

An Award Winning Publication

Kentucky Nurse



Volume 63 • No. 1

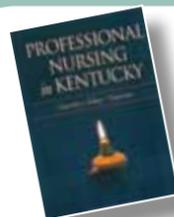
THE OFFICIAL PUBLICATION OF THE KENTUCKY NURSES ASSOCIATION
Circulation 74,000 to All Registered Nurses, LPNs and Student Nurses in Kentucky

January, February, March 2015



Community Nurses Selected
for U of L's Florence
Nightingale Awards

Page 4



Professional Nursing in Kentucky

• Yesterday • Today • Tomorrow

For order form see Page 15

President's Pen

Nursing Professionalism

Teresa H. Huber



Teresa H. Huber

One of my nursing students recently asked me what my definition of professionalism is. I informed him that I think professionalism is found not only in a definition, but that it is defined by our actions and behaviors, especially in role modeling and mentoring of our profession to others.

Some of the traits that define a profession include possessing a code of ethics that guides the practitioners conduct, as well as having a professional organization that fosters and insures quality of practice.

The *Code for Nurses*, first published by the American Nurses Association in 1950, provided clear ethical standards by which conduct should be guided and evaluated by the profession. This framework enabled nurses to make ethical decisions with their responsibilities to the public, and to others. The Code of Ethics for Nurses "was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession."

The Code is still in use although it has been modified through the years. Following the Code, nurses must respect human dignity and never

discriminate against patients. They must protect patients' privacy in every aspect including the medical record. Nurses must accept responsibility for maintaining their level of competence and education for the treatment they provide to patients. KNA has an Ethics and Human Rights committee to address ethical concerns which may arise.

There has been much discussion on the various entry levels to nursing as having an influence on defining our profession. Nursing leaders are currently working together to address the educational disparity. From the Institute of Medicine (IOM), *The Future of Nursing*, "the ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better

prepare them to meet the needs of the population." While I certainly promote nurses advancing their education, I firmly believe that all nurses have a duty to exhibit professionalism, regardless of the credentials behind the name.

Theoretical frameworks have had a tremendous influence in shaping our profession. Jean Watson's Theory of Care and many others have grounded nursing, empowering nurses to make better decisions in their patient care and in their working environment. Theoretical frameworks provide a systematic method of looking at professional practice, providing a description and a guide for nursing, and generating knowledge to direct our future.

As professionals we are accountable for ourselves, thus taking responsibility for our behavior and recognizing less acceptable behaviors in others, especially our students. We frequently remind our students of the appropriate attire, addressing our clients/patients in a professional manner, HIPPA regulations, cultural sensitivity issues, and treating their colleagues respectfully. Personal cell phone use/texting in a clinical setting is a whole separate topic. After all, our nursing students as well as our new graduates are the future of nursing. Our mannerisms, personal appearance and attitude are an integral part of our nursing professionalism. In addition, I inform students frequently that a mature attitude, not only

Nursing Professionalism continued on page 15

current resident or

Presort Standard
US Postage
PAID
Permit #14
Princeton, MN
55371

Index

President's Pen	1	Poster Abstracts from	
Accent on Research	3	2014 Convention.	6-12
Community Nurses Selected for U of L's		Welcome New Members.	13
Florence Nightingale Awards	4	KNA Calendar of Events	14
Nurses Play Valuable Roles in Diabetes		Professional Nursing in Kentucky	
Multidisciplinary Team	5	Yesterday • Today • Tomorrow	15

Chapters Presidents and Treasurers - 2014

PRESIDENTS

TREASURERS

RIVER CITY CHAPTER (Formerly District 1)
Carolyn Claxton, RN H: 502-749-7455
1421 Goddard Avenue
Louisville, KY 40204-1543
E-Mail: CarolynClaxton64@yahoo.com

Paulette F. Adams, EdD, RN H: 502-267-4372
3047 Crystal Waters Way
Louisville, KY 40299-4897
E-Mail: pfadam01@louisville.edu

BLUEGRASS CHAPTER (Formerly Chapter 2)
Amy E. Herrington, DNP, RN, CEN H: 859-846-4869
112 Lakeview Court
Georgetown, KY 40324
E-Mail: amy.herrington@att.net

Nancy Garth, RN C: 859-312-0599
3292 Shoals Lake Drive H: 859-271-9529
Lexington, KY 40515 W: 859-323-0733
E-Mail: Nancy.Garth55@gmail.com

NORTHERN KENTUCKY CHAPTER (FORMERLY DISTRICT 3)
Deborah J. Faust, MSN, RN H: 859-655-1961
2041 Strawflower Court
Independence, KY 41051
E-Mail: DJFaust11@gmail.com

Debbie Cummings, MSN, RN, BC H: 859-360-6814
125 Kincaid Lane
Erlanger, KY 41018
E-Mail: ds_c@insightbb.com

HEARTLAND CHAPTER (FORMERLY DISTRICT 4)
Kathleen M. Ferriell, MSN, BSN, RN H: 502-348-8253
125 Maywood Avenue W: 270-692-5146
Bardstown, KY 40004
E-Mail: dkferriell125@bardstown.com

Susan E. Nesmith, APRN, RN H: 270-300-4062
1623 Hutcherson Lane W: 270-706-1683
Elizabethtown, KY 42701-8977
E-Mail: SNesmith@hnh.net

WEST KENTUCKY CHAPTER (FORMERLY DISTRICT 5)
Nancy Armstrong, MSN, RN H: 270-435-4466
1881 Furches Trail W: 270-809-4576
Murray, KY 42071
E-Mail: Narmstrong1@murraystate.edu

Katy Garth, PhD, RN H: 270-435-4544
358 Butterworth Road W: 270-762-6669
Murray, KY 42071
E-Mail: katy.garth@murraystate.edu

KENTUCKY NURSES REACH - RESEARCH, EDUCATE, ADVOCARE, CARE, HELP (FORMERLY DISTRICT 7)
Kim Bourne, MSN, RN, CNE H: 270-427-5554
147 Bulldog Road
Glasgow, KY 42141
E-Mail: kynrser@yahoo.com

Ann Afton, MSN, RN, APRN O: 270-745-4574
1813 Boyce Fairway Road C: 270-791-3675
Alvaton, KY 42122-7606
E-Mail: anneafton@gmail.com

GREEN RIVER CHAPTER (FORMERLY DISTRICT 8)
Kim Bullock, RN, BSN
693 Porter School House Road
Calhoun, KY 42327
E-Mail: Kimberly.bullock@kctcs.edu

Carol Murch, APRN, MSN H: 270-521-9980
18143 Upper Delaware Road W: 270-831-9787
Henderson, KY 42420
E-Mail: carol.murch@kctcs.edu

NIGHTINGALE CHAPTER (FORMERLY DISTRICT 9)
JoAnn Wever, MSN, RN H: 859-336-5938
300 Covington Avenue
Springfield, KY 40069
E-Mail: j.wever@att.net

Charlene Maddox, BSN, RN H: 859-236-6936
4330 Lebanon Road
Danville, KY 40422
E-Mail: charlenem@kywimax.com

NORTHEASTERN CHAPTER
Michelle L. Rayburn, MSN, RN W: 606-783-7793
St. Claire Regional Medical Center
222 Medical Center
Morehead, KY 40351
E-Mail: michelle.rayburn@st-claire.org

"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."

Copyright #TX1-333-346

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. KNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Kentucky Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. KNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of KNA or those of the national or local associations.

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

2015 EDITORIAL BOARD

EDITORS

Ida Slusher, PhD, RN, CNE (2013-2016)
Maureen Keenan, JD, MAT

MEMBERS

Trish Birchfield, PhD, RN, ARNP (2012-2015)
Donna S. Blackburn, PhD, RN (2011-2014)
Patricia Calico, PhD, RN (2012-2015)
Sherill Cronin, PhD, RN, BC (2011-2014)
Joyce E. Vaughn, BSN, RN, CCM (2013-2016)

REVIEWERS

Dawn Garrett-Wright, PhD, RN
Elizabeth "Beth" Johnson, PhD, RN
Connie Lamb, PhD, RN, CNE
Joyce E. Vaughn, BSN, RN, CCM
Deborah A. Williams, EdD, RN

KNA BOARD OF DIRECTORS

PRESIDENT

Teresa H. Huber, DNP, MSN, RN (2013-2016)

IMMEDIATE PAST-PRESIDENT

Kathy L. Hall, MSN, BSN, RN (2014-2015)

VICE-PRESIDENT

Michael Wayne Rager, DNP, PhD(c), FNP-BC, APRN, CNE (2013-2015)

SECRETARY

Beverly D. Rowland, PhD(c), RN, CNE (2013-2015)

TREASURER

Joe B. Middleton, MSN, APRN, CEN, CC/NRP (2014-2016)

DIRECTORS-AT-LARGE

Teena L. Darnell, MSN, BSN, RN (2013-2015)
Peggy T. Tudor, MSN, RN, EdD (2013-2015)
JoAnn M. Wever, MSN, RN (2014 - 2016)
Kathy Hager, DNP, ARNP, CFNP, CDE (2014-2016)

EDUCATION & RESEARCH CABINET

Liz Sturgeon, PhD, RN, CNE (2014-2016)

GOVERNMENTAL AFFAIRS CABINET

Alicia Marquess, MSN, BSN, RN (2014-2016)

PROFESSIONAL NURSING PRACTICE & ADVOCACY CABINET

Sheila Washburn, RN

KNF PRESIDENT

Mary A. Romelfanger, MSN, RN, CS, LNHA

KANS CONSULTANT

Tracy S. Patil, EdS, MSN, RN

KNA STAFF

EXECUTIVE DIRECTOR

Maureen Keenan, JD, MAT

ADMINISTRATIVE COORDINATOR

Carlene Gottbrath

Information for Authors

- *Kentucky Nurse* Editorial Board welcomes submission articles to be reviewed and considered for publication in *Kentucky Nurse*.
- Articles may be submitted in one of three categories:
- Personal opinion/experience, anecdotal (Editorial Review)
- Research/scholarship/clinical/professional issue (Classic Peer Review)
- Research Review (Editorial Review)
- All articles, except research abstracts, must be accompanied by a signed *Kentucky Nurse* transfer of copyright form (available from KNA office or on website www.Kentucky-Nurses.org) when submitted for review.
- Articles will be reviewed **only** if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the *Kentucky Nurse*.
- Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
- Articles should also be submitted on a CD in Microsoft Word or electronically
- Articles should include a cover page with the author's name(s), title(s), affiliation(s), and complete address.
- Style must conform to the Publication Manual of the APA, 6th edition.
- Monetary payment is not provided for articles.
- Receipt of articles will be acknowledged by a letter to the author(s). Following review, the author(s) will be notified of acceptance or rejection. Manuscripts that are not used will be returned if accompanied by a self-addressed stamped envelope.
- The *Kentucky Nurse* editors reserve the right to make final editorial changes to meet publication deadlines.
- Articles should be mailed, faxed or emailed to:

Editor, *Kentucky Nurse*, Kentucky Nurses Association, P.O. Box 2616, Louisville, KY 40201-2616
(502) 637-2546 • Fax (502) 637-8236 • or email: CarleneG@Kentucky-Nurses.org



Special online savings for special people.

You work hard, so we've set up an online store just for you and your company. Come by to check out your service discount, free shipping and other specials.

sprint.com/stateofkentucky



SPRINT DISCOUNT PROGRAM **18%** Discount for employees of **State of Kentucky Healthcare Facilities**

Mention this code to claim your discount: Corporate ID: HCSKY_WCA_ZZZ
Active Fee: \$36/line. Credit approval required. Early Termination Fee (sprint.com/etf): After 14 days, up to \$350/line. SDP Discount: Avail. for eligible company or org. employees (ongoing verification). Discount subject to change according to the company's agreement with Sprint and is avail. upon request for monthly svc charges. Discount only applies to data buy-ups/add-ons for Unlimited, My Way and Family plans, Talk 450, and primary line on Talk Share 700. Not avail. with no credit check offers or Mobile Hotspot add-on. Other Terms: Diff ers and coverage not available everywhere or for all phones/networks. Restrictions apply. See store or sprint.com for details. © 2014 Sprint. All rights reserved. Sprint and the logo are trademarks of Sprint. Other marks are the property of their respective owners. N125248CA



Thomson-Hood Veterans Center

A state owned long-term, 285 bed, nursing care facility for Kentucky's Veterans, in Jessamine County, has immediate openings for

Registered Nurse

Candidate must be licensed in Kentucky as a registered nurse or possess a valid work permit issued by the Kentucky Board of Nursing.

Licensed Practical Nurse

Candidate must be licensed in Kentucky as a practical nurse or must have a valid work permit issued by the Kentucky Board of Nursing.

Nurse Aide State Registered I (SRNA)

Candidate must possess current registration with the Kentucky Nurse Aide Registry as administered by the Kentucky Cabinet for Health Services and Kentucky Board of Nursing.

You may contact Julie Harmon at 1-800-928-4838, ext. 257
Applications for all positions are accepted through our online employment system: <http://personnel.ky.gov>

Thomson-Hood Veterans Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Amy Lambert, Telephone Number 859-858-2814, TDD 859-858-3829. Equal opportunity employer M/F/D.



www.kentucky-nurses.org

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



Accent on Research

DATA BITS

What is a Fall Safety Agreement and Does it Work?

**Angela Greenwell, RN, CPN,
Student at Bellarmine University,
Louisville, KY**

Patient falls are a significant safety concern for nurses and a common problem for older people who are hospitalized. Along with physical injuries, the elderly may also struggle with psychological trauma following a fall. Only 50% of adults older than 65 years will live for more than one year after suffering a fall. Falls contribute to increased costs, increased length of hospital stay, and a decrease in the ability to live independently after discharge. It is important to insure patients' safety by implementing nursing interventions that prevent falls. One approach to falls prevention is a patient safety agreement.

A recent study at an academically affiliated medical center explored falls in patients 65 years and older. The medical center used the Robert Wood Johnson University Hospital (RWJUH) Fall Safety Agreement. The Agreement is a contract that is initiated at admission by providing the patient and family with an educational booklet about falls risk and how to decrease it. By signing the contract, patients and family acknowledge that they understand the education they received and agree to conform to a list of behaviors that decrease fall risk factors. The contract is a structured way to educate patients and family, but allows for individualized education at the same time. The RWJUH Fall Safety Agreement was developed by staff nurses and clinical nurse specialists as a way to actively involve patients and families in fall prevention.

A retrospective, exploratory, descriptive study was conducted using data from a post-fall database. The post-fall database contained information about 696 reported falls. The results showed that 81.9% of falls involved no injuries and 3.4% involved major injuries. The mean age of patients without injury was 61.5 years, 67 years for those with minor injuries, and 71 years for those with major injuries. As age increased, the risk for major injuries also

increased. The study also found that patients without a RWJUH Fall Safety Agreement had a higher incidence of both minor and major injuries. There was a statistically significant relationship between a RWJUH Fall Safety Agreement and degree of injury.

Falls continue to be a safety concern for nurses. This study suggests that falls safety agreements are a structured way to educate patients and families and involve them in decreasing fall risk factors. When implemented with evidence-based best practices, these nurse-patient contracts can decrease the severity of injury from falls in the hospitalized older adult.

Source: Zavotsky, K., Hussey, J., Easter, K., & Incalcaterra, E. (2014). Fall safety agreement: A new twist on education in the hospitalized older adult. *Clinical Nurse Specialist*, 28(3), 168-171.

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.



Preparing Nurses to Become Leaders

- | | |
|--|--|
| <ul style="list-style-type: none"> 🏠 Doctor of Nursing Practice
BSN to DNP (FNP)
MSN to DNP 🏠 Master of Science in Nursing
Nurse Administrator
Nurse Educator
Psychiatric Nurse Practitioner | <ul style="list-style-type: none"> 🏠 ADN to MSN
Nurse Educator
Nurse Administrator 🏠 Post MSN Certificate
Nurse Administrator
Nurse Educator
Family Nurse Practitioner
Emergency Nurse Practitioner
Psychiatric Nurse Practitioner |
|--|--|

Call for more details 270 · 745 · 4392

Western Kentucky University WKU School of Nursing

www.wku.edu/nursing

**HELPING
KENTUCKIANS
LIVE
HEALTHIER
LIVES**

PASSPORT
HEALTH PLAN

PUBA131392D_APP_11/12/2013

Maggie Moore '12
ADN & B.S. Nursing

MIDWAY COLLEGE

HEALTH CARE PROGRAMS

Enrolling Now for January

- A.S. in Nursing (ADN)
- RN-BSN (12-month Online/In-seat)
- A.S. Medical Assisting
- B.A. Health Care Administration

GET STARTED TODAY!

800.952.4122
info@midway.edu



Equal Opportunity Institution

ATTENTION: KNA MEMBERS HAVE YOU CONSIDERED PURSUING A SEAT ON THE KENTUCKY BOARD OF NURSING?

HERE IS HOW IT WORKS . . .

The Kentucky Board of Nursing (KBN) keeps track of what seats are an impending vacancy and they send KNA a notice a few months in advance. KNA then sends an email notice to KNA members and posts ads in the KY NURSE.



KNA sets a deadline for KNA members to submit their CV and an application for the seat they wish for their name to be submitted for to the Governor's office.

The application to apply for nomination to a KBN seat can be found on the KNA website at www.kentucky-nurses.org. Interested members may send their CV with an application at any time to the KNA, in anticipation of future openings. You do not have to wait to receive notice from the KNA. We can keep your information on file and submit it when appropriate to the Governor's office. We will notify you at that time.

KNA staff sorts the applications according to the seat being pursued and confirms KNA membership and appropriate credentials for each seat. Then the KNA Board of Directors reviews the applications to ensure that all applicants fulfill the requirements for each seat. If someone does not meet the requirements for the seat they seek, the KNA Board will suggest a different seat, if applicable. KNA staff will then contact the applicant to suggest the different seat.

The KNA Board of Directors and staff do not make any individual recommendations for one candidate over another to the Governor's office. They confirm qualifications for the seat sought and whether an applicant is in good standing with KNA, KBN or other relevant agencies.

The KNA then sends applications to the governor's office on Boards & Commissions.

The Governor's office requires 3 nominations for each seat and will not make an appointment until they have three candidates to choose from for each seat.

Once the KNA sends the applications, we are no longer involved in the selection process.

Nominees receive notice from the governor's office that they have been appointed or not.

For more information on applying for nomination to the KBN, visit www.kentucky-nurses.org or email carleneg@kentucky-nurses.org.

Community Nurses Selected for U of L's Florence Nightingale Awards

U of L School of Nursing honors nurses who have made a difference



Impacting patient lives, improving health outcomes, elevating the profession of nursing and inspiring others to consider nursing as a professional career are a few of the distinguishing characteristics of the six University of Louisville School of Nursing's Florence Nightingale Award winners. The six awardees from left to right are:

Carolyn McKee, RN, ASN – Lifestyle Weight Management Coordinator, Clark Memorial Hospital, Clarksville IN

Al Saylor, RN, BSN – Manager of Care Coordination, Saint Joseph East Hospital, Lexington KY

Vivianne Griffiths, MSN, APRN – Nurse Practitioner, JenCare Neighborhood Medical Center, Louisville KY

Justine O'Flynn, RN – Data Systems Analyst, Just for Kids Critical Care, Kosair Children's Hospital, Louisville KY

Vickie Miracle, RN, MSN, EdD, CCRN – Editor of Dimensions of Critical Care Nursing; Lecturer at Bellarmine University, Louisville KY

Tina A. Clark, RN, BSN – Operating Room Nurse, Norton Suburban Hospital, Louisville KY

Dean Marcia Hern, EdD, CNS, RN – Dean and Professor, University of Louisville School of Nursing



Compassion Counts.

Compassion has to be taught by example. At Spencerian College, we ensure our graduates have the knowledge - and the empathy - to make a difference in the lives of their patients.

If you are looking for an emotionally rewarding career, consider nursing. Spencerian has helped hundreds of aspiring healthcare workers become licensed practical nurses (LPNs) and registered nurses (RNs).

Spencerian College 502-447-1000
Quality Education Since 1892 spencerian.edu



Spencerian College's Practical Nursing diploma and Associate of Applied Science in Nursing are approved by the Kentucky Board of Nursing.

For more information about program successes in graduation rates, placement rates and occupations, please visit spencerian.edu/programsuccess.

RN to BSN online.

Credit Transfer Review.

Streamlined courses.

**Designed for the
working nurse.**

REGIONALLY ACCREDITED Sullivan University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, master's and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404.679.4500 for questions about the accreditation of Sullivan University. The baccalaureate Nursing program at Sullivan University is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>). For more information about program successes in graduation rates, placement rates and occupations, please visit sullivan.edu/programsuccess.

**Sullivan
University**
College of Nursing

sullivan.edu/mybsn



Nurses Play Valuable Roles in Diabetes Multidisciplinary Team

Caring for Children with Diabetes in Louisville, Kentucky

Jaime M. Walker, RN, BSN, CDE, CPN, Diabetes Nurse Clinician at Kosair Children's Hospital and Kupper A. Wintergerst, MD, Associate Professor, Pediatrics/Chief, Division of Endocrinology & Diabetes, Wendy L. Novak Endowed Chair of Pediatric Diabetes Care and Clinical Research/Director, Wendy L. Novak Diabetes Care Center/Director, Pediatric Endocrine and TrialNet Diabetes Studies, University of Louisville, School of Medicine

Multidisciplinary teamwork is an aspect of healthcare in inpatient setting that has achieved success throughout the United States (Pollom & Pollom, 2004). The nursing professional can participate fully as a member of the multidisciplinary team adding a richness of experienced and knowledge in providing face to face care and education to all patients. The nurse can obtain new knowledge and insights from the multidisciplinary team to assist the patient in achieving the best care. Considering that nurses make up the largest portion of health care givers in the United States, it is no surprise nurses are looked to as an integral part of multidisciplinary teams in many facets of healthcare (Lacey & Cox, 2009). Multidisciplinary teams give patients and families care on a continuum by seeing team members consistently during the hospitalization, preventing errors through communication, and providing a supportive atmosphere for healing and education (Deering, Johnston, & Colacchio, 2011). Not only has a multidisciplinary team approach come to fruition at the Wendy L. Novak Diabetes Care Center's inpatient facility, located at Kosair Children's Hospital in Louisville, Kentucky, but this team has yielded significant results. The Diabetes Care Center is specifically designed to provide families an inviting environment in which to learn and, of course, to reach health goals. The team is led by Dr. Kupper Wintergerst, Associate Professor of Pediatrics at the University of Louisville and Medical Director of the Center, and also includes highly trained Pediatric Endocrinologists, Advance Practice Registered Nurses, Certified Diabetes Nurse Educators, Registered Dietitians, a Social Worker, a Chaplain, Registered Nurses providing bedside care, a Clinical Psychologist, a dedicated Pharmacist, and a Child Life Therapist. This multidisciplinary team has developed a truly integrated approach to care for all aspects of the medical, mental, and spiritual health of a child and family with diabetes.

Every year Kosair Children's Hospital admits patients from all over the state of Kentucky and Southern Indiana with new and known diagnoses of diabetes. In all cases, the multidisciplinary diabetes care team works together to form a treatment and education plan through constant communication with the family and with each other. The nurses on this team are highly visible and provide the family with comfort, support, and expertise. Each member of the diabetes care team focuses on family-centered care, which, in turn, provides the child with a strong foundation and ongoing support with which they can grow and realize optimal health. For the typical admission for a child with a new diagnosis with diabetes, the child and the family will spend approximately 24-28 hours at Kosair Children's Hospital, under the care of Board Certified Pediatric Endocrinologists, meeting with the various supportive diabetes care team specialists to gain an in-depth understanding of what is needed for home care. By utilizing a multidisciplinary team, the family is given guidance face to face that is personalized to the child and family's normal function. The multidisciplinary team is able to provide a support system that can help to ensure compliance of the diabetes plan of care upon discharge and throughout childhood, adolescence, and into young adulthood.

Upon leaving the hospital, the patient and family continue to receive support in one of the outpatient facilities of the Wendy L. Novak Diabetes Care Center and the University of Louisville Pediatric Endocrinology Physicians group. To maintain continuity of care after discharge, the Diabetes Nurse Educators located at Kosair Children's provide phone support to families until their first appointment with outpatient Diabetes Center providers. This seamless transition provides the family with the support and confidence they need

to take the first steps towards independent diabetes care for their child

Diabetes is a complex health condition and factors, such as the child's normal eating patterns, food preferences, sports activities, and other health conditions, must be considered and incorporated into the care plan through tight communication with the entire team. A Registered Dietician meets with both Diabetes Nurse Educators and the Registered Nurses caring for the child to develop meal plans to be suggested during personal education with the family and child. This meal plan includes education regarding physical activities, which are an important consideration to maintain the energy needed for a growing, active child and to prevent hypoglycemia. The family is supported through many resources arranged by the Social Worker, Diabetes Nurse Educators, and pharmacy staff members who determine the most cost-effective medication regimen and supplies to fit the family's insurance carrier requirements and financial budget. Furthermore, this can also be an effective way to locate support resources for the family within the community. Acknowledging the incredible emotional and psychological burden placed on the child and family by diabetes is also a vitally important action. A Clinical Psychologist meets with the family to assist with coping strategies that are specific to children with chronic illness, but also assists the team in new learning activities and challenging aspects of care, such as daily injections. Medical play and diversion activities, in addition to invaluable support during potentially painful procedures are provided by a Child Life Therapist. Amidst all of these other valuable resources, the anchor is the consistent nursing support through nursing professionals as educators and bedside caregivers that provide the family with continuity of care and a steady presence throughout the child's hospital stay. Registered Nurses become champions of diabetes care during the hospital stay. Registered Nurses become champions of diabetes care during the hospital stay and are a vital link from admission to the moment in which the home self-management journey begins. This is accomplished by monitoring health status, lab values and fluid balance, reinforcing education, acting as an ongoing resource for questions, assisting families during the practice of diabetes management techniques, and providing

the primary communication link between the patient and the healthcare team. Essentially, Registered Nurses are the constant of the multidisciplinary team.

The multidisciplinary team at the Wendy L. Novak Diabetes Care Center has a vision to be the first line of support for the children and families of Kentucky and Southern Indiana with a new or existing diagnosis of diabetes. Nurses play a crucial role on this team in many facets of care and coordination. As part of the multidisciplinary team, the Diabetes Nurse educator and the Registered nurse involved in bedside care exemplify their special roles in care giving by advocating for the child and family through communication, educating the family as individuals and as a whole entity, and assessing the need for additional personalization to the care plan (Wilkes, Cioffi, Cummings, Warne, & Harrison, 2014). The efforts by the nursing staff participating on this team are critical in coordinating hospital care, arrangements for outpatient follow-up, and providing the education and support that the family needs to care for their child into the future.

References

- Deering, S., Johnston, L.C., & Colacchio, K. (2011). Multidisciplinary teamwork and communication training. *Seminars in Perinatology*, 35(2), 89-96. doi: <http://dx.doi.org/10.1053/j.semperi.2011.01.009>.
- Lacey, S.R. & Cox, K.S. (2009). Nursing: Key to quality improvement. *Pediatric Clinics of North America*, 56(4), 975-985. doi: <http://dx.doi.org/10.1016/j.pci.2009.05.004>.
- Pollom, R.K., & Pollom, R.D. (2004). Utilization of a multidisciplinary team for inpatient diabetes care. *Critical Care Nurses*, 27(2), 185-188. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15137360>.
- Wiles, L., Cioffi, J., Cummings, J., Warne, B., & Harrison, K. (2014). Clients with chronic conditions: Community nurse role in a multidisciplinary team. *Journal of Clinical Nursing*, 23(5/6), 844-855. doi: <http://dx.doi.org/10.1111/jocn.12245>.

Dynamic Career Opportunity

Mildred Mitchell-Bateman Hospital is a 110-bed acute care mental health facility operated by the West Virginia Department of Health and Human Resources. We are seeking qualified staff to fill **permanent** and **temporary** positions.

- RNs • LPNs • Health Service Workers (CNA)
- Interpreters for the Deaf

Some of the benefits you will enjoy:

- Paid holidays with incentive for working Thanksgiving, Christmas, and New Year's Day
- Accrued sick leave
- Accrued annual leave
- Shift differential for evenings and night shifts
- Education assistance (tuition reimbursement)
- Annual increment pay after 3 years of service
- Public Employees Retirement System
- Comprehensive health insurance plans, including PEIA
- Prescription drug plan and optional dental and vision coverage
- Staff to acuity

Temporary positions do not include benefits.

Interested individuals should contact:

Patricia G. Hamilton, RN BC Chief Nurse Executive
dhhmmbhhr@wv.gov



1530 Norway Avenue,
Huntington, WV 25709
Phone: 304-525-7801 x 734
Fax: 304-529-6399
www.batemanhospital.org

Mildred Mitchell-Bateman Hospital is a Drug Free Workplace.
Minorities are encouraged to apply. Equal Opportunity Employer.

TAKE YOUR PLACE in NURSING

Advance Your Career!

RN - BSN Online

Contact Linda Thomas, lthomas2@murraystate.edu

BSN

Contact the School of Nursing, 270.809.2193

Advanced Practice DNP Options:

- Family Nurse Practitioner
- Nurse Anesthesia
- Post-Master's DNP Program

For more information contact:

Dina Byers, Ph.D., APRN, ACNS-BC
dbyers@murraystate.edu
270.809.6223

- More than 15 years experience in educating advanced practice nurses to meet the complex health care needs of society.
- Strong faculty committed to excellence in education and practice.



www.murraystate.edu/nursing

Equal education and employment opportunities M/F/D, AA employer

Poster Abstracts from 2014 Convention

Implementing Concept-Based QSEN into a Pre-Nursing Introduction to Professional Nursing Course with a Global Perspective

Lorraine Bormann, PhD, RN, MHA, CPHQ
Assistant Professor, School of Nursing
Western Kentucky University
Bowling Green, Kentucky

An Introduction to Professional Nursing course for students not yet admitted to a BSN pre-licensure nursing program was developed in 2010 to help students understand what to expect if they chose nursing as a profession and to improve factors thought to be related to success in the nursing program. The introductory course became a required pre-requisite course in fall 2011 for all students applying for the BS nursing program. Lack of understanding of the health care system was also identified. All of these items were to be addressed in the introductory nursing course. The concept-based Quality and Safety Education in Nursing (QSEN) was adopted in fall 2012 with the expectation that students would have a better foundation to start the actual nursing program.

The project goals included: 1) develop a pre-nursing course to better prepare students for what to expect when choosing nursing as a professional career, 2) implement a logically stepped approach to introducing concept-based QSEN into the Introduction to Professional Nursing course, 3) include resources for teaching QSEN in the didactic and active learning classroom settings, and 4) increase student retention of information, gain

deeper level of understanding, and to increase student motivation for learning.

A literature review was conducted in spring 2012 that specifically evaluated the call for nursing education reform (Carnegie Foundation Report, 2010) and the NLN position statement on nursing education reform (NLN, 2003). The Quality and Safety Education in Nursing (QSEN) competencies align with the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998). This laid the foundation to adopt the Finkelman/Kenner text: Professional Nursing Concepts: Concepts for Quality Leadership now in a second edition (2013). The QSEN competencies include 1) patient centered care, 2) teamwork and collaboration, 3) evidence based practice, 4) quality improvement, 5) safety, and 6) informatics.

As expected, the pre-nursing students report overwhelming satisfaction with the blended format of the introductory nursing course and reflect more positive scores in teaching effectiveness and course evaluations since implementation of the concept-based approach to teaching and learning. Students and faculty feedback are being used to further enhance the experience.

References

- American Association of Colleges of Nursing [AACN]. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Association of Colleges of Nursing. Quality and Safety Education in Nursing [QSEN]. (2014). AACN

launches free QSEN learning module series. Retrieved from <http://www.aacn.nche.edu/qsen/module-series>

Carnegie Foundation Report. (2010). Educating nurses: A call for radical transformation. Retrieved from <http://www.carnegiefoundation.org/publications/educating-nurses-call-radical-transformation>

Erickson, H. L. (2012). *Concept-based teaching and learning*. International Baccalaureate Organization (IB position paper). Retrieved from http://occ.ibo.org/ibis/documents/general/g_0_iboxx_amo_1207_1_e.pdf

Finkelman, A. & Kenner, C. (2013). *Professional nursing concepts: Competencies for quality leadership*. Burlington, MA: Jones & Bartlett Learning

Institute for Healthcare Improvement. (2014). *IHI open school*. Retrieved from <http://www.ihio.org/education/IHIOpenSchool/Courses/Pages/OSInTheCurriculum.aspx>

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.

Melnik, B., Fineout-Overholt, E., Stillwell, S., & Williamson, K. (2010). Evidence-based practice: Step by step. The seven steps of evidence-based practice: Following this progressive, sequential approach will lead to improved health care and patient outcomes. *American Journal of Nursing*, 110(1), 51-53.

National League for Nursing [NLN]. (2003). *Position statement: Innovation in nursing education: A call to reform*. Retrieved May 8, 2014 from <http://www.nln.org/aboutnon/PositionStatements/innovation.htm>

Quality and Safety Education in Nursing [QSEN]. (2014). AACN launches free QSEN learning module series. Retrieved from <http://www.aacn.nche.edu/qsen/module-series>

White, J. (2005). Introducing undergraduate students to global health: Challenges through web-based learning. *Nursing Education Perspectives*, 26(3), 157-162

The Use of Prone Positioning in Acute Respiratory Distress Syndrome: An Evidence Based Review

Nicholas Cress, Student
Teresa Villaran MSN, APRN-BC, CCRN
Berea College
Berea, Kentucky

Acute Respiratory Distress Syndrome (ARDS) is a form of acute lung injury (ALI) characterized by non-cardiogenic pulmonary edema resulting in stiff, non-compliant alveoli and impaired gas exchange from either direct or indirect lung injury. Research estimates that 20 to 75 per every 100,000 persons each year are affected by ALI such as ARDS. ARDS can have mortality rates as high as 90%. This complex condition is further associated with high rates of morbidity and increased healthcare costs. No current standardized treatment guidelines exist for ARDS. Treatment may involve intubation, mechanical ventilation using low tidal volumes and increased peak end-expiratory pressure (PEEP), fluid management, systemic support, pharmacological intervention, kinetic therapy, and most notably prone positioning. Thirty-day mortality is lower in those patients with severe ARDS placed in the prone position.

CSEPP and Community System Vulnerabilities: A PHN Clinical Simulation Collaborative

Melanie Adams-Johnson, DNP, MSN, RN
Lisa G. Jones, MSN, RN, CCRN
Eastern Kentucky University
Richmond, Kentucky

The Chemical Stockpile Emergency Preparedness Program (CSEPP) (Federal Emergency Management Agency [FEMA], 2014) began in 1985 when the US Congress passed a law directing the Army to dispose of its aging chemical weapons inventory with maximum protection of the public and environment as its primary consideration. Madison County Kentucky, home of Eastern Kentucky University, is the second largest county in the Commonwealth of Kentucky. Madison County is also home of the Bluegrass Army Depot; one of only two remaining chemical weapons munitions stockpiles in the U.S. The task of destroying more than 523 tons of chemical weapons currently housed in this community has begun. In the event of any accidental release or act of terrorism involving chemical agents stored in the community, a systems wide public health response would be required. These community attributes provide a rich learning experience for public health nursing

students engaged in the study of population health vulnerabilities and systems theory.

Simulation Project Deliverables

This presentation will illustrate components of a public health nursing clinical simulation activity with emphasis on identification of vulnerabilities and protective factors at the community systems level. As part of their public health nursing and intensive care nursing courses, a total of 54 senior baccalaureate nursing students actively participated in a two day clinical simulation exercise. Academic partnerships between public health and critical care nursing courses were established and clinical partnerships between local, state and federal agencies were developed. Students were able to actively experience and evaluate public health systems level care for vulnerable populations from a variety of perspectives. This presentation will illustrate how faculty from public health and critical care specialty practice areas worked collaboratively to design and implement a mutual learning experience for both core BSN senior nursing courses. The presentation will emphasize use of the American Academy of Colleges of Nursing [AACN], (2008) Essentials of Baccalaureate Education to develop student learning outcomes. Specific learning objectives for this presentation will include the following:

1. Describe the CSEPP program and its parallels to AACN Essentials of Baccalaureate Education.
2. Examine successful strategies for developing community systems partnerships for public health nursing clinical simulation.
3. Discuss the application of Systems Theory in the development, implementation and evaluation of a collaborative public health clinical simulation experience.

References

- American Academy of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacn.nche.edu/publications/order-form/baccalaureate-essentials>
- Federal Emergency Management Agency (2014). *Chemical stockpile emergency preparedness program*. Retrieved from <http://www.fema.gov/technological-hazards/chemical-stockpile-emergency-preparedness-program>



DSI Renal is a leading provider of dialysis services in the United States to patients suffering from chronic kidney failure. We continue to grow through acquisition, development of new clinics, and organic growth.

Persons with renal (kidney) disease who are in need of dialysis treatments will find state-of-the-art treatment with personalized care at DSI Renal's dialysis facilities.

Together with our physician partners, DSI Renal owns and operates over 80 dialysis clinics in 23 states.

INTERESTED IN JOINING OUR COMPANY? For more information on DSI Renal or for available nursing positions visit our website at www.DSI-Corp.com.



Poster Abstracts from 2014 Convention

Secondary Data Analysis Examining the Impact of Nurse Practitioner Practice Regulation on Access to Care in the Medicare Population

Summer Cross, PhD(c), APRN, FNP-BC, PhD student, University of Missouri - Kansas City Faculty/Lecturer, Murray State University, School of Nursing

State nurse practitioner (NP) practice regulations vary across the U.S. despite strong evidences supporting quality of care provided.^{1,2} Restrictive regulations limit the practice of NPs. Given growing primary care physician shortages,³ NPs are in an ideal position to fill critical gaps.

The objective of this study was to examine the relation between different levels of state NP practice (Full, Reduced, and Restricted)⁴ and access to care in the Medicare population. The design of the study was a secondary data analysis of the Medicare Current Beneficiary Survey, Access to Care 2011 data set. Data were collected during the fall 2011 interview session, which represented a cross-sectional sample.⁵ An observational method was used to examine the impact of state NP practice regulations on access to care (appointment waiting times, difficulty accessing care, and usual source of care). Andersen's Theoretical Framework for Measuring Access to Medical Care was used as a guiding framework to theoretically and operationally define access.⁶ SAS survey procedures were used to apply Taylor series weights to statistical analyses to make results representative of the Medicare population (N=15,027, weighted cases = 45,205,096).

Results of the regression analysis for time to get an appointment were least favorable for participants in Full NP practice states. No significant effect was seen in time spent waiting at an appointment to see a provider. Difficulty encountered accessing care was statistically significant, with participants in Full NP practice states experiencing increased difficulty getting from home to provider office. Participants in Restricted and Reduced states were more likely to report having trouble accessing care due to cost. No significant effect was seen in analysis for usual source of care. A higher percentage of participants in Full NP practice states used HMOs for their site of care.

Several limitations existed, including lack of control over primary data collection and missing data for several items. Future research is needed to examine access to care in response to NP practice in other populations and compare access before and after NP practice regulation changes. NP must be involved in health policy change in order to improve patient outcomes.

References

1. Newhouse, R.P., Stanik-Hutt, J., White, K.M., Johantgen, M., Bass, E. B., Zangaro, G., Weiner, J.P. (2011). Advanced practice nurses outcomes 1990-2008: A systematic review. *Nursing Economic*, 29(5), 1-22.
2. Stanik-Hutt, J., Newhouse, R.P., White, K., Johantgen, M., Bass, E. B., Zangaro, G., Weiner, J.P. (2013). The quality and effectiveness of care provided by nurse practitioners. *The Journal for Nurse Practitioners*, 9(8), 492-500.
3. Association of American Medical Colleges (AAMC). (2013). *2013 state physician workforce data book*. Retrieved from <https://members.aamc.org/eweb/upload/State%20Physician%20Workforce%20Data%20Book%202013%20%28PDF%29.pdf>
4. Cable, M.L. (2012). Data brief #001: Centers for Medicare and Medicaid Services releases 2011 MCBS access to care research files. Retrieved from http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Downloads/MCBS_Data_Brief_001-Access_2011Release.pdf
5. American Association of Nurse Practitioners (AANP). (2013b). *203 Nurse practitioner state practice environment*. Retrieved from <http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>
6. Aday, L.A., & Andersen, R. (1974). A framework for the study of access to medical care. *Health Services Research*, 9(3), 208-220.

Sitting Time: An Increasing Health Risk Among Nurse Educators

Dawn Garrett Wright, PhD, MSN, CNE Associate Professor, School of Nursing
Eve Main, MSN, RN, FNP, APRN Associate Professor, School of Nursing
Liz Sturgeon, PhD, RN, CNE Associate Professor, School of Nursing
M. Susan Jones, PhD, RN, CNE, ANEF Associate Professor, School of Nursing
Donna Blackburn, PhD, RN Associate Professor, School of Nursing
Western Kentucky University
Bowling Green, Kentucky

Background: Sitting time has increased substantially in the last 50 years (Haskell, Blair & Hill, 2009) and is an emerging health risk. There is evidence that prolonged sitting time is a risk factor for all-cause mortality, independent of physical activity. Nurse educators in Kentucky are particularly at risk due to a low baseline physical activity, older age, and the increasing use of on-line instruction. There are no studies of nurse educators in Kentucky that examine their average daily sitting time.

Objective: The purpose of this descriptive correlational study was to explore the sitting time of nurse educators in Kentucky in relation to general health.

Method: A convenience sample (n = 93) was recruited from a regional nurse educator conference in Kentucky. Participants completed general health questions and the Workforce Sitting Questionnaire, which asked about sitting time while traveling, while at work, while watching TV, while using the computer at home, and while doing other leisure activities on work and non-work days. Demographic data were collected and data were analyzed using descriptive and correlational statistics.

Results: The average age of the participants was 51 years and 97% of the sample was female. The average body mass index (BMI) was 30.6 (SD = 8.7) and 74.5% of the participants described their general health as excellent or very good. 37% of the participants indicated they were taking a medicine for their blood pressure and 26.9% indicated they were taking a medication for their high cholesterol. Total average sitting time was 10.8 hours (SD = 3.9) on workdays and 8 hours (SD = 3.0) on non-workdays. Across domains on workdays the average sitting time was 77 minutes (transportation), 317 minutes (working), 80 minutes (watching TV), 121 minutes (home computer use), and 52 minutes (other leisure activities). Higher sitting time was not associated with BMI or age. There was no difference in the average sitting time among weight categories, self-reported general health, or physical activity restriction.

Discussion: Evidence from earlier studies indicates a relationship between total sitting time and BMI, cardiovascular disease, self-reported general health, and physical activity restriction; however, the nurse educator data did not indicate this relationship. These findings are inconsistent with other research and this study should be replicated with a larger sample.

PSYCHIATRIC NURSE PRACTITIONER

Community Mental Health Center located in Southeast Kentucky has an immediate need for a Full-Time Psychiatric Nurse Practitioner.

The Psychiatric Nurse Practitioner position evaluates and treats psychiatric illnesses and obtains relevant health and medical history for an adult population in an outpatient clinic setting. This is a day shift position that offers a M-F work schedule- some in-region travel required (mileage reimbursed). Position requires a Kentucky Board Certified Psychiatric NP. The position includes a very competitive salary, full benefits package, continuing education support and the benefits of professional liability protection, 401(k), medical, dental and supplemental coverage available.



Apply on-line at www.gohire.org and click on "online application" or call (606) 666-2747 or (606) 666-2736.

A School Nurse in Every Kentucky School

Kathy K. Hager, DNP, APRN, FNP-BC, CDE
Teena Darnell, MSN, RN
Bellarmine University
Louisville, Kentucky

This poster will summarize findings from a statewide survey of school nurses, school nurse coordinators and school nurse administrators, as well as review the best evidence available on school nurse outcomes related to absenteeism, student grades, and graduation rates. This data will be used to support a state-wide initiative to place a nurse in every Kentucky school. From the school nurse survey, schools will be selected for study; outcomes will be compared in schools with an onsite, full-time employed nurse with schools that do not have an onsite daily nurse. Current practice and best evidence related to the cost benefit analysis of school nurse utilization will be outlined. A long-term strategy to involve stakeholders and champions for change will be presented. The ultimate goal of this initiative is to provide Kentucky's youth with a healthy educational environment by supporting legislation for a sustainable plan to place a nurse in every Commonwealth of Kentucky school.

ALD
Arthur L. Davis
Publishing Agency, Inc.

Searching for the perfect career?



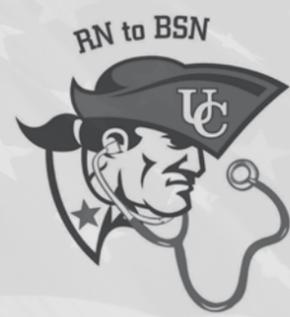
Find your future here.

- ▶ **Search job listings** in all 50 states, and filter by location & credentials
- ▶ **Browse our online database** of articles and content
- ▶ **Find events** for nursing professionals in your area

Get started now!

www.nursingALD.com

University of the Cumberlands



RN-BSN Program

- ★ \$199/credit hour
- ★ 100% online
- ★ 38 credit hours
- ★ Complete in as little as 12 months

Graduate Admissions 1-800-343-1609

www.ucumberlands.edu

Poster Abstracts from 2014 Convention

The Perception by Faculty and Students on the use of Wireless Devices, as an Active Learning Tool, in the Associate Degree Nursing (ADN) Program in Kentucky

Michele Dickens, MSN, RN
RN to BSN Online Instructor and Interim RN to BSN Director

Melody K. Cundiff, MSN, APRN
Nursing Instructor

Jacquelyn E. Young
Nursing Fundamentals Instructors
School of Nursing, Campbellsville University
Campbellsville, Kentucky

Background

Schools of nursing (SON) are incorporating informational technology to increase student learning opportunities, create innovative teaching practices, and promote current and accurate information retrieval systems. (Cahill and Li, 2011; Skiba, 2008). However, wireless technology use in the classroom is a new concept in Nursing Education and research in this area is limited. (Cahill & Li, 2011; Garrett & Klein, 2008). Understanding how the use of technology is incorporated into the clinical and classroom setting will provide information for instructors considering the use of technology in the instruction of nursing students.

Purpose

The purpose of this study was to understand the experiences of educators and students, when intergrading technology into the curriculum. Specific topics: (a) student's and instructor's engagement in using mobile devices and technology as a tool in the classroom; (b) the use of technology in delivering course content in a specified course; (c) the use of mobile devices or technology to provide classroom instruction, information and evaluation; and (d) challenges that may arise when using PDA's in the classroom and clinical setting.

Methods

A quantitative study using convenience sampling was performed using the nursing students and faculty at the school of nursing. The faculty and students were given five similar questions to answer. The questions related to the use of Wireless Handheld Devices (WHD) in the classroom as well as the clinical setting. A "Likert" scale was used with possible answers ranging from strongly agree to strongly disagree.

Results

Instructor Results

Seven out of seven instructor surveys were returned or 100%.

How would you (the instructor) rate your student's engagement in using mobile devices and technology as a tool in the classroom?

Four out of seven instructors (57%) agree that students use mobile devices and/or technology for access to online resources; for completion of assigned homework and projects; and that students actively pursue ways to use mobile devices and technology in and out of the classroom.

How would you (the instructor) rate your use of technology in delivering course content in your specified course?

Four out of seven instructors (57%) agree that they create an environment rich in technology in which students regularly engage in activities or assignments that require the use of technology to enhance course content.

On what level do your students use mobile devices or technology to receive classroom instruction, information and evaluation?

Four out of seven instructors (57%) strongly agree that mobile devices and/or technology are used to access classroom updates and resource material for didactic learning.

Three out of seven instructors (42.8%) agree that mobile devices and/or technology are used to reinforce course content in and out of the classroom and to evaluate student learning through assignments, quizzing, and testing.

What challenges arise when using PDA's in the classroom and clinical setting?

Three out of seven instructors (42.8%) disagree that they do not experience any challenges in the classroom or clinical setting, however, three out of seven instructors (42.8%) agree that they experience challenges related to Internet connectivity.

What PDA reference applications do you find most useful?

Two out of seven instructors (28.5%) strongly agree that they use one to two reference applications on their PDA device; however, two out of seven instructors (28.5%) strongly agree that they use five or more reference applications on their PDA device.

Student Results

71 surveys were provided to students and 62 were returned or 87.3%. Some students did not answer some questions.

How much time do you (the student) utilize a mobile device/PDA on a daily basis in the clinical setting?

32 out of 62 students (51.6%) agree that they utilize a mobile device/PDA in the clinical setting one to three hours per day/shift.

Which setting/situation do you (the student) utilize your mobile device/PDA as a reference? (Clinical, Class, Personal)

33 out of 61 students (54%) strongly disagree that they do not use a mobile device/PDA in any of these

settings/situations, however, 29 out of 61 students (47.5%) agree that they utilize a mobile device/PDA in the clinical and/or class setting.

On what level do your instructors use mobile devices or technology to deliver classroom instruction, information and evaluations?

32 out of 57 students (56.1%) agree that mobile devices and/or technology are used to reinforce course content in and out of the classroom.

30 out of 61 students (49.1%) agree that mobile devices and/or technology are used to access classroom updates and resource materials for didactic learning.

What challenges arise when using PDA's in the classroom and clinical setting?

29 out of 62 students (46.7%) disagree that they experience challenges related to limited access of usage.

What PDA reference applications do you find most useful?

32 out of 61 students (52.4%) agree that they use one to two reference applications on their PDA device.

24 out of 62 students (38.7%) agree that they use three to four reference applications on their PDA device.

Conclusion

Both instructors and students have a very similar reflection on the use of mobile devices in the classroom. Instructors and students agree that mobile devices are used in the classroom as well as the clinical arena. Students and instructors also agree that mobile devices are used to present information and reinforce information in the clinical and classroom setting. Mobile devices are also used as a summative and formative form of evaluation. One area of concern expressed by the instructors is related to the Internet connectivity of the mobile devices. Further investigation into the areas of Internet connectivity will need to be addressed.

Future Studies

In August of 2012 the use of mobile devices was introduced to first semester nursing students. At that time, mobile device use was made mandatory for the new incoming students. These students will graduate May 2015. Identifying the student's perception of the use of mobile devices in the classroom as well as preparation for practice would provide insight on the use of mobile devices as an active learning tool in the classroom and clinical arena. Questions related to professional practice and professional preparedness related to the use of technology would provide insight for the instructors, and would allow for changes in the clinical and classroom, if needed, by the instructor.

Limitations

Surveys were given to all instructors regardless if the instructor taught in the clinical or classroom arena. Separating the responses would allow for a more cohesive understanding of issues related to Internet connectivity as well as the adaptation of the device in the classroom or in the clinical arena.

Surveys were also provided by pencil and paper. Using an online survey system would allow for the survey to be sent to a larger pool of students and instructors as well as timely return of the results.

References

- Cahill, K., & Li, R. (2011). The potential of wireless handheld devices to enhance pediatric curriculum. *Distance Learning*, 8(2), 1-6. Retrieved from <http://search.proquest.com/library/capella.edu/docview/1014187320?accountid=27965>
- Garrett, B., & Klein, G. (2008). Value of wireless personal digital assistants for practice: Perceptions of advanced practice nurses. *Journal of Clinical Nursing*, 17(16), 2146-2154. doi:10.1111/j.1365-2702.2008.02351.x
- Skiba, D. (2008). Nursing Education 2.0: Games as Pedagogical Platforms. *Nursing Education Perspectives*, 29(3), 174-5. Retrieved from ProQuest Nursing & Allied Health Source. (Document ID: 1499038311).

Calling College Grads Interested in Nursing!

The University of Louisville Master's Entry into Professional Nursing (MEPN) is designed for people who already have a bachelor's degree in another area who want to pursue a career in nursing.

- 6-semester program
- Graduates obtain BSN and MSN
- Apply before March 1, 2015

UL SCHOOL OF NURSING

louisville.edu/nursing

502-852-1196



RN and LPN applicants wanted
Serving Madison, Estill and Powell Counties

MEPCO
Home Health Assistants
Healing Hands. Warm Hearts

For more info. call 859-626-4241
www.madisoncountyhealthdept.org

Poster Abstracts from 2014 Convention

Nursing Faculty Retention and Recruitment

Celeste Hardesty BSN, RN
*Elizabethtown Community and Technical College
 and Western Kentucky University*

Background: The current nursing faculty shortage is a growing problem as seasoned nursing faculty near retirement, creating vacancies in nursing faculty positions. Also, the salary associated with nursing faculty positions deters many nurses from pursuing a career in nursing education. These factors lead to a shortage of nursing faculty which limits the number of students admitted into nursing programs, directly influencing the number of graduating nursing students.

Clinical question: The question investigated is what is the most effective evidence based strategies to recruit and retain nursing faculty?

Search method: In researching this topic, the following databases were used: EBSCOhost, CINAHL and Medline. Search was limited to literature published between the years 2008-2013.

Evidence-based findings: Overwhelmingly, the literature reviewed demonstrated a need for implementation and reevaluation of mentoring programs for new nursing faculty and new faculty orientation. Faculty recruitment issues discussed showed the need for offering competitive salaries and benefits to nurse educators and offering grants and scholarships to fund higher education. Literature also reflected the need to educate nurses about the positive aspects of a career as a nurse educator to include much autonomy, flexibility and academic freedom.

Clinical practice implications: The implications for clinical practice include being able to increase the number of students admitted into nursing programs, thus increasing the number of practicing nurses, increase nursing faculty satisfaction, decrease the workload for current faculty and the ability to provide quality nursing education.

Keywords: nursing faculty, nurse educator, retention, recruitment

Management of Neurogenic Bowel and Bladder in Patients with Spinal Cord Injury

Kristen Lynch,
*Nursing Student, Berea College
 Berea, Kentucky*

One of the many complications survivors of spinal cord injury are faced with is neurogenic bowel and bladder. Conservative management techniques are routinely used despite evidence that more aggressive treatment methods for neurogenic bowel and bladder secondary to spinal cord injury and compare outcomes in perceived Quality of Life (QOL) and presence of comorbidities in populations who received these treatment methods. These techniques have been shown to improve toileting time, erectile function and perceived quality of life while decreasing incontinent episodes and complications such as infection and skin breakdown.

Keywords: Neurogenic bowel and bladder, incontinence, transanal irrigation, sacral nerve stimulation

An Agricultural Health Nursing Course Designed for Distance Education

M. Susan Jones, PhD, RN, CNE, ANEF
*Professor, School of Nursing
 Western Kentucky University
 Susan.Jones@wku.edu
 270-745-3213*

Deborah B. Reed, PhD, MSPH, RN, FAOHN
*Distinguished Service Professor
 College of Nursing, University of Kentucky*

Anne Honaker
*Senior Instructional Designer
 Western Kentucky University*

Nurses provide care to agricultural workers and their families in a variety of settings. However, agricultural health and safety content is limited in nursing curriculums. This poster describes the development, implementation, and evaluation of an online academic nursing course, Agricultural Health Nursing. The Course is based on emerging research that is part of a larger project: Nurses using Research, Service, and Education in Academia and Practice (NURSE-AP), funded by the National Institute for Occupational Safety and Health (NIOSH).

Class content was organized in five modules: 1) nursing and the culture of agriculture; 2) life span issues influencing the health of agricultural workers; 3) environmental issues affecting the health of agricultural workers; 4) psychosocial issues associated with farming; and 5) emerging groups and issues influencing the health of agricultural workers. 26 students have completed the course. Teaching strategies included the use of integrity video lectures, YouTube, farm videos, and discussion boards. Quizzes and discussion boards as well as online readings selected for each module were used to engage students in critical thinking.

Evaluation data indicate a positive learning experience with 96% of the students reporting they could apply information/skills learned in the course. The course has received full university approval as an academic elective course. Course modules are currently being converted to continuing education units for practicing nurses. The entire course can easily be adapted to other geographic areas and will be shared with nursing faculty throughout the United States as requested.

Nurses equipped with an understanding of the culture and hazards of agriculture can provide more salient and acceptable care to the population. The online format facilitates the access of the content for nurses in distance sites. This format for providing nursing education lends itself to modification for continuing education modules and course modules that can be offered online for nurses. With limited educational programs to address this high risk group, this course is a novel and efficient way to translate research to practice

Ethical Implications of For-Profit Physician Care on Indigenous People

Joan Maninang
*Nursing Student, Berea College
 Berea, Kentucky*

Primary health care physicians (PCPs) are facing dissatisfaction in their work environment due to demands of labor, increasing work hours and number of patients, and decreasing insurance reimbursements and salaries. As a result, PCPs have increasingly been exploring different types of practices, one of which is concierge medicine. A 2012 survey of 13,000 physicians reported that 6.8% are embracing this type of practice, with this number expected to grow in the next three years. Concierge medicine is a new health care delivery model in which physicians limit the patients they see. In traditional practice, a PCP cares for 2000 patients annually, but in concierge medicine a PCP sees 400-600. The services provided include longer visits, same day appointments, personalized wellness programs, telephone and email consultations, preventive care, and coordination with fitness trainers and dietitians. In return for providing such personalized care, concierge physicians require their patients to pay an annual retainer or service fee of \$2,000-\$20,000. However, concierge medicine does pose affordability barriers to indigent populations. Because of the high retainer fee this type of practice requires, low-income populations are less able to participate. Ethical concerns arise because this creates a "two-tiered" system, dividing healthcare between the wealthy and the poor. Ethical principles such as justice, nonmaleficence, and autonomy are violated by concierge practice. With rapid scarcity of PCPs and increasing numbers of patients needing care in traditional practice settings, patients are less likely to receive adequate and quality care. To reduce the gap of the "two-tiered" system, physicians offer scholarships and fee waivers for ten percent of their patient population who cannot afford the retainer fee. As an alternative, 600 clinics nationwide opened for Medicaid patients to receive similar services and care as those participating in concierge medicine but at a lower fee. In conclusion, the growing numbers of people who will be receiving health care under the affordable care act increases the need for PCPs. PCPs entering into a practice like concierge medicine further limits those PCPs available to the general public. Concierge medicine fees limit the economically disadvantaged from being able to participate in this type of healthcare.

Southcentral Kentucky
Community & Technical College
 HIGHER EDUCATION BEGINS HERE

Assistant Professor
 MSN and 2 years of experience required
 Position located at the Main Campus

Please visit our website at
www.southcentral.kctcs.edu
 for additional information and to apply.

Position is open until filled.

KCTCS is an equal opportunity employer and education institute.



You've earned your dream job.

We'll help you find it at

nursingALD.com

Your free online resource for nursing jobs, research, and events.




Arthur L. Davis
 Publishing Agency, Inc.

WE'RE COMMITTED TO GROWING OUR BUSINESS AND OUR EMPLOYEES!

At Trilogy Health Services, we remain committed to hiring the best and "growing" them so they can achieve both their personal and career goals. We demonstrate our dedication to employee's overall wellness by offering:

- \$5 per week health insurance
- Recognizing your longevity and service to our customers
- Rewarding team players for meeting campus goals and achieving perfect attendance.
- Supporting your education goals
- Much More!

To learn more about Trilogy's growth, our customer-service oriented culture, and the Trilogy Difference, apply online today at workwithpurposestoday.com.

NOW HIRING!

- LPNs
- Unit Managers
- RNs
- DONs
- MDS
- ADONs



Poster Abstracts from 2014 Convention

Is Standard Diabetic Education Effective in Preventing or Reducing Depression in Older Adults with Diabetes?

Phyllis Milburn, MA, RN, BSN, LPCA
Eastern Kentucky University
Richmond, Kentucky

Current evidence shows that depression is a common co-morbidity of diabetes; yet an in-depth search of nursing research for diabetic education outcomes on depression revealed limited findings. Depression has become an increased concern among older adults. The National Alliance on Mental Illness estimates that depression affects over 6.5 million of the 35 million adults aged 65 and older (2009). The Geriatric Mental Health Foundation (n.d.) states that the prevalence and severity of depression increases as the severity of medical condition increases.

Diabetes Mellitus, Type II in the United States is a significant health concern for older Americans. Diabetic education programs have grown in influence since the inception of the National Diabetes Education Program in 1997 (U.S. Department of Health and Human Services, 2014) and evidence based standard programs now meet established national standards. However, most of the research on the effectiveness of diabetic education relates to self-care and management of medical symptoms of the disease.

The aim of this study was to determine the effectiveness of standard diabetic education on alleviation of depressive symptoms among older adults with Diabetes. A quasi-experimental study was used to compare the results of a Geriatric Depression Scale administered before and after a series of diabetic education classes. A convenience sample was obtained from class participants aged 50 and older. The final study group was ethnically representative of the regional demographics between white, African American and Hispanic populations, with 50% each male and female. The final sample size was too small to determine statistical significance. However, some of the findings may represent clinical significance in that a majority of responses improved after the participants had attended the series of classes. The improvement in score responses related to empowerment, life satisfaction, hopelessness, and structure indicate that diabetic education classes are effective in alleviating the symptoms of depression among older adults. The findings indicate a need for further research on this topic using a larger sample size. Limitations of the study include small sample size, data collected at one setting, and convenience sample.

Factors that Influence Home Fire Safety among Urban Seniors Aging in Place

Colette McCammon, BS,
Mary-Beth Coty, PhD, APRN-BC
Carlee Lehna PhD, APRN-BC
Erin Fahey, BS, BSN, RN
University of Louisville, School of Nursing
Louisville, Kentucky

Older adults are more vulnerable to morbidity and mortality associated with burn injuries. The purpose of this qualitative study was to explore the home fire safety (HFS) environment of urban seniors six months after participating in a HFS education program. This was a focused mini-ethnography using participant observation and semi-structured interviews. Additionally, public housing records, cognitive functioning, and general health status were assessed. Individual interviews were transcribed verbatim using a constant comparative analysis. Eight seniors participated in the study. Average age was 76 years (63-97 years), 75% were female, 50% were African American, and the annual household income was \$16,949 + \$7,090 (\$7,800-\$30,000). Participants had 1.9 + 1.5 (range=1-5) chronic illnesses, took 6.4 + 4.3 (range=2-13) medications, used 2.3 + 1.1 (range=0-3) assistive devices, and had cognitive scores [using clock drawing test] of 8.1 + 1.9 (range=5-10). Two main themes explained older adults' HFS while aging in place. The first major theme was *the risk associated with the living environment*. The majority of participants lived in small, wood-frame buildings built close together. Fixed incomes and inability to independently change smoke alarm batteries restricted the ability to maintain the HFS environment. The second major theme was *the journey associated with maintaining independence*. All of the participants experienced limited mobility and the need for wheelchairs, walkers, and ramps to exit their homes safely in the case of a fire. Participants' general health and cognitive status influenced their abilities to maintain a HFS environment. The findings suggest that urban seniors aging in place may have different HFS environment risks compared with the general population, highlighting the need for home-based/community-based/age-specific fire safety interventions for this population. Partnerships with existing community services should be promoted in order to develop sustainable HFS education programs that are tailored to address the needs of older adults aging in place.

Acknowledgements

Funding provided by Federal Emergency Management Agency (FEMA) Fire Safety & Prevention Grant #EMW-2012-FP-01181 awarded to Dr. Carlee Lehna

Support provided by the University of Louisville Summer Research Opportunity Program (SROP)

If Not You...Who? If Not Now...When? One Conversation Can Make all the Difference

Diane Collins, BSN, RN, MS
Cassie Mitchell, BSN, RN
Terri Graham, MSN, BSN, RN

Hospirus Louisville, KY

A Literature Review: What are the barriers that prevent healthcare professionals from having early end-of-life conversations?

INTRODUCTION: Society, including healthcare, tends to ignore the inevitability of mortality. Discussions regarding end-of-life preferences among patients with terminal illness and their physicians largely are not happening (Curtis & Patrick, 2000; Cherlin, Fried, Prigerson, Schulman-Green, Johnson-Hurzeler, & Bradley, 2005; Cohen & Nirenberg, 2011). The purpose of end-of-life conversation and care planning is not to steer patients away from choosing aggressive treatment, but to promote patient autonomy and empowerment in healthcare decisions (Billings, 2012).

BACKGROUND/SIGNIFICANCE: The Patient Self-Determination Act of 1990 established healthcare's requirements to communicate to patients their right to make decisions about care, the right to make written information on Advance Directives (AD) available, required education be provided for staff and the community, and enforced the utilization of AD when provided by patients (Patient Self-Determination Act of 1990, 1990).

On March 12, 2012 the American Nurses Association issued a revised position statement recommending nurses actively participate in discussions on goals of care and initiate Do Not Resuscitate (DNR) and Allow Natural Death (AND) discussions with patients. The position is that nurses have an ethical obligation to support patients in their choices, and, when needed, support surrogate decision-makers when they make decisions on patient's behalf, when the decisions of the patient/surrogate do not violate the principle of nonmaleficence (AACN, 2013). Most recent, the Institute of Medicine (IOM) report, *Dying in America-Improving Quality and Honoring Individual Preferences Near End of Life* states, "Clinicians need to initiate conversations about end-of-life care choices and work to ensure that patient and family decision making is based on adequate information and understanding." (IOM, 2014, p.)

PURPOSE: Promote patient autonomy and empowerment in healthcare decisions to ensure patients receive care based on their preferences.

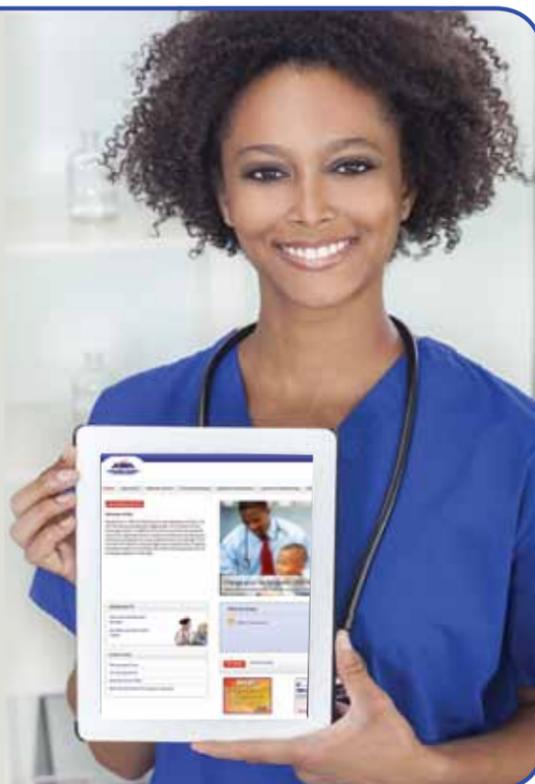
POSITION: Nurses have perceived a lack of authority and autonomy to initiate these discussions. Nurses have an ethical obligation to support patients in their choices and are in the ideal position to assume key roles in end-of-life conversations.

GOAL: Utilization of identified barriers in the implementation of tactics to promote conversations, resulting in improved health outcomes for patients and an improved end-of-life experience.

References

- American Association of Colleges of Nursing (AACN). (2013). The End-of-Life Nursing Education Consortium (ELNEC) Fact Sheet. Retrieved from <http://www.aacn.nche.edu/elnecc/about/fact-sheet>
- Billings, J.J. (2012). The Need for Safeguards in Advance Care Planning. *JGIM: Journal Of General Internal Medicine*, 27(5), 595-600. doi:10.1007/s11606-011-1976-2
- Cherlin, E., Fried, T., Prigerson, H., Schulman-Green, D., Johnson-Hurzeler, R., & Bradley, E. (2005). Communication between physicians and family caregivers about care at the end of life: when do discussions occur and what is said?. *Journal of Palliative Medicine*, 8(6), 1176-1185.
- Cohen, A., & Nirenberg, A. (2011). Current Practices in Advance Care Planning. *Clinical Journal of Oncology Nursing*, 15(5), 547-553. doi:http://dx.doi.org/10.1188/11.CJON.547-553
- Curtis, J., & Patrick, D.L. (2000). Why Don't Patients and Physicians Talk About End-of-Life Care?. *Archives of Internal Medicine*, 160(11), 1690.
- Institute of Medicine (IOM). (2014). *Dying in America: Improving quality and honoring individual preferences near the end of life*. Retrieved from www.iom.edu/endoflife
- Patient Self Determination Act of 1990, H.R. 4449, 101st Cong.(1990). Retrieved from <http://thomas.loc.gov/cgi-bin/query/z?c101:H.R.4449.IH>

Join
KNA/ANA
at new low
membership fees
by going to
www.kentucky-nurses.org



Poster Abstracts from 2014 Convention

Telephone-Delivered Interventions for Improving Self-Management in Adults with Type 2 Diabetes: A Review of the Literature

Khairunissa Mohiuddin, BSN student;
Diane Orr Chlebowy, PhD, RN, faculty mentor

School of Nursing
University of Louisville
Louisville, Kentucky

Background: Type 2 diabetes is a significant chronic health condition in the United States. Health care providers share a growing concern regarding the rising incidence of type 2 diabetes and diabetes-related complications in the adult population. The implementation of appropriate health care interventions is essential to assist adults with diabetes self-management in the prevention of debilitating, life-threatening diabetes-related complications.

Purpose: The purpose of the literature review was to examine the effects of telephone-delivered interventions on diabetes self-management practices and glycemic control in adults with type 2 diabetes.

Method: A literature search was performed using multiple computerized databases. Different keywords used throughout the search process included: type 2 diabetes mellitus, adults, telephone, telemedicine, self-care, nursing interventions, and intervention studies. Eight peer-reviewed articles published in English between 2008 and 2014 were selected for this review.

Results: Specific focused telephone-delivered interventions were effective in improving diabetes-self management practices and glycemic control in adults with type 2 diabetes. Further investigation is warranted regarding the number, the duration, and the timing of the telephone class necessary to promote and sustain diabetes self-management practices and maintain glycemic control in this population.

Conclusion: Additional studies are needed to further examine the effect of telephone-delivered interventions on self-management practices in adults with type 2 diabetes. The number, duration, and timing of the telephone calls necessary to promote and sustain behavior change also requires further investigation. This knowledge may be helpful for healthcare providers in tailoring interventions to improve diabetes self-management practices and diabetes outcomes in adults with type 2 diabetes.

A Connection of Education and Practice: Incorporating Practice Guidelines in a BSN Program to Assist with Meeting Center for Excellence Requirements

Jodi Myers, APRN
Morehead State University
Morehead, Kentucky

Collaboration between nursing faculty and nursing practice is one mechanism for addressing the concern of the wide gap between education and practice. One baccalaureate nursing program proposes incorporation of specific practice guidelines into the curriculum in order to provide their students with the knowledge, skills, and attitudes needed to promote one clinical facility's continued maintenance with Center for Excellence requirements. Discussion of faculty development regarding the practice guidelines, recommendations for inclusion in various undergraduate nursing courses, and sample evolving case studies will promote the incorporation of practice guidelines into any nursing curriculum. Discussion of the collaboration between the clinical facility and the school of nursing can serve as the impetus for further such collegial relationships.

HESI through the Eyes of Students: A Mixed Methods Approach to Better Understand the Standardized Testing Experience

Erin M. Robinson, Ed.D., RN, MSN
Catherine G. Tagher, Ed.D., RN, MSN, APRN
College of Health Professions
Northern Kentucky University
Highland Heights, Kentucky

This mixed methods participatory action research study investigated student perceptions of stress within the context of a high stakes testing environment. Participants were prelicensure baccalaureate nursing students enrolled in the final semester of their nursing program. A prospective correlational research design using the student nurse stress index (SNSI) provided a quantitative measure of stress. As the qualitative method, phenomenography was used in order to capture the various ways students experience stress. The combination of these two methods provided a rich understanding of student perspectives regarding the use of the Health Education Systems Incorporation (HESI) nursing exit examination (E²) as a measure of progression toward graduation. Analysis of both qualitative and quantitative research findings revealed all students experience stress while preparing for the HESI (E²). However, the students perceived the experience of stress in a myriad of ways suggesting that students view the HESI (E²) as a threat rather than a challenge. Based upon the outcomes from this study the creation of an environment where standardized high stakes testing is perceived as a challenge rather than threat is necessary to improve the schooling experience.

Interventions for the Prevention of Post-Operative Infections

Rebekah Smith, Becky Nipper, Carla Ferguson,
Lindsay Malone, Kayla Gooding and
Monica Turner, Nursing Students
Michelle McClave, Mentor, Introduction to
Nursing Research
Department of Nursing, Morehead State University
Morehead, Kentucky

Post-operative infections, also known as surgical site infections (SSIs), along with other preventable complications, accounted for 32,000 deaths a year in 2010. The purpose of this project is to increase awareness in health care facilities and identify preventive factors of SSIs such as: proper hand hygiene, patient-centered nutritional needs, ambulation, wound care management, prophylactic antibiotics, and early identification of surgical site infections. A literature review of current research was conducted to identify contributing factors related to SSIs. An analysis was then performed to determine ways to reduce SSIs based on The Joint Commission's current National Patient Safety Goal related to implementation of evidence-based practice for preventing SSIs. Based on our research and clinical site assessment, recommendations are being suggested to aid in the reduction of SSIs in a variety of medical-surgical settings.

ELMCROFT™
SENIOR LIVING
Here to life

Colonial Health and Rehabilitation,
located in historic Bardstown,
is now hiring
RNs and LPNs for all shifts.

Please stop by and visit our wonderful,
homelike facility today for a tour and to
fill out an application.

Colonial Health and Rehabilitation
708 Bartley Avenue, Bardstown, KY 40004
Or you may call the facility at 502-348-9260 or
visit the website at www.elmcroft.com

 **Hospice**
of Southern Kentucky, Inc.

- Local leader in hospice care for over 30 years
 - Serving 9 BRADD counties
- Hospice care in your home, nursing home, hospital, assisted living facility
- Providing nursing, social work, home care aide, chaplain and volunteer services

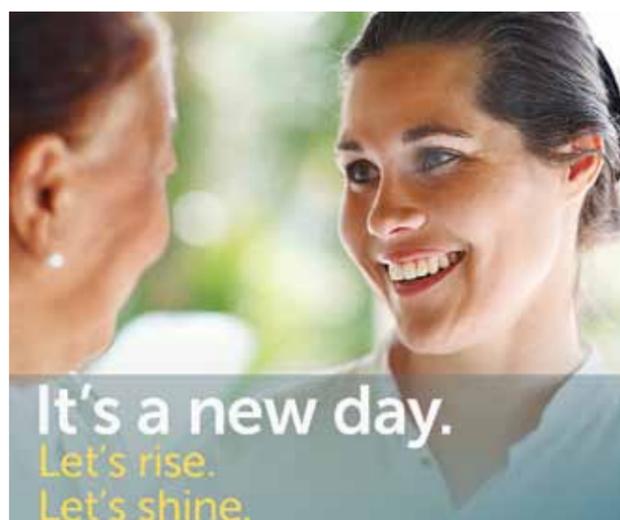
5872 Scottsville Road, Bowling Green, KY 42104
270.782.3402
Help, Support and Kindness when time matters most.

home
of the innocents

Therapeutic Foster Parents Needed!

Foster parents needed in Nelson, Hardin and surrounding counties for children of all ages, especially teenagers and medically fragile children. Specialized training and support provided.

For more information, please call 502.596.1313 or email tlc@homeoftheinnocents.org



It's a new day.
Let's rise.
Let's shine.

We are inventing a new future for those we serve. We are rising to meet the medical needs of this community while exceeding national expectations.

For those in medicine who want a greater challenge, a greater community in which to live, work and raise their families—apply yourself here.

 Owensboro Health

Apply online at OwensboroHealth.org/careers

Healthgrades Distinguished Hospital for Clinical Excellence™ 2009, 2010, 2011, 2012, 2013, 2014 and America's 100 Best™ Hospital 2013, 2014.



The Kentucky Association of Health Care Facilities Congratulates our 2014 Nursing Award Winners

2014 Director of Nursing
Jackie Parker, Metcalfe Health Care Center

Nursing Care – Overall State Winner
Vivian Goatley, Mills Health and Rehab

State Finalists

Leslie Feltner, Hyden Health and Rehab
Robbin Buis, Middlesboro Nursing and Rehab
Ida Blevins, Knott County Health and Rehab
Rozella Durham, Rivers Edge Nursing and Rehab
Rebecca Keith, Williamsburg Health and Rehab
Rita Baker, Hazard Health and Rehab
Becki Jett, Maysville Nursing and Rehab
Jessica Broughton, The Heritage Nursing and Rehab
Kelly Belcher, The Terrace Nursing and Rehab

For information on long-term care career opportunities contact KAHCF at 502-425-5000

Poster Abstracts from 2014 Convention

Photovoice as a Way to Describe Home Fire Safety in a Group of Urban Seniors

Stephanie Twyman, BA¹
Carlee Lehna PhD, APRN-BC¹
Erin Fahey, BS, BSN, RN¹
Mary-Beth Coty, PhD, APRN¹
Gracie Wishnia, PhD, RN-C²

This qualitative exploratory study examined home fire safety in a group of urban seniors using the photo voice approach. A pilot of 22 seniors in Louisville, Kentucky participated in home fire safety checks as a part of a University of Louisville Research Board approved, large federally funded study.* Photographs were taken by the researchers with permission of the seniors to describe the home fire safety hazards found in each of the homes. Photos were grouped according to *Home Safety Checklist* categories (e.g., candle safety, cooking, smoke and carbon monoxide alarms, smoking safety, electrical and appliance safety, heating safety, and home escape plan). Inter-rater reliability of photographic categorization was determined by independent photo ratings by two firefighters from the Louisville Fire Department and validation of picture representativeness with senior participants. The seniors were 75.56 ± 8.27 (63-95) years old, African-American (n=11, 50%), female (n=18, 82%) and had 1.64 ± 1.14 (0-4) chronic illnesses. Their most frequently described chronic illnesses were arthritis (n=9), cancer (n=4), and congestive heart failure, chronic kidney disease, and diabetes (n=3 each). Falls were reported by 13 seniors and eight had falls within the last six months. The home fire safety hazards most often found in seniors' homes related to electrical, heating, and home escape plan problems. Photovoice was well received by the seniors and provides future direction for community education and fire prevention advocacy in this older vulnerable group of seniors within the community.

¹ University of Louisville School of Nursing

² Peaceful Families, PLLC

*FEMA Fire Prevention & Safety Grant #EMW-2012-FP-01181

The Treatment of Psychiatric Patients: An Ethical Issue

Brittany L. Sullivan
Nursing Student, Berea College
Berea, Kentucky

Aims: The purpose of this literature review is to examine the delivery of ethically appropriate care to psychiatric patients living in the United States and present recommendations for improving the care for this population.

Background: The healthcare system aims to provide appropriate support and treatment to enhance the quality of a person's emotional and psychological health. However, the United States has not fulfilled this aim when providing patient-centered care to people with mental illnesses. Annually, approximately 30% of people will be diagnosed with a mental illness. However, a national report card observing each state's service to psychiatric patients revealed that treatment for psychiatric patients is not at an optimal level. One category in this report observed how each state promotes healthy living. Based on the 'A'-'F' letter grade system, 'A' being the best and 'F' being the worse, 70% of the states scored an 'F' or a 'D,' reflecting poor efforts for the wellness and survival for people with mental illness. These areas are recognized as contributing to psychiatric patients being a lower healthcare priority.

Review methods: A search of the online databases CINAHL and Medicine was conducted for research studies published between 2009 and 2013. A total of 12 were included in this review.

Results: In comparison to other populations, mental health patients not only receive inadequate mental health treatment, but also inadequate treatment for physical diseases. People with mental disorders are more likely to die prematurely of cardiovascular, respiratory and infectious diseases. Therefore, the healthcare system is in violation of the ethical principles of respect, beneficence, and justice, in the care delivered to those with a mental illness.

Conclusion: The literature indicates several initiatives to improve the quality of care for patients with mental illnesses. Such initiatives include: creating an inclusive environment for all patients who seek care, providing awareness and knowledge of patient-centered mental health treatment, using person-first language, and integrating mental health care into primary health care services. This would bridge the gap between mental health and physical health, thus improving patient outcomes for those with mental disorders.

Earn a Credential That's in Demand Nationwide

MSN
MASTER OF SCIENCE IN NURSING (MSN)

DNP
DOCTOR OF NURSING PRACTICE (DNP)

PhD
PHD IN NURSING SCIENCE
clinical interventions, health services research

- Top 15¹ ranked nursing school
- Practice specialties for all interests
- State-of-the-art nursing informatics and facilities
- Community of scholars with broad faculty expertise
- Distance learning opportunities
- Seamless BSN entry-MSN-DNP option

LEARN MORE. APPLY TODAY!
nursing.vanderbilt.edu



ASN to MSN student in Simulation Lab

Examining Home Fire Safety among Newborns with Special Needs

Apsara Wickramasinghe¹ BSN,
Carlee Lehna¹ PhD, APRN-BC,
Erin Fahey¹ RN, BS, BSN, Program Coordinator,
Erika G. Janes³ ADN, RN,
Sharon Rengers³ RN, Supervisor,
Joseph Williams⁴ BS, Captain, Fire Prevention Inspector,
Drane Scrivener⁴ Sgt., Fire Prevention Inspector,
John Myers² MSPH PhD, Associate Professor

The purpose of this presentation is to examine and describe home fire safety (HFS) knowledge and practices from a sub-sample of parents of newborns with special needs. In 2013, one north central Kentucky city fire department reported 256 residential fire runs; in 2012, 45 children were treated for burn injuries at the local children's hospital. Lack of HFS knowledge and practices is an important preventable problem within the community. In this descriptive study, 62 parents of newborns with special needs pre-tested using a 10-item multiple choice questionnaire, shown a DVD on HFS, and post-tested using the same questionnaire. A 2-week follow-up post-test measured knowledge retention, and a Federal Emergency Management Agency (FEMA) Home Safety Checklist examined HFS practices in their homes. Participants were 77% Caucasian and 59% were married. Mean income was \$51,353 ± 35,735 (\$0-\$150,000). The mean HFS test scores (scale of 0-10 correct) were: pre-test 4.4 ± 1.4, post-test 8.2 ± 2.0, and 2-week post-test 7.6 ± 1.6. The Repeated Measures General Linear Model demonstrated a significant (p<0.0001) increase in the knowledge scores over time. For a sub-sample of parents, the mean score of the HFS check-list measuring safe practices was 70% ± 9% (55%-88%). While there is little research examining HFS knowledge and practices, the findings from this study suggest a need for education of parents of newborns with special needs to increase the HFS within their homes. Providing HFS education is pertinent to the prevention of home fires and burn injuries.

¹ University of Louisville

² School of Nursing

³ School of Medicine

⁴ Safe Kids Louisville & Jefferson County, Kosair Children's Hospital, & Office of Child Advocacy
Louisville Fire Department



Nurse Manager - Intensive Care Unit (Full-Time)

The Cabell Huntington Hospital Intensive Care Unit provides specialized care for adults with serious illnesses. We are searching for a top tier, experienced Nurse Manager to lead our ICU team.

We are looking for a take charge candidate with a vision and an understanding of how to provide unparalleled and uncompromised patient care.

We are entertaining candidates with a Bachelor's Degree in Nursing and at least three years of Nurse Manager or ICU experience.

Job Requirements :

BSN degree required
MSN, MHA or MHA degree preferred
Three or more years experience in ICU or as a Nurse Manager

Certification/Registration:

Current RN license in the state of West Virginia
Maintains required CEU's for licensure
OCN certification strongly preferred
CPR Certification required

For immediate consideration, please apply online at

www.chhjobs.com

Welcome New Members

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the October / November / December 2014 issue of the *Kentucky Nurse*.

Carole E. Adams
 Edwine Alcinvil
 Alexandria Allgeier
 Dolores Anderson
 Emily-Ann Arnett
 Christy Quire Baker
 Patricia Barnett
 Rachael Barnett
 Patricia Berry
 Jennifer L. Blocker
 Shelby Bond
 Cathy Boswell
 Peggie Lynn Brooks
 Tammy Brooks
 Shelly Brown
 Rebecca Sue Bruner
 Bradley Budrow
 Rachel A. Burr
 Barbara Beyerle
 Stacy Calvert
 Felecia Carey
 Sarah E. Cecil
 Jennifer Chapman
 Dorie Lynn Clark
 Trina Clarkson
 Frances Clifton
 David Coffey
 April Combs
 Jane M. Convery
 Linda Michelle Conyers
 Patricia Cunningham
 Seth Curtis
 Brooke Dadisman

Sean Diamond
 Onetha Dickerson
 Debra Ann Dronet
 Whitney Elkins
 Susan Ethington
 Patricia Faulkner
 Amy Franco
 Jordan Fentress
 Kimberly Fitzpatrick
 Jerika Fortney
 Betty K. Fugate
 Matthew Geegan
 Kimberly Gibb
 Carrie Dawn Goforth
 Michael D. Gordon
 Alexandria Braiden Gould
 Bonnie Grace
 Mindy Greene
 Caludia Guerra
 Kathy Guyn
 Bonnie Hafley
 Michelle Haggard
 Vicki Haley-Rosser
 Carolyn Jean Hall
 Lynne Hall
 Elizabeth Ashley Hammers
 Elizabeth S. Harkleroad
 Krystle Harrison
 Kara Sue Haughtigan
 Shelly Hensley
 Emilie Hood
 Lisa Hoover
 Alison Hopkins

Denise M. Horine
 Angela Howard
 Miriam Hoyt
 Barbara G. Huffines
 Carlie Humphrey
 Leslie Jeffries
 Deddeh C. Johnson
 Shannon E. Johnson
 Wendy Johnson
 Jennifer Lee Jones
 Amanda Kelly
 Pamela L. Kelly
 Sheila Kennedy
 Valerie Krementz
 JoDee Kremer
 Dawn P. Lantz
 Mary E. Lavelle
 Jennie Leach
 Lindsay Ann Leake
 Perdita Leaman
 Charice Lee
 Debra Ann Lewis
 Christopher Lingar
 Chastity Rennee Lovelace
 Michael Todd Lush
 Anne Mackey
 Maria Eve Main
 Beverly Mardis
 Brandy Marsillett
 Emily Martin
 Sarah Martin
 Stacy Mattingtly
 Christy McMaine

Sheila Melander
 Tracey Milburn
 Beth Miller
 Ursula Millward
 Milissa Mortensen
 Donna Mosier
 Victoria Jeanne Nash
 Tanya Nelson-Hackney
 Cindy Newton
 Elizabeth Northcutt
 Roberta Lee O'Brien
 Kara Osburn
 Rebecca Ann Pennington
 Pamela Perry
 Gina L. Purdue
 Lee Anne Quarles
 Kimberly Quire
 Danielle Rhoads
 Loretta Jo Roberts
 Gwendlyn Robinson
 Linda F. Robinson
 Vicky Rosa
 Gretchen Ross
 Heather Ross
 Jennifer Rutherford
 Sharon Sanders
 Adam Craig Sandfoss
 Kiersten Schneider
 Michelle Sheffield
 Wendy Simpkins
 Connie Slaughter
 Homer Smith
 Tammy Smith

Debbie Snyder
 Ana Solorzano-Fisher
 Nattarose Srihakim
 Theresa Srinivasan
 Bonnie Stagner
 Jean Statz
 Frances M. Stone
 Jordan Kyle Stoker
 Cathleen Terry
 Carol L. Thompson
 Kim Thompson
 Rhonda Tokle
 Donna Marie Vandemark
 Phyllis VanMetre
 Lori Vinson
 Misty Wells
 Melissa Werner
 Angela West
 Sarah Whisman
 Cassandra White
 Shellie Wilburn
 Deborah Williams
 David Wilson
 Kristie Wilson
 Sharon Wilson
 Melissa Woods
 Rebecca Wogec
 Lora Wright
 Melanie Wright
 Tracy Younce
 Macy L. Young



Human Touch Collection: EMPATHY

"EMPATHY"™ is a fine jewelry signature piece of the Human Touch Jewelry Collection. The title connotes caring, compassion, affinity, sympathy and Understanding between two persons- "What comes from the heart touches the heart" (Don Sibet)

EMPATHY was designed by professional nurses working in concert with nationally renowned silversmith Joseph Schmidlin. All proceeds from the sale of the jewelry will go toward scholarships for individuals who are currently working on becoming a nurse or advancing their nursing degree.

Actual Size 2 1/2 x 1 11/16"

Can be worn as a Pin or a Pendant. There are three options available to choose from:

	Option 1	Option 2	Option 3
	<i>Sterling silver</i>	<i>14k gold vermeil over sterling silver</i>	<i>Sterling silver with a 14k gold heart</i>
Cost	\$77.00	\$100.00	\$150.00
LESS 25%	-19.25	-25.00	-37.50
Tax	\$3.47	\$4.50	\$6.75
TOTAL	\$61.22	\$79.50	\$119.25

Payment Method: Cash Check (make check payable to: KNA- District 1)

Credit Card: Visa MasterCard Discover American Express

Number: _____ Exp. Date: _____ CIV: _____

Mail to: _____

Phone Number: _____

Send Payment to: Kentucky Nurses Association - District 1
 PO Box 2616
 Louisville, KY 40201-2616
 FAX: (502) 637-8236

For more information, contact KNA at (502) 637-2546.

Jewelry Amount	
Tax	
Postage, add \$6.50	
Total	



"NURSING: LIGHT OF HOPE"
 by
Scott Gilbertson
 Folio Studio, Louisville, Kentucky

Photo submitted by the Kentucky Nurses Association, July 2005 to the Citizens Stamp Advisory Committee requesting that a first class stamp be issued honoring the nursing profession. (Request Pending)

Package of 5 Note Cards with Envelopes - 5 for \$6.50

I would like to order "Nursing: Light of Hope" Note Cards

_____ Package of Note Cards @ 5 For \$6.50
 _____ Shipping and Handling (See Chart)
 _____ Subtotal
 _____ Kentucky Residents Add 6% Kentucky Sales Tax
 _____ **TOTAL**

Make check payable to and send order to: Kentucky Nurses Association, P.O. Box 2616, Louisville, KY 40201-2616 or fax order with credit card payment information to (502) 637-8236 or email to CarleneG@Kentucky-Nurses.org. For more information, please call (502) 637-2546.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Visa/Master Card/Discover/American Express: _____

Expiration Date: _____ CIV: _____

Signature (Required for Credit Card Orders): _____

Shipping and Handling
 \$0.01 - \$30.00.....\$6.50 \$60.01 - \$200.00.....\$30.00
 \$30.01 - \$60.00.....\$10.95 \$200.01 and up.....\$45.00
 *Express Delivery will be charged at cost and will be charged to a credit card after the shipment is sent.

KNA Centennial Video Lest We Forget Kentucky's POW Nurses

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

POW NURSES

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

___ Video Price: \$25.00 Each

___ DVD Price: \$25.00 Each

___ Total Payment



Name _____

Address _____

City _____

State, Zip Code _____

Phone _____

Visa * MasterCard * Discover * American Express

Credit Card # _____

Expiration _____ CIV: _____

Signature _____

(Required)

Kentucky Nurses Association

P.O. Box 2616

Louisville, KY 40201-2616

Phone: (502) 637-2546 Fax: (502) 637-8236

Email: Carleneg@Kentucky-Nurses.org

Kentucky Nurses Association Calendar Of Events 2015-2016



January 2015

- 1 - 2 New Year's Day Holiday - KNA Office Closed
- 16 10:00 AM - Board of Directors Conference Call
- 19 Martin Luther King, Jr. Holiday - KNA Office Closed

February 2015

- 3 5:30 PM - Kentucky Nurses REACH Chapter Meeting, TJ Pavillion Glasgow, KY
- 9 Deadline for the *Kentucky Nurse* (April/May/June 2015 Issue)
- 16 President's Day Holiday - KNA Office Closed
- 20 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting
- 27 9:00 AM - 3:00 PM - KNA Board of Directors Retreat, My Old Kentucky Home State Park, Bardstown

March 2015

- 6 Surviving Your First Year of Practice, CHER - Center for Health and Educational Research, 316 W. 2nd Street, Morehead, KY 40351
Overnight Room Block: Hampton Inn, 500 Hampton Inn, Morehead
Overnight Reservations: 859-780-0601
Event Sponsored by: Northeastern Chapter

April 2015

- 10 Surviving Your First Year Bowling Green, KY
- 14 5:00 - 7:00 PM - Kentucky Nurses REACH Chapter Joint Meeting With Sigma Theta Tau at Medical Center Health Sciences Complex in Bowling Green.
- 16 1:00 PM - 5:00 PM - Kentucky Board of Nursing Meeting
- 17 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting

May 2015

- 11 Deadline for the *Kentucky Nurse* (July/August/September 2015 Issue)
- 25 Memorial Day Holiday - KNA Office Closed

June 2015

- 1 Deadline for the Call to Summit 2015
- 11 1:00 PM - 5:00 PM - Kentucky Board of Nursing Meeting
- 12 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting

July 2015

- 3 Fourth of July Holiday Observed - KNA Office Closed

August 2015

- 1 KNA Ballot 2015 Mailing
- 10 Deadline for the *Kentucky Nurse* (October/November/December 2015 Issue)
- 28 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting

September 2015

- 7 Labor Day Holiday - KNA Office Closed

October 2015

- 14 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting

November 2015

- 9 Deadline for the *Kentucky Nurse* (January/February/March 2016 Issue)
- 11 Veterans Day - KNA Office Closed
- 26-27 Thanksgiving Holiday - KNA Office Closed

December 2015

- 11 10:30 AM - 5:00 PM - Kentucky Board of Nursing Meeting
- 21-31 Christmas Holiday - KNA Office Closed

January 2016

- 1 New Year's Day Holiday - KNA Office Closed
- 4 KNA Office Reopens

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

Providing Care Abroad?

Convenient, Affordable, Recycled Medical Supplies



Shop in our Medical Team "Store"
Hand Carry Program -
Fits in your luggage!
Custom Box & Pallet Programs



KENTUCKY BASED NON-PROFIT

1500 Arlington Avenue • Louisville, KY 40206

(502) 736-6360 • www.SuppliesOverSeas.org

Delivering a **World of Health and Hope.**

When disaster strikes, who will respond?

The Kentucky Department for Public Health is seeking nurses to register and train as Medical Reserve Corps (MRC) volunteers. When events such as ice storms, flooding or pandemics occur in Kentucky, our citizens need nurses to provide compassionate care. Register to volunteer and receive training from your local MRC unit today. By doing so, you can be prepared to serve your community, family and neighbors when they need it most.



To learn more,
go online at
www.kentuckyhelps.com



Professional Nursing in Kentucky
*** Yesterday * Today * Tomorrow**

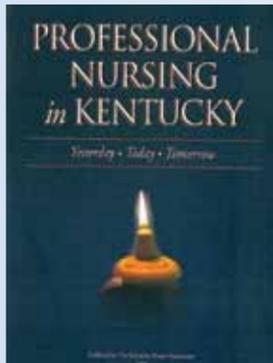
KNA's limited edition was published in 2006. Graphics by Folio Studio, Louisville and printing by Merrick Printing Company, Louisville.

Gratitude is expressed to Donors whose names will appear in the book's list of Contributors. Their gifts have enabled us to offer this limited edition hard-back coffee-table-type book at Below Publication Cost for Advance Purchase Orders.

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.

Special Price - \$18.87 Per Book

- ___ \$18.87 per book
- ___ \$1.13 sales tax per book
- ___ Add \$6.50 shipping and handling per book
- ___ (for 1-5 books - \$10 or 6-19 books \$20)
- ___ Total Purchase
- ___ Grand Total



Name _____
 Address _____
 City _____ State _____ Zip _____
 Credit Card Payment (Circle One):
 MasterCard - Visa - Discover - American Express
 Number _____
 Exp. Date _____ CIV _____
 Signature _____

Fax, Mail or E-mail Order to:

Kentucky Nurses Association
 P.O. Box 2616, Louisville, KY 40201-2616
 FAX: 502-637-8236
 E-mail: carleneg@kentucky-nurses.org



Nursing Professionalism continued from page 1

in the classroom, but especially in the clinical setting, indicates to potential employers that the nursing student would be a good employee.

With professionalism, a professional looks the part. That is, they speak and dress like a professional. I can recall as a young girl, my grandmother going to work at the hospital in her crisp white uniform, heavy duty shoes, and in cool weather - a navy blue wool cape, which personified the profession during that era. Certainly times have changed since then. Now uniform scrubs are common, and from personal experience, I know are much more comfortable and practical to work in. Many of us recall crawling under a patient bed to retrieve something, with a nursing cap on our head.

The public still views nursing as the most trusted profession. Nurses were rated in 2013 at 82%, placing them ahead of pharmacists (70%), grade school teachers (70%), physicians (69%) and military officers (69%). Educating the public is important to our profession as well, and we want the public to view us as educated critical thinkers. Professional organizations such as the Magnet Recognition Program "promote quality that supports nursing practice, identifies excellence in the delivery of nursing services, and disseminates best practice in nursing services". This program recognizes organizations for providing quality patient care, nursing excellence and innovations in professional nursing practice.

As role models and mentors, we will define our own profession. By demonstrating our nursing competency, including professionalism, from nursing school and throughout our careers, we will continue to advance the profession of nursing. I am a proud advocate for nursing; nursing has always been good to me, and I feel a personal responsibility, to share the legacy of professionalism with those who follow. Your professionalism and role modeling can make a difference!

The "Surviving Your First Year" event for students and new graduates is upcoming, and will be held March 6 at Morehead, and April 10 at Bowling Green. Please join us!

1. American Nurses Association (2014). *Code of Ethics for Nurses*. Retrieved from: www.nursingworld.org/.../EthicsStandards/CodeofEthicsforNurses.aspx
2. American Nurses Credentialing Center (ANCC, 2014). ANCC Magnet Recognition Program. Retrieved from: www.nursecredentialing.org/Magnet.aspx
3. Gallup news release (2013). Retrieved from: www.gallup.com/poll/166298/honesty-ethics-rating-clergy-slides-new-low.aspx
4. Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC. The National Academies Press.

The Human Touch

The Human Touch

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

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

RN Poet
 Beckie Stewart*

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



THE PAINTING

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

Copyright 1980
 Limited Edition Prints
 by
 Marjorie Glaser Bindner
 RN Artist
 Limited Edition Full Color Print
 Overall size 14 x 18
 Signed and numbered (750)—SOLD OUT
 Signed Only (1,250)—\$20.00
 Note Cards—5 per package for \$6.50

FOR MAIL OR FAX ORDERS

I would like to order an art print of "The Human Touch"TM

___ Signed Prints @ \$20.00	___ Total Purchases
___ Package of Note Cards @ 5 for \$6.50	___ Shipping & Handling (See Chart)
___ Framed Signed Print @ \$180.00	___ Subtotal
___ Gold Frame	___ Kentucky Residents Add 6% Kentucky Sales Tax
___ Cherry Wood Frame	___ Tax Exempt Organizations Must List Exempt Number
	TOTAL

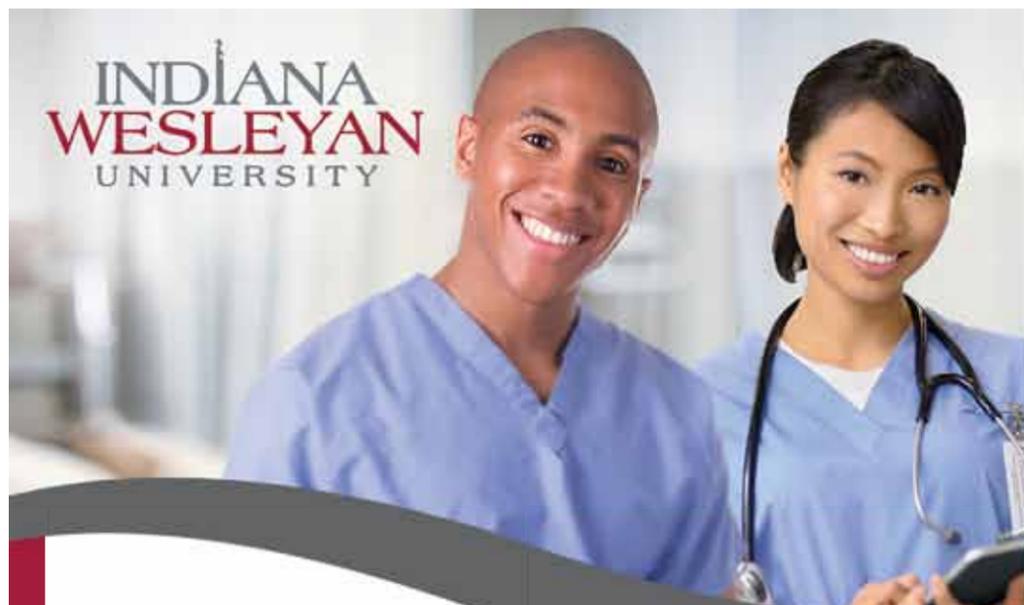
Make check payable to and send order to: Kentucky Nurses Association, P.O. Box 2616, Louisville, KY 40201-2616 or fax order with credit card payment information to (502) 637-8236 or email to carleneg@kentucky-nurses.org.

Name: _____ Phone: _____
 Address: _____
 City: _____ State _____ Zip Code: _____
 Visa/MasterCard/American Express/Discover: _____
 Expiration Date: _____ CIV: _____
 Signature (Required): _____

Shipping and Handling

\$ 0.01 to \$ 30.00.....	\$6.50
\$ 30.01 to \$ 60.00.....	\$10.95
\$ 60.01 to \$200.00.....	\$30.00
\$200.01 and up.....	\$45.00

*Express delivery will be charged at cost and will be charged to a credit card after the shipment is sent.



INDIANA
 WESLEYAN
 UNIVERSITY

SCHOOL OF NURSING

BACHELOR'S DEGREE DOCTORAL PROGRAMS

- Nursing (Traditional 4 yr)
- Nursing (Accelerated, 14 mos.)
- Nursing (RNBSN)
- Doctor of Nursing Practice (DNP)

MASTER'S DEGREE CERTIFICATE PROGRAM

- Nursing
- ASN-MSN
- MSN MBA
- MSN Post MBA
- Nursing Administration
- Nursing Education
- Primary Care Nursing (NP)
- Certificate Parish Nursing

SCHOOL OF HEALTH SCIENCES

MASTER'S DEGREE

- MS Athletic Training
- Master of Public Health

DOCTORATE DEGREE

- Occupational Therapy



APPLY TODAY!

(no application fee)

FOR MORE
 INFORMATION
 VISIT

indwes.edu

OUR History.
YOUR Future.

Join the *one* team that's just as passionate as you are.

We have career opportunities for these health care professionals:

- Registered Nurses (OR, PACU, ER, ICU, Psych, M/S)
- Nurse Manager
- Case Manager
- Educator
- Nursing Assistants
- Sterile Processing Techs
- ER Techs

To find out more, visit KentuckyOneHealth.org/Careers

Louisville Market:
 Flaget Memorial Hospital - Frazier Rehab Institute
 James Graham Brown Cancer Center
 Jewish Hospital - Medical Center Jewish East
 Medical Center Jewish South - Medical Center Jewish Southwest
 Medical Center Jewish Northeast - Jewish Hospital Shelbyville
 Our Lady of Peace - Sts. Mary & Elizabeth Hospital
 University of Louisville Hospital

Central/Eastern Market:
 Continuing Care Hospital - Saint Joseph Berea
 Saint Joseph East (Lexington, KY) - Saint Joseph Hospital (Lexington, KY)
 Saint Joseph Jessamine - Saint Joseph London
 Saint Joseph Martin - Saint Joseph Mount Sterling
 Women's Hospital Saint Joseph East (Lexington, KY)



EOE M/F/DV

Memorial Hospital is an equal opportunity employer and provider.



Opportunity:
RNs for ED
 Night Shift

Become a part of our mission-driven team at Manchester Memorial Hospital.

Educational Requirements & Qualifications:

- **Two-year associate degree in nursing**
- **Bachelor's Degree preferred**
- **Maintains a professional licensure of a Registered Nurse in the state of Kentucky**
- **Maintains CPR, ACLS, TNCC, ENPC or PALS certifications**
- **At least 1 year experience**

If you are interested in learning more or would like to apply, please log onto www.manchestermemorial.org.



Manchester Memorial Hospital
 Where you can make a difference!

Join the **CARDIO HEALTH** Movement

Make cardiovascular health a priority in your organization. HHQI's new Progressive Cardiovascular Learning & Action Network (CardioLAN) provides FREE resources and assistance to more than 700 participants. Learn more at www.HomeHealthQuality.org/KY



Go for it. We can help make it happen.

UK HealthCare

Recruiting RNs for these areas

- Operating Room
- Trauma/Surgical ICU
- Medical ICU
- CTVICU
- ED Observation Unit
- Medical/Surgical
- Telemetry
- PACU

For more information on employment at UKHC, including the possibility of advancing your education and qualifying for tuition reimbursement, visit our employment website at www.uky.edu/hr/ukjobs.

PhD

- Robust research programs conducted by faculty known nationally and internationally.
- National Institutes of Health ranks us as #14 out of 47 public universities in NIH funding.
- More than \$16 million in research funding in 2014-2015.
- National Research Council ranks our PhD Program in the top eight.
- Nursing courses offered once a week at UK (Wednesdays). Non-nursing courses can be taken elsewhere.
- Manuscript-style dissertation option to help students complete the program on a more timely basis and get published.
- BSN-PhD entry option for faster degree completion.
- GRE or G-MAT preferred but not required.

DNP

- First DNP Program in U.S.
- 13 years' experience educating advanced practice nurses and nurse executives.
- Web-enhanced courses; attendance on campus approximately five times each semester.
- GRE or G-MAT preferred but not required.

BSN-DNP specialties in:

- Adult-Gerontology Acute Care Nurse Practitioner*
- Adult-Gerontology Clinical Nurse Specialist*
- Pediatric Nurse Practitioner*
- Primary Care Nurse Practitioner (Adult or Family options)*
- Psychiatric/Mental Health Nurse Practitioner (Family)*
- Population and Organizational Systems Leadership*

RN-BSN | BSN-DNP | MSN-DNP | BSN-PhD | MSN-PhD

www.uknursing.uky.edu | **COLLEGE OF NURSING**
 Our goal is to help you reach yours