Among the Best in the Nation

2016 ONA Annual Convention

REGISTRATION NOW OPEN!

The Oklahoma Nurses Association is pleased to present the 2016 Annual Nurses Convention in Tulsa, Oklahoma on October 19th and 20th, Dreaming in Color: Creating a Culture of Health. During this two-day convention, we will focus on ways to build a Culture of Health in Oklahoma that enables all in our diverse society to lead healthier lives, now and for generations to come. We will strive to accomplish this by examining existing programs, emerging projects and trends that exist or are in development in our state. Sessions will highlight the power nurses can have on state and local policy makers as well as state health initiatives and the impact of health care providers working to create a culture of health in Oklahoma. It will take all of us working together in our facilities and communities to empower our citizens to live the healthiest lives that they can, even when they are dealing with chronic illness or other constraints.

Call For Proposals

We invite you to submit a presentation or poster related to the topics listed below. The strength of the ONA Convention has always been a superb array of educational activities, which directly relate to nursing. By reaching across specialties and practice settings, convention presentations should strive to enhance the skills for nurses in all phases of their nursing career. We will continue this tradition this year with engaging speakers and four rounds of breakout sessions.

Breakout sessions will be held on Thursday, October 20th. Each of the four breakout sessions will have two concurrent 60-minute sessions. The Convention Committee invites you to submit one or more proposals for the presentation type most applicable to you. Convention participants should be able to say, “Something I learned today will impact or enhance my professional practice.” They should be able to clearly identify ideas learned that will directly impact or enhance their professional practice.

New in 2016 – This year, the Convention Committee will review posters based on categories. Whether you are a first time poster presenter or a seasoned presenter, we encourage you to submit your work for this year’s Convention! Both primary and secondary research is acceptable.

• Concurrent Session Presentation (60 minutes - 8 available) Deadline July 1st
• Poster Presentation (written format; 30 minute staffed session) Deadline July 15th
  ▪ Academic
  ▪ Clinical Practice & Research
  ▪ Theory, Concept, Teaching Papers & Research
  ▪ Literature Review

Suggested Topics:

• Clinical Simulations
• Conflict Resolution/Disruptive Behavior
• Health Disparities in Oklahoma
• End of Life Care

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11:00 am - 11:30 am
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11:30 am - 12:30 pm
Luncheon with CMD

Andrea Brenn, RN

12:30 pm - 1:00 pm
Guided tour of TMC

Please RSVP:
Email: Wendy Chidester at wchidester@thcs.org

Visit www.TexomaMedicalCenter.net

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- Ethics
- Health & Wellness
- Informatics
- Leadership (Clinical & Academic)
- Mental Health
- Mentoring
- Nursing Research
- Nursing Specialty Topics
- Pain Management
- Palliative Care
- Population Health Management
- Political Advocacy in Nursing
- Practice Innovation - Clinical topics
- Self-care/ Stress Management
- Share Research Findings
- Social Determinates of Health
- Status and Trends in Organ Transplant
- Using evidence based practice

For more details and to submit online, please visit www.OklahomaNurses.org. All submissions must be made online.

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President: Lisa Gerow

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ONA Core Values

ONA believes that organizations are value driven and therefore has adopted the following core values:

- Diversity
- Educational Advancement
- Ethical Care
- Evidence Based Practice
- Integrity and Accountability
- Practice Competence
- Professional Development
- Safe Quality Care

ONA Mission Statement

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.
The Oklahoma Nurse • Page 3

As the legislative express roars down the tracks towards the brick wall of sine die (Latin pronunciation — see-nee die-ee — literally “adjournment without a day.”) I’d like to give a big shout out to thanks to Jane, Vickie White Rankin, the members of the GAC and all the ONA members whose hard work and frequent contacts with legislators saved some key safety net programs for the most vulnerable of our State’s citizens. Although our one key nursing proposal for advanced practice nurses did not move forward this legislative session, we are well poised for a strong run at passing it next year. This year HB 2841 had over 30 legislative sponsors!

I’d like to congratulate the ONA Board of Directors and the various taskforces that have undertaken the Herculean tasks of revising and updating the policy manuals that guide the organization. These are almost all completed with just a little fine tuning that needs to be finished. You can be proud that we now have a substantial strategic investment — one of our goals from 2015 — that should remain intact for the extended future. Another way to participate in leadership is to run for an elected office at either ONA or ANA. Both organizations are now seeking candidates for a variety of positions. I have found my time on the ONA Board very rewarding learning about the structure and function of the organization for a variety of positions. I have found my time on the ONA Board very rewarding learning about the structure and function of the organization.

The President’s Message

President, ONA

Joseph T. Catalano, Ph.D, RN

The 2016 Nurses Day at the Capital was an unqualified success! With some 550 attendees all dressed in their white lab coats roaming the halls of the capital, Legislators should have gotten the idea that nurses are a force to be reckoned with! The format used for the morning presentations and the speakers who were present, made it one of the most lively and productive workshops ever. Make plans to attend in 2017!

I know when most RNs hear the term “leadership,” they think about titled leaders such as supervisors, CNOs and other administrative type positions. It has always been my belief that ALL nurses are leaders, from the shiniest newly minted graduate RN to the RN who is finally ready to retire at age 90! Those of us at ONA have always been dedicated to promoting leadership at all levels and have, over the years, presented workshops on the topic. ANA has developed a series of leadership webinars that I believe are well worth your while. Most are free or at very low cost and I have found them to be very useful in all aspects of my professional career.

Another way to participate in leadership is to be a part of the ONA Board of Directors. There are both Board and Nominating Committee positions open at all levels and have, over the years, presented workshops on the topic. ANA has developed a series of leadership webinars that I believe are well worth your while. Most are free or at very low cost and I have found them to be very useful in all aspects of my professional career.

Both organizations are now seeking candidates for a variety of positions. I have found my time on the ONA Board very rewarding learning about the structure and function of the organization and working with some of the most qualified and fun people in the world! There are both Board and Nominating Committee positions open at ONA. You can find detailed information about board position openings on the ONA website, www.oklahomanurses.org. For information about the ANA positions that are open, contact Jane Nelson at ana@oklahomanurses.org.

Spring has brought with it the hope for new life and a future that is filled with possibilities and promise. Summer is around the corner and will wrap its arms around you like a warm blanket. To paraphrase Edith Armstrong, “If you keep your mind focused on peace, harmony, health, love and success, then you can’t be distracted by doubt, anxiety, or fear of failure.”

Joseph T. Catalano, Ph.D, RN
President, ONA

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President’s Message

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I write this with six weeks left to the Legislative Session. During this last stretch, the Legislature still has to finalize the state’s budget—which faces a $1.3M shortfall for FY 2017. During the session two revenue failures occurred for the current fiscal year. The only way to fill the projected hole in the state budget is for the legislature to increase revenue utilizing a number of different methods such as eliminating a number of different tax credits, collecting sales tax on Internet shopping, stopping an income tax cut and increasing the cigarette tax by $1.50. One of these on its own will not provide the solution. It will have to be a combination to keep from cutting education, health, corrections and other core state services.

The Oklahoma Health Care Authority (OHCA), grappling with the state’s continued revenue loss, has had no choice but to slash healthcare provider reimbursement by a projected 25% from the current 86% (of Medicare) reimbursement rate. This cut will affect those that are among those affected by the aforementioned rate cuts: urinary tract infections, pneumonia, shock, upper gastrointestinal bleeding, longer hospital stays, failure to rescue, and 30-day mortality. Yes, people may die.

The OHCA in an effort to find a long-term permanent solution to the funding issues that may continue to exist have introduced the MEDICAID REBALANCING ACT of 2020. This plan will reduce the number of lives on Medicaid, while following in the Oklahoma pioneering tradition of applying for a waiver to create our state’s own independent healthcare plan that ensures a healthy citizenry.

- Will cover 175,000 currently uninsured residents.
- It will decrease the uninsured rate by 35%, ultimately adding 350,000 to the private insurance market.
- It will return the provider reimbursement rate to 86% as soon as possible.
- This proposal will ensure access to healthcare for 19-64 year olds with incomes below the 133% federal poverty level.
- This plan will also help protect services for many in our mental health system, restoring cuts that were made to this already underfunded system.
- MRA will restore rate reductions and cuts made to the mental health and substance abuse services safety net system that resulted from failures in FY16, also preventing further cuts in FY17.
- Drug courts, mental health courts, crisis centers and crisis services are the only pieces left untouched. Without the MRA, these services will also be slashed to meet budget requirements, increasing the burden on other systems like emergency rooms, police and sheriff’s departments and the correction’s system.
- This plan will return billions of our own federal tax dollars back to the hands of Oklahomans for use right here, protecting the health of Oklahomans.

In order to receive the matching federal funds the Medicaid Rebalancing Act requires $1M in state funds. The best way to provide these matching funds is by increasing the Tobacco Tax, “Why a Tobacco Tax?” you may ask. It is perfectly designed for health care and it already exists as the funding option for Insure Oklahoma. As tobacco taxes increase, consumption will decrease over time. This is precisely why tobacco taxes should be used for health care initiatives. Tobacco use and environmental tobacco smoke exposure are responsible for a significant percentage of costly emergency room visits, hospitalizations and physician visits for treatment of asthma, airway obstruction, chronic obstructive pulmonary disease, bronchitis, pneumonia, ear infections and upper respiratory infections, high blood pressure, heart attack, cancer, premature birth, and a variety of other serious maladies. As tobacco taxes increase and consumption eventually declines, so too do the related costs of treatment of the aforementioned illnesses. Tobacco taxes increase, consumption goes down, health care costs decline, the burden on the majority of taxpayers and insurance ratepayer declines and everyone wins.

Let’s face it, not only do use tobacco, and therefore payment of the tax, is ultimately a matter of choice.

So how do we enact the Medicaid Rebalancing Act and raise the Tobacco Tax? We need you to talk with your State Legislators – both House and Senate. Tell them your story! Talk to them about the realities every day! It is important that they hear from nurses as you face these realities day by day.

Currently, some legislators are promoting the notion that they are protecting Medicaid with a “mere 5%” cut in the upcoming budget. What they are not telling you is that that really equates to a 14% state cut since we had two budget failures for FY16 that do not go into effect until June 1. Then you add in the related loss of federal funds, we are nearly back to where we are at present! The ONLY solution is to pass the tobacco tax by a ¾ majority so that it goes into effect immediately!

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Recognizing Excellence in Nursing
The Oklahoma Nurses Association has many members whose outstanding contributions should be recognized. The following award categories have been established to recognize excellence in Oklahoma Nursing:

**EXCELLENCE IN NURSING**
The Excellence in Nursing Award is conferred on a member, who has developed an innovative, unique and creative approach that utilizes nursing theory and knowledge/skills in any practice setting: Administration, Education, and/or Direct Patient Care. The recipient should be recognized by peers as a role model of consistently high quality nursing practice and as one who enhances the image of nursing as a profession.

**NURSING RESEARCH AWARD**
The Nursing Research Award recipient is a nurse who has made a significant impact on nursing practice through the use of research as a basis for practice innovation. Significant impact on nursing practice means that the nurse has contributed to the creation of new nursing knowledge through research findings; and has improved or created a plan for improving clinical nursing practice and/or patient outcomes in response to the findings.

**NURSING IMPACT ON PUBLIC POLICY**
Nursing Impact On Public Policy Award honors the nurse, whose activities are above and beyond those of the general nursing community to further the political presence of nursing and/or to accomplish positive public policy for the nursing profession.

**NIGHTINGALE AWARD OF EXCELLENCE**
The Nightingale Award of Excellence is conferred on an ONA member who during their career has:
- Demonstrated innovative strategies so as to fulfill job responsibilities and/or role expectations in their professional role and within the community they work and live.
- Consistently surpass expectations of a professional nurse; thus enhancing the image of nursing as a profession.
- Demonstrates sustained and substantial contribution to the Oklahoma Nurses Association.
- Served as a role model of consistent excellence in their area of practice.

Other professional behaviors, such as mentoring, advocacy, research conduction or utilization, publications and presentations should also be demonstrated throughout his/her career.

**FRIEND OF NURSING**
The Friend of Nursing Award is conferred on non-nurses who have rendered valuable assistance to the nursing profession. Their contributions and assistance are of statewide significance to nursing.

**EXCELLENCE IN THE WORKPLACE ENVIRONMENT**
The Excellence in the Workplace Environment Award is presented to organizations that have developed positive work environments. These organizations must have developed an innovative and effective program, approach or overall environment that promotes excellent nursing care, creating a positive environment for nurses to work and supports nurses in their practice. (Please note that this designation is for a five year period of time. After five years, facilities may re-apply)

**ELIGIBILITY**
Nominees for ONA awards must meet specific criteria. These individuals must be ONA members, except for the Friend of Nursing Award, which is given to a non-nurse, or for the Excellence in the Workplace, which is presented to organizations. Members of the ONA Board of Directors and the Awards Selection Committee are not eligible for ONA awards during the period in which they serve in these capacities.

The deadline for submission of nominations is Friday, September 2, 2016. Find complete details and instructions for nominating a nurse on the ONA website, www.OklahomaNurses.org. Submissions can be made online or mailed to ONA. Questions? Email ona.ed@oklahomanurses.org.

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Knowledge is Power – Using Your Power to Inform Your Colleagues Through Poster Presentations

Shelly Wells, PhD, MBA, MS, APRN-CNS
Northwestern Oklahoma State University
Division of Nursing
ONA Region 2 Representative to the ONA Board of Directors

The call for presenters at the ONA Annual Convention is now open. Now is the time to plan to share practice changes, research, and evidence-based projects with colleagues across the state. The ANA Code of Ethics for Nurses calls for all nurses to be active in the dissemination of knowledge to promote the profession and enhance positive client outcomes. It is time to consider a poster presentation to have your hard work recognized and shared! A poster presentation has potential to reach large numbers of people and provides the opportunity to interact one-on-one with people interested in your work. A poster is a large-format story board and an excellent way to communicate practice changes, innovations and research. Before starting to prepare a poster, consider exactly what is to be presented. The trick to an effective poster presentation is to take complex information and present it in a simple, understandable way. Consider the audience in planning to assure the message is clearly stated to connect with the viewers.

Developing a well-designed, informative and creative poster takes time. Limiting the amount of information on the poster is the biggest challenge as some tend to include too much text. A great poster needs to be readable, legible, well-organized and succinct. On average, there are only 11 seconds to grab and retain the audience’s attention, so a poster has to be prominent and brief. Viewers will slow down or stop at posters that catch their attention, so style definitely matters. Most presentation posters consist of seven sections. The Heading typically includes the poster’s title, the authors, and their affiliations. The Introduction section includes the purpose of the work as well as its justification or rationale. Some presenters may include a hypothesis or research question in the Introduction section. The methodology section includes sample characteristics (size and demographics), procedures on data collection, variables and measurement. Not all presentations will have each of these characteristics, so include information in this section that will explain the methods used to reach the conclusions of the work being presented. The most interesting findings are presented in the Results section and might include a brief statement on if these results are similar to findings in other work and why are these results important. Any important limitations of the work are cited in the Limitation/Implications section as well as implications for practice or future research. It is very important to include recognition of any funding sources, conflicts of interest, and any persons who may have assisted with the project in the Acknowledgement section.

The construction of the poster is usually done using a single PowerPoint slide and planning for a 36”x48” or 48”x56” display depending upon presentation guidelines. Most posters are required to be hung on poster boards provided at the venue. For the layout of the poster, the heading is positioned in the center top of the slide. The remainder of the slide is divided into three or four columns to place the other sections. Use a logical structure that guides the reader along the main points from beginning to end. The use of space is important. Omit any extraneous text and visual distractions. If all of the information is crammed in tightly, the poster is tiring and seldom read in entirety.

The font is an important consideration in the poster’s construction. It must be legible from four feet away. Do not mix a large number of
fonts and use common fonts that will not become distorted when printed in large format. Avoid use of multiple fonts. It is acceptable to use upper-case font for headings and two font sizes larger than the text in that section to draw the reader’s eye; however the use of all upper-case font for any text is discouraged. Bookman, Helvetica, Geneva, Times New Roman, and Arial are good font choices. All type should be consistent and a minimum font size of 18 to assure readability.

Color on a poster is encouraged, but limit the number of colors to create an overall theme for the poster. A color border or light background is a fast way to add color. Choose colors that do not compete and look good printed. Be sure that the colors used in any photos, graphs or charts do not contrast with the background or border colors. Use of a dark colored background with light colored print is discouraged as it uses a tremendous amount of ink.

The use of graphics adds interest to posters. Photos should be relevant to the poster’s purpose, aesthetically pleasing, and have proper focus, contrast, exposure and resolution to prevent pixilation in large format. Make sure any images used are in the public domain to prevent copyright infringement. Diagrams, charts, and artwork must be clearly related to the purpose of the poster. Sometimes embedded Word tables and Excel charts in PowerPoint files do not print correctly so convert them to images (JPEGS, TIFFFS, etc.) before adding them to the slide. They must be large enough to be readable from several feet away and easy to understand. Eye-catching graphics also serve as a visual draw attracting viewers.

When preparing the poster’s text, use bullet points to promote readability. Phrases are easier to read than complete sentences. Take care not to overwhelm the reader with too much information. Assure that appropriate grammar, spelling, and active verbs are used in the text to make it easier to read. Review every text box, every heading and every graphic to assure that words are spelled properly. Do not depend on spellchecker to find these mistakes.

Once the design and formatting is complete, print out a single draft on an 8.5 x 11 inch piece of paper to look at the poster in total. Look to assure that the design is balanced, not over-crowded, and visibly appealing. Have at least one colleague review the slide before submitting it for final printing to assure the content is clear and accurate.

Printing the poster is the final step. Most colleges and universities can print the large format posters. Commercial printing places such as the Fed Ex Kinko’s store also print these posters. Some printing places allow the PowerPoint slide emailed directly to them for printing. Allow a minimum of five days for printing in case any formatting problems arise.

Being a poster presenter is a rewarding experience. Meeting colleagues who share similar interests and highlighting the great work done in the practice or academic setting is always noteworthy. Presenting a poster at this year’s ONA Annual Convention in October is a goal worth attaining.

References:
The National Pressure Ulcer Advisory Panel (NPUAP) defines pressure ulcers (PU) as “localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction” (Agency for Healthcare Research and Quality [AHRQ], 2013, p. 1). The AHRQ reports that pressure ulcer prevalence spans from 0.4-38% across acute-care facilities (AHRQ, 2013). The Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) consider a hospital-acquired pressure ulcer (HAPU) to be preventable and an indicator of patient safety and quality of care. CMS classifies HAPUs as “never events.” Thus, substantial reimbursement penalties are encountered by a facility when a Stage III or IV HAPU is reported.

Each year, billions of dollars are spent treating PUs with an average hospital cost of $129,248 for one admission (Brem et al., 2010). The development of a PU may accrue a longer stay for patients by an average of 10.8 days, resulting in higher charges as well as an increased prevalence of hospital-acquired infections (Brem et al., 2010).

Risk Assessment Tools
Pressure ulcers materialize most often in patients with limited mobility, lower body-mass index (BMI), prolonged moist skin, and specific medical diagnoses, including conditions that reduce blood flow to skin tissues. The event of PUs is commonly viewed as a measurable indicator of the quality of nursing care. An assortment of tools is available to prevent and treat PUs and many facilities have opted to implement these evidence-based practice (EBP) toolkits. Skin risk assessment tools such as the Braden and Norton Scales are normally one component of the toolkits and serve as the first line of defense in recognition of potential or actual skin issues. EBP guidelines suggest that an admission assessment be performed within a few hours of arrival followed by assessments every shift (Gadd & Morris, 2014). Risk assessment and the plan of care (POC) require individualized interventions based on specific data collected from the patient.

Technology and Data Collection
Computers on wheels (COWs) are familiar sites within health care facilities and expedite nurses’ entering data directly into the electronic health record (EHR). COWs, tablets, and smartphones allow nurses to access real-time databases, journals, and evidence-based practice guidelines that are useful in making point-of-care decisions (Fisher & Feigenbaum, 2015). Technology allows nurses and staff immediate access to the PU risk scoring tools and other information stored in system medical records. The information is crucial to correlate the management of appropriate care and prevention of HAPUs. Staff can also input information into a system repository where leadership and quality departments are capable of running reports to monitor rates and statistics. The data collected from these reports can then be addressed to front line staff to provide feedback for performance improvement needs.

One Hospital’s Experience with HAPUs
Adept data compiling in real time is invaluable to wound care teams and management, presenting them with the capability to promptly analyze unfavorable trends. Data collected from an in-house occurrence reporting system,
Of fiscal year 2014 and first quarter of fiscal year 2015, in the incidence of HAPUs, with the steepest curve occurring in the Intensive Care Unit (ICU). A root cause analysis was performed, and several issues were identified:

- ICU nurses were frequently carrying a three patient load per twelve-hour shift.
- No patient-care technicians were available to assist with turning and care interventions.
- Patients often went greater than four hours without being turned.
- The staff was not utilizing EBP interventions such as pressure relieving mattresses as preventative measures regularly.

The staff was not initiating wound care team referrals on a timely basis.

Performance Improvement Plan

A multidisciplinary team consisting of nurses, physicians, and wound care specialists came together in an effort to decrease the rate of PUs. The goal was to reduce HAPUs by 25% within a six-month period after initiation of the performance improvement (PI) plan. Measurement included employing the hospital’s occurrence reporting system for analysis of statistical data and a Plan-Do-Study-Act (PDSA) improvement model for evaluation and adjustment of the PI process. The wound care team utilized a specific software that contributed additional information to the collection proceedings and provided verification for reported data.

Care delivery changes included:

- Enforcement of repositioning patients every two hours.
- Changing the nursing care model to include the addition of more support staff to assist with positioning and other patient care interventions.
- Full skin assessment for emergency room admissions while in the emergency department with full disclosure during patient handoff.
- Education for RNs regarding staging of wounds and skin care products appropriate for specific stages. New nurses received National Database of Nursing Quality Indicators (NDNQI) PU training during orientation.
- Increased accountability of nursing staff to document and stage wounds, and removal of all dressings upon admission in order to thoroughly evaluate the skin.

Nursing staff consulted wound care appropriately and in a timely manner and documented with pictures all wounds present on admission and any acquired during the hospital stay.

Nursing staff informed physicians of any wounds present on arrival or any acquired during the hospital stay.

Once nurses identified and staged a wound, they followed the wound care protocol and algorithm for initiation of therapy.

The wound care team monitored all wounds throughout the patient’s hospital stay and collaborated with physicians and nurses to develop a treatment strategy appropriate for each patient.

Although this PU initiative is in the beginning stages, results will be tracked and trended over time to demonstrate cost savings and improved patient outcomes.

Conclusion

The manifestation of hospital-acquired pressure ulcers is of great concern in organizations today. The loss of reimbursement to treat HAPUs is causing facilities to initiate PI plans and EBP guidelines to prevent PUs. Though not all PUs are preventable, CMS does not discern between causes and acknowledges all HAPUs as “never events.” EBP interventions (e.g., low air loss mattress, scheduled repositioning, heel lift devices, and nutritional therapy) will remain the mainstay for the prevention of pressure ulcers.

References


Laughter is the Best Medicine

“Whoever can Laugh Lasts”

Diane Sears, RN, MS, ONC-ret

“The trouble with quotes on the internet is that you can never know if they are genuine.” (Abraham Lincoln)

Murphy’s Lesser Known Laws

“Light travels faster than sound. This is why some people appear bright until you hear them speak.”

ONA Receives $15,000 Grant

The Oklahoma Medical Reserve Corps Nurses Unit, housed within the Oklahoma Nurses Association has received a $15,000 Challenge Award grant from the National Association of City and County Health Officials (NACCHO). The purpose of this grant is to establish an externship for nursing students with the Oklahoma Medical Reserve Corps in multiple nursing programs across Oklahoma.

A pilot program, launched in the summer of 2015 at the University of Oklahoma’s College of Nursing, serves as a model. This project entails expanding the externship to five nursing programs across Oklahoma for a 10 week period with approximately 8 - hours/week or approximately 100 hours. This externship program allows nursing students to develop and apply public health nursing skills focusing on emergency preparedness, response, recovery, and community resiliency.

Nursing student externs would meet weekly with nursing faculty who are trained OKMRC volunteers to work toward the following goals:

**Externship broad goals:**

- Explore the role of public health in emergency preparedness, response, and recovery
- Explore the role of disaster behavioral health in disaster response and recovery
- Discuss the National Health Security Strategy and Implementation Plan and describe the document’s relevance for nursing
- Describe potential impacts of volunteering as an OKMRC nursing student on future professional choices and development

The project strives to improve the education of the Oklahoma nursing workforce by developing partnerships between the Oklahoma Medical Reserve Corps, nursing programs in Oklahoma, and high school organizations such as Health Occupations Students of America. One of the benefits of this hands-on, interprofessional educational project would be greater numbers of nursing students with expanded knowledge and skills in the area of public health and health security resulting in a local workforce ready to address the medical needs, mental health needs, and public health needs of a community. Other benefits of this project would be nursing students who are excited about continuing their education in a health profession.

Duties and Responsibilities:

The DNP Program Director is responsible for the direct supervision of clinical practicum placement, and program evaluation. This position reports directly to and works closely with the Chair of the Nursing Division. Other duties may be assigned as needed.

Qualifications:

- Doctoral degree required with a minimum of a master’s degree in nursing
- Must have current unencumbered licensure as a Registered Nurse in Oklahoma as well as a current unencumbered APRN license in the state
- One should have a minimum of two years of academic teaching and clinical experience within an APRN program
- Must meet faculty qualifications as defined by the Oklahoma Board of Nursing, including a background check.

Send Information to:
Dr. Bo Hannaford, Dean, School of Professional Studies | Northwestern Oklahoma State University
1 Clark Bass Blvd. McAlester, OK 74501 (918) 426-1800
email: bhannaford@nwosu.edu

Applicants should provide a resume with three professional references and complete a NWOSU application for faculty employment (http://www.nwosu.edu/Websites/NWOSU/Images/Forms-Docs/appproof.doc).

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Laughter is the Best Medicine

P: Mouse in cockpit.
S: Cat installed
(e-mail 01/16)

The American Board of Crash Carts (ABCC) released updated Maintenance of Crash Cart (MOCC) guidelines for 2016 as follows:

“A turbocharged 4-cylinder engine for quick acceleration
A spoiler to improve the crash cart’s aerodynamics
Racing stripe, endorsement stickers to appeal to NASCAR fans
A lock for each drawer to ensure immediate frustration when accessing contents
Monitor affixed with Netflix, Hulu to provide vital signs, shows
Free WiFi
Keurig for code team if wee hours of morning
Monaural music like they play on medical TV
Press Ganey-meter to assess patient satisfaction waveform
Prior authorization forms to facilitate denial of life-saving treatment
Defibrillator to counter a heart in fibrillation
Defibrillator to counter a heart in refibrillation
Intraosseous (IO) start kit with DeWalt DCD980MS power drill for brute strength, speed
Intraocular (IO) start kit with DeWalt DCD980MS power drill for brute strength, speed

Gloves, including latex, sterile, winter
Alcohol preps for sterility
Alcohol shots for futility
WD-40 for urgent lubrication
Saline, both normal and abnormal
Epinephrine, atropine for advanced cardiac life support (ACLS)

Adenosine, which causes flushing, chest pain, brief asystole to provider who thinks about using it
Narbon to temporarily reverse opioid epidemic
Dextrose for moderate hypoglycemia
Glazed donut for severe hypoglycemia
Turkey sandwich for severe hunger
Oxygen or other favorite gas of choice

WD-40 for urgent lubrication

Spatula
A powerful paralytic for rapid sequence intubation, such as an admission pager
Endotracheal tubes and other intubation equipment for suppression of cough
Two eager medical students in bottom drawer to help with chest compressions
Reset button, Control-Alt-Delete, or Game Genie if code not going well
Flashbang grenade for clean escape if code goes awry
Note: Although not part of the crash cart, the ABCC stressed the importance of three people during a code: (1) someone to take charge and run the code, (2) someone to act unnecessarily dramatic during the code and bring much needed stress to an already stressful scenario, and (3) a coder to code the code and ensure life-saving reimbursement.”

Tomato Behavior: “They’re going on vacation, let’s ripen”

Connors State College is seeking qualified applicants for the following positions:

— NURSING INSTRUCTORS —
Responsible for the assessment, planning, implementation (teaching), and evaluation of assigned course(s). Supervise and evaluate performance of students and adjunct faculty.
Act as consultant for student in nursing program.
Advise pre-nursing students.

For complete details on job duties and how to apply visit www.connorsstate.edu/employment

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For complete details on job duties and how to apply visit www.connorsstate.edu/employment
Use of a Professional Writing Rubric as a Teaching Strategy to Improve Scholarly Writing

First Author: April Trenary, MS, RN, CCRN, CEN, CNE is a Clinical Instructor at the University of Oklahoma, College of Nursing at the University of Oklahoma Health Sciences Center

Second Author: Helen Farrar, PhD, RN, BC, CNE is an Assistant Professor Instructor at the University of Oklahoma, College of Nursing at the University of Oklahoma Health Sciences Center

Address correspondence to April Trenary, MS, RN, CCRN, CEN, CNE, Clinical Instructor, University of Oklahoma, 4502 E 41st St. Room 1F09, Tulsa, Oklahoma, 74135; email: april-trenary@ouhsc.edu

Competency in verbal and written communication skills is an essential component of professional nursing practice. Contemporary nursing clinical practice places increased emphasis on computer charting using checkbox lists and narrative charting by exception. Despite this shift, the ability to converse on a scholarly level distinguishes the baccalaureate prepared nurse as a professional. The skill of professional writing is necessary for publication of innovative ideas, writing policies and procedures for the healthcare organization, and documentation in the electronic medical record. The increased focus on evidence based practice requires the ability to analyze and synthesize information used to support decisions, educate patients and families and participate in interdisciplinary dialogue (Edwards, White, Gray, & Fischbacher, 2001).

Schools of nursing are expected to ensure that program outcomes are in accordance with the expectations of the nursing profession to sufficiently prepare individuals for professional practice, life-long learning and graduate education (American Association of Colleges of Nursing, 2008). One of the outcomes of a baccalaureate nursing program is the expectation that graduates are prepared to effectively communicate within the interprofessional team across a variety of healthcare settings. To foster professional written communication in nursing practice, programs need to set the standard of excellence as an expectation of academic writing assignments.

Instructional methods to teach professional writing, such as writing academic and research papers, vary throughout programs and semesters. The research indicates that students at the college level struggle with use of correct grammar, punctuation, spelling, syntax, expression of content using logic and organization as well as the use of a specific disciplinary style (NAEP, 1998; National Commission on Writing in American Schools and Colleges, 2003). Peer coaching programs, partnerships with college writing centers, and interdisciplinary writing partnerships are just a few of the strategies used to improve student writing and communication skills (McMillan & Raines, 2010; Lathom & Ahern, 2013; Peirnhardt & Hagler, 2013).

A primary concern of nursing educators is how best to use nursing curriculum to improve writing and communication skills while managing concerns of an already saturated curriculum. Previous grading rubrics for writing assignments used at the University of Oklahoma College of Nursing (OUCN) awarded points based upon meeting content criteria with nominal points awarded for quality of academic writing. Even if students earned zero points in the section for appropriate use of American Psychological Association (APA) writing and style with the original rubrics, the perfunctory points did not lower the score a letter grade. A strategy to supplement existing course assignments was devised to address this concern. A Professional Writing Rubric (PWR) was created to supplement the rubrics of academic course assignments.

The idea of the PWR is to promote student attentiveness to scholarly writing and the real world expectation that nurses communicate professionally. To assist students in their development of a professional identity, nurse educators award points based upon depth and breadth of content for the category criteria outlined in the course assignment. Parameters of academic writing such as spelling, grammar, and APA formatting are expected behaviors that do not merit earning points. This strategy promotes professional writing as the expectation and not something to achieve. Mistakes in writing mechanics such as misspelled words, failure to appropriately use the assigned disciplinary style (APA), or grammatical errors result in a deduction of points from the overall grade.

The PWR (see Table 1) was developed to outline the deduction of points based upon academic quality and professional writing standards; this rubric is used in conjunction with the existing course assignment rubric. The course assignment rubric provides criteria categories to award points for content based upon the course objectives. Removing the academic writing standards from the content points section allows more points to be earned for critical thinking, appropriate reasoning, and comprehensive explanation for the original assignment. The value of points for content quality is determined by the faculty and assignment objectives to total 100% (see Table 2).

The PWR consists of three categories of professional writing standards: 1. Spelling, grammar, and punctuation; 2. APA format, APA style, and academic writing; 3. Citations and references. Each of these categories...
includes a description for meeting a criteria level of Excellent, Good, Acceptable, or Poor. “Excellent” quality professional writing is the expectation of students and results in 0 points deduction. A “Good” quality paper has minimal errors, resulting in -1 point / category. An “Acceptable” written paper has few noticeable errors, resulting in -2 points / category. A “Poor” paper has numerous errors, resulting in -3 points / category. Using the PWR as a supplement to the course assignment grading rubric can result in a loss of up to 9 points from the overall grade for the written assignment. This may result in a lower letter grade on the assignment using a grading scale where an A=93-100%

As a pilot review, the PWR was adopted in a variety of courses within the nursing program at OSU, including Nursing Research, Nursing Leadership, Community Focused Nursing and Psychosocial Nursing. Course faculty updated their original grading rubrics by reassigning the points for APA format and academic writing to different content criteria sections. The graded content criteria sections became worth a total of 100 points. Points can be deducted from this total based upon the supplemental PWR. The grading rubric includes a section referencing the PWR outlining the deduction of points based upon academic writing.

Anecdotal evidence from faculty indicates greater student awareness of professional writing and significant improvements in the quality of work submitted. One undergraduate faculty member commented, “I believe the new rubric has added importance to scholarly writing...[students] take it more seriously now.” Student comments reflect that being held to a higher standard of professional writing is a challenge requiring increased use of faculty guidance, use of a writing center and writing resources such as their required APA manual or an online APA guidance tools such as Purdue OWL. Based upon the ease of use and initial success in raising writing standards, the PWR will be proposed for use across the curriculum for undergraduate nursing students.

Using the supplemental PWR places greater value and emphasis on writing quality than using only a traditional concept based writing rubric. As nursing educators, we can foster the ability of a journal club and letter-writing exercise to teach scholarly writing. All nursing graduates with a 3.0 or above are guaranteed admission to the SWOSU BSN program – Must have a 3.0 GPA (SWOSU grad with 3.0 or above are guaranteed admission) of BSN program – Must have a 3.0 GPA (SWOSU grad with 3.0 or above are guaranteed admission) of BSN program – Must have a 3.0 GPA. All clinicals required available 8-week courses with 5 starting points per year Must be a Registered Nurse or in last semester of ADN program – Must have a 2.5 GPA

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent (-1 pt./category)</th>
<th>Good (-2 pts./category)</th>
<th>Acceptable (-3 pts./category)</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spelling, grammar &amp; punctuation</td>
<td>The paper is free from errors of spelling and mechanics.</td>
<td>Spelling, grammar and punctuation errors are rare and do not detract from the paper.</td>
<td>Very few spelling, grammar, and punctuation errors to detract from the paper.</td>
<td>Numerous proofreading errors significantly interfere with reading the paper.</td>
</tr>
<tr>
<td>APA format, APA style &amp; academic writing</td>
<td>No APA style errors. Scholarly writing flows and is easy to follow.</td>
<td>Errors in APA style and format are rare. Scholarly writing style with minimal awkward or unclear passages.</td>
<td>Errors in APA style are noticeable. Word choice occasionally informal in tone. Writing has a few awkward or unclear passages.</td>
<td>Errors in APA style detract substantially from the paper. Writing is informal, choppy, with many awkward or unclear passages.</td>
</tr>
</tbody>
</table>

## Table 2 Content Criteria Rubric Example

<table>
<thead>
<tr>
<th>Content Criteria Rubric Example</th>
<th>Points Possible</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Writing (Refer to Professional Writing Rubric)</td>
<td>$10,000 Sign-on Bonus for Full-Time NPs</td>
<td>$2,500 Sign-on Bonus for Full-Time RNs</td>
</tr>
</tbody>
</table>

**References**


## Table 1 Professional Writing Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Points Deducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spelling, grammar &amp; punctuation</td>
<td>No APA style errors. Scholarly writing flows and is easy to follow.</td>
</tr>
<tr>
<td>APA format, APA style &amp; academic writing</td>
<td>All the references are effectively used, correctly cited and correctly listed in the reference list.</td>
</tr>
<tr>
<td>Citations &amp; references</td>
<td>All references and citations present. One reference source or in-text citation error.</td>
</tr>
</tbody>
</table>

**Comments:**

- **Spelling, grammar, punctuation:** Excellent Good (-1) Acceptable (-2) Poor (-3)
- **Format/style/academic writing:** Excellent Good (-1) Acceptable (-2) Poor (-3)
- **APA Citations and references:** Excellent Good (-1) Acceptable (-2) Poor (-3)

**Points Deducted:**

- Spelling, grammar, punctuation, style, academic writing, APA style, academic writing:
- 1 point / category for missing or incorrect references or in-text citations
- 1 point / category for missing or incorrect references or in-text citations
- 1 point / category for missing or incorrect references or in-text citations
- 1 point / category for missing or incorrect references or in-text citations

**Points Earned:**

- Excellent: 100 points
- Good: 99-90 points
- Acceptable: 89-80 points
- Poor: 79-60 points

**Comments:**

- **Spelling, grammar, punctuation:**
  - Excellent: No errors.
  - Good: Few errors, errors are rare.
  - Acceptable: Some errors, errors are noticeable.
  - Poor: Many errors, errors detract from the paper.

- **Format/style/academic writing:**
  - Excellent: No APA style errors.
  - Good: Few APA style errors.
  - Acceptable: Some APA style errors.
  - Poor: Many APA style errors.

- **APA Citations and references:**
  - Excellent: All references and citations present.
  - Good: Some missing references or in-text citations.
  - Acceptable: Many missing references or in-text citations.
  - Poor: Many missing references or in-text citations.

**Examples:**

- **Excellent:** Writing has clarity and style. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing is free from errors of spelling and mechanics.

- **Good:** Writing is clear and well-organized. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing has few errors of spelling and mechanics.

- **Acceptable:** Writing is clear and well-organized. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing has some errors of spelling and mechanics.

- **Poor:** Writing is unclear and difficult to follow. Writing is disorganized and unstructured. Writing is not focused and easy to follow. Writing is illogical and poorly written. Writing has many errors of spelling and mechanics.

## Table 2 Content Criteria Rubric Example

<table>
<thead>
<tr>
<th>Content Sections</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Description of heading</td>
<td>100</td>
</tr>
<tr>
<td>• Key points or concepts</td>
<td>100</td>
</tr>
</tbody>
</table>

**Comments:**

- **Academic Writing:**
  - Excellent: Writing is clear and well-organized. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing is free from errors of spelling and mechanics.

- **Good:** Writing is clear and well-organized. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing has few errors of spelling and mechanics.

- **Acceptable:** Writing is clear and well-organized. Writing is well-structured and organized. Writing is focused and easy to follow. Writing is coherent and logical. Writing has some errors of spelling and mechanics.

- **Poor:** Writing is unclear and difficult to follow. Writing is disorganized and unstructured. Writing is not focused and easy to follow. Writing is illogical and poorly written. Writing has many errors of spelling and mechanics.
Influential Nurse Leader – Dr. Maria Shirey

Rebecca Shepherd, RN, BSN, and Paula Maisano, PhD, RN, CNE
The University of Oklahoma College of Nursing

Nurse managers are crucial to building and maintaining healthy work environments. Many studies have completed regarding the effects of stress and coping on staff nurses but do not consider the effects on nurse managers. Dr. Maria Shirey, PhD, MBA, RN, NEA-BC, FACHE, FAAN, understands that reducing stress, enhancing coping abilities, and advocating for healthy outcomes, and promoting effective cognitive decision making in nurse managers will positively affect nurse managers, staff nurses, and the health care work environment. The nursing profession is currently experiencing a debilitating registered nurse (RN) shortage. As cited by Shirey, et al. (2010), “Researchers estimate that, by 2025, the nursing shortage could be 500,000 with a 40% RN vacancy rate nationwide” (p. 82). Based on nursing shortage estimates, planned retirement of aging nurse managers, a demographic trend of nurse managers transitioning to areas of less environmental and role related stress, and a decline in graduate nursing administration program enrollment, a potential crisis in the nursing leadership workforce is predicted (Shirey, 2006). Concentrated measures by health care organizations must be implemented to reduce nurse manager and RN turnover.

Dr. Shirey has sought to generate understanding of stress, coping, and the complexity of the work of nurse managers through her research and writing. Contemporary health systems are Complex Adaptive Systems (CAS), meaning that all parts are interconnected and they function within a larger system. Understanding the results of stress on each part of the system and how that stress affects the whole of the CAS is a critical concept for today’s nurse. The participants of Dr. Shirey’s studies perceived that the role of nurse manager had unrealistic expectations and invisible work above and beyond the job description (Shirey, 2008). The role of nurse manager continues to evolve and the overwhelming responsibilities contribute to work complexity.

The following factors were associated with nurse manager performance: experience, organizational culture, structural empowerment, and span of control (Shirey, 2009). Understanding the impact these factors have on nurse managers and subsequently the nurse manager’s contributions to healthy work environments is important. Four factors were evaluated in all of the participant nurse manager cases: sources of stress, coping strategies, health outcomes, and decision making.

Sources of stress included people and resources, tasks and work, and performance outcomes (Shirey, 2010). Factors that increased stress were divided into two categories: issues related to actual nurse manager work, and issues surrounding nurse manager work (Shirey, 2010). Examples of issues related to actual nurse manager work include high levels of responsibility, excessive committee meetings, and numerous daily interruptions. Examples of issues surrounding nurse manager work include interpersonal conflict, system inefficiencies, and multiple ongoing hospital initiatives.

Factors that decreased stress were divided into four categories: focusing on the positives, support from others, completing work and achieving targets, and incorporating quality downtime (Shirey, 2010). All of the participating nurse managers recognized these factors; however, only 86% of them actively pursued ways to reduce stress (Shirey, 2010). Emotions associated with stress include pure positive emotions, pure negative emotions, and mixed emotions. All of the studied nurse managers indicated mixed emotions regarding their role (Shirey, 2010).

The majority of the nurse managers used a combination of emotion-focused and problem-focused coping strategies (Shirey, 2010). Amount of experience as a nurse manager impacted coping responses. Experienced nurse managers tended to include more problem-focused responses. The use of a co-manager model greatly impacted coping abilities. The co-manager model involves two nurse managers splitting the responsibilities of one or more units. The co-managers who were evaluated in the study described higher job satisfaction, decreased stress, and more effective coping mechanisms.

Health related outcomes included psychological, physiological, and functional ability (Shirey, 2010). Many of the nurse managers indicated adverse psychological outcomes such as emotional exhaustion, changes in mental acuity, irritability, anxiety, and loss of confidence. Physiological responses included high blood pressure, physical exhaustion, and sleep pattern disturbance. Despite the effects of the psychological and physiological outcomes, 67% of the nurse managers reported high levels of functioning in their daily work.

As cited in Shirey (2012), “cognitive decision-making refers to the mental processes an individual uses to select a course of action among several alternative scenarios” (p. 18). The study found that the chronic exposure to stress negatively affects the nurse manager’s decision making processes (Shirey, 2012). The negative response on decision making has dangerous potential impact on patient safety and individual or organizational outcomes.

The nurse manager with impaired critical thinking skills may create a cascading effect on staff and contribute to negative work environments.

Dr. Shirey’s work has the potential to positively impact the nurse manager role across the nursing profession. Subsequently, organizational culture, health care work environments, and staff nurses will be impacted. As cited by Dr. Shirey (2009), “authentic leadership has been identified as ‘the kind of leadership that holds together the nursing work environment’” (p. 189). Health care organizations should utilize Dr. Shirey’s findings to increase nurse manager empowerment, satisfaction, coping, and health outcomes. Positive trends in nurse retention and nurse manager succession planning would surely follow.

Chief Nursing Officers and other identified nursing leaders are poised to play an important role in ensuring that these recommendations are considered and/or implemented. A job analysis of the nurse manager role should be performed within each organization. A reconfiguration of the role with consideration of responsibilities and a careful consideration of realistic expectations may be in order. Span of control guidelines and limits should be defined.

Combination of a co-manager or collaborative management model may benefit the organization. Formation of a succession planning model for nurse managers is important for organizational strategy. Organizational interventions such as confidential coaching, counseling, or mentoring should be offered as a means to promote work-life balance and psychological health. Inclusion of nurse managers in executive health physical examinations helps to identify early warning of physiological problems and may prevent negative health outcomes.

Dr. Shirey (2009) believes that “...the healthy work environment should not be an option but rather a nonnegotiable expectation...” (p. 198). Nurse managers with the appropriate experience, organizational culture, structural empowerment, and span of control will be able to perform successfully in their complex roles. The nurse manager will experience reduced stress, improved coping abilities, improved health outcomes, and effective cognitive decision making leading to a healthy work environment for nursing within the organization. Nurse managers are critical to creating and maintaining the healthy care work environment and ensuring the culture of patient safety. Addressing individual and organizational processes to relieve some of the burden of stress on the nurse manager is important to ensure a long term solution to environmental stress and protect patient safety.

References
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cookchp.org
Insight from a Nurse Leader on Board!

Dr. Diana Sturdevant

Dr. Diana Sturdevant serves on the Long-term Care Facility Advisory Board of Oklahoma; appointed by Governor Mary Fallin beginning in 2010. She is also a board member of the Oklahoma Healthcare Authority; Focus on Excellence Advisory Board and on the steering committee of the Oklahoma Culture Change Network.

The Oklahoma Nurse’s Association Oklahoma Campaign for Action Coalition (OCAC) made nursing leadership a priority to increase the visibility of nurse leaders across the state and underscore the inclusion of nursing knowledge to foster change. In a series of feature articles in The Oklahoma Nurse, the OCAC Leadership Subcommittee will highlight activities of Oklahoma nurse leaders who currently serve on boards. It is the intention of these feature articles to inspire and challenge Oklahoma nurses to seek leadership positions to change and advance health care.

Our featured nurse leader is Dr. Diana Sturdevant, PhD, APRN, GCNS-BC. She is a fellow of the National Gerontological Nurses Association. She has been the Director of Nursing at Mitchell Manor Convalescent Home in McAlester, Oklahoma for over twenty years. Dr. Diana Sturdevant was asked to respond to a series of questions about leadership.

Q1: You may be in multiple leadership roles. Please choose one board position in Oklahoma that you would like to talk about. Describe how you got into that position.

I am going to talk about my board position on the Long-term Care Facility Advisory Board of Oklahoma. Being involved in long-term care, I was familiar with the Board so I went to the website and applied. Part of this process was submission of background information, work history, and agreement to a background check.

Q2: What leadership qualities do you use in that board position?

I have been involved in this board for the last six years. You bring your expertise in the subject to the board. This is a board that looks at making suggestions about state regulations to long-term care facilities across the state of Oklahoma. I think the value of my position on the board is my expertise in long-term care; I live it every day. Over the last six years I have become much more assertive than I used to be. Serving on the board itself has made me be more assertive because I am more comfortable offering my opinion and have it mean something. Serving on a board of this scope requires a working familiarity with Robert’s rules of order, regulations and issues pertinent to the mission of the board and the ability to work effectively with other board members who might be physicians, politicians, state officials, business leaders and community members.

Q3: What motivated you to assume this leadership role?

When I completed the PhD program, more assertive than I used to be. Serving on the board itself has made me be more assertive because I am more comfortable offering my opinion and have it mean something. Serving on a board of this scope requires a working familiarity with Robert’s rules of order, regulations and issues pertinent to the mission of the board and the ability to work effectively with other board members who might be physicians, politicians, state officials, business leaders and community members.

Q4: Why do you think it is important that a registered nurse is serving in Oklahoma on this board?

The voice of nursing is critical in long-term care. Nursing is an integral part of long-term care; you can’t separate it out. As the acuity of care in long-term care is increasing, the role of the registered nurse will become more important.

Q5: What specific challenges or barriers do you see for nurses who want to serve as leaders on boards in Oklahoma?

I have tried to get on several other boards and been unsuccessful due to a lack of credentials. When I completed the PhD program, more opportunities became available. Another issue is the lack of turnover on boards; especially in rural areas.

Q6: How do you see the IOM recommendations influencing the growth of nursing leadership in Oklahoma?

I think it is a positive as long as we have the support to get the recommendations enacted.

Q7: The Institute of Medicine and Campaign for Action have focused on nurses serving on hospital boards as a priority. What challenges do you see for nurses wanting to serve on hospital boards in Oklahoma?

One challenge is gaining attention to the recommendations across the diversity of facilities in Oklahoma. It seems like the bigger facilities; especially those with Magnet designation are paying attention, but smaller, more rural facilities are not as focused on these types of initiatives. Without this focus, nurses may not be recruited to boards where they can have an influence and will need to proactively find these opportunities for themselves.

Q8: What specific advice do you have for nurses who want to explore a leadership position?

You have to be willing to put yourself out there and do it. You must get out of your comfort zone and be open to the learning experience of serving on a board. It is critical that you take advantages of opportunities when you are presented with them.

For more information about getting involved in the Oklahoma Campaign for Action, contact: Jane Nelson, CEO, Oklahoma Nurses Association/Oklahoma Nurses Foundation at 1111 North Lee, Ste. 243 Oklahoma City, OK 73103, P: 405-840-3478 | E-mail: gna@oklahomanurses.org or access this website: http://campaignforaction.org/state/oklahoma
Oklahoma City (March 2016) – The Fran and Earl Ziegler College of Nursing at the University of Oklahoma Health Sciences Center is ranked as one of the best nursing schools in the nation for the master’s and doctor of nursing programs for 2017 by U.S. News & World Report.

“We strive to provide an exceptional learning environment for our students," said Dean Lazelle Benefield, Ph.D., R.N., FAAN. “Quality programs, extraordinary faculty, and outstanding clinical partnerships anchor our efforts to help students achieve their goals in nursing, to advance research, and to meet the growing need for exceptional nursing professionals in a variety of health care environments. It is a tremendous honor to be recognized by U.S. News & World Report for our efforts in our programs for master’s in nursing science and doctor of nursing practice.”

According to U.S. News, both the master’s and doctor of nursing practice rankings are based on a weighted average of 14 indicators. The seven common factors are the four research activity indicators; faculty credentials; the percentage of faculty members with important achievements; and faculty participation in nursing practice. The other seven indicators in each ranking use measures that are specific to each degree type.

The Master’s of Science in Nursing programs at OU include four tracks: Administrative/Management; Education; Clinical Nurse Specialist; and Family Nurse Practitioner. The Doctor of Nursing Practice program prepares nurse leaders to become clinical scholars, health care and policy leaders and evidence-based practice experts as well as informatics and quality improvement leaders. The MSN and DNP programs provide diverse learning experiences, including hybrid online education and opportunities to work with and alongside other disciplines.

Benefield added, “We continue to provide excellent programming at reasonable cost. Our value-added curricula are led by world-class faculty. And our alumni and friends share in our vision by financially supporting additional student leadership training that otherwise would not be possible: our study abroad program to OU @ Arezzo, customized national leadership training and attendance at a student healthcare policy summit in Washington. Our graduates make a difference in Oklahoma and beyond.”

The Fran and Earl Ziegler College of Nursing at the University of Oklahoma

The Fran and Earl Ziegler College of Nursing is nationally recognized, offering bachelor’s, master’s and doctoral level programs to those interested in starting or advancing a career in the profession of nursing. With locations in Oklahoma City, Tulsa and Lawton, the College is the state’s largest nursing program and is dedicated to continuing the leadership and academic excellence that have become synonymous with the University of Oklahoma. The College of Nursing is a part of the OU Health Sciences Center, a leader in education, research and patient care and one of only four comprehensive academic health centers in the nation with seven professional colleges. To find out more, visit http://nursing.ouhsc.edu/.

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Questions to Ask in Making the Decision to Accept
a Staffing Assignment for Nurses

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1. **What is the assignment?**
   Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is indeed correct.

2. **What are the characteristics of the patients being assigned?**
   Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. **Do I have the expertise to care for the patients?**
   Am I familiar with caring for the types of patients assigned? If this is a “float assignment,” am I crossed-trained to care for these patients? Is there a “buddy system” in place with staff who are familiar with the unit? If there is no cross-training or “buddy system,” has the patient load been modified accordingly?

4. **Do I have the experience and knowledge to manage the patients for whom I am being assigned care?**
   If the answer to the question is “no,” you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which she or he lacks education or experience.

5. **What is the geography of the assignment?**
   Is this a temporary assignment?
   When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

6. **Is this a crisis or an ongoing staffing pattern?**
   If the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for “safe harbor” and/or peer review.

7. **Can I take the assignment in good faith?**
   If not you will need to get the assignment modified or refuse the assignment. Consult your individual state’s nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.

Oklahoma Nursing Student Association
Tara Goodman, President, ONSA
The Oklahoma Nursing Student Association has an exciting announcement! Our website and web address has changed to oknsa.net. Check out our new look and updated website. We are also featuring student leaders on our website, so please send your recommendations to onsapresident@gmail.com. We will be updating the featured student bi-monthly.

ONSA has had an eventful spring! We have reached out to many students through the planning of a successful Leadership Summit to assisting ONSA with Nurses Day at the capitol. We are now working on planning our 13th annual Hope in the Heartland Convention October 28th in Norman, Oklahoma. If you are interested in attending, speaking, or having a booth please email onsa2vp@gmail.com for more information. We appreciate the support from nursing leaders in Oklahoma as we continue to grow as a student organization.

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