Health. Each month there is a free webinar and all about Men’s Health, Cancer Awareness, & Skin and National Fitness & Sports Month, and June was focus on stress. May looks at Women’s Health with a different focus every month. In April, the That’s what we are working on this entire year, That’s a Healthy Nurse! Nursing: The Balance of Mind, Body, and Spirit. ANA theme says it all: Nursing: The Balance of Mind, Body, and Spirit. That’s a Healthy Nurse! It is CELEBRATION time for so many things! One, it is Nurse’s Week (May 6-12) when you receive this issue. Although it is an annual occurrence, this year with the focus on the Healthy Nurse, it is even more special. The ANA theme says it all: Nursing: The Balance of Mind, Body, and Spirit. That’s a Healthy Nurse! And that’s what we are working on this entire year, with a different focus every month. In April, the focus was on stress. May looks at Women’s Health and National Fitness & Sports Month, and June is all about Men’s Health, Cancer Awareness, & Skin Health. Each month there is a free webinar and resources web page on the focused topic. Hopefully you signed up for the Free May 10th National Nurses Week Webinar: A Nurse’s Guide to Preventing Compassion Fatigue, Moral Distress, and Burnout. Promote yourself and nursing throughout the week. Wear your RN pin every day and a RN promotional item. Arrange to have a local official or legislator stop by your office for a while. Create a special display about nursing for the week. More celebration ideas can be found in the ANA toolkit. Besides celebrating our week, theme, and focus on healthy nurses for the whole year, I invite you to join me in celebrating the influential political power of Oklahoma nurses! We significantly impacted legislators with letters, emails, phone calls, and face-to-face encounters, plus we had so many nurses serving as Nurse of the Day at the State Capitol. Those efforts took time to learn about the issues and successfully advocate a position about them. At times, courage was even required to approach a legislator or speak up. Although as I write this, the outcome of bills like HB 1013 Full Practice Authority and SB 478 Insurance Policies across State Lines is not known, so many nurses have been involved thus far! Also to be celebrated is our individual progress in working on personalized resolutions for the Healthy Nurse, Health Nation Grand Challenge. At this first quarter mark, we need to celebrate our successes towards the goals. Identifying slips and then getting back on track can also be celebrated. Review your Plan of Action (POA) to check your timeline and progress. Perhaps you had to modify or revise to make the resolutions, mini-goals, or small steps more realistic. That is still a celebration current resident or
End Alzheimer’s? Adding a fun walk or 5K race like Relay for Life, Race for the Cure, or Walk to commissioners. This is actually political activity at county, plus personally meet elected officials or opportunity to learn more about your city or provides an ideal time to do all these things!

A similar resolution? Encouraged others to join in resolutions? Have you added someone who has event! Have you asked colleagues to share their responses? Have you submitted it to Candice Black, our Communications even progress to date. I challenge you to write and reasons for selecting or identifying them, and Challenge articles could be similar in that you the Share Your Stethoscope issue where various TON (The Oklahoma Nurse) issue. Remember submitting it before the end of June for the next or vitae! Consider creating such an article and good thing!

Sharing your response to the Grand Challenge is one way to affirm your resolution, inspire or even challenge your colleagues, and ... gain some writing and publishing credit for your resume or vitae! Consider creating such an article and submitting it before the end of June for the next TON (The Oklahoma Nurse) issue. Remember the Share Your Stethoscope issue where various nurses shared their experiences? These Grand Challenge articles could be similar in that you share your personal and professional resolutions, reasons for selecting or identifying them, and even progress to date. I challenge you to write and submit it to Candice Black, our Communications Director!!

might also fit with one of your resolutions or mini-goals! Getting “double credit” for an activity is a good thing!

President’s Message continued from page 1 event! Have you asked colleagues to share their responses? Have you added someone who has a similar resolution? Encouraged others to join in addressing the Grand Challenge? Nurses Week provides an ideal time to do all these things!

Did you add a Community leg to your POA? While we excel at volunteerism, don’t neglect other opportunities that can affect your community. When was the last time that you attended a city or county monthly meeting? It’s a wonderful opportunity to learn more about your city or county, plus personally meet elected officials or commissioners. This is actually political activity at the local level! Have a personal interest in a cause, like Relay for Life, Race for the Cure, or Walk to End Alzheimer’s? Adding a fun walk or 5K race

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CEO REPORT

Jane Nelson, CAE
CEO Oklahoma Nurses Association

There is still much to do at the State Capitol as we head into the last weeks of session, especially in the way of funding and appropriations. State Agencies are preparing for cuts in services, downsizing and other draconian measures with a $9M shortfall in revenue. The Health Care Authority has notified providers of pending cuts, depending on funding scenarios. The Legislature is considering a number of different revenue proposals that may solve the funding issues.

The major funding measure for health care is a Cigarette Tax. The proposed cigarette tax increase of at least $1.50 per pack will help fund the FY2018 service maintenance needs for State health care agencies. These agencies include the Health Care Authority, Department of Mental Health and Substance Abuse, the Health Department and others. The cigarette tax will produce a continuing revenue source, generating nearly $184 million in State revenue. Additionally, it will bring nearly $1.50 in federal matching funds for every State $1 invested into the identified health services.

The cigarette tax isn’t the only issue we are currently working. Insurance is another issue that we are focusing on, specifically SB 478. This bill allows for the sale of accident and health insurance by out of state companies to provide coverage for the 40 percent of Oklahomans who don’t have insurance. The problem with the current version of the legislation is that it does not require these out of state companies to provide coverage for the 40 percent of Oklahomans who don’t have insurance. The problem with the current version of the legislation is that it does not require these out of state companies to provide coverage for the 40 percent of Oklahomans who don’t have insurance.

After almost failing the House Insurance Committee, the House author and Insurance Committee Chair, Representative Lewis Moore approached the coalition for assistance. His intention is to ensure that Oklahomans have options when it comes to affordable accident and health insurance. We all agree, so we are now working together on crafting legislation that will provide Oklahomans with the coverage they deserve.

Another issue we have also worked on was APRN Full Practice Authority, HB 1013. This bill was stalled in the Senate for a number of reasons. We should all be excited that this legislation made it this far. We had great success in the House passing it 72 – 20, far beyond what anyone anticipated. However, this reflects on the great work everyone has done talking with House members over the last couple of years. Once the session is over, we must spend time educating Senate members so that they clearly understand the role of APRNs, their education and authority. It is easy to place blame, but in reality it isn’t one persons fault. Senators were inundated with information from APRNs and physicians for the first time; they didn’t understand the issue and they didn’t have time to stop with the pressing budget issues that were upon them.

Our experience with the Insurance bill is a great example of why we must maintain positive relationships with legislators. Advocating for the profession is a relationship game. If we don’t build positive relationships, we don’t have the ability to affect change when we disagree.

Successful Advocacy will be our focus as we continue our conversation on state issues, affecting change and educating policy makers. This will also be part of our focus at our annual convention in October, The Dawn of a New Era in Health Care. This reflects on the potential changes on the state and federal level. ANA President, Pam Cipriano will join us, sharing insights into our challenges in this new era. We hope that you will join us for the conversation.

Dear ONA Members,

It is time to submit your nominations for the 2017 ONA elections. We need your help to nominate candidates for the ONA Board of Directors and Nominating Committee. Please visit www.OklahomaNurses.org for all the details and to submit an online entry. The following positions are open:

2017 OPEN POSITIONS

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Directors
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• Practice Director (2 yrs)
• Emerging Nurse Director (2 yrs) Must be a nurse for 5 years or less.
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SUcCESSiON DeADliNe: July 10, 2017

SUBMISSION DEADLINE: July 10, 2017

OFFICERS
- Vice President (2 yrs)

DIRECTORS
- Political Activities Director (2 yrs)
- Practice Director (2 yrs)
- Emerging Nurse Director (2 yrs) Must be a nurse for 5 years or less.
- Nominations Committee -3 Members (2 yrs)

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- Nominations Committee -3 Members (2 yrs)
Insight from a Nurse Leader on Board!

Stacy O’Brien-Frisbee, MS, RN
Clinical Instructor, University of Oklahoma Health Sciences Center
Pediatric Nurse, Saint Francis Health System

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

Our featured nurse leader is Stacy O’Brien Frisbie, MS, RN.

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

I am going to discuss being part of the Instructional Time Task Force for Broken Arrow Schools, which I became a part of while serving as Vice-President on the Council PTA Board for Broken Arrow as they were considering a change in school start times. According to the American Academy of Pediatrics (2014), “Chronic sleep loss in children and adolescents is one of the most common – and easily fixable – public health issues in the U.S. today.” Research clearly states that teens who do not get enough sleep have an increased risk of being overweight, suffering from depression, being involved in automobile accidents, and achieve lower grades. Delaying school start times to 8:30am or later is one key factor I could advocate for in order to help teens to get the sleep they need to learn and grow. I was able to present evidence at a Broken Arrow School Board meeting regarding the effects of sleep deprivation on adolescents. We continue to bring up issues regarding research and impacts on child health at our meetings.

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

I have enjoyed being part of this committee for the past three years. As a pediatric nurse, I consider myself a child advocate, but also recognize that educators advocate for children. Communication, commitment to excellence, and respect are the qualities that have been integral in working with other parents, administrators, and educators with a common goal of doing what is best for kids. I also think it is important to demonstrate integrity and transparency by clearly focusing on the population as a whole rather than my own individual children in the district.

Q3: What motivated you to assume this leadership role?

There are very strong correlations between education levels and long-term health. Health status also effects educational outcomes. In this particular role, I felt a compelling need to be a voice for the health needs of children in Broken Arrow as they were considering a change in school start times. According to the American Academy of Pediatrics (2014), “Chronic sleep loss in children and adolescents is one of the most common – and easily fixable – public health issues in the U.S. today.” Research clearly states that teens who do not get enough sleep have an increased risk of being overweight, suffering from depression, being involved in automobile accidents, and achieve lower grades. Delaying school start times to 8:30am or later is one key factor I could advocate for in order to help teens to get the sleep they need to learn and grow. I was able to present evidence at a Broken Arrow School Board meeting regarding the effects of sleep deprivation on adolescents. We continue to bring up issues regarding research and impacts on child health at our meetings.

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

I feel it is important for nurses to have a place at the table in settings throughout the community where decisions are made. Nurses have a unique perspective on their populations; for me that is child, family and community. The primary function of this committee is to structure instructional time according to the law and goals of the district. That includes calendars, start times, embedded collaboration (late start days for teacher professional development), events such as parent-teacher conferences, and transport time to and from school. Educating children efficiently is the primary focus of the group, but an RN can bring the perspective of how different options could affect the health and well-being of those children. “A growing body of research suggests that the similar root causes that lead children to poor educational outcomes and poor health outcomes may not operate via separate pathways but may relate to the biology of brain development and the pathological effects of early childhood exposure to stress and adverse childhood events (Zimmerman, Woolf, & Haley, 2015).” Oklahoma rates near the bottom of many health and education indicators. Twenty-five percent of Oklahoma children live in poverty (Explore Health Measures in Oklahoma | 2015 Annual Report, 2015). Children do not vote, or get a choice in their
Q7: The Institute of Medicine and Campaign for Action will be asked to join in decision-making in the future. IOM for their value to healthcare, the more likely influencing the growth of nursing leadership in organizations and the community and prepare themselves for leadership position. The nurses must believe they can make a difference of order and parliamentary procedures. Instead, many nurses view their roles as the activities they perform at their places of employment, rather than as partners in shaping healthcare in general. Some nurses believe they must experience or expertise to serve on a board with strange rules of order and parliamentary procedures. Instead, nurses must believe they can make a difference and prepare themselves for leadership position. The value they bring to organizations and the community is worth the investment.

Q8: How do you see the IOM recommendations influencing the growth of nursing leadership in Oklahoma?

I think those insights are valued in the community. The more nurses are recognized by groups such as the IOM for their value to healthcare, the more likely nurses will be asked to join in decision-making in the future.

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

The biggest obstacle in my opinion is the status quo. The percentages of hospitals who have RNs on their boards are not into double-digits yet. I am hopeful that more organizations will see the benefits nurses bring to healthcare on a larger scale.

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

First, I would encourage those individuals to express their interest! I think volunteering for local non-profit organizations or community events is a great start. There are also educational resources available through the Robert Wood Johnson Foundation. For the 15th year in a row, America has ranked nursing as the most trusted profession (American Nurses Association, 2016). Communities respect nursing values, and nurses bring a strategic influence to improve the health of the communities across the country. I encourage more nurses to get involved.

References


For more information about getting involved in the Oklahoma Campaign for Action, contact: Jane Nelson, Oklahoma Chief Executive Officer, Oklahoma Nurses Association/Oklahoma Nurses Foundation at 1111 N Lee, Ste. 243, Oklahoma City, OK 73103, P: 405.840.3476 | F: 405.840.3013, E-mail: ona@oklahomanurses.org or access this website: http://campaignforaction.org/state/oklahoma


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Gaming in the Classroom

Rebecca Bean
The University of Oklahoma Health Sciences Center
Fran and Earl Ziegler College of Nursing

Historically, the traditional nature of nursing education has been such that the instructor stands at a podium and delivers a lecture while students take notes (Peddle, 2011). Clinical skills have also historically been taught didactically (Rutt, 2017). “Teaching as we were taught” will no longer be adequate for today’s nursing students (Pettigrew, Dienger, & King, 2011, p. 227). Therefore, instructors are challenged to teach in a manner that catches and retains students’ attention and interest to learn (Baid & Lambert, 2010).

With the various learning styles that students possess, instructors can find it difficult to meet the different needs of all students. Understanding different learning styles will help instructors understand what students experience as they try to assimilate information in the didactic setting. This will also allow for instructors to meet different learning preferences for multiple students at one time. To accomplish this, educational gaming can be used.

Learning Styles

Students possess many different learning styles. Some have only one learning style while others possess multiple different learning styles. Learning styles are the ways in which individuals assimilate, process, and retain new information (Hallin, 2014). Auditory learners learn best by hearing information (Hallin, 2014). “Learning is more effective if education is provided in a way that suits individuals’ learning style” (p. 170). The challenge for instructors is to meet the individual needs while covering content and meeting the needs of the whole rather than the individual student (Boctor, 2013). There is an assumption that matching teaching to learning styles produces better outcomes for the students, but there is little evidence to support this (Rajeswari, 2010). Students, especially millennial students, tend to learn superficially and only engage their short-term memories unless they are interested in the topic being presented (Hallin, 2014).

According to Christodoulou and Kalokairinou (2015) “technology has increased the need for structured, hands-on, interactive assignments in the classroom” (p. 120). Davidson and Candy (2016) stated that “positive deviance is the implementation of uncommon but successful strategies and behaviors that result in more effective solutions to a problem while utilizing only existing resources” (p. 286). Gaming in the classroom is one such strategy.

Gaming in the Classroom

Gaming in the classroom requires students to engage in the learning activities while becoming active participants in their own education (Strickland & Kaylor, 2016). “A game is defined as any activity involving a precise set of rules in which players compete using knowledge and skills in attempts to reach a specified goal” (Strickland & Kaylor, 2016, p. 101). Gaming also allows for large volumes of content to be covered and improves the student experience in the classroom (Strickland & Kaylor, 2016; Davidson & Candy, 2016).

Research has shown that gaming can promote active learning, encourage critical thinking, encourage the value of fun and excitement in learning, can replicate real-life situations, and increases motivation (Royse and Newton, 2007). More importantly, active teaching strategies like games help transfer knowledge learned in the classroom to the clinical setting (Thomas & Schuessler, 2016). “Games also improve the mood, facilitate greater creativity, and boosting student morale” (Aljezawi & Albashtawy, 2015, p. 86).

Not only does gaming allow students to think and engage differently in the classroom, but gaming requires instructors to teach differently (Thomas & Schuessler, 2016). Activities can be planned to encourage deep learning and understanding of the material being taught rather than superficial and short-term learning. Planned activities, such as gaming, offer a greater impact on learning (Baid & Lambert, 2010).

There are many different gaming styles available for instructors to use in the classroom setting. Games can be based on popular television shows such as Jeopardy, Wheel of Fortune, or Who Wants to Be a Millionaire? to name a few. Other games can be scenario or simulation based or web-based for more virtual reality interaction. Strickland and Kaylor (2016) discussed an educational game at their university. The members of the nursing faculty at Strickland and Kaylor’s (2016) university were available to assist during the game and used multiple

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classrooms and labs. Pre-game briefing and post-game debriefing were important. Students were given instructions and broken into small groups. Scores were kept on a giant football field and students progressed using the yard lines. The team to advance across the goal line first won the game. To gain ‘yards’ or points, students had to perform various tasks pertaining to information they learned in the classroom setting, such as wound dressing changes or teaching a patient how to walk with crutches. They not only had to perform the tasks with speed, but they also had to perform them with accuracy. Faculty members were available to grade the students’ work so they could advance. Using this type of game for education purposes takes a lot of planning, yet Strickland and Kaylor (2016) stress that games are “effective method(s) for reinforcing knowledge by increasing both cognitive and affective learning…” (p. 103).

Drawbacks

Games do not suit all learning styles, but they help break up the presentation style of learning and prevent long time periods sitting in chairs (Baid & Lambert, 2010). Games help promote interaction and participation between students, reduce anxiety, and motivate learners to be engaged in the classroom (Hallin, 2014; Strickland & Kaylor, 2016). Games have also been shown to increase retention and higher exam scores (Aljezawi & Albashtawy, 2015).

Instructors of nursing programs may find difficulty adapting games into curriculum, especially older nurse educators who are steeped in tradition. Games can be very time consuming to organize or costly to produce. Games may also require more than one or two instructors as well, or may require multiple instructors from multiple departments. Students may be more focused on winning than learning. Regardless of the drawbacks, games in the classroom have shown that students work together as a team and contributing to their own learning outcomes (Peddle, 2011). “Student satisfaction, motivation, and achievement of learning are all positively influenced by the implementation of a game-based approach” (Davidson & Candy, 2016).

Conclusion

Gaming in the classroom has been a controversial topic. Some may feel that instructors who use games in the classroom setting do not take teaching seriously enough or just want to have a good time. Some instructors who want to use games in the classroom do not because they feel they need to conform to the traditional authoritarian role of a teacher. Regardless of the role the instructor takes, gaming in the classroom can be a fun activity and can lead to greater understanding and retention for the students.

References


The Oklahoma Nurse
Stress vs. Mental and Physical Health

Martha Hernandez, DNP, APRN-CNP, PMHNP-CNS
ONA Board Member, Political Activities Director
Karen Ann Taylor, DNP, APRN-CNP, PMHNP-CNP
ONA Board Member, President-Elect

April is National Stress Awareness Month and in keeping with this theme, The American Nurses Association, Healthy Nurse, Healthy Nation, 2017 calendar has designated April as the month for “Combating Stress.”

The National Institute of Mental Health (NIMH) says, “Stress is how the brain and body respond to any demand” (n.d.). These demands include traumatic events, environmental toxins, home and work life, to name a few. When we are stressed our body engages in an involuntary biochemical cascade of events designed to mediate the stressor and maintain homeostasis. Although some stress can be healthy, uncontrolled, or chronic stress can have deleterious effects on health.

Chronic stress can lead to a myriad of mental and physical health conditions including, depression, heart disease, hypertension, and addictions. In the Huffington Post, Carolyn Gregoire cited a review of data that indicated a 23% higher risk of heart attack for people who work stressful jobs and twice the rate of major depressive episodes for people who work 11-hour shifts. Does this sound like the work nurses do?! According to the ANA, “Nurses know stress. Emotionally draining work, long hours and staffing challenges can stress any nurse out over time” (2014). According to the American Holistic Nurses Association (AHNA) (2017),

Many studies show that nurses are experiencing more stress, and are less healthy, than the average adults in their communities. When nurses ignore the stress that comes from caring for others and stop giving equal care to themselves, they experience physical and/or psychological damage over time.

The American Psychiatric Nurses Association (APNA) Position Paper (2017) says, “whole health begins with mental health.” One of the first steps to managing our own stress is to recognize how it is impacting our physical, emotional, and mental health. The next step to effective stress management leading to whole health is to employ proactive efforts to reduce the negative impact of stress. Utilizing coping skills such as critical incident debriefing, taking breaks, eating healthy meals, walking it off, taking time on your days off to decompress, taking mental health days, and seeking mental health services will help us to manage our work/life stressors. Recognizing the signs and symptoms of stress and taking efforts to alleviate our stress will help us achieve whole health.

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The Oklahoma Nurse, June, July, August 2017
Do you know what NAMI is?

Have you ever felt frustrated that there wasn’t more that you could do for families and support persons of individuals suffering with mental illness? As a nurse have you felt like you didn’t know enough information to help them live their lives as close to normal as possible? Have you ever felt like there was no one there for you in your role to support and empower you in dealing with the complexity of mental health care in Oklahoma? You probably know that there are lots of organizations that are involved with mental illness but maybe didn’t know where to start.

The National Alliance on Mental Illness (NAMI) is an organization whose mission it is to improve the lives of individuals and families affected by serious mental illness. NAMI is a nonprofit 501(c) (3) organization representing Oklahoma families affected by serious mental illnesses. It is the largest “grass-roots” organization in the United States of America run solely by support persons of individuals suffering from mental illness.

Unlike many other organizations who work solely with persons affected by mental illness, NAMI emphasizes support, education, and resources for supporting not only the person living with a mental illness but their families as well. Many other organizations provide direct care resources for persons with mental illness, while NAMI champions education across settings, works in the advocacy and research arenas. A primary objective is the reduction of stigma and discrimination against individuals living with mental illness. These actions all promote understanding of mental illness and work towards a cure for mental illness. Oklahoma has 10 NAMI affiliates located across the state with more being developed. Each local chapter offers a variety of education classes specifically for families and loved ones of persons with serious mental illness. These classes complement the classes and support groups available to persons with mental illness through the Mental Health Association of Oklahoma and other agencies across the state. Examples of NAMI education programs include: Family to Family class: Basics, which is designed specifically for parents and caregivers of children under the age of 18, and Homefront, a class for families supporting veterans. There are also many support groups led by specially trained facilitators which typically meet monthly. NAMIWalks raises funds for NAMI activities and are used to raise awareness, stimulate discussion and promote NAMI. All programs and support groups are free.

Nurses are in an ideal situation to spread awareness about NAMI resources and are encouraged to become involved. There are many ways nurses can help support NAMI through participation in NAMIWalks, distribution of materials to patients or agencies and through service on a NAMI Board of Directors. Helen Farrar, RN is a NAMI Board member, and says “I don’t think most nurses know about NAMI. It is such an amazing resource that provides practical assistance in navigating the complexity of mental health care, works hard to advocate for equity in healthcare and pushes for research advancements. I want to be the best nurse I can and by connecting patients and support persons to NAMI, I know that I am doing that. It is my professional responsibility to be involved and by serving on the NAMI board I know that I am meeting that responsibility.”

If you want to learn more about NAMI you can call the NAMI Oklahoma helpline at 1-800-583-1284 or go to their website at http://namioklahoma.org/. At the website you can identify a chapter in your area with their specific contact information.

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**Have You Been a Nurse for 5 Years or Less?**

**ONA Emerging Nurse Director**, Jennifer Booms, RN is working to develop an ONA Emerging Nurse Chapter. If you have been a nurse for 5 years or less and would like to network with other nurses, we encourage you to get involved in this new chapter! Jennifer will work with nurses from throughout the state to create Emerging Nurse opportunities, such as volunteer activities, meetings/networking, and other activities that the Chapter Members are interested in. You can read more about the Emerging Nurses and Jennifer by visiting the ONA Website, www.OklahomaNurses.org.

If you are interested in becoming a member of the Emerging Nurse Chapter, please email ona@oklahomanurses.org.

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**Bradford Village in Edmond, OK is hiring CNAs and RNs**

**Sign-on Bonuses Available**

Please apply online at www.brookdalecareers.com or email resumes to salexander11@brookdale.com
Did you ever notice: When you put the 2 words “The” and “IRS” together it spells “Theirs...”

The youngest person I have ever met at the store was 60. I thought about making a fitness movie for folks who have gotten to be really good friends.

Aging: Eventually you will reach a point when you stop lying about your age and start bragging about it.

Some people try to turn back their “odometers.” Not me. I want people to know ‘why’ I look this way. I’ve traveled a long way and some of the roads weren’t paved.

You know you are getting old when everything either dries up or leaks.

Ahh! Being young is beautiful but being old is comfortable.

Lord, keep your arm around my shoulder and tell me your hand over my mouth.” (email 02/17)

“So, apparently RSVP’ng back to a wedding invite, ‘maybe next time’, isn’t the correct response.” (email 03/16)

I was in a store that sells sunglasses, and only sunglasses. A young lady walks over to me and asks, “What brings you in today?” I looked at her, and said, “I’m interested in buying a refrigerator.” She didn’t quite know how to respond.

I thought about making a fitness movie for folks my age and calling it “Pumping Rust.”

Why do we put suits in garment bags and Why don’t glue stick to the inside of the bottle?

Why is it called “after dark” when it really is “after light”?

“Being cremated is my last hope for a smoking hot body.” (email 05/16)

Ah! Being young is beautiful but being old is comfortable.

I watched a young lady walk out of the store and turn away.

It’s prime vacation time and you’re a nurse. Have you planned your personal fun time as carefully as you plan your patient’s care? A granite guideline for your health & humor, NEVER give vacation time back to your employer.

Did you ever notice: The Roman Numerals for forty (40) are XL.

Aging: Eventually you will reach a point when you stop lying about your age and start bragging about it.

Some people try to turn back their “odometers.” Not me. I want people to know ‘why’ I look this way. I’ve traveled a long way and some of the roads weren’t paved.

Rockin’ Day Playlist
- Let’s Get Physicals
- I Wear My Bifocals at Night
- A Hard Day’s Nap
- The Long and Winding Nose Hair
- I Can’t See Clearly Now
- I Just Died In Your Arms (Call 911)
- Moany, Moany
- Knock, Knock, Knockin’ on the Bathroom Door
- I Want A New Drug Plan
- To All the Girls I’ve Disappointed Before
- I’m Bringing Baggy Back
- 1-900 Is the Loneliest Number
- It’s Only Muzak (But I Like It)
- Groovy Kind of Love Handles
- I’ve Had the BM of my Life
- Baby Got Backache
- Y.M.C.eh?
- Waking Up is Hard to Do (email 12/16)

The easiest way to find something lost around the house is to buy a replacement.

Why is it called “after dark” when it really is “after light”?

If you think education is costly, try ignorance.

I dunno, why do we? (email 02/17)

The second mouse gets the cheese.

If attacked by a mob of clowns, go for the juggler.

If love is blind, why is lingerie so popular?

If you are cross-eyed and have dyslexia, can you read all right?

Why are they called “ stands” when they are made for sitting?

Does seven days without meat make one week?

A clear conscience is the sign of a fuzzy memory.

Why do we say something is out of whack? Why is it called “after dark” when it really is “after light”?

Why is it called “after dark” when it really is “after light”?

Some people try to turn back their “odometers.” Not me. I want people to know ‘why’ I look this way. I’ve traveled a long way and some of the roads weren’t paved.

If all the world is a stage, where is the audience sitting?

For more information contact Gary Lawrence DON at (918) 547-7185 or go to careers.chocctawnation.com.

If attacked by a mob of clowns, go for the juggler.

The first five days after the weekend are the hardest.

Ban pre-shredded cheese, make America grate once again.

The sign on and Referral Bonuses, ($1,000 RN, $600 LPN), Scholarship Program, Certification Bonuses, Float Pay, and other incentives offered.

My reality check bounced.

If a word is misspelled in the dictionary, how would we ever know?

Aging: Eventually you will reach a point when you stop lying about your age and start bragging about it.
Nominations Open for the Annual ONA Nursing Awards

Recognizing Excellence in Nursing

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

EXCELLENCE IN NURSING

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

NURSING RESEARCH AWARD

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

NURSING IMPACT ON PUBLIC POLICY

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

NIGHTINGALE AWARD OF EXCELLENCE

The Nightingale Award of Excellence is conferred on an ONA member who during their career has:

- Demonstrated innovative strategies so as to fulfill job responsibilities and/or role responsibilities in their professional role and within the community they work and live.
- Consistently surpass expectations of a professional nurse; thus enhancing the image of nursing as a profession.
- Demonstrates sustained and substantial contribution to the Oklahoma Nurses Association.
- Served as a role model of consistent excellence in their area of practice.

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

FRIEND OF NURSING

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

EXCELLENCE IN THE WORKPLACE ENVIRONMENT

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

ELIGIBILITY

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

The deadline for submission of nominations is September 8th. Find complete details and instructions for nominating a nurse on the ONA website, www.OklahomaNurses.org. Submissions can be made online or mailed to ONA. Questions? Email ona.ed@oklahomanurses.org

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Phone: 405-610-8101
Email: Jessica.wray@myalliancehealth.com

Visit:

http://www.alliancehealthmidwest.com/about/careers/hospital-opportunities
ANA NEWS

ANA Enterprise Launches Healthy Nurse, Healthy Nation™ Grand Challenge

SILVER SPRING, MD – The ANA Enterprise launched the Healthy Nurse, Healthy Nation™ (HNHN) Grand Challenge, a new initiative designed to transform the health of the nation by improving the health of America’s 3.6 million registered nurses, on May 1. Sage Products (a part of Stryker Medical) is a corporate sponsor of the HNHN Grand Challenge.

“The ANA Enterprise has a long-standing commitment to ensuring the health and wellness of the nation, and we want nurses to be role models of good health,” said ANA Enterprise CEO Maria J. Weston, PhD, RN, FAAN. “Nurses are committed to caring for their patients, and they often put their own health aside. As a result, nurses are less healthy than the average American due to the demands of shift work, higher levels of stress, and lack of access to healthy food.”

The HNHN Grand Challenge will connect and engage individual nurses, employers of nurses, state nurses associations, and specialty nurses associations to take action to improve their health in five key areas: physical activity, rest, nutrition, quality of life, and safety. The HNHN Grand Challenge will also provide a web platform to inspire action, cultivate friendly competition, provide content and resources to users, gather user data, and serve to connect nurses with each other, and with employers and organizations. There will also be health challenges related to the key areas, such as a quality of life challenge with daily tips to reduce stress, in May, and a safety challenge with tips on safe patient handling and mobility in June.

Seventy state nurses associations, hospitals, nursing schools, and other healthcare organizations have already signed up as partners and committed to a variety to health goals, from increasing physical activity and improving nutrition to preventing burnout. Aurora Health Care in Milwaukee, for example, started a “Tender Loving Care” Cart to reduce stress, compassion fatigue and depression among nurses by offering massages, aromatherapy, Reiki, healing touch, and nutritional support, and the Missouri Nurses Association is organizing a “Show Me Healthy Nurses” 5K run.

Both individuals and organizational partners can get information and sign up for the HNHN Grand Challenge by visiting www.healthynursehealthynation.org.

The launch of the HNHN Grand Challenge precedes the annual National Nurses Week (May 6-12), which celebrates the many contributions nurses make to keep America healthy. Nurses, hospitals, and other health care stakeholders are encouraged to download the National Nurses Week Resource Toolkit, which includes materials to help promote this annual observance in local communities and in the media.

The American Nurses Association (ANA) has designated 2017 as the “Year of the Healthy Nurse,” with the tagline, “Nursing: the Balance of Mind, Body, and Spirit.” Each month, ANA will highlight various health, safety, and wellness topics to help guide nurses on their journey toward their best health ever.

Nurses on Boards Coalition and Chamberlain College of Nursing Join Forces to Empower Nurse Leaders

DOWNERS GROVE, IL – April 26, 2017 – Today, the Nurses on Boards Coalition (NOBC) and Chamberlain College of Nursing announced the culmination of their year-long work on a unique, strategic partnership with two goals: 1) Increase awareness of the significant impact nurses can have on healthcare through service on boards at every level; and 2) co-create programs to help nurses develop the competencies and readiness to serve on boards.

Chamberlain has committed to supporting the work of the Coalition for a minimum of five years and will collaborate with the Coalition to accomplish the Coalition’s goals, positively impacting a culture of health through the transformation of healthcare.

“We are excited about our Founding Strategic Partnership with the NOBC as it exemplifies our alignment around the vision, mission and purpose of empowering extraordinary nurses to step into leadership roles and have a significant impact on healthcare from bedside to boardroom,” said Susan Groenwald, PhD, RN, ANEF, FAAN, national president for Chamberlain College of Nursing. “Through the development of programs that improve nurses’ leadership skills and competencies, nurses, including Chamberlain colleagues and alumni, will be more likely to participate on boards where they can make significant contributions to healthcare.”

According to recent statistics reported by Trustee magazine, an American Hospital Association publication, the vast majority of the nation’s hospitals and health systems do not have a nurse on their board. While America has 3.6 million nurses, only 5 percent of the nation’s hospitals have a nurse as a Trustee or that serves on a board.1 Chamberlain aims to assist the Coalition’s goal of ensuring at least 10,000 nurses are on boards by 2020, and raise awareness that boards can benefit from the unique perspective of nurses.

“A nurse perspective helps boards achieve their goal of improved health, as well as more efficient and effective healthcare systems at the local, state and national levels,” said Rita Wray, MBA, RN, BC, FAAN, Chamberlain Board of Trustees member. “Nurses represent one of the largest segments of our healthcare workforce and it simply makes good business sense to have the nursing perspective represented in all places where decisions affecting health are made.”

“The NOBC is pleased to partner with Chamberlain College of Nursing to extend our reach and provide support to nurses as they offer their expertise to relevant boards,” said Kimberly J. Harper, RN, MS, CEO, Indiana Action Coalition for Nursing. “A nurse perspective helps boards achieve their goal of improved health, as well as more efficient and effective healthcare systems at the local, state and national levels,” said Rita Wray, MBA, RN, BC, FAAN, Chamberlain Board of Trustees member. “Nurses represent one of the largest segments of our healthcare workforce and it simply makes good business sense to have the nursing perspective represented in all places where decisions affecting health are made.”

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American Nurses Association and Hospice & Palliative Nurses Association Call for Palliative Care in Every Setting

SILVER SPRING, MD – The American Nurses Association (ANA) and Hospice & Palliative Nurses Association (HPNA) have partnered to issue the Call for Action: Nurses Lead and Transform Palliative Care. This Call for Action supports the belief that seriously ill and injured patients, families, and communities should receive quality palliative care in all care settings.

“Every nurse should have the knowledge and ability to facilitate healing and alleviate suffering through the delivery of safe, quality, and holistic person-centered primary palliative care,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Nurses within the palliative care specialty may practice in designated palliative and hospice teams – our call is for all nurses to take action to transform palliative care across all specialties and care settings.”

In January 2016, ANA and HPNA convened the Palliative and Hospice Nursing Professional Issues Panel. This panel was tasked with completing an environmental assessment, examining palliative care nursing within today’s health care system, and identifying steps and strategies for nurses to lead and transform palliative care. After five focus areas were identified for examination, the Call for Action was drafted and widely disseminated for public comment.

The results of the comment period yielded extensive feedback and additional resources that aided in the document’s completion. The Call for Action, which has been reviewed and approved by members of the ANA and HPNA Boards of Directors, outlines twelve key recommendations. These recommendations support the conclusion of the Call for Action and outline the steps necessary to achieve quality primary palliative nursing, regardless of setting.

“This call to action is the blueprint for America’s 3.6 million nurses to transform the care and culture of serious illness, by sharing a common framework for the delivery of primary palliative nursing care to all patients and families, whenever and wherever they need it,” said HPNA CEO Sally Welsh, MSN, RN, NEA-BC. “Now it is up to all nurses to take action.”

Nurses are encouraged to lead and transform palliative care in practice, education, administration, policy, and research. To learn more about the Call for Action: Nurses Lead and Transform Palliative Care, visit http://nursingworld.org/CallforAction-NursesLeadTransformPalliativeCare.

### ABOUT ANA

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.6 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org.

### ABOUT HPNA

The Hospice and Palliative Nurses Association was established in 1988 and is the national professional organization that represents the specialty of palliative nursing, which includes hospice and palliative nurses. HPNA has over 11,500 members and 50 chapters nationally. HPNA works together with the Hospice and Palliative Credentialing Center and the Hospice and Palliative Nurses Foundation to promote our mission, to advance expert care in serious illness, and our vision, to transform the care and culture of serious illness. Visit http://hpna.advancingexpertcare.org to learn more.

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APPLICANTS MUST APPLY ONLINE
Visit Cuba with ONA and the Cuban Society of Nursing

The Oklahoma Nurses Association is organizing a delegation to visit Cuba for the purpose of meeting with our Cuban counterparts and learning about the role of Cuban nurses in health care delivery. MSc. Idalmis Infante-Ochoa, President of the Cuban Society of Nursing, has invited ONA to visit, November 13 - 18, 2017. The goals of the delegation and initial topics of discussion for the meetings and site visits have been preliminarily identified as the following:

- Meet with the Cuban Nursing Society
- Panel presentation overview of the Cuban Health Care System
- Meet with nurses and discuss their role at the tertiary care level of medical attention in Cuba
- Visit the National School of Public Health (ENSAP) to discuss post-graduate curriculum designed for nurses in Cuba
- Visit a community-based Polyclinico and Family Doctor/Nurse clinics and meet with nurses executives, staff nurses and supervisors
- Visit a nursing home to learn about the role of nurses in hospice care
- Visit Hogar Materno Infantil, a maternity clinic, to learn about the role of nursing in maternity care

Delegates will participate in professional meetings and site visits each day; the interests and composition of the team will determine the final meetings and topics for discussion.

Since it’s founding in 1976, under the Nation Council of the Scientific Society of Public Health of Cuba, the Cuban Society of Nursing has become the governing body for nursing in Cuba. Their primary focus has been on the advancement of the practice of nursing in Cuba. The opportunity for you to learn about Oklahoma Nurses Association nursing practices in Cuba, through observation of your Cuban counterparts in their working environment; experiencing how they address common challenges with limited resources, will give a perspective unattainable through any other avenue.

For detailed information, please visit the News section on the ONA Website, www.oklahomannurses.com.

Nursing Opportunities Available

- ER Nurse Supervisor
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Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona. For more information contact: Earnahs McIntosh, RN, BSN, IDON, 928-755-4501, ernahsha.mcintosh@sagememorial.com.

Applications available at http://sagememorial.com/careers/ Submit applications to the Human Resources Department, Fax: 928-755-4659, hr@sagememorial.com

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 required.

Detailed information at: http://www.opsu.edu/Offices/Human_Resources/job_Listing/

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

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

**Suggested Topics:**
- Clinical Simulations
- Conflict Resolution/Disruptive Behavior
- Health Disparities in Oklahoma
- End of Life Care
- Ethics
- Health & Wellness
- Informatics
- Leadership (Clinical & Academic)
- Mental Health
- Mentoring
- Nursing Research
- Nursing Specialty Topics
- Pain Management
- Palliative Care
- Population Health Management
- Political Advocacy in Nursing
- Practice Innovation - Clinical topics
- Self-care/Stress Management
- Share Research Findings
- Social Determinates of Health
- Status and Trends in Organ Transplant
- Using evidence based practice

**For more details and to submit online, please visit [www.OklahomaNurses.org](http://www.OklahomaNurses.org). All submissions must be made online.**

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**Call for Proposals continued from page 1**

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