The annual Nurses Choice Luncheon is the Ohio Nurses Foundation’s main fundraiser. Since 2002, the foundation has given over $150,000 in scholarships and grants to notable nurses and future nurses. This year, the foundation was able to deliver $11,000 to an exceptional group of eight nursing students and one nurse researcher.

The luncheon also recognizes those non-nurses who have proven to be friends of the profession with Nurses Choice Awards. This year’s honorees included Johnson and Johnson’s Campaign for Nursing’s Future, chief investigative reporter for Cleveland’s NewsChannel 5 Ron Regan and Akron General Medical Center colleagues Suzanne Cable and Rosanne Lore.

Applications for scholarships and grants are due to the Ohio Nurses Foundation by January 15th of every year. To learn more about them, or the Nurses Choice Awards, please visit www.ohionursesfoundation.org.

Scholarship Winners
- Khaliah Fisher-Grace, Duquense University – Deborah Hague Scholarship
- Jeri Berryman, Indiana Wesleyan University – Mary Beth Hayward Scholarship
- Alyssa Tuttle, Norwalk High School – Traditional Nursing Student and Minority Nursing Student Scholarships
- Ildiko Kinga Yuryev – RNs Majoring in Nursing Scholarship
- Emily Adkinson, Ursuline College – Traditional Nursing Student Scholarship
- Heather Bomba, Massillon Washington High School – Traditional Nursing Student Scholarship
- Jordan Novak, Chamberlain College of Nursing – Students Returning to School to Major in Nursing Scholarship
- Jennifer Sanders, Kent State University – Summit and Portage District Scholarship

Grant Winner
- Emily McClung

What’s inside this issue?

The 2016 Nurses Choice Luncheon, $11,000 in Scholarships and Grants Given to Nurses and Students Made Possible by Ohio Nurses Foundation

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Sally W. Morgan

Many years ago I chose to work in a hospital right after graduating from college. I quickly realized that I loved being a registered nurse but I did not love the hospital environment. I was working long hours which included many weekends and frequent shift changes-sometimes in the same week. I also had difficulty scheduling time off.

I actually became a member of the Ohio Nurses Association (ONA) when my hospital became a bargaining unit. I immediately saw improvement in the hospital environment as well as in quality of care that was provided. I also learned that there was a lot more to professional organizations than workplace advocacy.

ONA is the representative and voice of the over 180,000 registered nurses in Ohio - here to promote, protect, and progress all nurses on both an individual and a collective level. As a member driven organization, ONA has established councils, committees, caucuses and task forces to address Ohio’s nursing and health care issues.

ONA is the only association in Ohio that advocates for all registered nurses at all levels:
- At the Ohio Statehouse with our health policy staff and Health Policy Council members.
- At the Ohio Board of Nursing with our health policy, nursing practice staff, and Council on Practice members.

President’s Message continued on page 9

A Note from the Editor:

The Ohio Nurse has received great praise from our readers! We thank you for feedback! We continue to be the voice of the RNs in Ohio and we enjoy hearing your thoughts. You will notice in this issue we omitted the CE, however you can visit ce4nurses.org to view the entire list of CE we have to offer. Also, members of ONA will continue to get their three free CE. Look for an email from us soon. This issue is jam-packed with great relevant content for all nurses in Ohio!

The Ohio Nurse has been on the “go” since March! We had a very successful Nurses Day at the State House with over 400 attendees. We have been on the road with our road show in Ashland, Chillicothe, Youngstown and Dayton. Our Provider Updates on the new ANCC criteria have been successful, and our 11th Annual Nurse’s Professional Development Conference packed the venue! For nurses week we went back on the road to show “The American Nurse” and also had three free webinars! This summer we will have CE offering for you attend! Go to our events page at ohnurses.org. We have been on the road with our road show in Ashland, Chillicothe, Youngstown and Dayton. Our Provider Updates on the new ANCC criteria have been successful, and our 11th Annual Nurse’s Professional Development Conference packed the venue! For nurses week we went back on the road to show “The American Nurse” and also had three free webinars! This summer we will have CE offering for you attend! Go to our events page at ohnurses.org.

Along with being on the road we have been doing local events such as our Million Hearts and First Book initiatives. Special thanks to

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Welcome to this issue of the Ohio Nurse. The topic is nursing history and a recognized celebration of the profession. Our history is rich and evolving. I often quote Florence Nightingale’s vision of professionalism which substantiates ONA efforts today. Here it is: “But in both (hospitals and private houses), let whoever is in charge keep this simple question in her head, (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?”

Certainly, Ms. Nightingale was a visionary in promoting change in our profession. Her call for nursing advancement was not based on our personal and individual professional needs, but called for a higher level of advancement that would carry our practice globally to new levels. This is the core of ONA efforts in making sure we advocate for change which provide all nurses the opportunity to carry out our work to the best of our capability and for the best possible outcomes.

In considering celebration of our professional achievements, in May we enjoyed nurse’s week. This dedicated recognition gives us the opportunity to celebrate each other and to be recognized by others for the work that we do. I think that it is important that beyond nurses week that we take time to make sure we recognize our colleagues and ensure that they know it is the team that allows us to provide amazing care, educate, lead, and impact change. It is a recognized definition of who we are as individuals and a consciousness of care that is embraced from the beginning. Once a nurse...always a nurse. Celebrate nursing all year long!

Lori Chovanak, MN, APRN-BC
CEO, Ohio Nurses Association

OHIO NURSE

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Staying Informed About Informed Consent

The phrase informed consent is likely one that nurses hear every day and it is certainly one that nurses should thoroughly understand. Informed consent is really about one thing: patient autonomy. In 1914 as the right of “every human being of adult years and sound mind...to determine what shall be done with his (or her) own body.” In other words, for a patient to truly have autonomy, a patient must be “informed,” i.e. made aware and have an understanding of the consequences of refusing any proposed medical procedure. Only with this information and an understanding of its meaning is a person in a position to exercise true autonomy in determining what shall be done with his or her own body. Once a patient has been “informed” and has subsequently agreed to proceed can a patient be said to have given “consent” to a medical procedure. This is the concept of informed consent in a nutshell. So what does all of that mean in practice for nurses in Ohio? For today’s nurse, informed consent likely involves merely serving as a witness to a patient’s assent to a procedure after a physician’s explanation of those risks, benefits, alternatives and consequences of the proposed treatment. Although this is a role routinely played by nurses today, it is at best a cursory look at informed consent and should continue to stay informed about informed consent both legally and ethically. Patient autonomy. Ethically, a nurse protects patient autonomy by stepping in as a patient advocate. Recall that signing an informed consent document does very little in ensuring patient autonomy. While a nurse may not have a legal duty with respect to the information that is communicated, simply serving as a passive witness to the voluntary act of signing an informed consent document does very little in ensuring patient autonomy. Ethically, a nurse must be “informed,” i.e. made aware and have an understanding, agreed to proceed, i.e. gave informed consent. A nurse may explore with the patient, through counseling and teaching, the information already provided by the healthcare provider. If a nurse becomes concerned that a patient does not understand the information given, as that patient’s advocate, best practice is to inform the healthcare provider before having a patient agree to proceed and document it. This is the ethical side of protecting patient autonomy and is much more than simply serving as a witness. As such, nurses today have a critical role to play when it comes to informed consent. Informed consent not only protects patient autonomy but also protects the patient from being asked to sign documents that they do not understand. Ethically speaking, a nurse’s role gets more complicated. When a nurse acts as a witness, the nurse in general will not be held legally responsible for the content of the healthcare provider’s communication. But what if it becomes clear that the patient really does not understand what is being communicated? To what extent should a nurse question a patient’s understanding? Recall that a nurse is a healthcare provider or merely a witness for a healthcare provider. Failure to do so can result in a procedure going forward without informed consent and the loss of patient autonomy. Ohio’s Nurse Practice Act defines the scope of practice for nurses in Ohio. Although this does not specifically address informed consent, it becomes an implicit part of a registered nurse’s scope of practice. The Ohio Board of Nursing opined on this topic in its Spring 2014 edition of Momentum and explained that if a nurse is otherwise authorized within a nurse’s scope of practice to perform a procedure, the nurse’s role may then be limited to a provider’s informed consent extends beyond that of a mere witness. The legal implication in the Board’s explanation, generally speaking, is that a nurse who acts within a nurse’s scope of practice to perform a procedure acts as a healthcare provider and therefore has a legal duty to obtain patient’s informed consent through the process of communication described earlier.”

Kristine Kowalski
Labor Relations Specialist, Ohio Nurses Association

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Healthcare World (All day)
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Please view ohnurse.org/event to check times/locations! **Some CE’s Subject to change

The CE Roadshow: 2016 Fall Edition
September 14th, 2016 Cincinnati
September 28th, 2016 Cleveland
October 12th, 2016 Columbus

• July 14th, Ethical Practice in a Complex Healthcare World (All day)
Location ONA headquarters

• August 23rd, Obtain the tools to craft your path to getting published. 12:30p – 4:00p
Location ONA headquarters

Ohio Nurse Page 3
A Note from the Editor continued from page 1

all those who helped: Sarah Strohminger, Paula Anderson, Sally Morgan, Terri Miller, Gabrielle Karpowicz, Genevieve Blank (Chamberlain), Sarah Cruzan (Capital), Katheryn Fernandez and her students from Mount Carmel College of Nursing: Jessica Groves, Marie Finotti, Laynni Sullivan, Jordyn Taylor, Faith Miller, Allie Taylor, all ONA staff and many more volunteers!

We hope you continue to enjoy the changes and provide us your feedback on our new format. Please contact us at theohnurse@ohnurses.org with the subject line “The Ohio Nurse.”

Chances to help ONF with Fundraising: Upcoming CE Events!

June 7th and 8th: Stepping into the Future: New Tools for Health: (presented by the ONA Retired Nurses) Location: ONA headquarters
The Professional Nurse Educators Group (PNEG) welcomed us with open arms. We are two unit-based educators working at OhioHealth Riverside Methodist Hospital in Columbus, Ohio. Here is a bit about our experience.

My name is Lindsey Castle, BSN, RN-BC. I am the clinical educator/staff nurse on two medical units. Within my role, I am responsible for the onboarding of new staff, unit based specific education, hospital wide initiatives and system committees. Presenting at the PNEG conference was my first encounter of attending a conference and presenting.

I'm Liz Roth, BSN, RN, CHPN, OCN, a clinical educator/staff nurse on a medical surgical oncology unit. Lindsay and I have the same role but my focus is on oncology, palliative, and end of life education. I have presented before for oncology conferences, but this was my first time for an education conference.

Our journey began back in February 2015 as we received the abstract submission email for the Professional Nurse Educators Group (PNEG) conference from our Team Lead. We both took the opportunity to learn a little more about the group via their website. As most educators know, we asked questions, collaborated and provided results. The abstract process was made easy for us newbies, all the information was readily available online. Once submitted, the PNEG planning committee communicate our next step and provided contact information. At this point, I (Lindsey) was freaking out that I was going to present at a conference. Liz took the time to share posters from other conferences to ease my mind. Now it was time to start the creative juices! We made it to Indianapolis, with anticipation to network with academic and clinical educators across the world.

What was the culture of the conference?

- The environment was set up in a way that encouraged networking between academic and clinical educators. It is a rare opportunity to build bridges and strengthen the practice from the classroom to the clinical experience. This conference supports the building of relationships. Everyone pushed their credentials aside, we were all educators there to learn from each other.
- After each presentation was completed, time was set aside for questions and exchange of contact information. Our pockets were full of business cards and minds full of new ideas to take back to our campuses.
- The best part of the conference was the innovative ideas that could be applied to both the academic and clinical settings.

What was it like to present?

- Liz’s experience: Because this was the first time that I presented at PNEG, I wasn’t sure what to expect. I really enjoyed talking with an international fellow poster presenter. She flew to the US just for the PNEG conference, which was impressive. The reception provided with the poster session was a delightful way to mingle with colleagues.
- Lindsey’s experience: Once my nerves were set aside, I was ready to share my passion for annual hospital education. Everyone that I talked with during my poster presentation were so warm, offered encouragement, and even wanted to know how to implement in their organization. I remember saying at the end of the session that I wanted to do it again. The PNEG community supports working together and learning from each other. I cannot wait to attend for years to come.

Are you attending in 2016?

Definitely!!! The PNEG conference offers a wonderful opportunity for professional growth and we both are planning on presenting in Columbus, Ohio in 2016. This is a group of educators that is supportive and encouraging of one another.
Celebrate Nursing History: Our Stuff and Our Stories

Opportunities to celebrate the contributions of nurses in Ohio exist, but do you know where to find them? You’ve probably got something worth preserving in your closet or basement! And, every nurse has more than one story about his or her nursing life!

These treasures are often made of fabric, pictures or paper, but efforts to capture these stories and artifacts do exist.

Memorabilia may be forgotten, but efforts to capture these stories and artifacts do exist.

Memorialia may be found in hospital libraries, with memories of nurses and their contributions of central Ohio nurses to the growth of the profession and contribution to society.

The Local Legends class will be honored at the Legends Class of 2016 event.

The Ohio Nurses Association will sponsor a speaker, or venue for a lecture on nursing history in partnership with the Ohio Nurses Association.

The April 2016 CNE program and reception featured Joanne Spoth, RN, President and CEO, The Breathing Center, who discussed "Nursing is as ancient as time and as futuristic as the advances in human knowledge. Nurses have little understanding of the contribution of various movements and those women specifically who have advanced nursing through the ages. As women and nurses, we owe them a great debt for what we accept as our profession and its contribution to improving lives."

Members of the Friends of Nursing History Steering Committee at The Ohio State University’s Medical Heritage Center offer regular programs and activities and seek to gather artifacts and stories. Initiated in 2002 by Carol Robinson, MS, RN, a dedicated group meets three to four times a year for an hour or so to guide developments.

Programs and activities of the MHC Friends of Nursing History include oral histories, collections of artifacts, an annual education lecture and the honoring of Local Legends.

Several Ohio sites offer programs and collections for view or study.

The Medical Heritage Center is on the 5th Floor of the Prior Health Sciences Library, 376 West 10th Ave., on the Ohio State campus in Columbus. For more information or to schedule an appointment or tour, call 614.292.3275, or visit hls.osu.edu/mhc.

The Henry R. Winkler Center for the History of the Health Professions evolved from the Cincinnati Medical Heritage Society. Located on the University of Cincinnati campus, the center’s collection is for nursing, medicine, and pharmacology. For more information and directions, to view a collection, or for a tour of The Winkler Center, please call 513.558-5120, or email chhp@uc.edu to schedule an appointment.

The Dittrick Medical History Center is an interdisciplinary studies center of the College of Arts and Sciences of Case Western Reserve University. For more information, call 216-368-3648. Location: Allen Memorial Medical Library, 11000 Euclid Avenue, Cleveland, OH 44106-1714. Tours are available and there is no fee to visit the center.

The Ward M. Canaday Center for Special Collections is located in the Carlson Library on the University of Toledo campus. A limited collection of artifacts and materials document the history of the Maumee Valley School of Nursing and evolution to the Medical College of Ohio and University of Toledo. The Center is open M-F (8-5pm), or by appointment. For more information, call 419.530.4480.

According to Judith A. Wiener, MA, MLIS, Assistant Director for Collections and Outreach, MHC, “...we collect legacies for future generations...and we focus on all health sciences.” While most twenty-first century nurses know about Florence Nightingale, ever-expanding curriculum demands have moved nursing history out of the academic classrooms and into other venues.

Active participation and collaboration by the Ohio Nurses Association, the Dittrick Medical History Center, and the Ohio Medical Heritage Society to sponsor a speaker, or venue for a lecture on nursing history in partnership with the Ohio Nurses Association.

Wishing you many years of enjoyment from your collection and safe keeping of your treasures...and we hope you have some worth preserving in your closet or basement!

Jeanette Chambers, PhD, RN
Emerita Member, Friends of Nursing History
Steering Committee
Zandra says goodbye to Ohio Nurses Association and Thank You to Ohio Nurses Foundation

I started as the Director of Continuing Education at the Ohio Nurses Association in April 1989. A lot has changed over the past 27 years in the world of nursing, in continuing education, and at ONF. When I first started at ONF, women on staff were required to wear dresses, skirts and blouses or suits along with hose. There were three word processors. The secretaries had to schedule time to use them. I wrote my letters, manuals, etc. in long hand and then the secretary would type it up and we would both hope no corrections were needed.

Today every staff person has a computer. Hose are a thing of the past. Individual CE applications are all done online. Some things are still done via regular mail.

Throughout this time, there have been many volunteers, members and staff who have supported and advocated for continuing education for nurses and for helping nurses who needed help in their recovery from chemical dependency. Their dedication to lifelong learning, quality continuing education, nurses’ personal recovery, and professional development have been outstanding. I greatly appreciate their efforts over these years. I know that they will continue to do so. Our patients and our own lives have been and will continue to be enriched by these efforts.

It has been my pleasure working with these individuals and learning from them. I hope that I have been able to help forward the lives of nurses as well. I have learned a lot throughout my years as an ONA staff person as well as a professional nurse. Also I would like to thank the Ohio Nurses Foundation for allowing me the opportunity to work closely with you during my employment at ONA. Thank you.

I will be retiring on June 10. I will be moving to Indianapolis and spending more time with my grandchildren. I will still keep my hand in the CE process but look forward to getting involved in other activities. I wish each of you a rich career and a life filled with learning and opportunity.

Zandra Ohri, MA, MS, RN

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The need for a nursing workforce as diverse and complex as the US population it serves is growing more essential. With a new international migrant arriving every 27 seconds and major minority groups set to increase to 48 percent of the US population by 2050, nurses must be prepared. Along with the sweeping healthcare reforms of the Affordable Care Act in place it is not only a matter of whom quality health care needs be delivered to, but how it can be effectively delivered to cross-cultural patients. According to J. Lowe & C. Archibald's 2009 article titled "Cultural Diversity: The Intention of Nursing" work towards eliminating the disparity in healthcare for minorities in America while having a more culturally competent and aware nursing workforce must be developed through education, experience, and community outreach.

The need for nurses on the frontlines of healthcare to reframe and reinvent how they view their patients may not be immediately apparent. However, a closer look at the current underlying disparity in healthcare for minorities reveals the need for change is all too clear. The delivery of diverse, culturally competent care is needed now. White Americans and ethnic and racial minorities suffer from the same illnesses. However, minorities are more likely to die both younger and faster from almost every illness and preventable disease compared to Whites; Native Americans and Hispanics suffer from diabetes two to three times more than Whites; African American men lead the world in contracting prostate cancer; fewer African American women get breast cancer than White women yet more are dying. The disparities exist due to a number of factors. Risk behaviors, socioeconomic status, and genetic factors influence the incidence and mortality of these illnesses and more. Social problems are arguably outside the realm of nurses to fix. Many researchers note factors such as education, resources, policies, personal attitudes and awareness of other cultures and of self co-exist if not magnify risk factors.

Therefore, it is within nurses' power to enact major change, but current research indicates the nursing community may not be ready for such challenges. According to research from the U.S. Department of Health and Human Services, in 2010 a mere 20 percent of licensed registered nurses in the US were of minority groups, highlighting an overrepresentation of non-Hispanic whites at 80 percent. Experts recognize under representation and cultural disparity are potentiated by poor patient and healthcare provider communication, as well as a healthcare
system that does not support the needs of a truly diverse population or its undertrained workforce.

Research shows that improving cultural competence among nurses can give the nursing workforce powerful tools to combat the diseases confronting minorities and will improve minority patient outcomes. Change must come from the roots of nurse world around them. A diverse faculty and student body can easily interpret, share and apply cultural knowledge. A wider cultural range of learning styles coupled within a culturally-rich curriculum will allow students to experience bridging, linking and mediating between groups to minimize conflict and induce change. Students need to be shown by faculty how to interact with a diverse world. Being led through experiences that will make them more aware of the diversity will turn them into professionals. As they apply their nursing and cultural knowledge to practice, the new nurses may sit across from their patient and feel equipped to understand and interpret the experiences that will make them more aware of the patient's beliefs and needs, synthesize those needs, and then pair up a “minority nurse” with a “minority patient.” This is a matter of nurses receiving and employing the training beyond their own background. Not simply treating an illness, but a way of life requires reframing and revisiting original training to benefit the unique needs of each patient.

Consistent training and accountability would ensure—from nursing student to veteran RN—a talented, resourceful, multi-faceted workforce is in place for the health of everyone, but commitment to awareness is essential. The effective nurse must treat patients not as a culture with all stereotypes attached but as an individual with unique needs. Not simply treating an illness, the nurse must consider “her” own background. Not simply treating an illness, because of it at a higher rate than white women still contract breast cancer at a high rate and die from it at a higher rate than white women. The reforms results for minorities may remain the same. Experts agree that improving culturally competent care of nurses and healthcare systems. However, experts remind us, there is the distinct possibility that despite reforms results for minorities may remain the same.

For example, African American women may still contract breast cancer at a high rate and die because of it at a higher rate than white women despite a nurse educated in the cultural background of African Americans or an African American nurse being assigned to the patient. It is not simply a matter of recruiting and then pairing up a “minority nurse” with a “minority patient.” This is a matter of nurses receiving and employing the training beyond their own background. Not simply treating an illness, but a way of life requires reframing and revisiting original training to benefit the unique needs of each patient.

The healthcare environment has experienced a considerable transformation and nurses are an integral part of that change! Nurses, as the largest sector of the healthcare workforce, can make the most impact on healthcare and transformative processes that will change and nurses needed to keep pace with those changes.

The programs for BSN completion will have variability in the instructional delivery systems. For one, the availability of support if problems are experienced is an essential aspect of quality instruction. An important question includes how accessible the institution is to support? Second, the program must consider the reputation of the institution within the nursing community. The quality of instruction makes a difference in the BSN degree and if the courses the program offers will propel you into a new world of delivering healthcare. Nurses must also consider if they plan to continue their education after the BSN and which institution may be obtained through completion of a FAFSA online. The quality of the program is also an essential part of the decision-making process. Employers will consider the educational institution when making decisions about hiring nurses and promotions. A prospective student should ensure the program is nationally accredited by CCNE, ACEN, or CNEA and also consider the reputation of the institution when making an informed choice. The quality of instruction makes a difference in the BSN degree and if the courses the program offers will propel you into a new world of delivering healthcare.

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Evidence Based Practice / Evidence Based 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, 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 with these factors in mind:

1. Professional practice gap – what is the problem in practice or opportunity for improvement?
2. Evidence to support the practice gap – why does this problem exist?
3. Learning Outcome – what will the learner know, do, or apply in practice differently once the gap has been closed?
4. Content – what is the content for the activity and how is it based on best-evidence related to the topic?
5. Criteria for Successful Completion – will the provider measure knowledge, skill, or practice?
6. Evaluation Method – will the provider measure change in knowledge, skill, or practice?
7. Content Integrity – do we assure that the educational activity will be presented fairly and without bias or prejudice?

When an accredited or approved provider plans an activity, the nurse planner considers much the same information as the clinician does when planning patient care. What does the evidence say is the best way to approach this continuing education need? What evidence validates whether the need is to increase knowledge gain, skill improvement, or application of knowledge and skill in practice? What are the learners’ preferences, needs, and goals? What outcomes are we looking for to show that nursing care has been improved or professional development enhanced?

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, meaningful to nursing professional development and quality patient care, implemented with integrity, and focused on achieving measurable outcomes. Evidence based care for your patients? Absolutely! Evidence based education for you? Absolutely!

Pam Dickerson, PhD, RN-BC, FAAN
Director of Continuing Education
Montana Nurses Association

Evidence Based Care for Patients? Absolutely!
Evidence Based Education for You? Absolutely!

Pam Dickerson
The Psychiatric Mental Health Nurse Practitioner concentration helps prepare BSN and post-master’s students to provide excellent advanced practice care to psychiatric patients in this high-demand field. Our program is based on the latest scientific and educational methods and is led by faculty who actively practice in a PMH setting. Opportunities also available for part-time Faculty at NP pay scale.

For more information, please contact Dr. Misty Richmond, Concentration Director at 937-775-4584 or Misty.richmond@wright.edu.

The Adult Gerontological Acute Care Nurse Practitioner concentration in our MS in Nursing program is nationally recognized and has never had a national certification failure in its 18-year history! If you are a primary care NP that wants to broaden your scope of practice, you may be able to complete the program in only 3 semesters. For more information, please contact Dr. Kris Scordo, Concentration Director at 937-775-5458 or Kristine.Scordo@wright.edu.


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<td>1. undertreated</td>
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