to it could have kept you from making an error that results in you being sued, and most importantly, avoid patient harm.

The “invisible gorilla”

In a classic 1999 experiment of inattentional blindness, researchers and students were asked to watch a video of two teams passing basketballs. The students had to silently count the number of passes made by members of the team dressed in white shirts and ignore the number of passes made by those in black shirts. Halfway through the 1-minute video, a student wearing a gorilla suit walks into the scene, stops in the middle of the players, faces the camera, and thumps her chest before walking off. Amazingly, about half of the students failed to see the gorilla. They were concentrating on their task—to count the number of passes made by those in white shirts—and missed the unexpected appearance of a gorilla. Furthermore, the students couldn’t believe they missed the gorilla, expressing amazement when they saw the video again. (To see the invisible gorilla video, visit www.theinvisiblegorilla.com/videos.html)

In a recent variation of this study, radiologists viewed computed tomography (CT) scans of five patients to screen them for lung nodules. The first four patients’ scans (about 1,000) were normal. But in 239 images from the fifth patient, researchers had embedded consecutive scans where a cartoon gorilla gradually appeared and then disappeared. Out of the 24 radiologists looking at the CT scans, only 4 noticed the gorilla.

What happened to the students and radiologists? The problem is that we’re confident we’ll notice unexpected events even when we are concentrating on something else. But the heparin example and the gorilla studies illustrate what researchers Christopher Chabris and Daniel Simons call the “illusion of attention.” In essence, we don’t process as much of what we experience as we think we do. Thinking of inattentional blindness as a failure to notice something that has relevance to you is a simple example is how you will overhear your name being mentioned by someone else, even in the middle of a noisy conversation. Inattentional blindness can also be caused by preparing medications in a quiet area where you won’t hear background discussions.

Expectation

Our past experiences play a role in what we notice. For example, if you notice an alarm fatigue, for instance, is a safety challenge. One of the problems is that too many times alarms sound when nothing is actually wrong, so there is a tendency to start ignoring them. Experts argue that when a phenomenon works against you, it will work against us when it comes to expectations. For example, a nurse may become highly accomplished at operating a particular type of ventilator. When a new type appears, the nurse might inadvertently push the wrong button because it’s in the same place as the one that should be pushed on the previous ventilator. Another example is suctioning. An experienced nurse in an ICU has suctioned so many times that he or she might miss an unusual patient reaction that a floating nurse might pick up because the floating nurse, who is unfamiliar with the procedure, is paying more attention to details. Confirmation bias is another aspect of expectations. We are drawn to evidence that supports a belief or expectation and tend to ignore or dismiss one that doesn’t. If you have checked the rate setting on an I.V. pump three times and found it to be correct, you could easily fail to notice that it’s wrong on your fourth check because you expect it to be correct.

Mental workload

You are more vulnerable to inattentional blindness if your attention is diverted to a secondary task. For example, you may be talking to a nurse practitioner on the phone and fail to notice the monitor alarm that signals ventricular fibrillation. Like most nurses, your day is probably filled with multiple tasks that need attention. Our profession—like our society—highly values the ability to multitask. Yet studies show you are more likely to make an error if you sequentially focus on one task at a time. When you change that complex dressing, for example, focus on what you are doing and not on the list of tasks yet to be accomplished. Interestingly, low workload, a problem not many nurses encounter, can contribute to inattentional blindness as well because we tend not to pay attention to routine tasks in this situation.

Avoiding “invisible gorillas”

The problem of inattentional blindness still occurs even when people are cognizant of it, but by taking the steps that contribute to it, you can help protect yourself and your patient:

• Be alert for drug labels that look similar. Notify your pharmacy and drug manufacturers of potential problems.

Lower the noise level to reduce distractions.

• Consider putting a system in place to avoid interruptions during medication preparation.

• Take special care with what you consider “routine” procedures. Keep in mind that errors tend to occur when new or unusual combinations of circumstances occur in a familiar setting.

• Increase your critical thinking skills by taking a class or reading about it. Critical thinking can help you avoid confirmation bias.

• Don’t ignore technology such as automatic warnings on documentation systems, but don’t over-rely on technology, either. Technology is not a panacea for stopping either inattentional blindness or medical errors.

“invisible gorillas” in healthcare

You can protect your patients from errors and yourself from litigation by considering factors that contribute to inattentional blindness in both one-on-one interactions and healthcare in general. Being aware of this risk can help you minimize errors and increase patient safety.

Resources


This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability insurance coverage for over 650,000 nurses since 1976. The individual professional liability insurance policy is administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1590 www.nso.com

Glenrose Medical Center (GMC) is a full service, 25-bed acute care hospital with 24-hour emergency care, full medical and surgical services and an attached 71-bed skilled Extended Care (EC) facility. GMC also operates Eastern Montana Veterans’ Home (EMVH): an 80-bed long-term care facility. The facility is administrated by the Department of Veterans Affairs' Unit. We are dedicated to being a leader in providing and promoting health and wellness to the residents of east central Montana and western North Dakota.
We find answers.

You find careers.

Mountain View Regional Hospital is Wyoming’s premier facility of choice for surgical procedures, pain management and diagnostic excellence. Located in Casper and with outreach facilities throughout the state, our world-class team has some of the leading specialists in the country – all in a warm, family-friendly environment. Apply today to see what you can find in your future.

APPLY ONLINE TODAY
MVRHospital.com/careers

Registered Nurses

Join our team and become part of our success. We are accepting applications for qualified Medical Case Managers (CM) and Utilization Management Nurse Reviewers (UM).

The CM is responsible for the assessment, planning, coordination, implementation and evaluation of individuals on assigned cases. The UM is responsible for performing medical/surgical and psychiatric/CD reviews.

BS in Nursing or higher preferred. Current R.N. license required. 2+ years of clinical nurse experience. Strong written and verbal communication skills necessary. Proficiency with computer programs especially Word and Excel.

Good interpersonal and organizational skills are essential. Knowledge of medical/surgical, rehabilitation, psychiatric or emergency services and/or certification review experience; comparable outpatient experience are desirable.

Successful candidates must train in Missoula, MT. for 6 weeks.

We offer a generous benefit package that includes employer paid med/dental/vision coverage, STD/LTD, life, 401(k) with general match, profit sharing, continuing education, paid time off, health club reimbursement and flexible benefits.

To apply and learn more about us, visit: www.AskAllegiance.com
OR email your resume and cover letter to HR@AskAllegiance.com. EOE.

After receiving treatment in an emergency department (ED), a 36-year-old woman died of undiagnosed sepsis. The physician and nurse who treated her were sued by the family.

The lawsuit claimed that the nurse – who had worked a busy, 14-hour shift in the ED – failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs $1.2 million. The nurse was responsible for 40% of that award: $480,000.

AFTER A BUSY DAY, A FATAL ERROR OCCURRED.

Offered by the American Nurses Association

We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need — without paying more than you need. To take advantage of special rates for ANA members, visit proliability.com/65007 for an instant quote and to fill out an application.

MALPRACTICE INSURANCE OFFERED BY THE ANA ANNUAL PREMIUM AS LOW AS $982*
Protect yourself now! Visit proliability.com/65007 or call 800-503-9230.

* Source: Clinical Advisor, November 1, 2013
Visit proliability.com/65007 or call 800-503-9230 for more information or to request a free quote.

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