Executive Director Report

Vicky Byrd, BA, RN, OCN

It’s a new day for the nurses in MNA! We have hit critical mass and nurses have stepped up and committed to investing in the relevance of their professional organization. This year’s MNA convention was one of our largest and most successful in recent years. The support the MNA staff felt from our members was unprecedented and the business conducted throughout the convention allows MNA to strategically invest to engage our members and the association.

Highlights from convention:
• You will see articles surrounding the “Your Nurse Wears Combat Boots” campaign and should be so proud of this groundbreaking marketing campaign to assist in passing legislation.
• Dr. Pam Cipriano was our keynote speaker this year, addressing “Healthcare at a Turning Point” and seizing the opportunity for nurses to be major players in the healthcare environment and in population health. Additionally, she spoke in support of our Combat Boots campaign and attended our reception to network with Montana nurses.
• Lt. Governor Angela McLean attended our reception and spoke to the nurses in support of their profession and in support of the legislation we are pursuing to combat violence against nurses and healthcare workers.
• Continuing Education focused on the nurse’s health to allow nurses to continue to be the heart of healthcare.
• Dr. Cynthia Gustafson spoke on professional boundaries.
• An Assistant U.S. Attorney and a Health Care Fraud Investigator spoke about Federal legal issues in health care diversion.
• MNA’s Collective Bargaining Assembly (CBA) and House of Delegates (HOD) were formalized and members’ feedback has been extremely positive in regard to carrying out the business of the association.

I look forward to continuing to advocate for the professional nurse in Montana and am excited to keep the momentum we received from our members support thriving.

Vicky Byrd, BA, RN, OCN

2015 MNA 103rd Convention highlights on pages 3-4
Having recently returned from the Montana Nurses Association annual convention, it reminds me how energizing it is to be around nurses. The MNA has launched “Your Nurse Wears Combat Boots” campaign to try and get the 2017 legislature to make assaulting a health care worker a felony. Currently, any health care worker would have to press charges or file a civil case. Did you know it is illegal to assault a sports official or a police dog, but not a nurse or health care worker? Currently, any health care worker would have to press charges or file a civil case.

The Council on Advanced Practice, the arm of the Montana Nurses Association that addresses advanced practice nursing issues, has decided to explore GLOBAL SIGNATURE AUTHORITY. This would be a single statute that would be added at the legislative level to cover all items—i.e. certificates, cards, forms, or other documents that a physician may sign — allowing the APRN to sign, as long as it is within the APRN’s scope of practice. This approach is far more desirable than a piecemeal approach to each and every individual practice. This approach is far more desirable than a piecemeal approach to each and every individual practice. This approach is far more desirable than a piecemeal approach to each and every individual practice. This approach is far more desirable than a piecemeal approach to each and every individual practice.

The Pulse is YOUR publication, and we want to present you with content that pertains to your interests.

Please submit your ideas and suggestions to Kathy.

kathy@mtnurses.org

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2015 Montana Nurses Association 103rd Convention
Montana Nurses Association
104th Convention
October 5-7, 2016

First Time District Delegate
Dawna Lemelin, RN

This was my first time attending the MNA Convention. It was one of the best conventions I have ever attended. The speakers were fantastic and the topics were up to date with the current issues in health care today. I served as a delegate for my district - #5. As a delegate, I participated in the House of Delegates and got a chance to see how MNA members really do drive the organization. I hope to attend next fall and bring some of my co-workers so they can get more involved too.

Excellence in Nursing Education
Sandy Sacry has directed two college nursing programs over the past 12 years both in Montana and Kansas. She has been the liaison between the perspective board of nursing at Helena College and previously at Brown Mackie College in Lenexa, Kansas. Because of Sandy’s leadership, Helena College had their first successful ACEN accreditation for the RN Bridge Program.

Sandy serves as Education Chair on the Montana Nurses Association Council on Continuing Education. She is also a member of the Montana Education Rules, a committee member of NLN Standard I & II. Sandy is also a member of the Montana Nurses Association Council on Continuing Education.

Sandy has utilized her leadership skills and experience to the Montana Nursing Education Summit for Academic Progress in Nursing, which is part of the Montana Center to Advance Health through Nursing and is funded by the Robert Wood Johnson Foundation’s Academic Progression in Nursing or APIN program.

Recently, Sandy developed an Ethics online course for nursing graduates. She also serves as an online instructor for graduated nurses to obtain their BSN.

Economic & General Welfare Council Achievement
Penny Haughian has been a phenomenal leader for the District 5’s Local 44. She’s been an active leader from day one. Penny was instrumental in the initiation of Local 44’s Union; from mentoring other nurses regarding the workings of the union to helping her co-workers see how a unified voice can improve their lives and their job environments.

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Penny Haughian, RN

Distinguished Nurse of the Year
Lori Koby, RN BSN, is currently the Director of Nursing for Livingston Healthcare, Livingston MT. She is a member of the American Organization of Nurse Executives (AONE), along with holding Fellow Status with the American College of Healthcare Executives (FACHE). She has served in the past as President elect of the Wyoming Association of Nurse Executives. She has also been instrumental in the Obtaining of the agreement between Montana State University School of Nursing and Livingston HealthCare as a clinical site for nursing students now and in the future. In addition Lori Koby is an onsite mentor/instructor in the nurse management course offered at Montana State University.

Lori has shown over her nursing career her ability and knowledge to lead and instruct fellow and future nurses. She was selected as the president of the Wyoming State Nursing Association, and was instrumental in creating a two year nursing CAN program while employed with the State of Wyoming. Currently, Lori has created a CNA training facility at Livingston HealthCare, along with participation in the creation of a community based food bank for patients and their pediatric family members who may not have the financial resources to purchase healthy food options.

Montana Members Recognized For Their Excellence
Congratulations!

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Your Nurse Wears Combat Boots
Investigate, Educate, and Legislate

Caroline Baughman, BS, Labor Representative

Every nurse has a story. Or knows someone who has a story. Or has watched a story unfold while standing at the Nurses’ Station. An irritated patient who kicks a nurse as they tend to a socks; a frustrated family member, offended by the diagnosis who decides to take it out on the provider; an inebriated patient who decides to pursue a nursing assistant as they take vitals. Healthcare workers are at a significantly higher risk of violence on the job than most other workers, and most members of the public are unaware how often hospitals can look like combat zones.

During this year’s annual Montana Nurses Association Convention, MNA tried something it’s never before done. We launched a legislative campaign surrounding all of those stories. Violence in the workplace is a significant issue for healthcare workers, and to get legislation passed during the last two Sessions. We have to show elected legislators that this legislation is something the healthcare workers, communities, and patients of Montana want to see, so we’ll need your help to gain support in your own community. Talk to your legislators, write letters and emails, and engage them in the conversations and storytelling of your fellow colleagues.

It’s your health, your livelihood, and your community; support the movement to protect caretakers on the job in Montana. Don’t accept kicks, scratches, or punches as “part of the job,” and don’t let your state accept it either.

1. Investigate: First, MNA plans to gather Montana-specific data. There are many studies out there that gather numbers on occurrence and impact of violent acts in healthcare, but none specific to our state. Through extensive surveys and partnerships with other organizations within the state, we’ll be able to provide legislators with definitive data regarding why this is an important issue nationwide and here at home.

While numbers are certainly important, stories are critical to this campaign as well. Especially during 2016, we will be gathering as many testimonies from nurses and healthcare workers from across the state.* Personal stories are powerful in the legislature, and we need nurses who are willing to stand up and share their experiences with the communities and the Capitol of Montana.

2. Educate: Our next job is to make that data well-known throughout Montana’s population. Through our website, the press, and even by utilizing social media, MNA will get the facts out to community leaders, legislators, patients, and families. We’re sending post cards to individual legislators with individuals’ photos and stories—they’ll know the facts and personal stories before they even get to Helena. We’ll keep an up-to-date fact sheet to be shared online and be put in each legislator’s mailbox at the Capitol.

We also need to educate fellow healthcare workers that violence isn’t just “part of the job.” The more support we get from RNs, nursing assistants, physicians, hospitalists and other direct patient caregivers, the better our chances for accomplishing the goals of awareness and legislature. It’s not always natural for nurses and healthcare workers to advocate for themselves, but it has to be done. When you’re injured on the job, who is taking care of your patients?

3. Legislate: MNA has attempted to get similar legislation passed during the last two Sessions. Your Nurse Wears Combat Boots is a focused, calculated campaign, and we are determined to make it successful. We’re teaming up with facilities, and other organizations of healthcare workers, and those representing patients this could affect. In order to get a law passed, we have to show elected legislators that this legislation is something the healthcare workers, communities, and patients of Montana want to see, so we’ll need your help to gain support in your own community. Talk to your legislators, write letters and emails, and engage them in the conversations and storytelling of your fellow colleagues.

*If you have a story you’re willing to share, or know someone with a story, please send an email to carolineb@mtnurses.org. We need as many stories as we can get!
Collective Bargaining Assembly Delegates, THANK YOU!!!

Robin Haux, Labor Program Director

The MNA Labor Department wants to thank all the 2015 Collective Bargaining Assembly Delegates for your participation and dedication to your local bargaining units and to the Montana Nurses Association. This year’s CBA was one of the best ever and your MNA Labor Staff was truly inspired with all the involvement! Additionally, your staff appreciates all the input and ideas on how MNA can move into the future to strategically invest in our member’s engagement at the local, state, and national levels! I want to encourage all members to reach out to your Labor Representatives for available opportunities on the national and state level. With the launch of “Your Nurse Wears Combat Boots” in Montana, to national opportunities with the National Federation of Nurses (NFN) and upcoming conference opportunities with American Federation of Teachers (AFT), we are always looking for member participation!

What’s Next? Save the Date for the 2015 Labor Retreat (April 17-19, 2016) and keep watching for more information on “Your Nurse Wears Combat Boots” and how we are making violence against healthcare workers our #1 priority at the 2016 Legislature!

It’s Time to Get Involved!

Amy Hauschild, RN, BSN

When I was a young staff nurse, I wondered “what is the union going to do FOR ME?” Shortly thereafter, a colleague asked me to attend the MNA Annual Convention as a District Delegate; the convention was in Billings that year. My experience was awesome, and most importantly, it showed me how by becoming involved in my Association and my Union I reaped benefits far greater than I had ever imagined. It sounds somewhat trite, though it is true, the more a person puts into their Union the more they get back!

Often I have seen my scenario play out for other nurses. Once they become involved – even if only on a small level, they see why the Union matters and how relevant it is to their workplace and practice. Subsequently, they are able to communicate their good experiences to their peers and so on and so forth.

Let’s all challenge ourselves to mentor one nurse who has not been previously involved in MNA and show that nurse that being active in the Association and the Union is fun and very rewarding. Please join me and commit to share your knowledge and experiences with just one other nurse. It won’t be long before many of us “MNA old-timers” are no longer around. Our stories and experiences are rich and valuable. It’s time to get involved!

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Evidence Based Practice / Evidence Based Education

Pam Dickerson, PhD, RN-BC, FAAN – Director of Continuing Education

Practicing according to evidence-based standards is an expectation. We know that evidence-based practice means using the best available information, nursing expertise, and the context of the patient’s current condition and needs to guide our care. All of these components are important. What does the research say? What evidence do we have that a planned strategy is the best one? What have we done before that has worked, and we want to do it again? What have we done before that has not worked, and we want to avoid the same problem happening again? What is going on with this patient right now? What are the patient’s preferences, values, and goals? All of these factors guide our decision-making and our actions. The outcome is that we provide the best, most appropriate care for each patient.

Similarly, there are evidence-based standards that guide continuing education. The American Nurses Credentialing Center’s Accreditation Program is the internationally recognized body that establishes the standards for quality continuing education, based on evidence related to adult learning, education theory, implementation science, and quality improvement methodology. Accreditation criteria have been modified in 2015 to reflect updated scientific evidence and focus on outcomes that validate how learning contributes to practice improvement. Accredited and approved providers of continuing nursing education in the ANCC system now must plan educational activities that are relevant to your practice, meaningful to nursing professional development and quality patient care.

When you attend an educational activity offered by an ANCC accredited or approved provider, you are assured that evidence-based standards have been used to develop an educational activity that is relevant to your practice, or approved provider, you are assured that evidence-based standards have been used to develop an educational activity that is relevant to your practice, meaningful to nursing professional development and quality patient care.

Evidence based care for your patients? Absolutely! Evidence based education for you? Absolutely!
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35 YEARS

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Great Northern Hotel, Helena MT
March 4-5, 2016
For more information contact Mary@mtnurses.org

Save the Date

April 17 – 19
Pray, Montana
Contact Mary Thomas for more information  
mary@mtnurses.org

Has your contact information changed?

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Montana Nurses Association:

jill@mtnurses.org or 406-442-6710

Save the Date

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WELLVIS! LIVE!

So, I just finished presenting for the Montana Student Nurses Association and I have to say, I am FIRED UP! The future of nursing is BRIGHT! This annual conference follows the Montana Nurses Association in early October every year and this is the third year I have presented for this group.

Why am I FIRED UP? Well, this is the first year that the header says are you ready to be an individual who can use your knowledge. I am LIVING what I am PREACHING! You see, in years past I have been asked to speak about motivation or teamwork and while those topics are compelling, this year, I presented WELLVIS! That’s right! You see, WELLVIS is the connection between our WELLNESS and our ability to be of SERVICE! Ok, technically that makes WELLVICE but that looks weird. It looks like wellness is a vice? 😊

Over the last eighteen months I have embarked on a personal journey that made me realize that my life is truly a gift. I wish I had time and space to tell you the big, long story but suffice it to say that after nursing school (and during) I developed habits that were taking me further and further from a healthy lifestyle. In fact, I was eating candy and drinking soda like it was going out of style. Meanwhile, I weighed 230lbs and I am only 5’8”.

In years past when I was asked to speak for MSNA I rarely talked about my own personal journey, focusing rather on coping strategies for stressful situations or how to keep a sense of humor during intense conversations. This year, things got REAL. I shared the life-altering events that shook my world as well as the proven strategies that helped me put my life back together. We all laughed, danced, worked out and cried together. It was the best time EVER! And I got to share that I have lost over 50 lbs. since May of 2014! WOOT WOOT!

You see, what I have learned is that if I am going to SERVE my patients to the best of my ability, I have to be WELL. Again, my wellness is directly related to my ability to be of service. Does that make sense? I owe it to my patients to cleanse my hands EVERY time I cross the threshold of the room or take off my gloves or really ANY time I feel the need to cleanse my hands. I do that to keep my patients safe. I have heard so many people say that they don’t have the time to do proper hand hygiene and it really boggles my mind. I think to myself (or sometimes out loud) “Really? You don’t have TIME to keep your patient safe? Isn’t that why you are there?!”

I want to make a direct connection between cleansing my hands and taking care of myself. Both of those choices keep the patient safe. If I am too stressed or not eating right or not sleeping enough, it puts my patient at risk. I believe it puts my patient at least at an equal amount of risk as if I refused to wash my hands after emptying the “hat.” No one would do that, would they? Again, my wellness (or what I do to take care of my own health) is directly related to my ability to be of service (which is kind of our whole purpose in life, yes?)

There is so much to tell you! Over the last year and a half we have been seeing some SERIOUS culture changes on our hospital floors with our nursing and ancillary staff! I don’t want to spoil it and just brush the surface but you need to know that it IS possible to take care of yourself and serve others. We are doing it at Billings Clinic in Billings, MT. I would love to hear YOUR stories of what YOU are doing to make your WELLNESS a priority and, thereby, SERVING your patients to the best of your ability. You can inspire change! I believe in you! Please feel free to reach out and let’s encourage one another that the FUTURE of nursing can be a healthy one - for WELLVIS’ sake!

Two Pathways for Educational Advancement for Montana’s Associate Degree RNs: RN-BSN or RN-MN

Sandra W. Kuntz, Teresa Seright, Charlene A. Winters

Educational opportunities exist in Montana for associate degree prepared registered nurses (ADNs) to pursue scholastic and professional advancement. The ADRN can pursue a bachelor of science in nursing degree (often referred to as RN-BSN completion programs) through Salish Kootenai College, Montana State University-Northern, and Montana Tech University -Bozeman College of Nursing. The ADRN-MN track that allows ADNs with at least two years of nursing practice experience and a record of increasing responsibility, commitment, and growth within the profession to move from an associate degree to graduate study through a transition-to-master’s program.

The American Association of Colleges of Nursing (AACN) endorse both RN-BSN and RN-MN programs. “Quality patient care hinges on having a highly educated nursing workforce. Research has shown the lower mortality rates, fewer medication errors and quality outcomes are all linked to nurses prepared at the baccalaureate and higher degree level. The AACN supports the career ladder for nursing and understands that education enhances both clinical competency and patient care. To facilitate a better educated workforce, degree completion programs provide additional education to registered nurses (RN) who received their initial nursing preparation in...associate degree (ADN) programs. These bridge programs build on previous learning, prepare nurses for a higher level of nursing practice, and provide RNs with the education necessary to move forward in their nursing careers.” [source: http://www.aacn.nche.edu/media-relationships/factsheets/degree-completion-programs]

If you are an experienced associate degree prepared registered nurse interested in the ADRN-MN distance education program offered through MSU-Bozeman, you can learn more about the program including the transition year, the application process, and the master’s prepared clinical nurse leadership (CNL) role at http://www.montana.edu/nursing/graduate/adrnorn.html. The deadline for applications for the coming year is December 1, 2015.

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Nurse educators depend on preceptors to provide undergraduate and graduate students with education-to-practice experiences on the front lines of care. Health care organizations rely on preceptors to guide new graduates transitioning to practice. However, no formalized or standardized education for the preceptor role is required by many institutions. One goal of the Montana Center for Advance Health through Nursing (MT CAHN) and the Robert Wood Johnson Foundation (RWJF) Academic Progression in Nursing (APIN) grant includes the design and delivery of free, asynchronous, evidence-based continuing education modules for preceptors actively engaged or interested in learning more about the art of precepting. The purpose of this article is to provide information about the preceptor education modules and describe preceptor interest, engagement, and evaluation of the modules along with ideas to support sustainability and expansion of preceptor development opportunities.

Prior to the launch of the MT CAHN Preceptor Program, faculty from Montana State University conducted a survey (2012) of preceptors (N = 60) from acute care and community-based sites and determined that most nurses found their preceptor experience rewarding (96%, n = 58) and expressed interest in an educational offering to improve their preceptor skills (69%, n = 42) that was either web-based (59%, n = 35) or available as self-study modules (51%, n = 30). Another survey of Critical Access Hospitals (CAHs) and non-CAHs indicated that 100% (n = 10) of all Montana non-CAHs and 65% (n = 29) of CAHs employ nurses to serve as preceptors of undergraduates and new graduates. The hospitals described various types of recognition for the preceptor role, including professional advancement, performance appraisal/evaluation linkages, and financial incentives, but at the time of survey (2014), few sites offered preceptor education opportunities. As a result of these surveys, MT CAHN partnered with the Montana Nurses Association's Continuing Education Provider Unit to design, develop, implement, and evaluate preceptor continuing education modules that would fit the needs identified by Montana nurses and address national standards for quality continuing education. Participants receive contact hours for completion of each module, as noted in the chart below.

The Preceptor Modules include the following goals: (a) enhance preceptor effectiveness and satisfaction with the precepting experience and (b) prepare preceptors to support the development of students and new graduates transitioning to practice. Five online modules, delivered asynchronously through webinars, are enhanced through readings from a book by Beth Ulrich, Mastering Precepting: A Nurse’s Handbook for Success (2012). Participation in a blog (discussion board) allows preceptors a place to discuss application of their knowledge and challenges encountered in their role. A total of 175 free contact hours are available to preceptors who complete all five modules and four blogs. The module topics and objectives are listed below:

<table>
<thead>
<tr>
<th>Module (CE)</th>
<th>Topic</th>
<th>Primary Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (3.8)</td>
<td>Role Description</td>
<td>Define the roles and relationships critical to preceptor success.</td>
</tr>
<tr>
<td>II (3.9)</td>
<td>Communication</td>
<td>Examine communication strategies to enhance the preceptor/preceptee experience.</td>
</tr>
<tr>
<td>III (4.2)</td>
<td>Learning Styles</td>
<td>Describe teaching/learning strategies to improve preceptor performance.</td>
</tr>
<tr>
<td>IV (4.6)</td>
<td>Planning</td>
<td>Analyze steps in designing a strong learning experience for preceptees.</td>
</tr>
<tr>
<td>V (1.0)</td>
<td>Evaluation</td>
<td>Examine strategies for evaluation of preceptees.</td>
</tr>
</tbody>
</table>

Early results from four cohorts of preceptor module “graduates”–two from Montana and two from Texas–indicate satisfaction with the module/webinar content (module evaluation tool) and growth based on the reading assignments and engagement in the blogs. A qualitative content analysis of the password protected post-module blogs provide insights into three areas: (a) the preceptor’s ability to apply theory to real-world preceptor-preceptee experiences, (b) examples of strategies to bridge the education-to-practice gap, and (c) future preceptor development topics and needs.

Grace White, MSN, RN, APIN-HG, Director of MHSS of Tarrant County (Texas) offers an assessment of the value of the modules for preceptors working with students. “Our organization specifically used the modules for RNs who serve as preceptors for students. The modules gave the preceptors the necessary background and tools to better engage and guide students.” I had several staff taking the course who had been preceptors for years and were initially skeptical of the benefit. Each preceptor stated they learned and refreshed their skills. At least one RN supervisor said she thought the preceptor book and online training should be required for all new supervisors because of the benefit to her skill set as a supervisor.”

Future cohorts will include 40 nurses from Benefis Health System in Great Falls and 20 nurses from VA Montana Healthcare System in Helena.

Debora Charlton, MSN, RNC states: “VA Montana Health Care System is very excited to align with the MT CAHN Preceptor Modules as part of enhancing our newly revised and formalized Preceptor Program. The program will enhance our current orientation process for new staff, provide a higher level of professional growth and development for our preceptors, and thus hardwire our mission to provide both “excellence” in safe, quality care to our Veterans, and sustain VA Montana as a “workplace of choice”. The online modules provide flexibility for preceptors to complete the course at their own pace and the opportunity to network with other preceptors across the state. The valuable piece of networking with preceptors across the state that the program offers is something that individual facilities cannot offer to preceptors. Quality time is provided for the preceptor and “preceptee” to set weekly goals, complete competencies, and develop an individualized orientation plan. We look forward to partnering with MT CAHN to provide a strong, effective, evidence-based program for our preceptors that will further enhance the art of precepting.

To register or receive more information about participating in the preceptor modules, please contact Kailyn Dorhauer at kailyn.dorhauer@montana.edu (406-994-7709). The free modules and continuing education credit funded by the RWJF APIN grant are available through August 2016.
Mentoring Program Expands to BSN Students

Rita E. Cheek, RN, PhD

The Mentoring Program of the Montana Center to Advance Health through Nursing (MT CAHN) continues to grow. We began in Butte in 2013 with Registered Nurses in the Bachelors of Science in Nursing (RN to BSN) program at Montana Tech of the University of Montana. Six students requested and were connected with experienced RNs who served as mentors. Five of the students graduated from MT Tech with a BSN. This past year the program was expanded to generic BSN students. Though there have been few request for mentors, the Mentoring Program has increased awareness of the need to mentor other nurses whether the nurse is beginning their practice or changing from one position to another, e.g. staff nurse to management, rural to urban, urban to rural, bedside practice to education.

To prepare experienced nurses for the mentoring role, MT CAHN developed an interactive educational workshop with contact hours for nurses interested in mentoring. This workshop, The Art of Mentoring in Nursing, has been provided in Butte, Great Falls, Missoula, Kalispell, Pablo, Glendive, Miles City, and Billings to more than 150 nurses. There is no fee for attending because the workshop is supported by a grant from the Montana Academic Progression in Nursing (APIN) grant from the Montana Center to Advance Health through Nursing (MT CAHN)

Thought about creating educational environments friendly to Native American students? The Native American Nursing Panel brought together nurse administrators from acute care hospitals moderated by Barbara Jefts from Kalispell Regional Medical Center. Donna McDaniel (St. Luke Hospital, Ronan) and Erin Rumelhart (St. Joseph’s Hospital, Polson) represented critical access hospitals, while Lu Byrd (Billings Clinic, Billings) and LeAnn Ogivie (St. Patrick Hospital, Missoula) represented larger Montana hospitals. After the panel presentations, the audience discussed and shared strategies for supporting the transition of newly licensed nurses into nursing practice in Montana.

Next year the Third Annual Summit will be June 6 and 7, 2016 at the Great Northern Hotel in Helena. The first two Summits have been made possible thanks to the Montana Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation. If you would like to participate in planning next year's conference, contact Kailyn Dorhauer at kailyn.dorhauer@montana.edu or 406-994-7709.

Discussion of the future of MT CAHN as an organization was brief with attention to the "why" we need MT CAHN as a coordinating body in Montana in addition to MNA and specialty nursing organizations. No other Montana organization brings together nurses from practice and education to address the increasing demand for nurses who are caring for more complex patients in an ever-changing health care environment.

Another highlight of the summit was the Native American Nursing Panel with Mariya Waldenburg, RN, from the Caring for Our Own Program (COOP) at Montana State University, Melissa Gordon, RN, from Blackfeet Community College in Browning, and Elinor Vault Wright and LaVerne Parker from Stone Child College. They each told about their experiences in education, nursing education, and nursing practice. The audience enthusiastically embraced their ideas about creating educational environments friendly to Native American nursing students. This panel was a stepping-stone for work toward MT CAHN’s goal of increasing the number of Native American nurses in Montana.

The gathering ended with a panel of nurse administrators from acute care hospitals moderated by Barbara Jefts from Kalispell Regional Medical Center. Donna McDaniel (St. Luke Hospital, Ronan) and Erin Rumelhart (St. Joseph’s Hospital, Polson) represented critical access hospitals, while Lu Byrd (Billings Clinic, Billings) and LeAnn Ogivie (St. Patrick Hospital, Missoula) represented larger Montana hospitals. After the panel presentations, the audience discussed and shared strategies for supporting the transition of newly licensed nurses into nursing practice in Montana.

Two of the keynote speakers, Dr. Nancy Spector, reported on the Transition to Practice Study in Hospitals which was the lead researcher for the National Council of State Boards of Nursing (NCSBN). In this randomized, control study there were 1088 newly licensed nurses from 105 hospitals in 3 states followed over a year. Findings showed that structured transition programs that included at least six of the following elements had better support for newly graduated Registered Nurses: patient-centered care, communication and teamwork, quality improvement, evidence-based practice, informatics, safety, clinical reasoning, feedback, reflection, and specialty knowledge in an area of practice. A residency program for helping a graduate nurse make a successful transition into practice needs to be 1 year long according to this study. Source: Spector, N., Ilgen, M.A., Silvestre, J., Barnsteiner, J., Lynn, M.R., Ulrich, B. & Alexander, M. (2015). Transition to practice study in hospital settings. Journal of Nursing Regulation, 5(4), 24–38. The NCSBN supported a study on the use of Simulation Labs in nursing education and Dr. Spector described this study. The results showed that nursing students do well when up to 50% of their lab time in all nursing courses is simulated. Simulation is an effective means of enhancing student learning. An effective simulation experience requires not only extensive resources such as physical space and equipment, but also faculty who are educated and dedicated to provide this unique learning experience.

This past June 8th and 9th the Montana Center to Advance Health through Nursing (MT CAHN) sponsored the Second Annual Nursing Education and Practice Summit at the Great Northern Hotel in Helena to address nursing in Montana. More than 100 people participated in vigorous discussion about nurses' current situation and future needs. Attendees included staff from the Montana HealthCare project and nursing students in addition to nurse leaders from Montana's education and practice settings. Discussions about Transition to Nursing Practice, the Future of MT CAHN, Simulation Labs, and Native American Nursing were lively!

Lt. Governor Angela McLean welcomed the group. Tina Gerardl from the Academic Progression in Nursing (APIN) National Program Office updated the group on current nursing initiatives in other states, particularly the work on diversity of the nursing workforce, academic practice partnerships, and sustainability of programs fostering nursing education. Dr. Kaye Norris from The University of Montana and Myrna Ridenour from Flathead Valley Community College reviewed nursing efforts within the Montana HealthCare grant from the U.S. Department of Labor. CARE is the acronym for Creating Access for Rural Education that is a major focus of this grant.

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