Happy Summer!

There are numerous definitions of leadership, but most include a process whereby influence is exerted over others to guide, and facilitate activities and relationships in a group or organization. In addition, leaders focus on empowering others, as well as motivating, inspiring, and influencing others. Leadership can be defined as a “multifaceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals” (Porter-O’Grady, 2003).

The Institute of Medicine (IOM) recognized that leadership from nurses is needed at every level and across all settings” (IOM, 2011). The IOM further states that nurses must lead in improving work processes, creating new practice models, working with organizational policy makers and lawmakers to allow nurses to work to their fullest capacity, leading curriculum changes to meet patient and community needs, applying research findings into practice, developing models of care, and serving on institutional and policy-making boards (IOM, 2011). Leaders not only delegate and direct, but help others achieve their highest potential. Nurses should be empowered to be professional, competent leaders in healthcare. Through a variety of educational and advocacy activities, ANA increases nurses leadership ability.

Leaders not only delegate and direct, but help others achieve their highest potential. Nurses should be empowered to be professional, competent leaders in healthcare. Through a variety of educational and advocacy activities, ANA increases nurses leadership ability.

ANA developed the ANA Leadership Institute for nurses who are interested in excelling in a career path or in refining skills, becoming a leader within a health care organization, or to advance to the next level of leadership. The Institute consists of professionally developed programs that draw on evidence-based practice and multi-disciplinary approaches to build, develop, enhance and grow a nurses leadership ability.

The American Nurses Association (ANA) in conjunction with The American Nurses Foundation (ANF) introduced the Leap into Leadership initiative this year, with a call to all nurses to become more involved in decision-making roles. This call was sponsored by the National Nurses on Boards Coalition, a collaboration of leading nursing and health care-focused organizations with the goal to ensure at least 10,000 nurses serve on boards in the United States by 2020. The principle behind this is that building healthier communities requires nurses leadership ability.

Accountable nurses cannot function without leadership skills. Nurses influence others, coordinate client care, provide others with health-related information, participate in the development of health care and organizational policies, serve as role models of health. When nurses begin to envision themselves as leaders, they embark on the journey of leadership development. Aspiring leaders need to realize that leadership must be learned and developed. Once these aspiring leaders decide on their leadership style, they engage in a process of mastering leadership skills that fit with their desired leadership approach. It can be challenging for today’s leaders to predict what knowledge, skills, and abilities will be needed to lead nursing into the future.

The nature of professional practice requires that all nurses need to develop leadership skills. Many roles such as critical thinker, teacher, coordinator, colleague, caregiver and advocate require leadership skills. Nursing leadership is critical in today’s complex health care environment. Since all nurses are leaders, they need to use cognitive and communication skills to empower others to share knowledge, make decisions, coordinate care delivery, plan for the future, and facilitate adaptation to change. Nurses who are effective leaders display caring, compassionate, confidence in their roles, and consider leadership to be a part of lifelong learning.

Please join us for the 2016 KNA Convention on Nov. 3 and 4, in Louisville!

Articles should be mailed, faxed or emailed to: Monetary payment is not provided for articles. Articles should include a cover page with the author’s name(s), title(s), affiliation(s), and complete address.

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Mental Health Treatment in Rural Adolescent Mothers

The Theory of Planned Behavior (TPB) indicates that behavioral intentions directly determine behavior (Ajzen & Fishbein, 1980). Intentions are determined by integrating behavioral beliefs about the consequences of the behavior, subjective norms referring to perceived social pressure to perform/not perform the behavior, and control beliefs about how difficult performing the behavior would be and if the behavior is perceived to be under the control of the person. In a sample of rural adolescent mothers, intention to seek mental health treatment was predicted by subjective norms but not attitude. However, perceived behavioral control and social support were not measured (Logsdon, Usui, et al., 2009) and may have impacted study findings. This pilot study comprehensively investigated barriers to mental health treatment and predictors of seeking mental health treatment in rural adolescent mothers. The adolescent mothers were participating in a community health program in the southern United States and completed established questionnaires during a community health visit.

Methods

The design of the pilot study was descriptive, cross-sectional. A convenience sample (n=15) of adolescent mothers was recruited from a community health program in a rural community in the southern United States. Inclusion criteria included: 13-18 years of age, delivered a live child within the last year, the child lived with the mother, and resided in a rural county. The adolescent mothers were primarily Caucasian (n=11, 73%) and lived in a single-parent home (n=6, 40%). Sixty percent of the

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Seventy percent of adolescents with mental disorders do not receive mental health services for their illness (Menkenkamp et al., 2011; Olsson & Druss, 2015; Prochaska, Le, Baillargeon, & Temple, 2016). This problem may be worse in rural adolescents. In rural areas, adults are more likely to rate their mental health status as fair or poor compared to urban adults (Ziller, Anderson & Coburn, 2009). More than 95% of rural residents live in a mental health professional shortage area (Smallay, Vance, Warren, Naufel, Ryan, & Pugh, 2010), and 65% of rural residents receive mental health services from their primary care physicians (Gale & Lambert, 2006; Ziller et al., 2010).

About 50% of adolescent mothers experience depressive symptoms. Barriers to depression treatment in urban adolescent mothers include lack of knowledge of depression symptoms, negative attitude towards mental health treatment (attitude), perception that individuals with depression are stigmatized (subjective norms), lack of understanding of health resources that are available to her and under her control (perceived control), lack of time, and lack of social support (Logsdon, Hines Martin, & Coburn, 2009; Logsdon, Usui, Pinto, Rakestraw, 2009). However, no research has focused on barriers to depression treatment in rural adolescent mothers, an understudied population.
Mental Health Treatment in Rural Adolescent Mothers continued from page 3

sample was in 11th grade with the remaining 40% in the 10th grade and the 12th grade. The mean age of participants was 16.9 years old. Fifteen percent of mothers of the participants graduated high school and 66.7% of fathers of the participants graduated high school and some attended some college, or graduated college. The study was approved by the university institutional review board and by the community health program. Training was provided to the staff of the community organization by the research staff. Adolescents read a preamble and completed surveys one time. A $15 gift card was provided as a research stipend.

Instruments

Items to measure barriers to depression treatment were created by the investigators to reflect the literature (Wisdom & Agnor, 2007) and results of our previous focus groups with child-bearing adolescents (Logsdon, Gagné, Hughes, Patterson, & Rakestraw, 2005). Questions related to previous depression by the parent or the adolescent as well as how the family could facilitate mental health treatment. Intention to seek mental health treatment was measured by the Mental Health Intention Scale (Gerend, Lee, & Shephard, 2007). Attitude was measured by the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Farina, 1995). Subjective norms was measured by the Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya, Good, & Sherrod, 2000) and was designed to assess an individual's attitude toward how stigmatizing it is to receive psychological medication (33%) or received no treatment (27%). They tended to be satisfied with treatment received (40%). The majority of their mothers/guardians were not depressed (67%) or receiving treatment for depression (66%).

While some adolescent mothers felt if they told their family they were depressed their family would make an appointment with the family physician (n=2, 13%), ask a minister for spiritual counseling (n=2, 13%), nearly half [n=16, 40%] felt they would not seek mental health care in a crisis (n=16, 40%). The majority of the adolescent mothers felt transportation for depression treatment was a problem (n=0, 0%), with a majority of them that had professional help in a crisis (n=18, 58%). However, more than half were dependent upon their parents for transportation (n=8, 53%). Two adolescent mothers scored a score greater than 16 on the CES-D indicating possible depression. In the first statistical model in which intention to seek mental health treatment was made a function of family influence and subjective norms, family influence significantly impacted intention to seek mental health treatment (p=0.041, R2=0.12, adjusted R2=0.09). Incorporating depression, social support and perceived control significantly improved model fit (R2=0.21, adjusted R2=0.19; increase in R2=0.09, p=0.009 and adjusted R2=0.10, p=0.007). In addition, it suggested that attitude (p=0.052) and social support (p=0.016) significantly impacted intention to seek mental health treatment. This is surprising given the small sample size (n=15) and inflated Type II error. Highlighting the dramatic impact attitude and social support has on mothers' intentions to seek treatment.

Discussion and Application

The rate of current depression symptoms (13%) was lower than many other rates of urban adolescent mothers. However, forty percent of adolescents had a history of depression and most felt that their families would not seek mental health care for them. The impact of important others on intention to seek mental health treatment was also demonstrated in the model. The presence of in which attitude and social support were strong predictors.

Predictors of intention to seek mental health treatment were different from findings in an urban mental health survey. Subjective norms but not attitude, predicted intention to seek mental health treatment. It is possible that the addition of perceived behavioral control and social support variables in this study improved findings.

Health care providers should include families in treating adolescents about the positive outcomes of depression on their own development and on that of their infants. Many adolescent mothers are afraid of losing their child or being labeled a bad mother if they admit to depression symptoms. Adolescent mothers should not suffer in silence while effective treatments are available. Recent literature suggests an increase in mental health treatment among and the majority of treating adolescent mothers for depression (Logsdon et al., 2013; Logsdon, Mittelberg, & Myers, 2015) and should be employed when feasible.

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Master’s Entry Programs in Nursing: An Overview

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Accelerated BSN programs developed in the late 1980s as a means to attract non-traditional students to nursing careers (American Association of Colleges of Nursing [AACN], 2013). Thirty years later, there is a definite need for nurse leaders at the forefront of our changing health care system. The Institute of Medicine (IOM) Report, The Future of Nursing: Focus on Education, called for schools of nursing to prepare more students at the graduate level who can assume roles in advanced practice, teaching, leadership, and research (IOM, 2011). This directive led to the emergence of more entry-level master’s programs to prepare the future leaders of the nursing profession.

In May 2015, the University of Louisville School of Nursing (UofL SON) enrolled its first cohort in the Master’s Entry into Professional Nursing (MEPN) program to prepare more students at the graduate level (UofL SON, 2015). In May 2015, the University of Louisville School of Nursing (UofL SON) enrolled its first cohort in the Master’s Entry into Professional Nursing (MEPN) program to prepare more students at the graduate level (UofL SON, 2015). Graduates of this program will receive both BSN and MSN degrees upon completion of the program requirements. The UofL SON continues to offer the traditional BSN and RN-BSN programs and closed the accelerated BSN program in 2015.

Background

In 1974, Yale University established the nation’s first graduate entry program in nursing (AACN, 2013). In 2014, 64 entry level master’s programs were available nationwide; however, no programs were offered in Kentucky (AACN, 2013). In 2014, 64 entry level master’s programs were available nationwide; however, no programs were offered in Kentucky (AACN, 2013). In addition, the AACN reported that approximately half of all entry level master’s programs nationwide require eight or more semesters of full time study for program completion. In addition, about half of the programs provide a divided curriculum, with the first part of the program consisting of pre-licensure coursework and the second part consisting of master’s-level courses. (AACN, 2013; IOM, 2010) recommended that, “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression”. The IOM (2010) recommended that, “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (p. 4). Graduates or master’s entry programs strive to meet this goal by providing opportunities for students to enter the nursing profession in a timely manner. Students in these programs are typically described as motivated, not afraid to challenge their instructors, competitive, and older; they have high academic expectations (AACN, 2013). In addition, the AACN reported that upon graduation, students in these programs have strong clinical skills, are mature, and are prepared to assume various positions in nursing.

Students in graduate or master’s entry programs describe themselves as more professional and having a better understanding of nursing research and evidence-based practice than other graduates (Downey & Asselin, 2015). They have high expectations of faculty and express a need for faculty to respond quickly and fully to their concerns to facilitate learning (Neill, 2010). Students in these programs describe their common experiences as: (1) feeling like a novice again in a new world; (2) being part of an intense learning community; and (3) gaining an awareness of what is at stake in their professional roles (Downey & Asselin). Faculty teaching in master’s entry programs has the opportunity to implement new and innovative teaching methods in the classroom and clinical settings. Many are enthusiastic to interact with and teach these nontraditional students (Downey & Asselin, 2015). However, some faculty view these students as a potential for conflict and harsh criticism since the students have high expectations and may voice them frequently during the educational experience. Many faculty members find that they need to shift from a teacher-centered approach to learning to an approach that is student-centered and concept driven (Downey & Asselin).

UofL MEPN Program

Several forces provided the impetus for the UofL SON to shift from an accelerated BSN program to an entry level master’s program. Surveys of accelerated BSN cohorts indicated that 80% of respondents were interested in a master’s program. Since students in the UofL SON’s accelerated BSN program were typically highly motivated and successful academically, it was highly likely that a pre-licensure, master’s level curriculum, and additional coursework in evidence-based practice and leadership would not deter prospective students.

First Student Cohort

Some of the current MEPN students at the UofL SON are recent graduates of bachelors programs of varying disciplines. Other students are transitioning back to the classroom after having careers for over 10 years. Many students are interested in administration or pursuing an advanced practice degree after graduation. Several students are planning to pursue a DNP or PhD in Nursing and are currently participating in the Graduate Research Scholar Program offered at the UofL SON.

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Additional information on Master’s Entry Programs in Nursing: An Overview can be found on page 7.
Resilience Training in Nursing

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Healthcare professions such as nursing are considered at-risk for work-related stress and stress-related burnout. Research studies demonstrate that nurses face work-related demands on a daily basis that can lead to stress (Sullivan & Bishop, 2012). Negative effects of work-related stress are multifaceted including increased staff turnover rates and the decreased ability to provide quality patient care. Work-related stress has been linked to decreased physical and mental well-being that may impact the effectiveness of patient care, including patient safety and the perceived quality of the patient experience (Bargeant & Laws-Chapman, 2012). Potter, DeShields, Berger, Clarke, Olsen, and Chen (2013) also suggest that burnout related to work-stress can negatively influence decision-making, communications, and patient satisfaction. Beyond the physical and mental toll on staff, burnout has been linked to increased healthcare associated infection rates, such as CAUTIs (Cimiotti, Aiken, Sloans, & Wu, 2012). A commitment to resilience training could affect more than the staff; the result could affect outcomes for the entire organization.

Studies indicate that resilience is viewed as a skill that can be developed. Ballenger-Browning and Johnson (2010) suggest that resilience can be increased and propose a definition where resilience is described as a capability to maintain a positive attitude during times of trauma and stress. Another theory also suggests that resilience can be developed based upon the premise that, “Resilience is the self-righting and transcending capacity within to spring back, rebound, and successfully adapt” (Lewis, 2015, p. 34). A team at John Hopkins Hospital gathered data regarding increasing resilience through a structured program that combined the individual’s responsibility for self-assessment with social support systems (Sullivan & Bishop, 2012). A 2012 study of Oncology nurses was designed to increase individual awareness of stress-inducing situations and regulate the outcomes using a combination of internal positive self-talk and external support mechanisms. (Potter et al, 2013). The combination of personal responsibility with an engaged, supportive social system seems to have the greatest effect on increasing resilience to work-related stress. It is important to note that while training provided initial positive results several studies highlighted the importance of sustained follow-up to maintain those results.

A pilot intervention program aimed at enhancing resilience and stress management during new nurse orientation showed promising results (Chesak, Bhagra, Schroeder, Foy, Cutsall, & Sood, 2015). The program acronym SMART translates to Stress Management and Resiliency Training and was developed by a resident physician at the Mayo Clinic in Rochester, Minnesota, where the trial was conducted (Chesak et al., 2015). The program incorporated an initial learning session, followed by four weeks of follow up question and answer groups, and was enhanced with biweekly emails to the individuals that supported distinct topics from the initial learning sessions (Chesak et al., 2015). Baseline measurements of stress and resilience were gathered at the beginning of the program and then again 12 weeks later (Chesak et al., 2015). Based on the data collected, participants in the intervention group reported that their level of resilience improved, while the control group reported a decline in scores (Chesak et al., 2015).

The trend toward holistic patient care and creating a positive patient experience means nursing is not only physically demanding, but also psychologically and emotionally draining. As nurses are asked to expend more emotional capital providing patient centered healthcare, the need for resilience strengthening strategies increases. Research shows promise that resilience – the ability to maintain a positive outlook while managing work-related stress – can be strengthened which may help nurses rebound from the challenges of stress-related burnout. Individuals and organizations in healthcare may consider resiliency training as a useful tool in combating the negative effects of stress nurses encounter on a daily basis, with the added benefit of improving patient satisfaction and safety.

References

From the beginning of the program, students have been given the opportunity to provide feedback regarding the program. Open forums were held with students and the faculty and administration at the mid-point and end of the summer 2015 semester. This level of investment and collaboration reflects the earnestness and maturity of the MEPN students. Faculty teaching in the program have enjoyed working with these highly motivated, competitive students and look forward to teaching other students in subsequent cohorts.

References
KNA Centennial Video
Lest We Forget Kentucky's POW Nurses

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

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

Video Price: $25.00 Each

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Developing Interprofessional Education: A Nursing Perspective

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Collaborative care teams for the delivery of safe patient care were the motivation behind the Institute of Medicine (Kohn, Corrigan & Donaldson, 2000) recommendations. However, widespread adoption of interprofessional education (IPE) as a means to develop collaborative care has been slow and often unrealized in academic or patient care environments. Representatives from the American Association of Colleges of Nursing (AACN), in collaboration with the Interprofessional Education Collaborative Expert Panel (2011) to improve IPE implementation. Core competencies for IPE were established and included:

1) values and ethics for interprofessional practice,
2) roles and responsibilities for collaboration,
3) interprofessional communication and
4) interprofessional teamwork.

The Patient Protection and Affordable Care Act (2010) further supported IPE adoption by mandating IPE and interprofessional collaborative practice (IPCP, Zorek & Raehl, 2013), yet the law provides no formal structure for implementation. The adoption of IPE in academic and clinical training programs has been slow because of existing barriers resulting from complex and fragmented health care delivery education systems. The purpose of this paper is to describe the experience of a group of doctor of nursing practice (DNP) preceptors and nurse practitioner students participation in an IPE pilot program.

What is IPE?
Preparation for purposeful IPE is necessary for nurse practitioners to approach team-based care (Foret Gilldens et al., 2014). However, collaborative, interprofessional care is considered necessary skills must be taught. Established curricula with formal expectations must be introduced during academic preparation. A major bottleneck in the implementation of IPE and collaborative initiatives occur within the academic institutions (Zorek & Raehl, 2013). Specifically, because accrediting bodies lack standards and guidelines regarding the incorporation of IPE, academic institutions are not required to offer structured programs introducing and applying IPE concepts (Zorek & Raehl, 2013). As innovative healthcare institutions and providers, the University of Kentucky’s (UK) colleges of medicine and nursing developed a pilot program to introduce IPE to their students as an elective course. This pilot program was intended to engage participants in a quality improvement project using the components of IPE and applicable skills to arrive at a collaborative solution for a fractured process.

The UK pilot program consisted of a didactic portion and a group project. The didactic portion conceptual application of course concepts for quality improvement. Two resident physicians, one pharmacy resident and three DNP students were selected. The didactic concepts and skills for effective IPE included: emotional intelligence (EQ), conflict resolution, personality profiles, communication of, and leadership. Experts in their respective fields introduced these skills and activities were arranged to supplement and foster learning and application in the quality improvement process. Students identified a problem and utilizing IPE skills, applied the Lean process to develop a solution.

What is Lean?
Lean, an eight-step quality improvement process (Kaplan, 2012), is not new to healthcare (Glascow, 2011) but its employment within coursework at an academic institution is novel. Students participated in a one day workshop to learn the Lean process. A key component of Lean is that frontline providers, such as physicians, nurses and managers are involved when discussing processes. Similarly, IPE functions by engaging providers from all disciplines to collectively discuss and provide care. The pilot group of students engaged in a 5-month prearranged by academic faculty so that all students could plan to attend face-to-face meetings. Students attended a one day workshop to learn the Lean process that even in its early stages, IPE curricula within an academic setting can facilitate the development of mutual exchange and respect among disciplines with a patient-centered focus on improving healthcare system outcomes.

Through this pilot course, students gained an appreciation of necessary skills and expectations to successfully apply and implement IPE in a university healthcare setting. Competencies in the Lean process and IPE should be required in DNP curricula to promote effective collaboration across disciplines with a focus on quality and efficiency in the delivery of safe patient care. Skills gained through coursework facilitated these exchanges. These recommendations are consistent with the Interprofessional Education Collaborative Expert Panel’s (2011) needs assessment and help meet provisions under the ACA (2010). Lobbying for IPE mandates by accrediting bodies for academic programs should also be required (Kaplan, 2012). What an amazing experience to be at the leading edge in the provision of safe, high quality, efficient and patient-centered care as a part of the quality improvement process through interprofessional education!

References

Quality Improvement Process
Lean, an eight-step quality improvement process (Kaplan, 2012), is not new to healthcare (Glascow, 2011), but its employment within coursework at an academic institution is novel. Students participated in a one day workshop to learn the Lean process. A key component of Lean is that frontline providers, such as physicians, nurses and managers are involved when discussing processes. Similarly, IPE functions by engaging providers from all disciplines to collectively discuss and provide care. The pilot group of students engaged in a 5-month prearranged by academic faculty so that all students could plan to attend face-to-face meetings. Students attended a one day workshop to learn the Lean process that even in its early stages, IPE curricula within an academic setting can facilitate the development of mutual exchange and respect among disciplines with a patient-centered focus on improving healthcare system outcomes.

Through this pilot course, students gained an appreciation of necessary skills and expectations to successfully apply and implement IPE in a university healthcare setting. Competencies in the Lean process and IPE should be required in DNP curricula to promote effective collaboration across disciplines with a focus on quality and efficiency in the delivery of safe patient care. Skills gained through coursework facilitated these exchanges. These recommendations are consistent with the Interprofessional Education Collaborative Expert Panel’s (2011) needs assessment and help meet provisions under the ACA (2010). Lobbying for IPE mandates by accrediting bodies for academic programs should also be required (Kaplan, 2012). What an amazing experience to be at the leading edge in the provision of safe, high quality, efficient and patient-centered care as a part of the quality improvement process through interprofessional education!
**July 2016**

- **4** Fourth of July Holiday – KNA Office Closed
- **8** KNA Board of Directors Meeting
- **11** Deadline for Call to Convention
- **19** 5:30 PM Bluegrass Chapter Meeting Chop House on Richmond Road, Lexington

**August 2016**

- **1** KNA Ballot sent out via email. If members do not have email, a ballot will be mailed.
- **1** River City Chapter Meeting: Human Trafficking Presentation
- **8** Deadline for the Kentucky Nurse (October/November/December 2016 issue)
- **8** 1:00 PM Ethics & Human Rights Committee Meeting Midway, Kentucky
- **31** 6:00 PM Northern KY Chapter Meeting, St. Elizabeth Healthcare in Edgewood, Kentucky Room M (6th floor)

**September 2016**

- **5** Labor Day Holiday – KNA Office Closed
- **16** KNA Board of Directors Meeting
- **16** Deadline for Evidence Based Practice Abstracts
- **20** 5:30 PM Bluegrass Chapter Meeting Chop House on Richmond Road, Lexington
- **30-2nd** KANS Conference

**October 2016**

- **21** 8:00 AM- 12:00 PM; Registration starts at 7:30 AM. Bluegrass Chapter Patient Safety and Advocacy Conference
- **21** KNA Board of Directors Meeting

**November 2016**

- **3-4** Convention 2016, The Cutting Edge in Nursing: Issues, Opportunities, and Innovations 1325 Hursbrough Parkway, Louisville, KY
- **9** Deadline for the Kentucky Nurse
- **9** 6:00 PM Northern KY Chapter Meeting, St. Elizabeth Healthcare in Edgewood, Kentucky Room M (6th floor)
- **11** Veterans Day – KNA Office Closed
- **15** 5:30 PM Bluegrass Chapter Meeting Chop House on Richmond Road, Lexington
- **24-25** Thanksgiving Holiday – KNA Office Closed

**December 2016**

- **20-3rd** Christmas Holiday – KNA Office Closed

**April 2017**

- **19-22** Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference Covington, Kentucky

**April 2018**

- **16-21** Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference Lexington, Kentucky

**April 2019**

- **22-27** Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference Covington, Kentucky

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**Calendar of Events**

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***All members are invited to attend KNA Board of Directors meetings. Please call the KNA office first to assure seating, meeting location, time and date.***

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**Human Touch Collection: EMPATHY**

“EMPATHY” is a fine jewelry signature piece of the Human Touch Jewelry Collection. The title conveys caring, compassion, affinity, sympathy and understanding between two persons. “What comes from the heart touches the heart” (Don Sholer)

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

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There is a place where pain is met with compassion, fear is met with reassurance, and anger is met with understanding. At The Ridge Behavioral Health System, we are making a difference in people’s lives.

We are currently offering a $1,000 sign on bonus for exceptional RNs.

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The following is the biographical information furnished by the candidates on the 2016 ballot for election to serve on the Board of Directors:

Board of Directors and Officers

Treasurer

Joe Middleton, MSN, APRN-FNP, CEN, CC/NCNP

Present Position: Team Health & Hart County EMS
Type of Position: Emergency Department
Area of Expertise: I completed my MSN in Nurse Education and a Post Master’s Certificate as a Family Nurse Practitioner. I am AANP board certified as a Family Nurse Practitioner and a board certified Emergency Nurse working in the ED/Urgent Care Setting. My nursing career has included emergency, administration, education, and quality management. I have over 20 years EMS experience, 17 plus years as a licensed Critical Care Paramedic, and 15 years as a certified Law Enforcement Officer. In addition, I also serve as the Executive Director of EMS at Hart County Ambulance Service in Munfordville, KY.

Education: Spalding University, Post Master’s Certificate, Currently working on DNP and Master of Science in Nursing; Western Kentucky University, Bachelor of Science in Nursing; Associate of Applied Science (Paramedicine) and Associate of Science in Nursing.

Professional Organizational Activities: Currently serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson.

Statement: I have greatly enjoyed serving the KNA as Treasurer of the Board of Directors and as a member of the Executive Committee. During my almost four years serving on the Board, I have had the honor of working closely with KNA staff; ANA and Board leadership to develop our successful membership initiative and a solid strategic plan for growth and relevance in the coming years. This hands-on education and experience has provided me with a foundation and understanding of the KNA and the challenges that we face as the nursing community. I believe that our organization has reached a very vital and pivotal point and that the KNA is on the brink of great things. It is imperative that elected officers and staff work diligently to maintain and secure the voice of every nurse and every specialty of nursing. I am committed to serving our community and to helping every nurse raise your voice and our voice through the growth and strength of our association. I ask for your vote and support in re-electing me to serve as Treasurer of the KNA.

Director (Vote for 2)

Mattie Burton, PhD, RN, NEA-BC

Liz Sturgeon, PhD, RN, CNE

Present Position: Associate Professor Nursing Western Kentucky University School of Nursing
Type of Position: Educator
Area of Expertise: Evidence Based Practice, Pharmacology, Medical Surgical Nursing
Education: University of Kentucky, PhD Nursing; Western Kentucky University, MSN, BSN, ASN Nursing and MS, BS Chemistry.

Professional Organizational Activities: Currently serving as KNA Chair of Education & Research and served as KNA Treasurer; previously served as Treasurer of KNA Chapter REACH.

Statement: I have served as the Chair of the Education and Research Cabinet for four years and would like the opportunity of serving in this new role of Director. If elected, I feel that I am qualified to serve as the liaison between the Board of Directors and structural units. I appreciate your vote of support.

Kathy Mershon, RN, MSN, CNA, ANEF, FAAN

Present Position: The Mershon Company
Type of Position: Consultant
Area of Expertise: Leadership, Administration, Quality/Safety, Governmental Affairs
Education: St. Francis Xavier Hospital, Charleston, South Carolina; Catherine Spalding College, BSN; St. Louis University, St. Louis, Missouri, MSN; University of Louisville, Certificate in Urban Studies.

Professional Organizational Activities: Currently a member of KNA and ANA for five years. Previously served on the Board three times, the KNF one term, Chaired several committees, and Chairman of the ANA Commission of Nurse Administrators. Previously served three terms on the NLN Board of Directors and chaired every committee at one time. Previously chair of the NLN Foundation Board.

Statement: This is a great time to be a nurse! It also is a great time to engage nurses in the profession to develop not only their professional skills, for also their interest in health policy and mentoring nurses to be successful at decision-making tables. Thanks to leaders who preceded us, KNA is positioned to be a significant player on the local, state and national scenes. Based upon my years of governance experience at all levels, in professional and provider organizations, it would be my honor to support the role of the KNA in leading professional nursing in Kentucky.

Cathy Velasquez, DNP, RN

Present Position: Frontier Nursing University
Type of Position: Educator
Education: Regis University, Denver, Colorado, DNP, MSN, HSK

Professional Organizational Activities: Currently serves on the Board of Directors of the KNA. President of the Iota Zeta Chapter: Sigma Theta Tau International Honor Society.

Education and Research

Chairperson (Vote for 1)

Lorraine Bornmann, PhD, RN, MHA, CPHQ, FACHE

Present Position: Frontier Nursing University
Type of Position: Educator
Education: University of Louisville, PhD; Western Kentucky University, Graduate Leadership Studies Certificate, MHA, BSN, ADN.

Professional Organizational Activities: Current member of Sterling Health Solutions, a federally funded Health Care Center (FHC) in Mount Sterling, Kentucky, is seeking a Full-time and Part-time Psychiatric Nurse Practitioner. Due to clinic growth, Candidates should have a valid Kentucky APRN license, active DEA certificate, and valid BLS certification. Experience of three to five years treating Behavioral and Mental Illness among adults and children is preferred. Also, ability to speak Spanish is a plus. Benefits include competitive salary with production bonus, loan repayment program, malpractice coverage through TIGA Insurance (health, dental, vision, life, disability, 403B, and BME allowance). For immediate consideration, forward CV to Lon Coffey at lc@brookdale.com. For more information on the position of Sterling Health Solutions, please call 859.404.7686, extension 114.

Community Mental Health Center located in Southeast Kentucky has an immediate need for a Full-Time Psychiatric Nurse Practitioner. The Psychiatric Nurse Practitioner position evaluates and treats psychiatric illnesses and obtains relevant health and medical history for an adult population in an outpatient setting. This is a day shift position that offers a M-F work schedule - some in region travel required (mileage reimbursed). Position requires Kentucky Board certified Psychiatric NP. The position includes a very competitive salary, full benefits package, continuing education support, and opportunities for professional development. Benefits of professional liability protection, 401(k) medical, dental and supplemental coverage available.

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Dr. Linda Mefford, PhD, APRN, NNP-BC, RNC-NIC

Present Position: Bellarmine University
Type of Position: Associate Professor
Area of Expertise: Neonatal Intensive Care
Education: BSN, MSN (Pediatric Nursing), PhD (Nursing), Post-Master's Certificate (Neonatal Nurse Practitioner) from University of Tennessee, Knoxville.

Professional Organizational Activities: Member, Program Services Committee of the Tennessee State Chapter of the March of Dimes (2001-2015), Member, Program Services Committee of the East Tennessee Nursing Practice throughout the state of Kentucky.

As a younger nurse in my profession, not only do I feel extremely blessed to work in a profession to look at ways to develop professionally. Getting involved in committees in my current workplace and becoming a leader of national associations allows you to connect and grow with nurses not only in different expertise, but also in different areas of the United States. I would be extremely honored to serve on a KNA committee and be thankful for this opportunity.

Michele Dickens, PhD, RN

Present Position: Campbellsville University
Type of Position: Assistant Professor of Nursing

Professional Organizational Activities: Currently a member of the NLN, KLN, ANA, KNA, and Sigma Theta Tau International Honor Society of Nursing.

Statement: Thank you for allowing me to submit my name for the 2016 Award for the Nurse Researcher position to collaborate with others to foster high standards of nursing practice, engage in the open exchange of ideas for this profession of nursing, promote research in nursing practice, nursing education, and nursing service which will expand the scientific base of nursing. I also believe strongly in the importance of collaboration with others to promote the retention of nurses within the profession of nursing and the importance of the recognition of excellence within nursing.

Nancy Barnum, PhD, RN, CNE

Present Position: Midway University
Type of Position: Educational Administrator

Education: University of Kentucky College of Education, PhD; University of Kentucky College of Nursing, MSN; Michigan State University, BSN.

Professional Organizational Activities: Current Member At Large of Bluegrass Chapter of KNA.

Statement: Nurses must be courageous advocates for their patients, many times in the face of conflicting opinions and views. As our nation ages and becomes more culturally diverse, nursing care will become even more ethically and morally challenging. Nurses must have an ethical foundation and knowledge of the ethical decision-making process to be the voice for their patients in the midst of stressful and challenging circumstances. As Vice Chairperson of the Ethics and Human Rights Committee, I will assist in dissemination knowledge.

Biographical Information for 2016 Election continued on page 12

Dynamic Career Opportunity

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of the ANA Code of Ethics while serving as a resource to nurses as they face ethical dilemmas.

Member-At-Large (Vote for 2)

Jennifer McGee
Megan Carter, BSN, RN, PNCC-CMC, CNML

Present Position: Baptist Health Louisville, Nurse Director-Critical Care/Respiratory
Type of Position: Administrator
Education: University of Texas at Arlington, MSN, BSN
Professional Organizational Activities: Current member of TNA, KNA, ANA and member of Sigama Theta Tau

International Honor Society

Statement: I believe strongly that nurses should be present at the decision table when making health care policy changes at all levels. It is our professional duty to ensure the collective nursing perspectives are heard and understood to ensure our patients are better cared. The diversity of nursing practice should be celebrated and promoted so that all perspectives can be included in decision-making. With the rapid change in our country's health climate, we owe it to our communities to advocate effectively and professionally on their behalf.

Tonya Stevens, MSN, RN, CHPN

Present Position: Midway University
Type of Position: Manager/Educator
Area of Expertise: Hospice/Palliative Education
Education: Grand Canyon University, MSN Nursing Education; Indiana Wesleyan University, BSN; Lexington Community College, ADN; Eastern Kentucky University, AA in Paralegal Studies

Professional Organizational Activities: Present Secretary of FPLAG of Central Kentucky and active Board member since 2014. Current NLN member. National Student Nurses Association Sustaining Member and Faculty Advisor since June 2015. GLMA since 2015. Member of HFNA since 2007. Member of Golden Key International Honor Society through American Sentinel University since 2015. Member of Sigama Theta Tau International since March 2016.

Professional Organizational Activities: Present Secretary of FPLAG of Central Kentucky and active Board member since 2014. Current NLN member. National Student Nurses Association Sustaining Member and Faculty Advisor since June 2015. GLMA since 2015. Member of HFNA since 2007. Member of Golden Key International Honor Society through American Sentinel University since 2015. Member of Sigama Theta Tau International since March 2016.

Andrea Houser, MSN, RN, PhD Candidate

Present Position: Eastern Kentucky University, St. Catharine College, Lincoln Trail Behavioral Health System.
Type of Position: Educator, Course Facilitator and Admission Nurse
Education: Norwich University, BSN, MSN; Capella University, Nursing Education Doctoral program

Professional Organizational Activities: Current member of KNA and ANA. Current member of the Heartland Chapter of KNA.

Members-At-Large

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Professional Organizational Activities: Current member of KNA and ANA. Current member of the Heartland Chapter of KNA.

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health of residents of the Commonwealth. Both as an advocate and a scientist, colleagues and I have used data to promote evidence-based tobacco control policies. I have taught health policy with doctoral students at the University of Kentucky for many years, and I have served on the leadership team for Smoke-free Kentucky for the past six years. I have directed the Kentucky Center for Smoke-Free Policy since 2005. I have a good handle on the legislative process and have many organizational contacts. Based on my experience and expertise, I believe I am a strong candidate to represent you on the Governmental Affairs Cabinet.

Sara Jane Jones, DNP, RN, PLNC, CNE

Present Position: Madisonville Community College

Type of Position: Educator

Areas of Expertise: Nursing, Education, Associate Degree Nursing, Professional Legal Nurse Consultant certification.

Education: Eastern Kentucky University, Doctor of Nursing Practice; Murray State University. Masters of Science in Nursing from the University of Kentucky.

Professional Organizational Activities: Member of the Organization of Associate Degree Nurses. Elected member of the Nominating Committee. AODN Academic Progression in Nursing Committee, Member of NLN-CNEA On Site Evaluator.

Statement: I am so grateful to have the opportunity to seek the position for the nursing profession as a candidate for the Government Affairs Cabinet. Currently, I serve as a nurse educator in an integrated program of Nursing at Madisonville Community College in Madisonville, Kentucky. I began my career as a nurse aide and then initially graduated from an Associate Degree Nursing program. My love for learning has always prompted me to continue moving forward, and I have now completed my Doctor of Nursing Practice degree from Eastern Kentucky University. The legalities, scope of practice, and depth of our profession continue to grow and expand. Now more than ever there is no room for stagnancy. As a member of the nursing profession, we are all working to serve the greater good. I am lucky enough to get up every day and love my job. Being a nurse educator has taught me more than I will ever “teach” someone. If I am granted the opportunity to serve on the Government Affairs Cabinet, I will connect with new nursing partners, be a voice for my colleagues, and bring the knowledge and expertise to translate into policy and ideology for the nursing profession. It would be an honor to be on the ballot for KNA openings. As nurses we all face complex ethical dilemmas in our care. It is important that nurses are ethically competent and provide the best care for each patient that we encounter. The continuous education is needed throughout the healthcare system, regarding human rights. Advocating for patients is crucial, and by educating nurses we can assure that the patients receive the highest standard of care. I would work with the committee to develop goals, and strategies to implement these standards.
I am Jennifer Shoemake and have been employed as an Associate Professor at Southentral Kentucky Community and Technical College since 2003 in the nursing programs. I received the following from Western Kentucky University: Associate of Science in Nursing (1997), Bachelor of Science in Nursing (2001) and a Master of Science in Nursing (2005). I am currently enrolled in the University’s Educational Leadership Program and due to complete the requirements for an Ed.D. in December 2016. My goal for running for office is to stimulate involvement in the Foundation to encourage nurses to complete their educational and goals. I believe I can be a valuable member of the group.

Jennifer Shoemake, MSN, RN
Education Role (Vote for 1)

Kentucky Nurses Foundation (Vote for 2)

Joe Middleton, MSN, APRN-FNP, CEN, CC/NRP
Present Position: Team Health & Hart County EMS
Type of Position: Educator

Statement: Leadership in all aspects of nursing is very important to provide the best continuum of care for our patients. Healthcare reform and the current economics of the state make it necessary for nursing to show leadership in providing that appropriate care for all patients in all aspects. By providing leadership with other nurses in the state, we can all achieve important strides in nursing to care to all population of patients. Nursing is the most diverse profession in healthcare and is providing state and national directives for the betterment of our patients.

Jenny Chandler
Education Role (Vote for 1)

Kentucky Nurses Foundation (Vote for 2)

Linda Thomas, PhD, MSN, BSN
Present Position: Retired Nursing Faculty Murray State University and Madisonville Community College
Type of Position: Educational Administrator, Educator
Area of Expertise: Nursing issues, leadership, parent-child nursing, curriculum development
Education: University of Louisville; Western Kentucky University, PhD; University of Evansville, MS; University of Kansas, BS.

Professional Organizational Activities: Current member of Green River Chapter of KNA. Current Chair of Nominating Committee of KNA, member of Sigma Theta Tau and Phi Kappa Phi
Statement: I have been a member of KNA since the 70's. I have been involved in several positions on the state and local level throughout my career in nursing. Now that I am retired I find the interest is still there but many of the various positions require current employment and I do not meet those qualifications. While I enjoy retirement, I believe there is still something I can do as a nurse in my organization. I currently serve on my local hospital board of directors and still feel very associated with nursing. I have been on the Foundation before and enjoy working with others to provide opportunities for nurses to complete their educational and goals. I believe I can be a valuable member of the group.

July, August, September 2016
Education: Spalding University, Past Master’s Certificate, Currently working on DNP and Master of Science in Nursing; Western Kentucky University, Bachelor of Science in Nursing; Associate of Applied Science (Paramedicine) and Associate of Science in Nursing.

Professional Organizational Activities: Currently serving as KNA Treasurer; previously served on the Board of Directors as the Governmental Affairs Cabinet Chairperson.
Jo Ann Weyer, MSN
Present Position: Doctoral Student
Type of Position: Educational Administrator
Education: Sandhills Community College, ADN; East Carolina University, BSN; University of Kentucky, MS.

Professional Organizational Activities: Current President of Nightingale Chapter of KNA. Current member of KNA Board of Directors of KNA, Liaison of KNA Board of Directors and KNA Nominating Committee.
Statement: I ask for your vote so that I may be a member of the Kentucky Nurses Foundation board. If elected I promise to support the mission and strategies of the board. I will work very hard to ensure that the mission of the Foundation is accomplished.

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2016 Election Ballot

1. KNA TREASURER
° Joe Middleton
° Write In: Indicate position and person’s name in final question on ballot

2. KNA DIRECTOR AT LARGE - (Vote for 2)
° Liz Sturgeon
° Kathy Mershon
° Cathy Velasquez
° Mattie Burton
° Write In: Indicate position and person’s name in final question on ballot

3. KNA Education & Research Cabinet - (Vote for 1)
° Lorraine Borman
° Linda Mefford
° Write In: Indicate position and person’s name in final question on ballot

4. KNA Education & Research Cabinet - CE Planner - (Vote for 1)
° Judy Ponder
° Write In: Indicate position and person’s name in final question on ballot

5. KNA Education & Research Cabinet - Staff Nurse - (Vote for 1)
° Chelsea Nichols
° Write In: Indicate position and person’s name in final question on ballot

6. KNA Education & Research Cabinet - Nurse Researcher - (Vote for 1)
° Michele Dickens
° Write In: Indicate position and person’s name in final question on ballot

7. KNA Ethics & Human Rights Committee - Vice Chair - (Vote for 1)
° Nancy Barmum
° Write In: Indicate position and person’s name in final question on ballot

8. KNA Ethics & Human Rights Committee - At Large Member - (Vote for 2)
° Jennifer McGee
° Megan Carter
° Tonya Stevens
° Write In: Indicate position and person’s name in final question on ballot

9. KNA Government Affairs Cabinet - Staff Nurse - (Vote for 1)
° Tracy Hall
° Write In: Indicate position and person’s name in final question on ballot

10. KNA Government Affairs Cabinet - Member At Large - (Vote for 4)
° Andrea Houser
° Ellen Hahn
° Amy Herrington
° Sara Lee Jones
° Linda Bragg
° Brandy Thompson
° Tracey Gaslin
° Write In: Indicate position and person’s name in final question on ballot

11. KNA Nominating Committee - (Vote for 3)
° Kathleen Ferrill
° Maggie Miller
° Amanda Mutter
° Write In: Indicate position and person’s name in final question on ballot

12. Professional Nursing & Advocacy Cabinet - Staff RN - (Vote for 1)
° Janice Elder
° Write In: Indicate position and person’s name in final question on ballot

13. Professional Nursing & Advocacy Cabinet - Administrator - (Vote for 1)
° David Logsdon
° Jenny Chandler
° Write In: Indicate position and person’s name in final question on ballot

14. Professional Nursing & Advocacy Cabinet - Educator - (Vote for 1)
° Jennifer Jo Shoemake
° Write In: Indicate position and person’s name in final question on ballot

15. Kentucky Nurses Foundation - (Vote for 2 or more)
° Linda Thomas
° JoAnne Weyer
° Joe Middleton
° Write In: Indicate position and person’s name in final question on ballot

Please indicate any candidate you wish to “write in” with the position for which you wish to nominate that person or persons. You may write in as many candidates as you wish. If none, please leave blank.
The Kentucky Nurses Association’s Education and Research Cabinet is sponsoring a poster session at KNA Convention 2016 – Cutting Edge: Innovations in Nursing. The Cabinet cordially invites all faculty, students, and nurses in practice who have conducted research, utilized evidence-based research findings in practice, and/or developed creative educational training models to share their findings. You will not want to miss this opportunity that highlights the activities of nurses and nursing students throughout Kentucky.

We are seeking research and educational projects such as research in progress or completed hospital or community-based studies, teaching strategies using evaluative research, graduate student research projects, and innovation in practice settings. Magnet-designated hospitals and those aspiring to that level of quality will want to share ideas in service to the profession and community.

Presentations should be 48” X 36” in size and will be displayed on standing displays that will be provided. All participants will be awarded a certificate and all abstracts will be published in The Kentucky Nurse unless otherwise stated.

There is a $70 registration fee which covers participation in Day 1 of the KNA Convention 2016 if the presenter chooses to attend CE programs that day. All presenters will receive 1.0 hour of CE credit for research poster session, and a poster presenter KNA commendation certificate.

The student rate of $35 will apply to all undergraduate students.

Abstracts will be considered until September 16, 2016. Registration is required by October 27, 2016 to avoid late fees.

The KNA Convention will be held on November 3-4, 2016 at the Holiday Inn, 1325 South Hurstbourne Parkway, Louisville, KY 40222.

The Presenter’s Information form and an Abstract must be completed and returned to KNA no later than September 16, 2016 with attention directed to the Education and Research Cabinet.

Mail: KNA 305 Townepark Circle, Suite 100, Louisville, Kentucky 40243
Email: Lisa@kentucky-nurses.org
Fax: 502-245-2844
Visit www.kentucky-nurses.org to obtain Presenters Information Form and Abstract.

We look forward to seeing you at KNA Convention 2016!

ANA President, Pam Cipriano, Visits Kentucky

The KNA was very pleased to welcome ANA President Pam Cipriano to Kentucky in April where she was treated to the best that Kentucky has to offer. President Cipriano was the guest of honor at a reception in Louisville at 21C Hotel and Museum where she was able to relax and mingle with local nursing students and KNA members before speaking to the group about the future of nursing and health care. Afterwards, President Cipriano joined the KNA Board of Directors and some local nursing students for dinner.

The following day, President Cipriano traveled to Lexington where she was a featured speaker at the University of Kentucky and where she treated to a day at Keeneland with University Of Kentucky College of Nursing Dean Janie Heath, KNA President Teresa Huber, and a host of nursing leadership from across the state. President Cipriano was applauded throughout her two day visit for her leadership and vision as she addressed the growth and expansion of the ANA Enterprise and the future of nursing throughout the country.

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Call for Evidence Based Practice Abstracts

The Kentucky Nurses Association’s Education and Research Cabinet is sponsoring a poster session at KNA Convention 2016 – Cutting Edge: Innovations in Nursing. The Cabinet cordially invites all faculty, students, and nurses in practice who have conducted research, utilized evidence-based research findings in practice, and/or developed creative educational training models to share their findings. You will not want to miss this opportunity that highlights the activities of nurses and nursing students throughout Kentucky.

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Fax: 502-245-2844
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We look forward to seeing you at KNA Convention 2016!
Bluegrass:
The Bluegrass Chapter continues to have membership meetings the third Tuesday of odd months at 5:30 pm at The Chop House on Richmond Road in Lexington. We usually include one hour CEU. No need to RSVP. Send questions to heather.norris@kvn.org.

We are also planning a Fall Conference at The Red Mile for October 21, 8:00 am—noon SAVE THE DATE.

Green River Chapter:
The KNA Green River Chapter is made up of a diverse group of nurses who believe in the importance of improving patient care and supporting all nurses through continued education opportunities. We have a vested interest in fostering the development of each future nurse by our roles as nurse educators and/or community health nurses within the Green River area of Kentucky.

Contact Person:
Eunice Taylor, MSN, NE-BC
2711 State Route 140E
Utica, KY 42376
E-Mail: eunice.taylor@kctcs.edu

Heartland Chapter:
The Heartland Chapter appreciates the time and interest in our chapter shown by a visit from the State President-Elect, Kathy Hager. Kathy provided some updates from the broader perspective on association activities, including the School Nurse chapter and legislation their group has proposed. She has also supported the development of a collaborative survey to include both State association questions and chapter specific questions that can be accessed by KNA members on-line; this was proposed so that members were not being asked to complete more than one survey yet both the State and chapter could get feedback on members concerns and needs for/from the association.

There have been some issues with growing bank fees for the chapter checking/savings accounts. The State association is considering whether they can provide some sort of support through their banking processes that will help any chapter seeing their moneys dwindling due to fees or inactivity. Our Independence chapter bank account has become cumbersome and an unnecessary monetary loss. Susan Nesmith is helping to explore all options.

Two of our chapter members are on the State Nominations Committee and are interested in finding members who might be interested in running for State wide offices. Janice Elder, who is on the Professional Nursing Practice and Advocacy Cabinet, provided information on the teleconferencing option primarily used for State cabinets and committees. This allows for many members from across the state to participate in these association positions/groups without the hardship of traveling.

Anne Sahingoz, our chapter tech expert, has developed a Chapter Facebook Page (“KNA Heartland”); she has also established a chapter e-mail address (KNAHeartland@mail.com) and has been working on a survey monkey option which will be coordinated with the State association. Many thanks to Anne for her work in getting these communication tools set up. Further technology needs to allow for more member participation in the chapter are being explored.

Thanks!
• Kathleen Ferreri - President
• Janice Elder - Vice President/President Elect
• Bernie Sutherland - Secretary
• Susan Nesmith - Treasurer

Kentucky Nurses REACH Chapter:
The purpose of the chapter is to stay abreast of current research and evidence-based practice, participate in and provide on-going education, to be a caring and helping organization in our community. We expect our membership to be within the geographical local that was served by KNA District 7 boundaries but welcome any new members from other areas.

Contact Person:
Kim Bourne, MSN, BSN, RN, CNE
147 Bulldog Road
Glasgow, KY 42141-8845
E-Mail: kynurseer@yahoo.com

Nightingale Chapter:
The purpose of the Chapter will be to: Work for the improvement of health standards for all citizens of the Commonwealth; Foster high standards of professional nursing practice and promote the professional development of nurses and advance their economic and general welfare; and Advance the profession of nursing.

Contact Person:
JoAnn Weyer, MSN, RN RN: 859-336-5938
300 Covington Avenue
Springfield, KY 40069
E-Mail: jaweyer@att.net

Northeastern Chapter:
An update for the Northeastern Chapter. Our Chapter was formed in 2014. The previous officers had been in place 2 years, therefore the Chapter held a re-election of the Executive Council. I have enjoyed serving as Chapter Chair for the past 2 years. Furthermore, I am very proud our Chapter has took initiative and devotion to advance the health of the communities we serve. Since the formation of the Northeastern Chapter in 2014, community efforts include: “Coats for Kids” coat drive; support for the “Adopt a Family” program; “Stuff the Turkey” food drive; support for “Operation Christmas Child” boxes; Basic Life Support (BLS), stroke, and women’s cardiac health education in the community. Thank you very much for this opportunity and everything KNA does for our nurses!

The new elected Executive Council includes:
• Christina Thompson - Chair
• Shelly Brown - President Elect
• Michelle Rayburn - Secretary
• Phelan Bailey - Treasurer

Northern Chapter:
The mission is to continue to promote the essential role of the registered nurse in health care delivery, and support the KNAS mission of serving as an advocate for quality patient care in all settings. Purpose of the Chapter is to provide professional networking and representation for the Northern Kentucky area ANA members.

Contact Person:
Carla Hamilton, MSN, RN, NE-BC
H: 606-782-0131
1020 Marshall Road
Brookville, KY 41004-7712
E-Mail: carla.hamilton@stelizabeth.com

Chapter News continued on page 18

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River City Chapter:
Contact Person:
Charolette Rock
H: 502-409-8128
3829 Spring Arbor Drive
Louisville, KY 40245
E-Mail: csmrock@twc.com

School Nurses in Every Kentucky School Chapter:
The School Nurse in Every Kentucky School chapter last met on April 4th in Lexington. Chapter officers were selected with Mary Burch and Eva Stone serving as co-chairs, Pat Glass as secretary and Sandi Clark as treasurer for the group. KNA president Teresa Huber was able to attend and meet those in attendance and learn more about current activities.

During the months of March and April a series of Town Hall meetings were held across the state with Education Commissioner Stephen Pruitt seeking to gather information from stakeholders around Kentucky as a new accountability model to measure school success is developed. This work stems from the “Every Student Succeeds Act” which replaces “No Child Left Behind” as the federal system guiding education in Kentucky. There is opportunity in this new model to increase emphasis on student health as it relates to educational outcomes. School Nurses volunteered to attend each of the eleven meetings held in various locations around Kentucky. Nurses addressed the commissioner and audience at seven of the meetings to discuss the importance of including health as a measure of school success and how school nurses can be a vital component in that model. The next chapter meeting May 31st will address developing a regular meeting schedule and talking about ways to possibly increase the ability of others to take part through video conferencing.

If you are interested in becoming part of this chapter please contact Mary Burch at mary.burch@erlanger.kyschools.us or Eva Stone at eva.stone@lincoln.kyschools.us

Respectfully submitted
Eva Stone, APRN

West Kentucky Chapter:
Kentucky Nurses Association
District Five Yearly Report 2015-2016

Current Officers:
Nancy Armstrong, Chairperson
Dr. Marcia Hobbs, Secretary
Dr. Katy Garth, Treasurer

The West Kentucky Chapter of the Kentucky Nurses Association (KNA) supported activities to promote nursing in the western Kentucky area. We sponsored the Baptist Health Paducah Research Forum, with chapter members presenting in the forum. We also financially sponsored a Murray State University nursing student to enable her to attend a Sigma Theta Tau International meeting to receive the Rising Star Award for her scholarly work. Our goals were to promote nursing and professional nursing activities in our community. I believe we were able to do that this year.

Respectfully Submitted.
Nancy Armstrong, Chairperson, West Kentucky Chapter, Kentucky Nurses Association
Membership Activation Form

For dues rates and other information, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

### Essential Information

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### Professional Information

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### Ways to Join

- ANA and State Membership Dues: $15.00 Monthly or $174.00 Annual
- ANA PAC Contribution (optional): $________
- ANF Contribution (optional): $________
- Total Dues and Contributions: $________

### Ways to Pay

- Monthly Payment: $15.00
- Annual Payment: $174.00

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- Automatic Annual Credit Card | Payment Authorization Signature*

*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks. Full and Direct members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

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- Discover

- Credit Card Number
- Expiration Date (MM/YY)

### Authorization Signature

Please note — $20 of your membership dues is for a subscription to *The American Nurse* and $27 is for a subscription to *American Nurse Today*. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount.

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