The Official Publication of the Oklahoma Nurses Association
Quarterly publication direct mailed to approximately 64,000 Registered Nurses and LPNs in Oklahoma

CEO Report:
Embracing Change

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Official Call to the Delegates to Attend a Meeting of the ONA House of Delegates

ONA Candidates to be Elected

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2016 ONA Annual Convention

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

Registration is open, register now for the early bird rate! Be sure to visit the ONA website for the detailed agenda.

Exhibitor Space is still available. Visit our website for more details.

www.OklahomaNurses.org

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Joining and Creating an ONA Chapter

Whatever your nursing passion may be, the Oklahoma Nurses Association (ONA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, ONA has made it easy for you to become involved according to your own preferences. Through ONA’s new member-driven Region and Chapter structure, you can join a chapter or create your own chapter based on where you live or work, type of practice or shared interests where you can reap the benefits of energizing experiences, empowering insight and essential resources.

GET INVOLVED
Go to the ONA website to view a list of current ONA Region Leaders or Chapter Chair to find out when they will hold their next Chapter meeting!

CREATE A NEW ONA CHAPTER
Interested in creating an ONA Chapter? Below are the steps we recommend you follow to create a NEW ONA chapter. If you have any questions, contact Candice Black, Communications Director at ONA (ona@oklahomanurses.org; 404-840-3478).

1. Obtain a copy of ONA bylaws and the ONA policies.
2. Gather together a minimum of 5 ONA members who share similar interests. For sustainability, it is recommended that Chapters have 10 or more members.
3. Work with Region Leadership.
4. Select a chapter chair.
5. Identify and agree upon chapter purpose. (Chapters may not compete with statewide nursing specialty organizations)
6. Decide on chapter name.
7. Submit a roster of members to the ONA office that ONA staff will verify as current ONA members.
8. Complete the Chapter Formation application to become a chapter of the Region and ONA. Information to be submitted includes the following: Chapter chair name and contact chapter information including an email; Chapter name; Chapter purpose; Chapter roster.
9. The application will then go to the Membership Development Director who will discuss with the Region Leader and forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

Oklahoma Nurses Association
Regions and Regional Presidents

Region 1:
President: Theresa Hunter
Region 2:
President: Brenda Nance
Region 3:
President: Angela Martindale
Region 4:
Vacant
Region 5:
Vacant
Region 6:
President: Viki Saidelaman

Contact information available at www.oklahomanurses.org
By far, the 2016 ANA Membership Assembly attended by Jane, Joyce and me in Washington DC in June, was the most interesting of the four that I have been to. The yearly Membership Assembly replaced the every-two-year ANA House of Delegates as the leadership of ANA began to adopt the principles set forth in the Race of Relevance. The goal is to make the organization more streamlined and better able to adapt to a rapidly changing health care system and society.

When we arrived in DC, the House Democrats were in the middle of a historic sit-in on the floor of the House of Representatives to encourage the House to pass a bill to ban the sale of firearms to individuals who are on the no-fly-list. It seems logical enough. If a person is designated to be enough of a terrorist threat not to be allowed to fly on domestic airlines, why would we want to sell them guns? Of course, logic is a commodity that is in short supply in our national (and state) legislatures at this time!

Three legislators came to the Membership Assembly to speak to us about various health care issues – including the “No fly – no buy” initiative. Make no mistake about it, gun violence in this country is a major health issue. At least in Oklahoma, the “Wild-West” bill didn’t pass that would have allowed anyone (ANYONE) to buy guns and carry them openly.

Substance abuse was one of the focus topics of the Assembly presentations. The increasing trend of opioid dependence and resulting overdose deaths was discussed. As a related topic, the growing problem of nurses who have substance use disorders was also explored.

There was also a challenge issued to nurses across the nation in a report titled: “Healthy Nurse, Healthy Nation.” According to the Bureau of Labor Statistics, RNs have the fourth-highest rate of injuries and illnesses that result in days away from work when compared with all other occupations and professions. As the largest subset of health care workers, nurses who are in good health are critical to our nation’s health care system. This is an embedded and systemic problem that will require the concerted efforts of all nurses, nurse leaders, organizations and others, including legislators, to improve the health of America’s 3.6 million nurses.

I have seen, and experienced firsthand the long term effects of micro-injuries that nurses endure during long careers of providing patient care. I believe this is an issue that the ONA should be involved in and place as a priority in the strategic plan. Look for more information on this topic as the ANA continues to develop their initiatives.

The Oklahoma Legislative Session came crashing to a disastrous conclusion with a budget that would make Harry Houdini’s head spin! We did have a few victories. They left the reimbursement rates for providers pretty much untouched, even without the passage of the cigarette tax bill. The compact agreement for nurses was approved. But many other health care and safety net programs were cut to the bare bones, including mental health and public health.

There are still a number of big tax breaks coming down the pike for big oil and big business that have already been passed and are to begin in 2018. These will make the budget shortfall even bigger and we all know how these get paid for – cuts to health care and social programs. However, you can do something about it! VOTE! We have a chance to change at least 1/3 of the legislature this November. Your vote counts. In some of the close elections last time around, some legislators won by as few as 5 votes!

As the author, Victor Kiam, once said: “Even if you fall flat on your face, you are still moving forward!” Of course, it’s probably not the best way to move forward, but at least you have a goal and direction you’re heading towards. It’s much better to have a goal and not reach it than to have no goal at all.

Enjoy the summer.

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

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CEO Report

Embracing Change!

Progress is impossible without change, and those who cannot change their minds cannot change anything. – George Bernard Shaw

At the 2015 ONA House of Delegates, transformational changes were made as part of Bylaws revisions that affected the Regions and structure. These changes were a result of several years of work by YOU, the ONA member. During the 2014 House of Delegates the membership voted to transition it’s geographically based independent Regions to a more member-driven structure, reducing the number of Regions and encouraging the development of smaller community based Chapters.

The result of these changes is to engage YOU, the ONA member where you live and/or work. Following the House of Delegates, the Board of Directors and staff have worked to realign the Regions, develop policies and procedures and other documents.

The Bylaws changes made include:

• Reducing the number of Regions from seven (7) to six (6); one for OKC, one for Tulsa and the other four dividing the state into quadrants. (Refer to the map)
• Encouraging the development of Chapters within the Region
• Creation of a Membership Development Fund to help Regions and Chapters create membership opportunities.
• Dividing the Region Dues between the Region and the Membership Development Fund.
• Changed the composition of the ONA Board as follows:
  o Dissolving the Disaster Preparedness Director board position;
  o Creating a Membership Development Director board position to oversee the Membership Development Fund;
  o ONA Consultant to ONSA moves from ex officio to a voting member.

So what does this mean for YOU? It means that you have the opportunity to develop a Chapter in your community, be it a town, city or workplace etc. The Chapter could be based on type of practice, location, and interests. Activities might include continuing education, political engagement, network, volunteer opportunities etc.

We have worked to make it as comprehensive as possible – be creative! Guidelines for Regions and Chapter development have been developed and are available on the ONA website under Regions. There is only one limitation...we don’t want to compete with already existing nursing membership organizations.

ONA Board members and staff are here to help in your development. All you have to do is ask and we will be glad to assist in whatever way we can.

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Seeking experienced nurses in the following areas: Med Surg, Cardiology, Adult Critical Care, Behavioral Health and Emergency.

Increased RN pay rates

To apply, please visit: www.nwtexashealthcare.com
Official Call to the Delegates to Attend a Meeting of the ONA House of Delegates

Hyatt Regency Hotel, Tulsa, Oklahoma • Wednesday, October 19, 2016, 1:30 – 4 pm.

This notice constitutes the official call to meeting of the Meeting of the ONA House of Delegates. The House session will be held Wednesday, October 19, 2016. The House of Delegates will convene at 1:30 p.m., adjourning at 4pm. Credentialing closes at 1:15 pm so that we may start promptly at 1:30 p.m.

The representation of each Regional Nurses Association established for the 2016 House is as follows:

Region #01 ............................... 28
Region #02 ................................ 22
Region #03 ............................... 28
Region #04 ................................ 7
Region #05 ............................... 15
Region #06 ................................ 30
ONA Board of Directors .................. 15
ONA Affiliates .............................. 11
Past ONA Presidents

The ONA House of Delegates is composed of member nurses duly elected through secret ballot by constituent regional members. The House of Delegates also provides a courtesy seat to Past ONA Presidents and one registered nurse participant from each organizational affiliate.

Each delegate must study the issues thoroughly and is encouraged to participate in Region sponsored meetings prior to the ONA Annual Convention and the Issues Forum held prior to the House on October 19 so that they may engage in open-minded debate, practice active listening and use the extensive resources and collective knowledge made available throughout these meetings to assist them in making informed decisions. Prior to the House we will have a session focused on advocacy by Janet Haebler, MSN, RN, Associate Director, ANA State Government Affairs. During the Issue Forum, we will discuss issues related to the work of the association. A registration fee will be assessed for this day, as lunch will also be included.

Members of the ONA House of Delegates are elected through a regional election process and have a crucial role in providing direction and support for the work of the state organization. They come to the House to work towards the growth and improvement of ONA and its constituencies. This requires a professional commitment to the preservation and creative growth of the professional society at all levels of the organization. Such a commitment will benefit the individual delegate, the Association and the nursing profession.

NURSING INSTRUCTOR

OSU Institute of Technology in Okmulgee, is seeking a Nursing Instructor to begin the fall semester. Applicants must have a Master’s degree in Nursing and an unencumbered Registered Nursing license from the State of Oklahoma. Minimum of two years clinical experience is required. Pre-employment background screening is also required. Experience in medical/surgical nursing and nursing education preferred. Application reviews will continue until the position is filled. For a full job summary and to apply please visit http://jobs.okstate.edu. Computer access is available in the OSUIT Human Resources Office.

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Theta Tau, Oklahoma Board Member, Sigma Theta Tau  
ORA Convention Committee, Consultant Self Employed, OKC of Central Oklahoma, Edmond, OK  
M.Ed. 2000; University, Edmond, OK  
BSN 1991; University  
Activities: ONA Member, ANA-ONA Region 3, Member American Psychiatric Nurses Assn., CAL, Member Choctaw Nation Medical Reserve Corps, Member Oklahoma Medical Reserve Corp, Member American Psychiatric Nurses Assn., Member ANA-ONA Region 3.

Karen Taylor, MSN, RN  
Current Position: Advanced Registered Nurse Practitioner  
Certified Nurse Practitioner  
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Tamar Francis, BSN, RN

Current Position: RN, St John Medical Center, Tulsa, OK

Activities: ANA/ONA Member, Sigma Theta Tau International Phi Nu Chapter – Member, Bermuda Nurses Association – Member, Nurses Association of Jamaica – Member, Kiwanis Club of St Andrew Jamaica - Member

Education: Kaplan University MSN Florida-Online, 2015 to present; Walden University, Maryland, BSN 2014; University Hospital of the West Indies School of Nursing, Kingston, Jamaica, Diploma/ADN 2011

Statement on views on nursing and issues facing ONA: Patient safety and nursing education goes hand in hand. It is important for nurses to realize their full potential within the profession and make every effort to be on par with the changes that are occurring. Every nurse must be willing to accept that evidence based practices impacts the lives of our patients on a daily basis and yields positive outcomes. In order for us to embrace EBP to the fullest we must realize that we need to continuously advance our education to fully advance within our practice settings.

Amy Hutchens, MS, RN, CNE

Current Position: Clinical Assistant Professor, University of Oklahoma Health Sciences Center, Tulsa, OK

Activities: 2009-present, member, American Nurses Association/Oklahoma Nurses Association; 2014 ONA Region 1 delegate, Tulsa, OK; 2013 ONA Region 1 Delegate, OK conference, Norman, OK; 2013 ONA task force member, educational initiatives; 2012 ONA House Of Delegates, Region 1 Delegate; September 24, 2015; Society of Behavioral Medicine abstract reviewer; 2014-2015, OUCON faculty round up development and member; September 2014 Society or Behavioral Medicine abstract reviewer; 2014-present, Women

LaNeil Taylor, MS, RN

Current Position: Manager of Education Services, Duncan Regional Hospital, Duncan, Oklahoma

Activities: ANA/ONA member, would like to become more involved; Duncan Regional Foundations benefits for Community, Volunteer at Free Compassion Clinic monthly

Education: Oklahoma University Health Science Center, OKC/Duncan Online; MS- Education Major; 2009

Statement on views on nursing and issues facing ONA: As an educator of students and new graduate nurses, I view and instill nursing as a compassionate customer service as well as a career of professional innovation in the future healthcare areas. State budget cuts will impact all of us in the industry in one way or another. We must collaborate together and make our voice heard.

Dennell Wilson, BSN, RN

Current Position: Perioperative Nurse Cardio-thoracic and Vascular Surgery, Oklahoma University Medical Center

Activities: ANA Member, Human Rights Campaign, Equality Texas ACLU, NAACP, Member of various social hiking/outdoor groups

Education: University of Texas Arlington, School of Nursing Arlington, Texas BSN-2004

Statement on views on nursing and issues facing ONA: Nurses in Oklahoma are not utilized for the invaluable, unique contributions that they can make to the profession.

Candidates to be Elected continued on page 8

Director of RN to BSN Nursing Program

This position is a full-time, tenure-track position. Doctorate degree with director experience preferred. Must have three to five years’ experience as a competent practitioner of nursing. Valid license to practice as a registered nurse in the state of Oklahoma is required.

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can offer. With hospitals under the gun to fill critical needs, attention is being placed on quick fixes: cancelled cases (operative), inadequate skill coverage, and expensive agency staff. There is little focus on using staff nurses already in place to offer retention ideas, training incentives, or preceptor skills. There are few nurses being used to contribute to department policy, personnel recruitment, or quality improvement. I would love to see nurses empowered to make the differences they are capable of.

I came from a professional nursing base where there are five Magnate Recognized hospitals within 20 minutes from my home. I have always worked for facilities that empowered and encouraged nursing growth, commitment, contribution, and success. I am dedicated to helping Oklahoma nurses find their voices as well. I am a committed success. I am dedicated to helping Oklahoma for facilities that empowered and encouraged Oklahoma Registered Nurse, and I know I can make a difference. We’ve got a lot of work to do!

Joseph Catalano, PhD, RN
Current Position: Program Consultant; Catalano Consulting Service, CEO, Self, Ada OK
Activities: (ANA, ONA, DNA) – Member; Membership Assembly Representative; ONA: Member; GAC: Convention Planning; ETC; President; RNA – Member Region 6; Professor Emeritus – ECU ADA; Author; Book and Journal Editor; member STTI; Finance Committee - St. Joseph Church; Ads; OBI Volunteer.

Statement on views on nursing and issues facing ONA: I have been a member of ONA for 35 years and strongly believe that a Professional organization is one of the keys to living as a full member of the profession of Nursing. When a nurse belongs to ONA, they no longer are a single voice trying to get attention for their needs and causes. Rather, as a member of the professional organization, they unite their voice with those of many other professional nurses empowering every nurse both inside and outside the organization to meet their full potential. The primary issue I am concerned with is increasing membership in the organization. Simply stated, the more members we have, the more power we have when attempting to deal with legislators. I believe that as Membership Development Director, I will be able to work closely with ANA and with the leaders in ONA to increase the numbers of our members while at the same time, keeping those members we already have.

Shelly Wells, PhD, MBA, MS, APRN-CNS
Current Position: Division Chair and Associate Professor - Northwestern Oklahoma State University, Alva OK
Activities: ANA Member, ONA Member and Region 2 Rep to the Board, NLN Member. OLN Member, OACNS Member, Sigma Theta Tau Member, AACN Member - Leadership Tulsa - Parish Nurse, Fellowship Christian Church, Current Chair and Treasurer of the Oklahoma State Council of BSN and Higher Degree Programs Deans and Directors Education: PhD-Nursing - UMCK 2009; MBA-UMKC 1998; MS in Nursing - UMCK 1988 BS in Nursing - Graceland College 1985

Statement on views on nursing and issues facing ONA: It is an exciting time to be a member of ONA. With realignment of the ONA regions and potential for Chapter development, there will be more opportunities for nurses to work together in developing strategies for improving health care in Oklahoma. Nurses need to be in the forefront for health care improvement in light of the financial burdens that have impacted Oklahoma healthcare. Nurses have always been proactive in identifying...
opportunities to positively impact the health of populations, and now is the time for nurses to step up to the plate and address the health dilemmas facing the state.

Nominating Committee
(listed alphabetically)
3 Positions Open

Jessica Johnson, MSN, BSN
Current Position: Dean – School of Nursing, Oklahoma Wesleyan University, Bartlesville, OK
Activities: ANA/ONA Member, STTI, BSN and Higher Deans and Directors Committee, Associate Deans and Directors – BSN Representative, Hope Clinic, Serve in multiple ministries at church, mission trips
Education: Capella University (DNP Student, expected graduation, August 2016); Northeastern State University (MSN, 2013); Pittsburg State University (BSN, 2007)

Statement on views on nursing and issues facing ONA: With the high rise in health care cost, health care advocacy is an important issue facing the nursing profession. There are many vulnerable populations affected by the lack of health care and are in need of a voice. I might be one nurse with one voice, but I can make a difference advocating and caring for these populations.

Liz Klingensmith, MSN-Ed, RN-BC, NEA-BC, NE-BC
Current Position: Chief Nursing Officer-Vice President of Patient Care
Activities: ANA/ONA Member - Region 6 Vice President and active member; Member of AONE and OONE; Member of ACHE; Compassion Outreach Clinic Volunteer, Relay for Life team member, Oklahoma Heart Walk; Education: East Central University BSN 2004; University of Oklahoma MSN 2012; ANCC: RN-BC Professional Development; ANCC: NEA-BC Nurse Executive Advanced; ANCC: NE-BC Nurse Executive

Statement on views on nursing and issues facing ONA: As ONA is our professional organization representing Oklahoma Nurses’ Voices, I will commit to understanding the issues we are facing in the dynamic field of healthcare and Nursing. Nursing is central to the success of the healthcare industry as well as the quality of care patients receive. Nursing care must seek to address the changes we are experiencing in our patient population and our work force while optimizing patient outcomes. We are practicing in a highly technological environment and the skills required of bedside nurses today are evolving. Nurse Managers require a skill set that includes not only clinical skills, but advanced business skills to lead a successful unit. Nurses must lead the way for the future of patient care and I am excited to be a part of the field of Nursing.

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ONC Candidates to be Elected

September, October, November 2016
The Oklahoma Nurse • Page 9
Vickie White Rankin

The 2016 Legislative Session will likely go down in history as one of our state's most challenging. Policy makers faced an unprecedented $1.3 billion dollar shortfall in general revenue funds, the largest shortfall in our state's history. The state budget has an enormous impact upon nurses at all levels, as they are educated and work in a wide array of state-funded facilities and programs, touching Oklahomans' lives from cradle to grave.

This session, the legislature had fewer options to solve the budget crisis. Decades ago, the legislature would have had the authority to pass a needed tax increase with a simple majority vote, filling part, if not all, of the shortfall with new revenue. With the passage of State Question 640 in 1992, the voters, through initiative petition and the resulting constitutional amendment, effectively tied the legislature's hands, preventing them from passing most revenue raising measures without a ¾ majority vote.

In the intervening years, subsequent legislatures have been hesitant to pass taxes. Initiative petitions for tax increases are rare, due to perceived public opposition to most taxes. Only one tax, a tobacco tax passed by a vote of the people in 2004 via State Question 613, has passed since 1991.

Other means of mitigating recent state revenue shortfalls were of limited availability to policy makers this year. In 2010, our state used millions in federal stimulus money, revenue that is no longer available. This year's budget shortfall threatened the loss of large numbers of health and mental health care providers, and the closure of hospitals and nursing homes across the state, as a 25% Medicaid rate cut appeared likely.

Schools, colleges, universities and libraries, all of which impact nursing and nursing education, faced losses in revenue. Behavioral health funding dropped from 46th in the nation to 49th. Consolidation of a variety of state entities was threatened, and in some cases was accomplished.

Despite the serious financial concerns threatening the state, legislators and constituents would not be thwarted in pursuing other issues of concern. Of the thousands of bills filed, legislators sent 400 bills to the Governor. Of those, the Governor signed 394 bills into law.

HEALTH CARE FUNDING

Medicaid funding is critical to the health care infrastructure of Oklahoma, as well as to the health and survival of the people of this state. As oil and gas prices plummeted, and the state revenue shortfall climbed to $1.3 million, a 25% rate cut for all Medicaid providers seemed a certainty.

Nurses joined forces with other health and behavioral health providers advocating for a solution that would generate millions in new revenue. ONA supported the proposal for the Medicaid Rebalancing Act and an increase in the tobacco tax.

HB2803 (By Derby And Griffin), The Medicaid Rebalancing Act would have covered between 175,000 and 233,000 currently uninsured Oklahomans by creating a new individual insurance plan for adults from ages 19 to 64, whose incomes were below 133% of the federal poverty level. The plan would have operated on a sliding scale, and would have been suspended if the federal matching rate for the plan ever dipped below 90% funding. Upon initiation, Oklahoma would be responsible for a mere 5% match, increasing to a maximum of 10% over time. This measure sought to limit Medicaid coverage to 133%
HB2020: maintenance-of-effort expires in 2019. In addition, children and pregnant women when the current percent of the federal poverty level for nondisabled Oklahomans, reducing the uninsured rate by 35%. Would have preserved the SoonerCare provider network Would have reduced SoonerCare enrollment by 17 percent. Would have supported drug courts and mental health courts, and would have provided protection for behavioral health crisis centers, strengthening Oklahoma’s behavioral health and substance abuse systems.

Ultimately, HB2803, supported by the Governor and leadership, did not receive enough bi-partisan votes for passage. The Cigarette Tax – HB3210 (By Sears and Jolley) sought to raise the excise tax on cigarettes by $1.50. HB 3210 would have dedicated revenue generated from the tobacco tax for healthcare purposes by creating the “Healthcare Revolving Fund.” The bill provided that the Legislature would appropriate revenue from this fund to agencies for services that are eligible for federal matching funds through Medicaid. The Oklahoma Health Care Authority could have allocated some generated revenue to provide the state match for the federal funds necessary for “The Medicaid Rebalancing Act of 2020.” Some of the eligible agencies include:
- Oklahoma Health Care Authority;
- Department of Mental Health and Substance Abuse Services;
- Department of Human Services;
- State Department of Health;
- JD McCarty Center for Children;
- Oklahoma University Health Sciences Center;

The Oklahoma Tax Commission conservatively projected that the new tax would increase our state’s annual revenue by $182-184 million. According to a 2016 Oklahoma poll, 74% of Oklahoma voters support increasing the tobacco tax to fund health care, the highest percentage of support for any tax. Each Oklahoma family spends an average of over $900 per year subsidizing the cost of health care for smokers. We know that increasing the cost of cigarettes reduces consumption over time, reducing the enormous cost burden on our taxpayers and state. It has been estimated that increasing the cost of a pack of cigarettes by $1.50 per pack would prevent 31,800 kids from becoming adult smokers. It would also generate long-term health care savings of $125 billion. The Oklahoma Nurses Association

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Legislative Wrap-Up continued on page 12
sees this as a win-win. We could simultaneously reduce the cost burden for the state, improve public health, and increase funding for Oklahomans needing health and behavioral health care.

The Cigarette Tax did not receive a single Democratic vote of support in the House. HB3210 was required to attain a ¾ majority vote on the floor of each house. After passing conference committees in both houses, the bill was held open for six hours on the House floor. At its best moment,aye votes reached a pinnacle of 49 (all Republicans), but unable to acquire additional aye votes after several hours, the leadership had to close the rolls, and the bill failed, 40 to 59.

Nurse Licensure Compact - HB2482 (by Ownbey and Simpson) provides that nurses residing in Oklahoma may obtain a multistate license. This measure establishes fees and requirements for the multi-state license that will be implemented by the Oklahoma Board of Nursing. It provides: the initial application for a multistate license will be $150 with a biennial renewal fee of $125. The bill further allows for the OBN to reduce the biennial renewal fees on a pro rata basis for registered nurses and licensed practical nurses. Multistate licensure for nurses will go into effect once at least 26 states adopt the compact; that date is anticipated to be Dec. 31, 2018. The effective date of this bill is 11/1/16. Oklahoma is the seventh state to date to adopt the multistate compact.

THIS IS JUST A BRIEF OVERVIEW. FOR MANY MORE ITEMS OF INTEREST, we have a complete final report of the 2016 Legislative Session with all of the bills that directly relate to nurses in all settings, and the impact upon health care, available to members of the Oklahoma Nurses Association. We welcome your membership and advocacy.

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Last Name

Gender Male/Female

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Mail Address Line 2

City/State/Zip

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Current Position Title (in staff nurse role)

Required: Is what is your primary role in nursing (position description)?

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□ Nurse Manager/Nurse Executive (including Director/CNO)

□ Nurse Educator or Professor

□ Currently working in nursing

□ Advanced Practice Registered Nurse (NP, CNS, CRNA)

□ Other nursing position

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Patricia Benner: Novice to Expert – A Concept Whose Time Has Come (Again)

Andrea Davis, RN and Paula Maisano, PhD, RN, CNE

Every year new nurses graduate from a nursing program and begin work in the clinical setting. As new nurses gain more insight and knowledge throughout their careers, they become seasoned nurses and mentors for the next generation. Patricia Benner discussed how even 30 years ago, long-term and ongoing career development was important in nursing due to the complexity and responsibility of nursing practice (Benner, 1982). Patricia Benner’s novice to expert model has been used to increase retention of nurses as well as to help build experience with new nurse managers and administrators. Fennimore and Wolf (2011) discuss how the retention of staff members is directly correlated to effective nursing leadership (p. 205). The purpose of this article is to reflect on Dr. Benner’s work, specifically with the novice to expert model, including the application of the model in the nursing leadership realm.

Benner’s Novice to Expert

The novice to expert model was introduced into nursing by Dr. Patricia Benner in 1982 and discussed how nurses develop skills and understanding of patient care over time (“From novice to expert,” 2013). Dr. Benner’s novice to expert model was derived from the Dreyfus Model of Skill Acquisition and adapted to provide a more objective way for evaluating progress of nursing skills and subjects (Dale, Drews, Dimmitt, Hildebrandt, Hittle, & Tielsch-Goddard, 2013). The model essentially discusses how an individual has and tends to be limited and inflexible, which requires further professional growth and development (Shirey, 2007). Benner (1982) discusses that since the novice has had no previous experience, there is an inability to use discretionary judgment (p. 403). The novice also struggles to decide which tasks are most relevant to accomplish since there are no concrete rules to regulate task performance or relevance in real-life situations (Benner, 1982).

As the novice gains knowledge, the individual progresses to the advanced beginner stage. Benner (1982) describes the advanced beginner as an individual who has been involved in enough real-world situations that the recurrent component is easily identified (p. 403). The main problem the advanced beginner faces is that, although the individual may have some clinical knowledge, the focus is on the rules and guidelines that have been taught. The advanced beginner needs assistance and support in the clinical area by setting priorities to ensure that important patient needs do not go unattended (Benner, 1982). An advanced beginner nurse leader has had some experience, but may need the influence and guidance of a mentor (Shirey, 2007). Shirey (2007) suggests that mentors dealing with protégés in this phase will help with setting priorities and provide constructive feedback (p. 186).

The third stage of the novice to expert model is the competent stage. The competent nurse or nurse manager is able to prioritize tasks at hand by utilizing past experiences. Benner (1982) describes the competent individual as someone who has been on the job two or three years and is able to see actions in terms of goals or plans (p. 404). The competent individual is able to work in an efficient and organized manner due to conscious, deliberate planning (Benner, 1982). The competent leader is one who lacks the multi-tasking talents and flexibility of proficient leaders, but is able to consciously plan using abstract and analytic principles that focus on long-term goals or plans (Shirey, 2007). As the competent individual continues to progress, the proficient stage is entered. During...
this stage, the individual’s performance is guided by maxims due to seeing a situation in its entirety (Benner, 1982). Benner (1982) describes maxims as pieces of evidence that can provide direction to what is important in the situation (p. 405). The proficient nurse or administrator has a holistic understanding of the situation at hand, which allows for a more improved decision-making process (Shirey, 2007).

The fifth and final stage discussed in the novice to expert model is the expert stage. The expert individual has an extensive knowledge of situations that allows for confidence and an intuitive grasp of complex patient situations (Dale et al., 2013). Rules, guidelines, and maxims are no longer relied upon during the expert stage because the individual is able to grasp the situation and understand what needs to be accomplished at this point (Benner, 1982).

Shirey (2007) points out that skill acquisition is a more important predictor of competency than time in role (p. 168). The reason this is important is because when an individual is in a position for a length of time, others may view the person as competent or proficient, but the reality may be quite the opposite. Another important aspect to understand is that competent and proficient nurses will not approach or solve problems in the same way due to past experiences (Benner, 1982).

Discussion

The novice to expert model has been used in many different areas of the nursing world including assisting with the development of nurse managers and administrators.

A study was released by Fennimore and Wolf (2011) from a hospital in Pittsburgh that initiated a program to assist in the preparation and education for nurse managers and administrators based on the novice to expert model by Dr. Patricia Benner. The program included leadership texts, articles, lectures, self-assessment tools and homework assignments related to budgetary and the business side of management (Fennimore & Wolf, 2011). Managers identified through evaluations and feedback that they appreciated tools given during the training which included identifying turnover trends, conducting behavioral interviews, and completing team assessments which identified work styles (Fennimore & Wolf, 2011).

Titzer, Shirey, and Hauck (2014) released an article in which Benner’s novice to expert model was described as an “effective framework for leadership development and competency measurement, mentoring programs, advanced nursing practice skill acquisition, and professional advancement ladders” (p. 38). The study conducted by Titzer et al. (2014) chose participants with management aspirations to attend a program that would enrich management knowledge through workshops, mentoring, and group activities (p. 40). The study found that participants who completed the program had increased leadership and management competencies at the end of the program (Titzer et al., 2014). The study also demonstrated that individuals who participated in the program had an increase in confidence with assuming a leadership position after the program had ended (Titzer et al., 2014).

Practice Influence and Recommendations

The novice to expert model by Dr. Patricia Benner has had a significant impact on practices throughout the healthcare realm. The model allows for skill acquisition and knowledge to be gained as an individual progresses through each stage. The model also discusses important teaching strategies for each stage of the model. One example would be how an advanced beginner would benefit from a mentor since support is still needed with setting priorities and discovering what is most important (Benner, 1982).
Another recommendation for practice would be to implement professional development programs for nurse leaders. A potentially negative impact on role stress, work environments, patient outcomes, and turnover rates is seen when nurse leaders are not properly selected and prepared for positions (Titzer et al., 2014). Therefore, providing training and mentoring prior to being placed in a managerial or administrative position may lessen the burden associated with lack of training.

Conclusion

The novice to expert model has been used in healthcare systems to develop mentor programs, leadership programs, increase nurse retention, and provide teaching aides for staff nurses. When developing leadership programs, utilizing mentorship along with self-assessment guides may allow for continued growth for current and future leaders of the healthcare industry. Effective leadership preparation and commitment can lead to enhanced staff retention as well as reduced turnover costs and improved quality outcomes (Fennimore & Wolf, 2011). Providing professional development based on Dr. Benner’s novice to expert model for nurse leaders allows healthcare systems to build confident, capable leaders who increase staff retention and contribute to quality, safe patient care.

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