Nurses Continually Pay it Forward

“To care” is inherent in the heart of every nurse. This caring is not only for our patients, our families, our peers, but also for our future nursing workforce. Nurses continue to ‘pay it forward’ via mentoring and scholarship fund raising across Indiana.

The demand for educated nurses has been increasing over the last 2 decades. As large numbers of our peers retire and our patient population ever expands in both numbers and critical health issues, the need for nurses will grow exponentially. Scholarship funding will be integral to educate the future workforce, to ensure a diversified workforce, to make sure the nursing scholars to teach well into the future.

This is where our nursing peers “pay it forward.” Trending in charitable giving reveals that on the average, women give 3.5% of their wealth to charity. Women also tend to give to multiple causes of which growth of their profession is one. The nursing workforce in Indiana more than likely exhibits this trend. One only should ‘google’ nursing scholarships in Indiana to see the wealth of both scholarships available and opportunities to donate.

The Indiana Nurses Foundation (INF) and the Indiana Center for Nursing (ICN) are breaking new ground in scholarship fund development. While the INF has been in existence for 30+ years, the ISNA rejuvenated the foundation last September by holding a bead reverse raffle at the state convention. In April of 2017, they hosted their first annual research grant fund raiser. Both events were positively received and monetarily successful and funds raised exceeded expectations.

The ICN is currently in the final stages of planning its third scholarship gala (Central) which will be held in Indianapolis on September. The two previous galas (Southwest & Northeast) were extremely successful. Northwest Indiana is in the beginning stages of planning a similar gala. All funds raised from both the individual donors and the event sponsors to fund nursing scholarships across the state. Scholarships are available to entry level and graduate level students.

The Indiana Organizations of Nurse Executives (IONE) also offers nursing scholarships. Almost every school of nursing alumni association in Indiana has scholarship funds available to nursing students. Multiple hospitals within the state offer nursing scholarships. A host of grateful families have created nurse memorial scholarships. Professional nursing specialty organizations both nationally and statewide offer scholarships for students interested in that specialty.

It would be interesting to conduct an informal query of the RNs licensed in Indiana to see how many of our peers donate toward nursing scholarship either to their basic training program or similar nursing scholarship programs. My gut feel is that we all would be proud of our peers and mega impressed with how many nurses ‘pay it forward.’ I am so very proud of my Indiana peers.
CERTIFICATION CORNER

Sue Johnson

Pat Owens, MSN, RN-BC has been a valued colleague of mine for many years. In addition to her superb clinical skills, Pat has been a role model for nursing professional development to numerous nurses throughout her career, including me. She personifies why certification is essential for registered nurses and I am thrilled that she will share her story with us.

“I am a retired nurse who works temporary as an operational lead at a large Medical Center. I have a Medical-Surgical Nursing Certification (RN-BC) that I received in October, 1990. I have worked in several roles as a RN for 48 years. I loved my nursing career, but felt I wanted to go further with my career. So I decided I would go for Medical-Surgical Certification. I found out just how much the Med-Surg nurse needs to know to care for patients; we have to be aware of many aspects, not just specialized in one area.

Two other nurses and I traveled to Indianapolis to sit for the Med-Surg certification. In those days, there was no computer testing! I was nervous when I received that letter in the mail. I was so proud when I opened that letter and saw I had passed. I have been able to use my certification in furthering my career in all my years of practicing. After retiring, my love for nursing was still in my heart, so I am still working one-two days a week. I am able to be a role model to encourage all nurses to obtain their certification. It still makes me proud to be able to maintain my certification and to demonstrate my commitment to nursing.”

I encourage all of you to go for certification — “it is never too late!”

I couldn’t say it better myself. Now, it’s YOUR turn!

Do you want to share your certification story with your colleagues? It may encourage them to join you! Please contact me at SueJohn126@comcast.net to share your experiences!

CEO NOTE

Indiana State Nurses Association (ISNA) has embarked on an amazing adventure with the American Nurses Association (ANA). As part of a pilot, ISNA has slashed dues as has ANA to offer membership to nurses. ISNA is a constituent member of the American Nurses Association.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

ISNA is a multi-purpose professional association serving registered nurses since 1903.

ISNA is a constituent member of the American Nurses Association.

Address Change

The INF Bulletin obtains its mailing list from the Indiana Board of Nursing. Send your address changes to the Indiana Board of Nursing at Professional Licensing Agency, 402 W. Washington Street, Rm W072, Indianapolis, IN 46204 or call 317-234-2043.

Bulletin Copy Deadline Dates

All ISNA members are encouraged to submit material for publication that is of interest to nurses. The material will be reviewed and may be edited for publication. To submit an article to The Bulletin, 2915 North High School Road, Indianapolis, IN 46224-2969 or E-mail to info@indiananurses.org.

The Bulletin is published quarterly every February, May, August and November. Copy deadline is December 15 for publication in the February/March/April The Bulletin; March 15 for May/June/July publication; June 15 for August/September/October, and September 15 for November/December/January.

If you wish additional information or have questions, please contact ISNA headquarters.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@adpub.com. ISNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Indiana Nurses Foundation of products advertised, the manufacturer lacks integrity, or that this association authorizes or endorses the manufacturers, or the claims made. Rejection of an advertisement by the INF Bulletin does not imply that the manufacturer or its product is unsound. ISNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ISNA or those of the national or local associations.

www.indiananurses.org

Published by: Arthur L. Davis Publishing Agency, Inc.

An official publication of the Indiana Nurses Foundation and the Indiana State Nurses Association, 2915 North High School Road, Indianapolis, IN 46224-2969. Tel: 317-234-4575. Fax: 317/297-3525. E-mail: info@indiananurses.org. Web site: www.indiananurses.org.
2017 Indiana State Nurses Association Awards

Awards to be given this year at the 2017 ISNA Convention uses our four pillars as a guide: Unity, Advocacy, Professionalism, and Leadership and combine the National ANA award categories.

To nominate a nurse for any award, submit information on the nominee, including curriculum vitae, if available. Document the nominee’s involvement in each area listed in the award’s criteria. Information on the nominator should also be submitted including name, position, employer, address, and phone number. Include information on your relationship with the nominee and how you became aware of his/hers leadership excellence. Complete Nominating form below or print out form and e-mail to info@IndianaNurses.org; mail to ISNA, 2915 N. High School Road, Indianapolis, IN 46224; fax 317-297-3525.

I. Unity
The President’s Award
• To recognize distinguished service or valuable assistance to the Indiana State Nurses Association and, thus, to the profession of nursing.
• Criteria: This award is selected by the current ISNA President and presented to an individual(s) who can be a registered nurse or a non-nurse, who has given distinguished service or assistance to the Indiana State Nurses Association. If the nominee is a nurse, the individual must be a current member of ISNA and have held membership in ISNA for at least four (4) years. Selection shall not be made posthumously.

The first President’s Awards were presented at the 1989 Awards Banquet by Doris R. Blaney. The nominee(s) approved by the ISNA Board of Directors will be invited to attend the ISNA Convention for the presentation of the Award. If due to extenuating circumstances the nominee cannot be present, the presentation will be made in absentia. Names of individuals not receiving honorary recognition may be resubmitted for consideration at another time.

II. Advocacy
Public Policy and Advocacy Award
• To recognize outstanding contributions to the development and implementation of health related policy at the local, state, and national level.
• Criteria: A member of the Indiana State Nurses Association, who has significantly influenced policy and legislation that positively affects the health and well-being of the citizens of Indiana and the practice of professional nursing.

In June 1999, the ISNA Board of Directors established the Georgia B. Nyland Award in her honor and memory. Georgia was devoted to the advancement of the nursing profession and to excellent health care. For many years, she used her tireless energy and talents to influence legislators and others in the health policy arena to evoke positive changes that have benefited many. She took great pride in her membership in ISNA. She was a good friend and mentor.

III. Professionalism
Nursing Professionalism and Practice Award
• To recognize outstanding professional contributions and excellence in the practice of the science and art of nursing.
• Criteria: A member of ISNA, and who has demonstrated excellence in Nursing practice in Nursing education, clinical practice, innovation and contribution in Nursing research, is a clinical role model and inspires other nurses to improve the health of patients, families or communities.

An example of Nursing Professionalism Award is the Psychiatric Nursing Professionalism Award which honored Ruth Stanley and Beverly S. Richards who made significant contributions and lasting legacies in psychiatric nursing practice and advocacy. These award recipients demonstrated excellence in psychiatric practice through working directly with clients, families, or groups, and serves as a clinical role model who inspires other nurses to improve client care.

IV. Leadership
Distinguished Nurse Leadership Award
• To recognize excellence in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
• Criteria: A member of ISNA who has demonstrated excellence in leading, motivating, mentoring, and promoting the professional advancement of nurses and exemplary nursing practice.

Student Nurse Leadership Award
• To recognize excellence, volunteer work, and leadership in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
• Criteria: A member of the Student Nurse Association who has demonstrated excellence in motivating, mentoring, and promoting the student nurses’ role in exemplary nursing practice.

Nominations will be accepted through August 31, 2017.
Here are the topics related to healthcare and the committees to which they are assigned:

- Health
  - Shortage of health care providers in Indiana
  - Goals, benchmarks, and plans to reduce the incidence of diabetes in Indiana, improving diabetes care, and controlling complications associated with diabetes
  - Potential improvements to the INSPECT program
  - Changes needed in state law and policy to respond to changes in federal law on health care
  - Corrections and Criminal Code
  - Extending mental health and addiction services to more individuals in our criminal justice system
  - Government
    - Food deserts
    - Energy, Utilities, and Telecommunications
  - Health effects and other issues related to the construction of wind power devices

- Environmental Affairs
  - Lead removal from the public water supply
  - How water utility service can be more accessible and affordable

- Public Safety and Military Affairs
  - Whether the employer of a public safety officer who dies in the line of duty should provide health coverage for the employee’s surviving spouse and children
  - Commission on Improving the Status of Children
  - Infant mortality and children born with an addiction

Speaking of 2018, I am optimistic the bill to modernize Indiana’s regulation of advanced practice nurses and retire the collaborative practice agreement requirement for prescriptive authority will be reintroduced. You can be contacting your state legislators right now to educate them about how this proposal will improve patient access to care without creating a risk to patient safety. Another bill from 2017 likely to return in 2018 is the tobacco cessation package that sought to increase the tax on cigarette packs, in addition to other anti-smoking measures. A new healthcare issue we could see introduced in 2018 is allowing schoolchildren access to stock sunscreen. Many school districts currently have policies requiring students to bring their own, which can create a problem if a child is without.

ANA Membership Assembly & Hill Day
In early June, over 400 nurses went to the Capitol to advocate for your profession. Delegates from every state met with legislators to discuss important nursing issues. This advocacy event was the leadup to the annual American Nurses Association Membership Assembly. Their message included the following:

- Nurse Workforce funding through the Title VIII Nursing Workforce Reauthorization Act
- Allowing APRNs to certify Medicare eligibility for home health through the Home Health Care Planning Improvement Act
- Improve nurse staffing through the Registered Nurse Safe Staffing Act, which utilizes an adjustable, unit-specific, committee approach to staffing as opposed to mandatory staffing ratios
- Health Care reform that protects Americans with pre-existing conditions, provides access to affordable health insurance, and promotes innovation in care delivery models

You can find out more about these topics at rnaction.org.

At Membership Assembly, the ANA Reference Committee made the following recommendations regarding the direction of the association, which were approved by the delegates:

- Highlight and promote the use of policy and advocacy resources
- Emphasize policy development and advocacy as central to the role of all registered nurses
- Advance measures to heighten the involvement of individual registered nurse members in the generation of policy and advocacy topics

Define Yourself
with a degree from IWU

School of Nursing

RNs & LPNs

Regional Health clinics is a Federally Qualified Health Center (FQHC) with two locations in Hammond, IN, one location in East Chicago, IN and one in Merrillville, IN. Our goal is to provide the community with affordable, accessible healthcare. We offer primary health care and dental care to women, men and children.

Nurses: LPN requires a Practical Nursing Degree and Licensed Practical Nurse in the State of Indiana. RN requires a minimum of an Associate's Degree in Nursing and Licensed RN in the State of Indiana. Shift: Days, some Evenings and Saturdays.

RNs & LPNs

Online Nursing Programs

Onsite

SCHOOL OF NURSING

BACHELOR’S DEGREES

BSN Traditional Nursing Program
RN-to-BSN Bachelor of Science in Nursing

MASTER’S DEGREES

MSN Family Nurse Practitioner
MSN Nursing Administration
MSN Nursing Education
MSN Psychiatric Mental Health Nursing

DOCTORAL PROGRAM

Doctor of Philosophy

CERTIFICATE PROGRAM

Post Master’s Certificate

indwes.edu/nursing | 866.498.4968

Learn more prepdaily.org
The Honorary Recognition Award is conferred on an individual who has rendered distinguished service in any area of service to the nursing profession.

1967 Helen Weber, RN
    Nancy Scramlin, RN
1969 Mildred Boeke, RN
1971 Ethel R. Jacobs, RN
1973 Caroline Hauenstein, RN
1975 Doris O. Stewart, RN
1977 Ethel Mae J. Payne, RN
1979 Emily Holmquist, RN
1981 Senator Charles Bosma
    Representative Dennis Avery
1983 Helen Johnson, RN
1985 Toby Etchells, RN
1987 Georgia Nyland, RN
1991 Faye Peters, RN
1993 John C. (Chris) Bailey, MD
1995 No award Presented
1997 Sharon Isaac, RN
1999 No award Presented
2001 C. Hazel Malone, RN
2003 Beverly S. Richards, RN
2005 Louise Neufelder, RN
2007 Vicki Johnson, RN
2009 Phyllis Lewis, RN
2011 No award Presented
2013 Ernest Klein, RN
2015 Representative Ed Clere

Nyland Public Policy Award
In June 1999 the ISNA Board of Directors established the Georgia B Nyland Award in her honor and memory. Georgia was devoted to the advancement of the nursing profession and to excellent health care. For many years she used her tireless energy and talents to influence legislators and others in the health policy arena to bring about positive changes that have benefited many. She was a good friend and mentor.

The Nyland Public Policy Award will be presented biennially to a registered nurse who is an ISNA member for outstanding contributions to the development and implementation of health related policy at the local, state and/or national level. The recipient will be recognized for significantly influencing policy and legislation that positively affects the health and wellbeing of citizens and the practice of professional nursing.

Awardees
1999 Naomi R. Patchin
2001 N. Jean MacDonald
2003 Pamella Jahlke
2005 No award Presented
2007 Diana Sullivan
2009 Veda Gregory
2011 No award Presented
2013 Merry Adison
2015 Sharron Crowder

President’s Award
In 1989 a method of honoring individuals who have provided exceptional service to the Indiana State Nurses Association and, thus, to the profession of nursing was established.

1989 Jane Meier
1991 Betty Bednar
1993 Ronald Isaac, JD
1995 Karen Hartman
1997 Robert D. Mobley
1999 Exter Acree
2001 Sharon Isaac
2003 Joyce Darnell
2007 Ruth S. Bristow
2009 Philip Staten
2011 Dorene M Albright
2013 No award Presented
2015 Linda Webb
2015 Blayne Miley

As my ISNA internship comes to a close, I would like to thank the Blayne Miley, JD, Director of Policy and Advocacy and ISNA for the opportunity to engage in and learn more about health policy. Below are my “Top Ten” takeaways from the ISNA Policy internship:

1. “It’s not what the vision is, it’s what the vision does,” Peter Senge
2. Get involved in your professional organization—it’s easier than you think!
3. Professional organizations are our “voice” at the state and federal level.
4. Support professional organizations “call to action.”
5. “If they don’t give you a seat at the table, bring a folding chair,” Shirley Chisholm
6. Get to know your state and federal representatives, and the issues they support.
7. Policy makers want and need nurses input on health care issues. We are the silent constituency.
8. We can influence health policy and make an impact.
9. Be informed. Subscribe to email notifications like Kaiser Health News, ANA Nursing Insider, ANA SmartBrief, AACC, etc.
10. Nurses are Subject Matter Experts, our voice and input matters.

Parting thoughts…Shirley Chisholm, the first black woman in Congress summed it up well when she said, “If they don’t give you a seat at the table, bring a folding chair.” As a profession, we need to have a vision, create our own opportunities, be informed, and have a voice in the decision-making process. So, if they don’t give you a seat at the table, bring in a folding chair and make it happen!
Debbie Hatmaker, PhD, RN, FAAN
Executive Director/Executive Vice President American Nurses Association

Dr. Hatmaker leads the implementation of ANA’s strategy and plan to advance the association’s comprehensive policy, advocacy, and national communications agenda. She is a key member of the ANA executive leadership team, which is charged with leading the implementation of the association’s strategic plan. Dr. Hatmaker has served in many elected and appointed leadership positions. These include president of the Georgia Nurses Association from 1999-2002 and first vice president of ANA from 2006-2010. The ANA Board of Directors appointed her president of the American Nurses Credentialing Center, where she served two terms from 2007-2011. In recognition of her many outstanding accomplishments for the nursing profession, Dr. Hatmaker was inducted as a 2012 fellow in the American Academy of Nursing.

Larry Z. Slater, PhD, RN-BC, CNE
Clinical Assistant Professor

Larry Slater was a guest on “The View” in September 2015, in response to the stethoscope comment controversy. He and his NYU College of Nursing colleagues educated the hosts and the audience about the training and dedication of nurses. Dr. Slater received his doctoral degree in nursing from the University of Alabama at Birmingham (UAB) School of Nursing, where he also completed his post-doctoral training. His program of research focuses on the psychosocial aspects of aging with HIV, particularly addressing multiple comorbidity and medication management to ensure continual HIV care, viral suppression, and improved quality of life. Dr. Slater is a Certified Nurse Educator and has received awards from peers and students for his teaching. He is on the Board of Directors of ANA-New York and is an active member of the Honor Society of Nursing, Sigma Theta Tau International, as well as several other professional nursing organizations.

Need a Hotel Room? To Reserve a Room: Courtyard by Marriott 411 Kentucky Drive, Kokomo, IN 46902 1-765-453-0800 Room Block and Special Rate Code: ISNC Available until August 25, 2017.
ISNAP’s Annual Report to the ISNA

Chuck Lindquist, Director of ISNAP

(For the months of July, 2016 – June, 2017)

1. # of Intakes: 241 – 61 were re-enrollments (Average of 20.1 a month). Last year was 297.
   a. 35% were from the BON, 24% were from employers, and 12% were from the AG’s office.
   b. The other 29% includes self, family, therapist, physicians and attorneys. Self-referrals are up from the previous year.
   c. 34% the primary drug of choice (DOC) was opiates, 30% was alcohol, and 11% was marijuana. The other 25% includes benzo’s, amphetamines, cocaine, heroin or denial of use/abuse. There has been a recent upsurge in heroin being a DOC.

2. # of recovery monitoring agreements (RMA’s): 200 (Average of 16.7 a month). Last year was 238.
   a. Length in monitoring – 6 month RMA – 33 (16%) - Last year was 16%
   b. Length in monitoring – 12 month RMA – 47 (24%) - Last year was 32%
   c. Length in monitoring – 13-24 month RMA – 40 (20%) - Last year was 15%
   d. Length in monitoring – 36 month RMA – 80 (40%) - Last year was 35%

3. # of Discharges: 238 (Average of 19.8) 74% were successful completions. Last year there were 224 with a 76% successful completion rate.

4. Current # in active monitoring: 396 (55%) have an encumbered nursing license. Last year was 434 with 56% having an encumbered license.

5. Current # in intake: 70

6. # closed out of intake without entering into an RMA: 91 (Average of 7.6). 20 or 22% did not meet criteria for monitoring with ISNAP. They were either not given a substance use disorder (SUD) diagnosis or they had been clean and sober for a significant period of time. Last year was 108.

7. Quarterly Compliance Reports indicate an average for the year of 70% of participants being fully compliant, 20% being partially compliant, and 10% being in significant non-compliance.

8. Quarterly INSPECT Reports indicate that an average of 84% of all participants have not obtained a prescription for a controlled substance. Of the remaining 26%, an average of 79% of those participants were new in the RMA and given a period of time to safely taper off the medication or had submitted copies of the prescription.

9. Accomplishments:
   a. ISNAP has approved 52 Needs Assistance Fund applications. ISNAP has also increased the dollar amount award each time to $375.
   b. Robin has continued to develop an Alumni Resource Pool. These alumni act as “mentors” to new participants coming into the program.

The ANA Membership Assembly was held June 9th and 10th. Nurses came together from all over the country to discuss nursing policy and the future of nursing. On the agenda was also the structure of the Membership Assembly. Many felt the current restriction of two nurses from every state representing the state was too limiting. After a lengthy discussion, the vote was in and the Membership Assembly will change from two representatives per state to an addition of two hundred seats to be split between the states based upon ANA/state membership starting in 2018. This means, the states with higher membership will have more seats.

What does this mean to Indiana? It is a little difficult to say as Indiana membership is growing but it should mean Indiana will have at least three (3) delegates next year. Vote for your next ANA Membership Delegates on our website, www.InianaNurses.org. Follow the link in the banner at the top of the page.

Excerpts from the ISNA Bylaws

ARTICLE IX ASSOCIATION MEETINGS

SECTION 1. The ISNA shall hold an annual Meeting of the Members in good standing, at such time and place as shall be designated by the Board of Directors and announced in the official publication of the ISNA.

SECTION 2. ANNUAL MEETING

a) The annual meeting shall be composed of members present.

b) Members shall:

   (1) Establish the order of business at the beginning of the annual meeting.
   (2) Adopt and maintain the Bylaws of the ISNA.
   (3) Take positions, determine policy, and set direction on substantive issues of a broad nature. Necessitating the authority and backing of the official voting body of the ISNA except as otherwise provided for in these Bylaws.
   (4) Take action on Association business as required by law or these Bylaws.
   (5) Transact all other lawful business as may be in order.

SECTION 3. Special meetings of the ISNA may be called by the Board of Directors, and they shall be called by the President upon the written request of a majority of the chapters at least one month prior to the special meeting.

ARTICLE X HONORARY RECOGNITION

SECTION 1. Honorary recognition may be conferred by a unanimous vote of the ISNA Board of Directors on a nurse or a person who is not a nurse who has rendered a distinguished service or valuable assistance to the nursing profession.

SECTION 2. Any ISNA member or structure unit may recommend to the ISNA Board of Directors the name(s) of any individual(s) deserving recognition. The recognition shall be conferred at an annual Meeting of the Members at a time and place selected by the Board of Directors.

SECTION 3. Honorary Recognition confers social privileges only. One may be a member and also hold Honorary Recognition.

ARTICLE XI QUORUMS

SECTION 1. A majority of the Board of Directors, one of whom shall be the President or the Vice-President, shall constitute a quorum at any meeting of the Board.

SECTION 2. A majority of the members shall constitute a quorum for all committees.

SECTION 3. Five (5) members of the Board of Directors, one of whom shall be the President or the Vice-President, and three (3) percent of the current membership shall constitute a quorum for the transaction of business at any annual or special meeting.

SECTION 2. These Bylaws except for Purposes, Functions, and Dues may be amended by the ISNA Board of Directors by a two-thirds vote, provided notice shall have been sent to all members at least sixty (60) days prior to the board meeting.

SECTION 3. These Bylaws may be amended without previous notice at an annual or special meeting by a ninetynine percent (99%) vote of those present.
**ISNA 2017 Board of Directors Election**

The following is the candidate information furnished by the candidates on their 2017 ballot for consent to serve.

**PLEASE HELP US GO GREEN!**

Voting will take place electronically again this year. Please request a ballot if you don’t have an email address. A link will be sent to all active ISNA members on August 1st, 2017. You can add/update an email address at www.nursingworld.org.

**Board of Directors and Officers**

President – Elect One

Jennifer Embrey, DNP, RN NE-BC, CCNS

**Current Title:** Clinical Assistant Professor and Magnet Coordinator

**Statement of Professional Views:** As a passionate nurse leader, my expertise lies in strategy and execution at board level. My personal mission of leading and empowering others is realized through my teaching and the service that I provide to Indiana Nurses. Living in a rural area and working in an urban area, I see the challenges of nurses across Indiana. As my personal mission is a great fit with the mission of ISNA, I believe that I can continue to make a difference for Indiana Nurses through ISNA leadership. Nurses will continue to lead the charge for improved healthcare for Indiana residents. I am committed to using my expertise and influence for the enhancement of the nursing work environments in our state. Well-rounded in board leadership from the bedside to the board room, I listen well and am always alert to intended and unintended consequences of changes in how we deliver care. Challenges in healthcare continue and I believe that we, as a profession, need to continuously re-evaluate our safety needs and achieving the outcomes needed in healthcare. I would be honored to once again serve as your Indiana State Nurses Association President.

Vice President – Elect One

Emily B. Segov DN, RN, NEA-BC, LSBB

**Statement of Professional Views:** Eighteen years ago, I took care of my first patient as a Licensed Practical Nurse. Never did I dream I would earn a Doctorate in Nursing and become a board member. Over the last 18 years, I have developed a strong passion for nursing education, workforce development, innovation, health policy and leadership. While my core values have evolved greatly, the ones that have stuck with me are integrity, dedication, and reverence. Integrity is about cultivating trusting relationships through honesty and transparency. This value truly sets the foundation for our profession and is why I have been ranked #2 as the most trusted profession for 15 years. Dedication is the commitment to upholding the values of the nursing profession and ensuring your actions align with what is expected as a nurse. Lastly, reverence is the respect and compassion for human dignity and diversity of life. As I share my expertise as a board member of all walks of life. It is our job to advocate, protect and provide care without judgment. If we place these values at the center of what we do each and every day, there will surely see the day when we are celebrating our 200th, 500th and 75th year as the most trusted profession.

**ONLINE convenience, QUALITY education**

**We Offer Accredited Continuing Education Programs including:**

- Anticoagulation
- Case Management
- Lipid
- Diabetes
- Pain Management
- Wound Management
- Health Promotions and Worksite Wellness
- Heart Failure
- Oncology Management
- Faith Community
- Pain Management
- **Designated hours of Pharmacology**

**Education in Your Own Time and Place**

USLeduHealthCertificate
877-874-4584

---

**Directors – Elect Four**

**Audi Hopper, BSN, RN**

**Statement of Professional Views:** I have a long history of active involvement in nursing organizations because they help me connect with my purpose and develop my professional role and skills. I love supporting the work of ISNA. I strive to be a deep and meaningful work of clinical nursing but I also believe it is of utmost importance that our role extend beyond the bedside and into public policy. Nurses have critical insight and skills that can address complex issues, offer pragmatic solutions, and implement those solutions through excellent policy advocacy. Our voice is a vital component of health policy and I want to continue to move that work forward by continuing with my role as a Director At Large with ISNA. I would do more than advocate for the nursing profession; ISNA offers leadership and unity so we can reconnect to our professional passions and with one another as nurses.

**Angela Mamat, MSN, RN**

**Current Title:** Registered Nurse Navigator

**Statement of Professional Views:** My philosophy is that every patient deserves quality compassionate care that is evidence based and mindful of the patient as a whole person. I believe that education shapes our future, and I believe it is a responsibility of the advancement of professional nursing. Through education and research, we gain the knowledge and skills to provide the best quality care. I have been an educator, an advocate and a leader to both my patients and my peers. I promote the needs of those around me to improve their health, including physical, mental and spiritual health. I have more than just a career, it is a call to help others to achieve their optimal potential. My goal as a nurse is to support my relationships. As nurses, we are able to shape and change the course of history. We have the potential to change the course of history.

**Denise Monahan, BSN, RN**

**Current Title:** Registered Nurse Navigator

**Statement of Professional Views:** Nursing, in my opinion, is a career where you never really finish training. It is a highly demanding career that brings both challenges and rewards. It is a career where you never really finish training. It is a highly demanding career that brings both challenges and rewards. It is a career that requires a life-long commitment to learning and development. I have been an educator, an advocate and a leader to both my patients and my peers. I promote the needs of those around me to improve their health, including physical, mental and spiritual health. I have more than just a career, it is a call to help others to achieve their optimal potential. My goal as a nurse is to support my relationships. As nurses, we are able to shape and change the course of history. We have the potential to change the course of history.
Visionary individuals see ideas for the future. This strength gives individuals the ability to guide others toward a long-term goal, toward a vision of the future that can give hope of improvement. The vulnerability of this strength is that not everyone has the vision to see what the future holds. Leaders must be able to communicate in detail their vision in order to inspire others throughout the process.

As professionals, nurses look beyond organizational requirements and seek to identify innovative process improvements that have a visionary patient first focus. When leaders are able to look beyond constraints of organizational requirements, they are better able to identify and grow their professional strengths while initiating clinical practice changes that improve patient outcomes.

The most effective quality to role model as a professional leader is providing vision for improvement and change, and communicating that vision in a way that encourages others to follow.

Sue Sutherlin graduated in the first nursing class at the University of Evansville in 1967. She obtained a Bachelor of Nursing and is celebrating 50 years of service! Sue said, “It doesn’t seem that long ago.” She recalls the busy month of June, 1967. Her wedding was on June 10th, pinning ceremony the next day where her husband finished his formal training. The newlyweds left for Tennessee June 12th where she worked for a physician in Versailles and over 25 years at Jennings Community Hospital in Decatur County, Indiana where they raised three children. Sue and Larry just celebrated their golden anniversary with family and friends. What a milestone year!

Sue is still actively working in her beloved profession. She has worked at the Jennings County Health Department Staff where she was honored a 50 Years of Service Pin. Jennings County Health Department Staff feel very honored to work with Sue. Her experience in the nursing field and caring attitude have provided a strong foundation as a mentor for all. Other areas of service include Decatur County Community Hospital in OB, working for a physician in Versailles and over 25 years at Jennings Community Hospital which is now St. Vincent Jennings as an ER nurse. Congratulations to Sue Sutherlin, RN, BS for 50 years of caring! Thank you from the Nursing Profession. You are an excellent nurse and role model for all.

Thank you, Pam Petry, MSN, RN Jennings County Public Health Nurse pamtty@jenningscounty-in.gov phone: 812-877-3064 200 East Brown Street/P.O. Box 323 Vernon, Indiana 47282
Proposed Standing Rules for the ISNA Meeting of the Members

Rule 1. To be admitted to the meeting room, the individual must be wearing the registration badge.

Rule 2. To obtain the floor, a member shall rise, approach the microphone, address the chairperson, give his/her name and region and, upon recognition by the chairperson, may speak.

Rule 3. A member may speak no more than two times to the same question and may not speak the second time until all others have been given an opportunity to speak. Each speech may be no longer than three minutes. Non-members may speak when ISNA members has had the opportunity to speak.

Rule 4. All main motions and amendments, except those of a routine nature, shall be in writing, signed by the maker, and shall be sent at once to the chair. Members may propose or vote on motions.

Rule 5. Any substantive resolution, not of an emergency nature, must receive an affirmative 3/4 vote for consideration and a 2/3 vote for adoption by the members attending the meeting.

Rule 6. Debate on each proposed resolution, motion, or position statement shall be limited to 20 minutes.

Rule 7. Members shall act only on the resolve portion of a resolution and the recommendation portion of reports. Clarification regarding intent and meaning of the resolution and recommendation shall be handled according to parliamentary procedure.

Rule 8. Business interrupted by a recess of the meeting shall be resumed at the next business meeting at the point where it was interrupted.

Action Items from Meeting of the Members
September 27, 2012
Bipolar Disorder: Implications for Nursing Practice

**Types and Symptoms of Bipolar Disorder**

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), bipolar disorder is a brain disorder with episodes of manic or hypomanic episodes, and episodes of depression. This independent study focuses on Bipolar I Disorder (BD) and Bipolar II Disorder (BII).

**Bipolar I Disorder (BD)**

BD is characterized by mood swings and patients experiencing episodes of both manic and full mania. Mania is intense and may last for at least one week. Episodes of depression are also present and may last for up to two weeks. Most patients have both episodes of mania and depression. It is rare that BD patients only experience mania.

Depression typically prompts people to seek treatment. With unipolar depression such as when a person feels ‘sad’ or ‘down’ because of a situation or series of stressors, depression in bipolar disorder significantly impacts a person’s ability to function. Emotionally, patients may be dependant and display a lack of interest in family, friends, school, and/or work. Previous experiences hold no interest or enthusiasm.

**Bipolar II Disorder (BII)**

BIP patients experience full mania, or hypomania, rarely seek out treatment on their own. In a manic or hypomanic phase, people believe they are just fine and often consider those trying to assist them as hostile, or misguided.

During mania, the patient’s mood is elevated and expansive; irritability is common. They feel great about themselves and hold grand ideas for accomplishments. They may dart from idea to idea, be easily distracted and start multiple projects which are not completed. As manic or hypomanic phases rise, patients may experience clinical depression and untreated, patients may be unable to meet basic needs unassisted. Offers to help or interferes with their negative consequences resulting in a greater risk of suicide. Patients in persons with bipolar disorder may develop delusions of guilt, or paranoia. Delusions (false beliefs) and hallucinations (auditory or visual) are reported, agitation, irritability and guilt are common. Further, they may express feelings of worthlessness and wonder if things will ever improve. Recurrent thoughts of death may lead to a suicide attempt or a request for treatment.

**Risk Factors**

Multiple risk factors are believed to contribute to the development of bipolar disorder. No single etiology of BD has been identified. The National Institute of Mental Health describes bipolar disorder in adults possibly due to genetics, or brain variations in structure or function. A genetic etiology is being studied as there is evidence of familial tendency to develop BD. Yet, in identical twins, bipolar disorder may be present in one twin and not the other twin. Stressful life events cause individuals to react differently to the development of BD. The impact of childhood adverse events and misdiagnoses across the lifespan such as major depression, postpartum depression, attention deficit hyperactivity disorder (ADHD) and various anxieties - are also potential unidentified cases of bipolar disorder.

**Bipolar Disorder (BD)**

A chronic and complex disorder with relapses and recurrences. It is important to recognize that patients may be inaccurate because patients tend to seek treatment when symptoms are at their worst. Physical health problems - such as diabetes, heart or thyroid disease, alcohol and substance use - may also prompt the patient to seek health care. Nonadherence to medication therapy can also hinder treatment. Office visits, community clinics, and emergency departments are among the many locations used to access the health care system. All nurses, especially in non- psychiatric practice settings, are important to understand the subsequent care of patients with bipolar disorder.

**Recognition and Diagnosis of Bipolar Disorder**

As a chronic and complex disorder with relapses and recurrences, accurate diagnosis is essential to effective treatment. Common symptoms include: emotional, and cognitive symptoms that may be contributing to changes in moods. Screening for depression to differentiate unipolar depression (clinical depression or major depressive disorder) from bipolar depression (occurring with mania or hypomania).
but never a full manic episode. Correct diagnosis of BID is a complex process, necessitates careful evaluation of mood states, and a patient-caregiver partnership. To avoid misdiagnosis where a patient presents with depression symptoms, it is important to evaluate if there have been any past periods of hypomania or mania which can suggest this is bipolar disorder.

It is important to note the following impacts on the person’s life. As the hypomanic patient experiences an intoxicating sense of well-being, they may decide to stop medications or not participate in psychosocial treatments. At this point, they believe that they do not have bipolar disorder and/or other physical conditions. Hypomania may progress into either a full manic or depressive episode. Repercussions of hypomania or mania can be devastating as the episodes of depression for patients and their significant others.

Other Bipolar Disorders

Frequent and recurring periods of hypomania and depression lasting over a period of two years, characterized by a manic disorder or cyclothymia, is previously known as ‘rapid cycling bipolar disorder,’ the name change was made with the DSM-5 (APA, 2013). In the other unspecified and specified disorders, patients do not have symptoms that would meet criteria for BID, BID, or cyclothymic disorder. The diagnosis of mixed episode is one of the variations of mixed features in the DSM-5 (APA, 2013). With a mixed features category, moods shift rapidly between mania and depression with variations in intensity and duration. This diagnostic category was established to assist with the specificity of treatment and diagnosis. After an initial 5 (APA, 2013). With a mixed features category, moods shift rapidly between mania and depression with variations in intensity and duration. This diagnostic category was established to assist with the specificity of treatment and diagnosis. After an initial

Medication Management Challenges

Medication management can be an ongoing struggle for patients with bipolar disorder, for family and friends of the patient and the professionals treating them. Medication nonadherence or noncompliance is a common problem and occurs for many reasons.

Medication regimens are complex and often expensive. Unpleasant side effects may be annoying and perceived as not increasing quality of life. When seriously depressed, or hyperactive, energy levels and the inability to concentrate may result in nonadherence to the complex medication plan.

When manic, the patient with bipolar disorder may believe they are well, or feel robbed of the positive feelings associated with mania. Energy, competence and creativity may be perceived as symptoms present in typical antipsychotics. The atypical antipsychotics present fewer problems, but may result in tremors, restlessness and muscle rigidity.

Treatment for Bipolar Disorder

Medications and psychosocial therapies are prescribed for bipolar disorders. As with many chronic health problems, bipolar patients need to take medications and learn to make lifestyle adjustments. Managing symptoms, finding and adhering to prescribed medications and participating in psychosocial therapies assist the patient to stabilize and enhance quality of life. Psychosocial therapies include Psychosocial Educational Therapy (PET), Intersocial Personal Rhythm Therapy (IPRT), Cognitive Behavioral Therapy (CBT), and Family-Focused Therapy (FFT). Integrated care involving case managers in support of medication adherence and selected psychosocial therapies is providing additional support for the patient with bipolar disorder.

Medications

Medications are prescribed to prevent acute episodes of depression or mania and to stabilize mood variability. With a diagnosis of bipolar disorder, medication becomes a critical part of his/her treatment regimen. Medication management is complex and can be a frustrating process for the patient and his or her health care professionals. Unfortunately, there is no single combination of medications which works well for everyone. The right combination to manage a specific patient’s mood instability takes time and can change over time.

Frustration and feelings of futility may ensue. Jann (2014) reported that more than 75% of the patients take the prescribed medications less than 75% of the time. Polyparmacy, drug-drug interactions, lack of adherence and side effects necessitate that nurses appreciate some nuances of medications used to treat bipolar disorders. This article provides a limited overview of medication management options. Prescription guidelines vary depending on the source and date of publication. Research on the efficacy, quality of life and cost of medication therapy is of worldwide frequency of tardive dyskinesia and extrapyramidal symptoms present in typical antipsychotics. The atypical antipsychotics present fewer problems, but may result in tremors, restlessness and muscle rigidity.

Antipsychotics and Atypical Antipsychotics

Antipsychotic medications may include both older conventional drugs such as chlorpromazine and the newer or atypical antipsychotics. Their primary treatment effect is for acute mania. Anticonvulsant side effects include extrapyramidal symptoms such as tremors or muscle spasms and tardive dyskinesia. Atypical antipsychotic medications can result in metabolic changes resulting in weight gain, high lipid levels, diabetes, dizziness, constipation, skin rashes, catacacts, hypotension, heart problems, seizures, cognitive problems and involuntary movements.

Antidepressants

Antidepressants are often prescribed in combination with a mood stabilizer or antipsychotic medication. The general recommendation is to taper and discontinue antidepressants after remission (Jan, 2014). When given alone (unopposed) to patients with a bipolar diagnosis, mania may result. Antidepressant medications can cause gastrointestinal problems, agitation, insomnia, tremors, dry mouth, headaches and sexual problems.

Psychosocial Treatment

Psychosocial therapies assist patients to understand, accept, monitor and manage their disorder. With a chronic disorder that affects physical health, emotional stability and social function, involvement of an entire team is needed to stabilize the patient. All healthcare providers, nurses, advanced practice nurses, physicians and mental health professionals must communicate and coordinate for optimum results. Newly diagnosed patients need referral to mental health professionals and existing bipolar patients need understanding and support during management of physical health problems. Providers focused on physical problems need to work with the patient’s mental health team to understand and more fully manage the patient’s unique needs.

INDEPENDENT STUDY

Knowledge for Life

Come Join Our Team of Professionals

We have full time and PRN RN opportunities. Up to 5K Bonus Potential
For more details call Kayrin Bzdorf in HR at (812) 285-0922

#3 Public of College of of Nursing
RSN to BSN Program

• RN-BSN
• ACEN accredited
• Designed for working nurses
• As low as 16 months

#1 of SouthernIndiana University

College of Nursing, and Allied Health

Our programs focus on:
• extensive clinical experience
• proven student outcomes on licensure/certifications
• nationally recognized faculty

We are currently offering the following degrees:
• Bachelor of Science in Nursing
• RN to BSN Program (RN-81N)
• Master of Science in Nursing

USI nursing promotes:
• highly sought workplace skills
• flexible course delivery
• valuable clinical experiences

For more information about these programs, please visit our website at http://USI.edu/health

If you’re interested in pursuing a degree in nursing, you can apply online at https://www.southernindiana.edu/admissions/applyonline/MONROE/"
Independent Study continued from page 13

All nurses need to understand that while there are some commonalities among patients with bipolar disorder, every bipolar disorder patient is unique. A relationship with the patient, his/her family, significant other, and the patient’s mental health professionals benefits all aspects of care for this complex, perplexing and recurring disorder. Medical and nursing care provide the patient with the opportunity to communicate with their mental health providers for care coordination and continuity. Mental health providers will assist others to better understand effective approaches with the patient, especially in crisis situations.

Evidence Based Psychosocial Treatments for Bipolar Disorder

The psychosocial treatments for bipolar disorder include psychosocial education (PE), cognitive behavioral therapy (CBT), interpersonal social rhythm therapy (IPSRT), and family-focused therapy (FFT). Swartz and Swanson (2014) reviewed the literature from 1995-2013 and reported the advantages of psychosocial therapies in combination with medications.

Psychoeducation (PE)

The effectiveness of psychoeducation for individuals and groups of patients consists of a number of sessions designed to provide information about the bipolar disorder, medications, and other interventions that can help to reduce symptomology and increase the patient’s quality of life. This may include information on the biological and/or genetic basis for bipolar disorder, IPSRT acknowledges the interrelationship between biological and social stimulation and other daily routines that can affect feelings and behaviors. CBT therapists help the patient understand that problematic and chronic emotions can be impacted by distorted and irrational thoughts. How a patient with bipolar disorder perceives and thinks about a situation can affect their bipolar disorder, discussion to enhance understanding and manage how changes in sleep and eating routines, management of risk factors and warning signs, and social stimulation and other daily routines might impact suicidal thoughts are expressed, or not, it is important to ask the question about whether there are thoughts or plans for self-harm. All health care professionals should screen for suicide, recognize signs such as withdrawal, sleep disturbances, and thoughts about suicide, and make a compelling case for why they should talk. If thoughts are expressed, or not, it is important to ask the question about whether there are thoughts or plans for self-harm. All health care professionals should screen for suicide, recognize signs such as withdrawal, sleep disturbances, and thoughts about suicide, and make a compelling case for why they should talk. If suicidal thoughts are expressed, or not, it is important to ask the question about whether there are thoughts or plans for self-harm. All health care professionals should screen for suicide, recognize signs such as withdrawal, sleep disturbances, and thoughts about suicide, and make a compelling case for why they should talk.

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy is based on the belief that problem-solving can be learned and practiced, and once mastered, can make relatively simple decisions more complicated. Everyday aspects of their life. Stigma about mental health diseases, as well as co-morbidities, may help future decisions. Encourage psychoeducational topics for staff educational development.

Family-Focused Therapy (FFT)

Family-focused therapy involves psychoeducation for the patient/family along with medications for the patient. Emphasis is upon communication and problem-solving skills (Miklowitz & Chung, 2016).

Encouraging patients with bipolar disorder and family caregivers to help them manage their illness through medication adherence and a more complete understanding of the disorder.

Co-morbidities, Mortality and Bipolar Disorder

Co-morbidities are common in persons with bipolar disorder. Alcohol and drug abuse, anxiety and panic attacks are not unusual. Suicide and accident rates remain high, and those with a bipolar disorder have a higher risk of dying by suicide. Suicide risk is increased when the bipolar patient is anxious or agitated, using drugs or alcohol. Previous history and family history of suicide are powerful predictors. Co-morbid alcohol and drug abuse, and other risk factors can also contribute to the development of bipolar disorder. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior.

Mental Health America www.nmha.org

Provides fact sheets and screening tools on bipolar disorder, including local resources.

National Alliance on Mental Illness (NAMI) www.nami.org

Provides fact sheets, screening tools, recent research and personal accounts of living with bipolar disorder.

National Institute of Mental Health www.nimh.nih.org

Up-to-date resources and evidence research about all mental illnesses: statistics on prevalence, research about etiology, and current treatments.

Emphasis is upon communication and problem-solving

Family-Focused Therapy (FFT)

Family-focused therapy involves psychoeducation for the patient/family along with medications for the patient. Emphasis is upon communication and problem-solving skills (Miklowitz & Chung, 2016).

Encouraging patients with bipolar disorder and family caregivers to help them manage their illness through medication adherence and a more complete understanding of the disorder.

Co-morbidities, Mortality and Bipolar Disorder

Co-morbidities are common in persons with bipolar disorder. Alcohol and drug abuse, anxiety and panic attacks are not unusual. Suicide and accident rates remain high, and those with a bipolar disorder have a higher risk of dying by suicide. Suicide risk is increased when the bipolar patient is anxious or agitated, using drugs or alcohol. Previous history and family history of suicide are powerful predictors. Co-morbid alcohol and drug abuse, and other risk factors can also contribute to the development of bipolar disorder. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior.

Mental Health America www.nmha.org

Provides fact sheets and screening tools on bipolar disorder, including local resources.

National Alliance on Mental Illness (NAMI) www.nami.org

Provides fact sheets, screening tools, recent research and personal accounts of living with bipolar disorder.

National Institute of Mental Health www.nimh.nih.org

Up-to-date resources and evidence research about all mental illnesses: statistics on prevalence, research about etiology, and current treatments.

Emphasis is upon communication and problem-solving

Family-Focused Therapy (FFT)

Family-focused therapy involves psychoeducation for the patient/family along with medications for the patient. Emphasis is upon communication and problem-solving skills (Miklowitz & Chung, 2016).

Encouraging patients with bipolar disorder and family caregivers to help them manage their illness through medication adherence and a more complete understanding of the disorder.

Co-morbidities, Mortality and Bipolar Disorder

Co-morbidities are common in persons with bipolar disorder. Alcohol and drug abuse, anxiety and panic attacks are not unusual. Suicide and accident rates remain high, and those with a bipolar disorder have a higher risk of dying by suicide. Suicide risk is increased when the bipolar patient is anxious or agitated, using drugs or alcohol. Previous history and family history of suicide are powerful predictors. Co-morbid alcohol and drug abuse, and other risk factors can also contribute to the development of bipolar disorder. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior. Antidepressant use may increase the risk of suicidal ideation or behavior.
INDEPENDENT STUDY

Bipolar Disorder: Implications for Nursing Practice
Post-Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ________________________________________________________________________________ Final Score: ______________________________________________

Please circle one answer.

1. Bipolar disorder is chronic, complex, and easily managed.
   a. True
   b. False

2. The prevalence of bipolar disorder is across the lifespan
   a. True
   b. False

3. Risk factors for development of bipolar disorder may include which of the following:
   a. Genetics or family history
   b. Being an identical twin
   c. Lack of structural and social support
   d. Not having a job

4. In persons with bipolar disorder, mania or hypomania accompanies unipolar depression.
   a. True
   b. False

5. A person with bipolar disorder often seeks treatment during a manic phase.
   a. True
   b. False

6. The manic phase of Bipolar I disorder (BID) is characterized by:
   a. Ability to concentrate on projects
   b. Lack of creative energy
   c. Imitability and strong self-esteem
   d. Long periods of sleep

7. For persons with Bipolar II Disorder (BIDD)
   a. Mood swings are intense and frequent
   b. Depression is overwhelming
   c. Physical health problems are common
   d. Work and school efforts are productive

8. Medication therapy for bipolar disorder patients requires blood monitoring for which of the following:
   a. Renal function
   b. Liver function
   c. Blood glucose and lipids
   d. All of the above

9. Patients with bipolar disorder may stop taking prescribed medications because:
   a. Side effects are bothersome
   b. They feel they are cured
   c. Medications are expensive
   d. All of the above

10. Interpersonal social rhythm therapy helps a person with bipolar disorder by teaching them to:
    a. Explore a wide variety of personal relationships
    b. Seek new adventures for socialization
    c. Track interaction of their moods and daily activities
    d. Communicate with family members

11. Cognitive behavioral therapy helps a person with bipolar disorder to:
    a. Consider how events are perceived and thought about
    b. Consider how personal relationships are impacted by bipolar disorder
    c. Consider options to increase socialization
    d. Consider opportunities for personal reflection

12. Family-focused therapy helps a person with bipolar disorder to:
    a. Understand the short and long-term nature of bipolar disorder
    b. Enhance communication for problem-solving within the family
    c. Describe the impact of medication side-effects
    d. Identify other family members with characteristics of bipolar disorder

13. Peer and family support programs offered to patients, families, and significant others by mental health organizations are helpful.
    a. True
    b. False

14. Integrated care for physical and mental health issues is an encouraging trend to achieve positive outcomes for bipolar disorder.
    a. True
    b. False

15. People with bipolar disorder are at increased risk for physical health problems such as:
    a. Rheumatoid arthritis and osteoarthritis
    b. Cardiovascular and pulmonary disorders
    c. Blood disorders and anemia
    d. None of the above

16. Encouraging preventive health screening may enhance long term health of the bipolar disorder patient.
    a. True
    b. False

17. Stigma about mental disorders in the healthcare environment is often overlooked.
    a. True
    b. False

18. Educational materials about mental disorders in the public areas of healthcare settings actually promotes stigma of mental illness.
    a. True
    b. False

19. Health involves both physical and mental health.
    a. True
    b. False

20. Poor health habits for diet, exercise and sleep are common among persons with bipolar disorder.
    a. True
    b. False

Evaluation

1. Was the outcome met?
   OUTCOME: The nurse will apply their knowledge when dealing with bipolar disorder patients in regards to the signs and symptoms, as well as the pharmacological and psychosocial treatment modalities available to help bipolar patients.
   ____ Yes ____ No

2. What one strategy will you be able to use in your work setting?
   ________________________________________________________________________________

3. Was this independent study an effective method of learning?
   ____ Yes ____ No If no, please comment:

4. How long did it take you to complete the study, the post-test, and the evaluation form?
   ________________________________________________________________________________

5. What other topics would you like to see addressed in an independent study?

Registration Form

Name: (Please print clearly) _______________________________________________________________

Address: (Street) ____________________________________________________________
   (City/State/Zip) _________________________________________________________

Daytime phone number: ______________________________________________

Please email my certificate to:

Email address: _____________________________________________________________

Fee: ______($20)

ISNA OFFICE USE ONLY

Date Received: ________ Amount: _____ Check No. ______

MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION (ISNA).
Enclose this form with the post-test, your check, and the evaluation and send to:
Indiana State Nurses Association | 2915 N. High School Road | Indianapolis, IN 46224
THE UNIVERSITY OF NURSING DEGREES, ON A NURSE’S SCHEDULE.

Study for your BSN or MSN wherever you are, whenever your schedule allows. Earn your degree at WGU, named a Center of Excellence by The National League for Nursing for visionary leadership in nursing education and professional development.

WGU INDIANA
A NEW KIND OF U.

indiana.wgu.edu
© 2017 Western Governors University. All Rights Reserved.