President’s Message

The Nurse’s Playbook: Winning Strategies for the Future

Leah S. Kinnaird, EdD, RN

Has anyone else noticed the arrival of playbooks for nurses? I found a creative, energetic example for interpreting EKGs on YouTube, which got me thinking about a nursing playbook to have at-the-ready for work, home, and community life in a world of exponential change. “In American football a play is a close to the ground ‘plan of action’ or ‘strategy’ used to move the ball down the field...Football players keep a record of these plays in their playbook.” Keeping that in mind, what plays might we have in our playbooks regardless of where we are in our careers?

Offensive Plays

A quick scan indicates we’re moving forward politically. In the past year, Florida nurse
Listening to the Voices of our New Graduates

Willa Fuller and Janice B. Hess

Recently, Jan Hess, Director of the East Central Region held a networking session for new graduates and seasoned nurses both as a face-to-face and videoconferencing program. The goal of the gathering was to not only to communicate with new graduates, but to solicit their ideas about future programs, projects and products that we can develop and provide for the novice nurse. The information our new grad members shared is the same information we have heard for many years with a few unique perspectives. We also want to keep them engaged to create a strong organization and strong advocates for the future of the profession.

During an open discussion these are some of the feelings that were expressed:

• The older nurses were extremely critical of me. I felt judged.
• They were very judgmental and harsh at first, but when I proved what I could I was accepted into the group.
• I felt judged for my sexual orientation.
• They were very judgmental and harsh at first, but when I proved what I could I was accepted into the group.
• I felt very unsafe and unprepared.

Lessons Learned

One thing we learned from this informative session was that we needed to limit time so more individuals have the time to speak or ask questions. We also learned that the problems have not changed and that we still need to work actively to find solutions. We also felt that several new grads expressed that nurses might stay longer if the environment was not so challenging. And we also learned that some new graduates were working in supportive environments with nurses who welcomed them and provided both clinical and emotional support.

We also asked them what topics or programs they would benefit from and they shared the following:

• Mentoring
  • How to find a mentor
  • How to utilize a mentor
• Career planning/Coaching
• Conflict management
• Workplace Rights and Professional self-advocacy
• Strategies for coping with bullying
• Communication skills
• Time Management
• Being and advocate for positive change within systems

One new graduate, who had been practicing for several years, expressed a desire to continue as a staff nurse. She explicitly stated that she didn’t want to leave bedside nursing, but wanted to see more done to make it a better work environment. She also felt that she was forced to take on the role of charge nurse sometime, but with two years experience, she was the most seasoned nurse on the unit and felt she would have to take the charge role consistently. The charge nurse at her institution does not take a patient assignment.

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practitioners gained the authority to prescribe controlled substances. Nationally, nurse-managed clinics are becoming commonplace. HR 1651 (designating the National Nurse for Public Health) is gaining bipartisan support. We need more action in support of telehealth, and we need a playbook section for violence against healthcare workers, a bill FNA sponsored last session for which we will again seek sponsors.

Another offensive play is to move forward with technology. How up-to-date are you with artificial intelligence (AI), robots (including Internet bots), and implantable RFIDs (radio-frequency identification)? “Florence” is an online bot described as “your personal health assistant.” No need to take the defensive or to think Florence is off sides. She and other bots like her might help save us time when educating patients and consumers.

There are some end runs that we can take with confidence.

- Stay up-to-date with advances in nutrition, like the slow-food movement (as opposed to fast food) and efforts to promote locally grown products.
- Show compassion, whatever the play.
- And, I just have to add; remember to wash your hands.

What play do you have in your playbook for “disruptive innovations?” The term was introduced in 2009, and now it is ubiquitous. We need to get up to speed with precision care, including gene therapy, immunotherapy, and others yet to come. If you are involved clinically with these treatments, you need detailed plays in your playbook. If you aren’t involved, just knowing what they are may be all you need.

Defensive Plays

We continue to be up against a huge lineman called “staffing.” Neutralizing this lineman is critical to our success. The lineman’s playbook is a focus on finance that tramples on quality and safety. I’ve written before that there are countless articles and solid research about the relationship of staffing and adverse events, and nurses nationwide are pressing for solutions to this age-old problem. The QUIN Council will be holding a think tank that will include all perspectives (direct care nurses, nursing leadership, finance officers, academic leaders, and others) in the early part of 2018. Stay tuned and put that event in your playbook.

Unexpected challenges continue to emerge on the field of play. Whether climate change, threats from nuclear and cyber powers, or interruptions in the power grid, these require local action. A strategy is to meet the challenges within reach (such as using less power or seeking alternatives). Constant worry about things out of our control can take a toll on the health of the general population.

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One last smart play: join or renew your membership with FNA, the best networking opportunity you can find in the state.
Jaibun K. Earp, Ph.D., ARNP, FNP-BC, CNE, was recently inducted as a Fellow of the American Association of Nurse Practitioners (FAANP) at its conference in Philadelphia. She retired in 2016 as Professor and Associate Dean of the Graduate School of Nursing and is a long time FNA member and Trustee member of the Florida Nurses Foundation Board.

Dr. Mary Lou Sole, Orlando Health Endowed Chair and Dean of the University of Central Florida, College of Nursing, has been inducted into the International Nurse Researcher Hall of Fame of Sigma Theta Tau International (STTI) Honor Society of Nursing. Dr. Sole and the 23 other honorees from Australia, Canada, Finland, Taiwan, the United Kingdom, and U.S. were inducted at the STTI 29th International Nursing Research Congress in Dublin, Ireland, on July 29, 2017. The award is the highest level of recognition available for nurse researchers, honoring those who have achieved significant and sustained recognition, and whose research has improved the profession and the people it serves. A certified critical care nurse and nurse-educator, Dr. Sole has focused her research over the past three decades on preventing complications and improving outcomes of critically ill patients who are placed on a ventilator. Her research, which has been awarded more than $4 million in funding to-date, has influenced the standard of nursing care throughout the U.S. and in the international critical care community. Her research has been published in more than 100 peer-reviewed publications and presented at conferences throughout the world. She currently serves on the editorial boards of AAGN Advanced Critical Care, American Journal of Critical Care, and Heart & Lung. She is the editor of one of the most widely used undergraduate critical care nursing textbooks in which she has authored several chapters. In addition, Dr. Sole has served as a member of two National Quality Forum task forces and expert panels of the National Institutes of Health. Throughout her career, Dr. Sole has been honored with numerous awards, including American Association of the Critical Care Nurses (AACN) Distinguished Researcher of the Year from the National Association of Clinical Nurse Specialists, and is the editor of one of the most widely used undergraduate critical care nursing textbooks in which she has authored several chapters. In addition, Dr. Sole has served as a member of two National Quality Forum task forces and expert panels of the National Institutes of Health. Throughout her career, Dr. Sole has been honored with numerous awards, including American Association of the Critical Care Nurses (AACN) Distinguished Researcher of the Year from the National Association of Clinical Nurse Specialists.
The Florida Nurses Association is gearing up for the 2018 legislative session with a continued emphasis on legislation that cracks down on people who assault or battery against nurses and other healthcare workers. This legislation, which was pursued by the FNA during the 2017 session, overwhelmingly passed its first committee of reference in the House and gained several co-sponsors, signaling an interest among lawmakers in addressing this topic.

“We gained a great deal of traction with the legislation and plan to keep building that momentum,” said FNA Executive Director, Willa Fuller.

Under current law, tougher sentences can be enacted against people who commit assault or battery against law enforcement officers, firefighters, traffic officers, paramedics, and healthcare workers in a hospital attending room. From 2007 to 2016, a total of 61,323 people were arrested for assault or battery against individuals in those occupations; of those, more than half or 35,919 were committed against emergency medical care providers. This is according to statistics that the FNA requested and received from the Florida Department of Law Enforcement.

But Florida law does not require enhanced penalties when those offenses occur outside the emergency room or scene of an emergency. That is the law that FNA seeks to change in 2018.

The summer, we held Advocacy Boot Camps to teach nurses how to tell their personal stories of assault and battery in the workplace. The FNA Board of Directors will adopt its full 2018 legislative platform during the annual Membership Assembly in late September.

The 2018 legislative session will begin Tuesday, Jan. 9, 2018, which is two months earlier than last year. In even-numbered years, lawmakers convene early with the hopes of concluding business by early spring so they can focus on election-year campaigns.

Lawmakers will hold committee meetings the week of September 12-15. There will be two committee weeks in October and November: October 9-13, October 23-27, November 6-9, and November 13-17. The final pre-session committee meetings will take place December 4-8.

On another note, I am stepping down effective July 31 as the organization’s lobbyist for the past six years to focus on my role as statewide executive director of NAMI Florida (National Alliance on Mental Illness). I will continue serving clients through my company, Topsaill Public Affairs, by offering legislative policy analysis and research; advocacy training; newsletter writing; and messaging.

In appreciation for ARNPs, we saw during the visit had read Lisa’s history, noticed the weight loss, listened attentively, asked question after question, did an EKG, and ordered a blur. I’m grateful to the cardiovascular surgeons whose skill made all the difference on the operating table. But what sticks in my mind is that a family nurse practitioner saved my daughter’s life! Her thorough assessment and actions led to Lisa’s diagnosis, which so easily could have been missed. The FNP did this all during a routine visit to consults, genetic testing, and a diagnosis of TGFBR1-Loeys-Dietz Syndrome, type 1. Much of the weeks and months ahead remain a blur. I’m grateful to the cardiovascular surgeons whose skill made all the difference on the operating table. But what sticks in my mind is that a family nurse practitioner saved my daughter’s life! Her thorough assessment and actions led to Lisa’s diagnosis, which so easily could have been missed. The FNP did this all during a routine visit to consults, genetic testing, and a diagnosis of TGFBR1-Loeys-Dietz Syndrome, type 1.

The FNA Board of Directors has initiated a search committee for a new lobbying firm. It has been an honor to represent the interests of nearly 300,000 nurses in this state at the Capitol. I was especially honored to be part of the lobbying efforts and passage of legislation that allows nurses to prescribe controlled substances. I’m also proud of taking a lead role in defeating legislation that would have penalized nurses with doctoral degrees who call themselves “doctors.”

There have been several successful efforts that have raised the visibility of the FNA at the state Capitol – I created a nurses voter registration drive through a partnership with the Florida League of Women Voters, got traction on 2017 legislation that cracks down on people who commit assault and battery against nurses; and launched the “Take the Scare Out of Care” campaign around that legislation.

I deeply appreciate all those nurses who have been supportive of me and these FNA efforts and wish the organization the best of luck moving forward. I can be reached at alisa@ topsaill.com.

We thank Alisa LaPolt for her years of service to FNA and wish her well in her current endeavors.

We also want to thank Jose Diaz of Robert Levy & Associates for all he and his staff have done for nurses in Florida.
The Florida Nurses Association has a rich history of advocacy and involvement in the legislative process. In 1983 FNA created the Legislative District Coordinator Program which matches a nurse with every legislator in the state so that we establish strong relationships that enable us to use our voice to influence the political process and protect our practice and our patients. Since that time, we have influenced the passage of significant legislation and blocked the passage of multiple harmful bills.

So, why aren’t more nurses involved in the legislative process? How many are politically active in their communities? Even more importantly, how many are registered to vote?

So why is becoming a Legislative District Coordinator or LDC so important?

The work that these 94 members do on your behalf cannot be measured. It’s all volunteer, which let’s be honest, scares a lot of people away. Their job is to lead other members in communicating our message to the state legislature as well as assisting candidates who are supportive of our issues, getting them elected, and communication is the key.

We communicate with our legislators in many different ways, through letters, emails, telephone calls and meetings. The meetings can be face to face as individuals, or they can be group visits. One thing that is so important that an LDC will be sure to stress to you, is that make absolutely sure that when you can, always let the legislator or their staff member know that you are a constituent. That one statement will let the legislator know that you represent a vote or maybe more than one vote.

LDCs are trained how to communicate properly and have the tools to teach you on how to become an advocate or a better one. If you don’t know who your representative is, your LDC can show you where to find the information, which would include their district office as well as their office in Tallahassee. The information will also include the committees your legislator is on. They can also show you the important bills that you need to track that effect your profession.

Nurses don’t realize how much influence they really have, because if they did, this association would have a lot more members fighting on behalf of all nurses in this state. So become a volunteer, become an LDC. Talk to your co-workers about the issues that affect their profession and the lawmakers that support them, or the ones that stand in their way.

Get Involved. Become an LDC
To look up your legislator, go to http://cqrcengage.com/fln/?0

Veterns' Homes
- Lake City: The Robert H. Jenkins Jr. Veterans’ Domiciliary Home
- Daytona Beach: The Emory L. Bennett State Veterans’ Nursing Home
- Land O’ Lakes: The Baldomero Lopez State Veterans’ Nursing Home
- Pembroke Pines: The Alexander “Sandy” Nininger State Veterans’ Nursing Home
- Panama City: The Clifford C. Sims State Veterans’ Nursing Home
- Port Charlotte: The Douglas T. Jacobson State Veterans’ Nursing Home
- St. Augustine: The Clyde E. Lassen State Veterans’ Nursing Home
- Port St. Lucie: The Ardie R. Copas State Veterans’ Nursing Home

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Help Florida Nurses PAC a Powerful Punch
The Florida Nurses Political Action Committee (FNPAC) is the arm of the Florida Nurses Association that supports the voice of nurses in the political arena. We build our power and influence in several ways, including by our endorsement and support of political campaigns. Each year, the FNPAC scientists and composers collaborate on which campaigns to support. This keeps us visible and involved in the political landscape of Florida.

We are asking each member to give an additional $5 or $10 to the PAC to help us rebuild for 2017. Donate today to help us make a positive and significant impact on nursing and healthcare.

The Florida Nurse September 2017
LERC / Professional Practice Advocacy
John Berry, Director of Labor Relations & Governmental Affairs
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This is a crucial time for all nurses. They are facing more challenges on a daily basis such as not having proper staffing on their units as well as violence toward nurses which has become too frequent of an occurrence. The Florida Nurses Association is working diligently for all nurses in this state to get legislation passed that will not only protect the patients they proudly serve, but protect them as well.

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Chris grew in Delray Beach, Florida where he graduated from Atlantic Community High School in 2014 with a diploma from the International Baccalaureate program. He entered Florida Atlantic University (FAU) to pursue his BA in psychology. He expects to graduate with both in the Spring of 2018. At FAU, he helped to create a tutoring program for underclassmen and became a peer mentor for said students. He got involved with his local Student Nurses Association where he was influential in reboosting our chapter as well as improving our bylaws. He is also a member of his College of Nursing’s Student Council where he sits on a faculty committee as a student representative.

In 2015, he was elected as the Florida Nursing Students Association’s First Vice President where he coordinated volunteers for the national convention. At our annual convention, he was elected to serve as the Florida Nursing Students Association President.

When to Cut the Umbilical Cord: Delayed Cord Clamping

Chelsea Borja

Immediate umbilical cord clamping versus delayed cord clamping (DCC) has been a topic of discussion within the field of labor and delivery (L&D) for many years. Today, it remains a significant debate amongst health care professionals about the safest practice on providing newborn umbilical cord care. There is adequate evidence to support delayed umbilical cord clamping (approximately 30 to 120 seconds) in full-term infants, rather than immediate cord clamping (15 to 20 seconds). Studies also show that DCC yields more benefits for the neonate’s health because it allows maternal blood to continue to circulate to the neonate, which increases the neonate’s total blood volume (Thornburg, 2014). However, many other health care procedures there are also risks to take into consideration of DCC regarding the neonate’s overall health status. The clinical question of significance is “In full term infants, how does delayed umbilical cord clamping compare to immediate cord clamping in regard to neonatal health outcomes?” This is significant to the profession of nursing because the timing of umbilical cord clamping has a direct impact on the development of the infant’s health status during the first several days through the first few months of life. A delay in cord clamping for at least one minute after birth has not caused any harm to the mother and is associated with improved neonatal outcomes (Hill & Fontenot, 2014). L&D nurses, along with other members of the health care team are responsible for being knowledgeable of the current evidence-based practice of cord clamping. Nurses have a duty of being the patient’s advocate and are responsible for educating parents about the potential risks and benefits associated with each. Whether you’re the parent or a L&D health care professional, nothing is more important than the first few moments of a newborn being born. It’s important to take the time to look at how to ensure their adjustment into extrauterine life is as pleasant as can be and properly handled when deciding to clamp the umbilical cord.

Chelsea Borja is a Bachelor of Science in Nursing student at Florida Gulf Coast University. This article was written in partial fulfillment of NUR 4169 Evidence-Based Practice. The author may be contacted at csborja9059@eagle.fgcu.edu.

References


Our Experiences in Global Health Nursing

Nigam Reddy and Rachel Kelley

Nursing does not have to be contained within the walls of a healthcare “institution.” Nurses can provide care in even the most remote settings. Global nursing is an opportunity for nursing students to gain exposure to various cultures and become familiar with their health practices. It is a great way to hone your cultural competency skills and truly learn the practice of holistic care. We want to express to fellow nursing students the importance of practicing cultural humility and understanding the practices of the people you are caring for.

One step you can take to improve your cultural competency is by communicating with a local community, using cultural humility when discussing their health. The nurse should be open to their cultural identity and approach the interaction without any preconceived judgements or biases. This process includes knowing the language of the people you are caring for. If you cannot speak the native language, having a certified interpreter is critical.

Another key aspect in building your cultural competency repertoire is understanding how to approach the patient interview when caring for a person whose cultural practices you may not be familiar with. You want to build a brief foundation of their daily routine, which can include their spiritual practices, diet and work life. The social structure and support of the patient’s family and friends may be more important than you initially realize. Understanding these practices influences their physical, mental, and social well-being.

Thanks to our wonderful professor and mentor Dr. Rhonda Goodman, associate professor at Florida Atlantic University, we have had the opportunity to take part in global nursing initiatives in Guatemala on multiple occasions. Dr. Goodman recently opened this opportunity to undergraduate BSN students at FAU and has, to date taken more than 50 undergraduate students to serve the indigenous Mayan population in rural Guatemala.

Global Health Nursing continued on page 8
Still Hernandez is the current President of Miami Dade College Student Nurses Association at the Benjamin Leon School of Nursing. He will be graduating December 2017 and can be reached through LinkedIn. The current executive board members of MDC-SNA 2017-2018 are: Robert McAdams (Vice-President), Krystal Spaulding (Secretary), Michelle Laboy (Treasurer), Rostonia Moss (Historian).

Reflective Practice

Rosalie del Valle, BSN, RN

“My love for myself brings love and support to all my relationships” (Chin, 2012, p. 87). This is a simple statement affirmation that speaks to one’s deeper self.

“I” statements that are grounded on one’s past experiences that serve as powerful tools in creating change and providing new directions to one’s desired future. These can serve as inspirations during a nurse’s journey to being a transformational leader, and in shaping and honing one’s reflective practice that is critical to nursing practice today. Reflection is learning from everyday experiences to know one’s self better and how he or she would act to develop a desirable practice. It is through the realization of knowing one’s self, one’s abilities, strengths, weakness, and limitations can one truly participate in anything outside of him. It is the knowing of one’s self that dictates how effective or ineffective one can be in the outside world.

In reflective practice, we can think by using the opportunities to learn from our experiences, in creating change and in serving as powerful tools in presenting reality that can help. Affirmations are simple affirmation that speaks to one’s identity. This is a beautiful tool for nurses to continuously help ourselves, we fill our empty tanks, we dispose of what’s unhelpful, and we strive to move forward towards transformational leadership and we use reflective practice to propel us towards that goal.

And at the end of the day, we pat ourselves at the back for accomplishing tasks, for choosing wisely among options, for practicing sound judgment, for learning from mistakes, and for promising to do better the next day. In other words, we love ourselves, we fill our empty tanks, we dispose of what’s unhelpful, and we strive to move forward so we can emerge a better person tomorrow. We display caring for ourselves and that resonates with how we practice our profession. We journey towards transformational leadership and we use reflective practice to propel us towards that goal. And for me, repeating the above affirmation is an inspiration for us nurses to continue to do what we do and to reaffirm why we do what we do.

My name is Rosalie del Valle, BSN, RN. I have been a nurse since 2011 and worked in Teleneyt and Medical Surgical Nursing before transitioning to the Emergency Department at JFK Medical Center in 2014. I love the independence, critical thinking, swift action, and the high energy of the ER. I am currently a BSN-DNP student at Florida Atlantic University with a concentration on Family Practice. I am happily married and have 2 beautiful daughters and 2 hyperactive dogs.
The nurse recognizes it is time to call the rapid response team (RRT) when early stroke symptoms such as facial drooping, loss of arm control, and speech difficulties are detected [National Stroke Association, 2011]. As part of the neurological assessment, nurses check for facial symmetry, pupil size and ability to react, dysphasia, and diminished sensation to touch. Currently training for neurologic symptom recognition is limited; current simulators and static task trainers cannot demonstrate symptomology due to limitation in current technology [Garside, Rudd, and Price, 2012]. In the absence of the mannequin’s capability to represent necessary medical cues this information is typically given verbally or using cue cards when participants ask for it. However, this intervention can disrupt the frame of realism and inhibit the learning process (Rystedt & Sjöblom, 2012).

At University of Central Florida we developed a Physical-Virtual Patient Head (PVHead) (Hochreiter, Daher, Nagendran, Gonzalez, and Welch, 2015) with dynamic imagery that is rear-projected. The PVHead is capable of showing dynamic facial expressions, face color changes, lip movement during speech, mouth opening, tongue movement, eye movement, and pupil changes to support different medical conditions and symptoms including neurological symptoms; such as an asymmetric smile, brown and grimace. The PVHead can communicate with a slurred or non-slurred speech, and can react to touch. A set of responses can be triggered from behind the control room to communicate with participants.

This spring nursing students from University of Central Florida participated in a study to compare the effects of the PVHead technology on learning, perception of realism, and social presence with the patient. Participants were randomized into intervention (PVHead) and control (typical simulation delivery) groups. Students in the intervention group received a brief report on a newly arrived patient exhibiting neurological manifestations. Students then interacted with the PVHead, affectionately named Vera Real. Learning objectives included performing a neurological assessment on a patient with an evolving stroke who is deteriorating. The simulation lasts 15min, after which the participants are debriefed and subsequently asked to answer questionnaires using a Likert scale. Preliminary results show that participants who were in the PVHead group were more excited to use the new technology, felt more in control of the situation, and perceived the PVHead as more realistic. We are interested to see if teaching neurological assessment using the PVHead results in more effective learning outcomes than using a traditional mannequin alone. We are working on extending this work to a full body human patient simulator.

Salam Daher is a PhD student in Modeling and Simulation and a Graduate Research Assistant at the Synthetic Reality Lab at University of Central Florida (UCF), focusing on healthcare simulation.

Laura Gonzalez, PhD, ARNP, CNE, CHSE is currently an Associate Professor at the University of Central Florida, College of Nursing. She is the simulation coordinator for the undergraduate program.

References


Coalition that was organized in March 2017. The FNA is one of the founding members of the voting member. The group welcomed the Florida Coalition of Advanced Practice Nurses programs, for arranging another successful “Nurse Appreciation Night.”

Ed Briggs, DNP, ARNP was co leader of the Florida Coalition of Advanced Practice Nurses at the April 8, 2017 at the University of Tampa. Janice Hess, DNP, ARNP was present as FNA’s voting member. The group welcomed the FL Clinical Nurse Specialist into the coalition. The FNA is one of the founding members of the Coalition that was organized in March 2017.

Florida Coalition of Advanced Practice Nurses meeting. From left to right: Gail Sadler, Edward Briggs, and Doreen Cassarino

Paula Loats, BSN, RN, Clinical Liaison Cornerstone Hospice and Palliative Care shared her love of passionate and excellent end of life care with members and students via Zoom, a video conferencing service as well as those unable to attend in person. We will continue to offer Zoom so regional members can attend from home if unable to attend in person. Please contact Janice Hess regarding any honors or awards you have received so that you can be recognized in The Florida Nurse regional quarterly articles. Additionally, please let me know of any research with which you are involved so that I can share that as well.

We want to thank the Quality and Safety Education for Nurses Institute (QSEN) on June 9, 2017 in Jacksonville, FL. This program was offered to FNA members in place of the joint nursing seminar that was to take place this summer.

On July 20, 2017, we offered a New Grad Support Session at the FNA Headquarters and via Zoom. New nurse graduates were asked to join the Northeast Region to participate in the Quality and Safety Education for Nurses Institute (QSEN) on June 9, 2017 in Jacksonville, FL. This program was offered to FNA members in place of the joint nursing seminar that was to take place this summer.

Many East Central Region events took place over the summer. Doreen Perez, FNA Northeast Region Director, invited the East Central Region to join the Northeast Region to participate in the Quality and Safety Education for Nurses Institute (QSEN) on June 9, 2017 in Jacksonville, FL. This program was offered to FNA members in place of the joint nursing seminar that was to take place this summer.

On July 20, 2017, we offered a New Grad Support Session at the FNA Headquarters and via Zoom. New nurse graduates were asked to join the Northeast Region to participate in the Quality and Safety Education for Nurses Institute (QSEN) on June 9, 2017 in Jacksonville, FL. This program was offered to FNA members in place of the joint nursing seminar that was to take place this summer.

We look forward to seeing you at our conference next year. (janbhess@gmail.com)

Dr. Jean Kijek offered insight into Therapeutic Touch at the August 17, 2017 East Central Region Quarterly Meeting, Janice Hess offered an update and encouraged participants to register and attend the 2017 Membership Assembly to be held in Naples, FL on September 29 – 30, 2017. Additional information was provided members regarding Florida Action Coalition and the importance of being involved in the future of nursing. Members were also encouraged to assist with the ongoing membership drive to build support for the FNA and its important advocacy work.

Upcoming Events:
- September 29 – 30, 2017, Membership Assembly, Naples, FL
- November 16, 2017, East Central Region Quarterly Meeting
  - Mary Lou Brunell, Executive Director of the Florida Centre for Nursing will be our speaker. We will continue to offer Zoom so regional members can attend from home if unable to attend in person.
- December 3, 2017 (Tentative), East Central Region Christmas Brunch, Dubsred Tap Room, Orlando, FL.

Please contact Janice Hess regarding any honors or awards you have received so that you can be recognized in The Florida Nurse regional quarterly articles. Additionally, please let me know of any research with which you are involved so that I can share that as well.

Thank you all for your hard work and dedication within our organization, community, and nursing profession.

Respectfully submitted,

Janice Hess
East Central Region Director

North Central Region
- Marsha Martin
- Regional Director

North Central Region Update
The 7th Annual North Central Region Conference has been scheduled for Saturday, April 14, 2018 from 8:00 am - 4:30 pm at the Villages in Gainesville. Poster Abstract Submissions are now being accepted. Please contact Vicki Sumagpang at vsumagpang@floridanurse.org for more details. We look forward to seeing you at our conference next year.

North East Region Update
We want to thank the Quality and Safety Education for Nurses Institute for opening up their program on June 9, 2017 to the Northeast & East Central Region members. This program was offered to members in place of the joint nursing seminar that was to take place this summer.

Respectfully submitted,

Doreen Perez
Northeast Region Director

North East Region
- Baker, Clay, Duval, Nassau, Putnam, St. Johns
- Regional Director

Northeast Region Update
Northwest Region Update

We, as nurses, need to become politically active. Why? We are greater than three million strong and the backbone of health care. We can make changes but we need to make our voices heard. There are a number of bills in the legislature that will affect us all. Be informed! We owe it to ourselves, our clients, and the community to be aware of the changes and how they will affect our practice. Come to the FNA meetings, attend the symposiums, and email me with ideas. The next symposium will be in Niceville on Saturday, November 4, 2017 in Niceville, FL. Watch for the time to register at www.floridanalurnc.org. Come and bring a friend, or two. Email me at jpmeyash@gmail.com or jpmeyash90@yahoo.com. Tell me your concerns, when the best times to meet and where it may be convenient. The northwest district is quite spread out. I work full-time but I am willing to adjust my schedule to accommodate, however, Saturdays are more favorable for me. “The one path that never works is the most common one: doing nothing at all.” Seth Godin

Taking the time out of her busy schedule to present such a much needed topic. It has been a busy year for the Southeast region. I hope you were able to join us for one of our activities – whether it was our monthly conference calls to discuss current issues, or one of our programs, “The Healthy Nurse, Part II” with Debbie Hogan, “Recognizing Impairment in the Workplace” with Linda Smith or “Therapeutic Touch” with Dr. Jean Kijek!

Please plan to join us on September 29-30 at our 2017 Membership Assembly in Naples, Florida. The theme is “Promoting Health through Advocacy” and we will be meeting at the Naples Grand Resort. Together as members we can work together to discuss issues and to plan our activities for the upcoming year. We look forward to seeing you there and working with you next year!

Respectfully submitted,

Deborah Hogan
Southeast Region Director

South Region Update

Save the Date: 8th Annual Florida Nurses Association South Region Symposium and Awards Ceremony will be held on April 14, 2018 at Gulfstream Park in Hallandale Beach, FL. We look forward to seeing you at the symposium next year.

Respectfully submitted,

Debra Hain
South Region Director

Southeast Region Update

We want to thank Keiser University, Flagship Campus, in West Palm Beach, for sponsoring the food and the location for us on August 1, 2017, to present the “Recognizing Impairment in the Workplace” presentation by Linda Smith, Executive Director of Intervention for Nurses (IPN). We look forward to working with Keiser University for many more Southeast Region events in the future. We also would like to thank Linda Smith for

West Central Region Update

We want to thank Lisa Fussell for her service in the position of West Central Region Director for the time that she was able to lead over the last two years. Her knowledge, enthusiasm, and love of nursing will be missed on the Board of Directors.

Please join us at the 2017 Membership Assembly on September 29-30, 2017 in Naples, FL as the new West Central Region Director is inducted on the FNA Board of Directors. Be one of the first West Central Region members to meet and welcome him/her into their new position at the Membership Assembly Reception.

Respectfully submitted,

Theresa Morrison
Past Southwest Region Director

Southeast Region “Recognizing Impairment in the Workplace” IPN Event at Keiser University, Flagship Campus, West Palm Beach

Southwest Region Update

Thank you for the opportunity to serve as the Southwest Region Director for the past two years and for your help hosting the 2017 Membership Assembly. I want to send a special thank you to SON faculty members who support the FNSA. It is always a pleasure to have students’ attend our events.

You will be in good hands with the new director! The new director will carry on the position of West Central Region Director for the past two years and for your help hosting the 2017 Membership Assembly. I want to send a special thank you to SON faculty members who support the FNSA. It is always a pleasure to have students’ attend our events.

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Nursing Community

Florida Nurses Participate in AONE Advocacy Day in Washington, DC

The American Organization of Nurse Executives (AONE) hosted their annual AONE Advocacy Day in Washington, D.C. May 17th. AONE’s mission, “To shape health care through innovative and expert nursing leadership” was evident among the 1000 participants from 25 states who made the trip. Florida AONE advocates included Jean Shinners PhD, RN-BC, Executive Director at Versant Center for the Advancement of Nursing; Tammy Franqueiro MSN, RN-BC, Assistant Vice President, Versant; Yvonne Brooks, MSN, RN and Joyce Ryan DNP, NP, VN, VP Medical Affairs, Stryker.

All participants gathered at a welcome reception on May 16th where the discussion was focused on the many changes and challenges our country is experiencing to ensure that all Americans have access to quality healthcare. AONE Advocacy Day started early the morning of the 17th with AONE president Joan Clark RN, DNP, providing the opening remarks along with the importance of nursing advocacy and helping participants to plan our strategy for the day. There was a training session on how to best use our scheduled 30-minute sessions with Florida legislative aides and representatives (Table 1). Advocacy participants then “stormed the hill” to meet with legislators and their representatives and present four (4) specific requests to promote access to health care. The first request is to include appropriations for Title VIII and National Institute of Nursing Research (NINR). These programs focus on providing loans, scholarships, and program support to more than 450,000 RNs and students. Of concern is the expected increase in demand for nurses and nursing faculty. Also, underserved communities are often the recipients of these programs. The second request is to support the Title VIII Nursing Reauthorization Act of 2017. The goal of this act is to “reauthorize and improve nurse workforce programs,” support advanced nursing education, diversity grants, and nursing faculty loan forgiveness. The third request is to support the Home Health Care Planning Improvement Act of 2017. Current APRNs and PAs are not authorized Medicare providers to certify patient eligibility for home health services for Medicaid beneficiaries. This means they are required to have a physician certify eligibility, creating a barrier for hospital discharge that results in extended hospital stays and/or delayed home care services. An IOM (2011) recommendation is for APRNs to practice to the full extent of their license which is what this legislation supports. The fourth, and final, request is to consider joining the Congressional Nursing Caucus, which was established in January of 2003, following the signing of the Nurse Reinvestment Act into law. Its purpose is to inform and educate legislators on the issues important to nursing and the impact we have on health care. There are currently 81 House Nursing Caucus members and 11 Senate Nursing Caucus members. Unfortunately, Florida does not have representation in either the House or Senate but Congresswoman Ileana Ros-Lehtinen pledged her support.

Time spent with legislative representatives ranged from fully engaged to rushed and distracted, but overall it was an amazing experience and opportunity to directly discuss healthcare policy at a national level. It is critical nurses have a voice and are being heard during this time. We urge each of you to contact your local and state representatives to advocate for our profession and the patients for whom we provide care by requesting their support supporting legislation. Using your voice to share your experiences really does make a difference!

Table 1. Senators and Representatives

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<tr>
<th>U.S. Senator Marco Rubio</th>
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<tr>
<td>Florida</td>
<td>Legislative Aide</td>
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<td>U.S. Senator Bill Nelson</td>
<td>Kirstin Dunham</td>
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<tr>
<td>Florida</td>
<td>Legislative Counsel</td>
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<tr>
<td>Congresswoman Ileana Ros-Lehtinen</td>
<td>Emmanuel Saavedra</td>
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<tr>
<td>27th District of Florida</td>
<td>Legislative Assistant</td>
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<td>Congressman Brian Mast</td>
<td>Sarah Miller</td>
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<tr>
<td>18th District of Florida</td>
<td>Legislative Aide</td>
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<tr>
<td>Congressman Thomas J. Rooney</td>
<td>Max Moody</td>
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<tr>
<td>17th District of Florida</td>
<td>Legislative Correspondent</td>
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Inspires Nurses to be more than Leaders in the Profession: Getting Involved to Make a Profound Impact on the Health of our Communities

The Florida Action Coalition is Re-defining Advocacy

It is important that all nurses are able to effectively influence change at a local, regional, organizational, systems, and national level. The Action Coalition believes that every nurse has the ability to become actively involved in shaping health policy. It takes creativity, clarity of intent, and realizing opportunity to improve the profession and lives of the people of Florida that depend on us. Here is just one way our Southern region is coordinating nursing action to develop new policies:

The Florida Action Coalition Southern regions have initiated a pilot program to cultivate advocacy skills in the student nurse. South Region Advocacy lead and Nurse Educator Jannah Amiel, MS, BSN, RN is working alongside the Southwest, Southeast and South leads to bring advocacy lessons to the academic setting. In researching over 100 undergraduate nursing programs in these regions, less than 10 include advocacy as a core competence in their nursing curriculum. Creating a nursing culture that is enthusiastic and adept in nursing advocacy– from the bedside to statewide health policy– means capturing the future nurses and instilling this as a core nursing proficiency. Though the pilot program to transform nursing curriculum is presently underway, a prominent Broward county nursing program has readily adopted the changes suggested by Jannah Amiel. The team is looking forward to exciting and powerful outcomes.

Florida Coalition of Advanced Practice Nurses

(The Florida Coalition of Advanced Practice Nurses (FCAPN) is a coalition of Florida Nursing Organizations that represent nurses in advanced practice roles. The coalition works to remove unnecessary barriers to practice and to improve health outcomes in Florida.)

The Florida Coalition of Advanced Practice Nurses (FCAPN) met on Saturday July 22, 2017 at the FNA Headquarters. The Coalition came together to talk with representatives of the National Council of State Boards of Nursing to discuss the scope and implementation of the Consensus Model for Advanced Practice Nursing across the nation. Joe Baker, Executive Director for the Florida Board of Nursing was gracious enough to also join the coalition for this important meeting.

The NCSBN representatives educated coalition members regarding the scope and parameters of the Consensus Model for Advanced Practice Nursing. The primary focus of their presentation was discussing how states coalitions and State Boards of Nursing can work with the NCSBN to advance implementation of the Consensus Model across the nation. The NCSBN shared their belief that Florida is a state that they feel has strong potential for the implementation of the Consensus Model.

The NCSBN representatives shared with the coalition that they have begun initial work towards a media relations campaign to educate organizational members to better meet these health needs.

In addition, a report on Identification of Job Creation Strategies has been completed. Information in the report includes prioritization and skills/education needed for the emerging market competitive salary structures for all health professions.

Legislature implement incentive programs to encourage admission into academic programs leading to preparation for entry into faculty roles.

Support for legislation regarding the regulation of nursing education.

The NCSBN representatives shared with the coalition that they have begun initial work towards a media relations campaign to educate communities and legislators about the benefits of the Consensus Model in improving health outcomes.

FCAPN discussed the plans of the NCSBN and looks forward to working with them to advance legislation in Florida to allow advanced practice nurses to practice to the full scope of their education and training.

For more information about the Consensus model visit: https://www.ncsbn.org/aprn-consensus.htm.

The FCAPN members also discussed the importance of advanced practice nurses in improving health outcomes in diverse communities in our state. In response to identified health care needs for Florida FCAPN decided to form a coalition focused on developing educational opportunities and resources to aide coalition organizational members to better meet these health needs.

In coming months FCAPN anticipates the development and implementation of targeted programs to support advancement of the Consensus Model. The coalition also anticipates working with community members to develop educational resources to advance improved health access and outcomes for at risk populations within our state.

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In the June QUIN Council Florida Nurse article, Neil (2017) highlighted the urgent need to address Florida’s growing nurse workforce demands. To address these demands, the Florida Center for Nursing recommends encouraging bright, talented, caring people to enter the nursing field and increase efforts to retain them (FCN, 2016). What programs are helpful in retaining new graduate nurses (NGNs)? NGNs leave hospitals at a rate of 17% to 65% within the first employment year (Kovner, Brewer, Fairchild, Poornima, Kim, & Djukic, 2007; Pine, 2007). NGNs report lack of support to develop cognitive decision-making and time management skills, manage role/job conflict, and cope with overwhelming stress (Al-Dossary, Kitsantas, & Maddox, 2014; Spiva et al., 2013). Stress factors include lack of confidence, difficulty with work relationships, frustrations relating to the work environment, lack of time and guidance for developing organizational and priority-setting abilities (Halfer & Grad, 2006). NGNs also report incivility leading to increased distress and cognitive distraction as a primary attrition factor (France, 2016; D’Ambra & Andrews, 2014).

Institutions struggle to determine which strategies successfully assist NGNs’ transition into practice environments. To address these issues, many organizations have implemented nurse residency programs (NRPs) but most last six months to one year (Trepanier, Early, Ulrich, & Cherry, 2012; Little, Ditmer, & Bashaw, 2013; Welding, 2011), as well as increases in knowledge, critical thinking, improved communication, and confidence levels (Welding, 2011; Al-Dossary et al. 2014). The National Council of State Boards of Nursing offers a 6-month, e-learning program called Transition to Practice (NCSBN, 2017). This evidence-based program focuses on communication and teamwork, patient and family centered care, evidence-based practice, quality improvement and informatics courses for the new nurse. A preceptor course focuses on the critical roles of teacher, coach and protector.

Despite various entry-into-practice programs/models, NGNs’ transition to the profession. However, in one study, NGNs working in environments grounded in a nursing model versus a medical model perceived the environment as supportive and were more likely to stay (Rhéaume, Clément, & LeBel, 2011). France (2016) asserts redesigning academic-practice environments to reflect “a culture of caring and being-in-right relationship nurtured through caring theories in nursing” reduces incivility-related stress (p.183). In one example, Moffa (2015) presents a caring based OP focusing on coming to know the novice nurse. Creating caring based, academic-practice environments may be the key to reducing overwhelming stress associated with transitioning into professional practice and increase NGN retention rates.

Visit the QUIN Council website at www.quin.org.

Shirley C. Gordon, PhD, RN, NCSN, AHN-BC is a Professor of Nursing in the Florida Atlantic University. Christine E. Lynn College of Nursing. Her research focus is creating healing environments: leading change, advancing health.

References


Focus on Recent Graduates

Mentorship: Support for your Future

Characteristics of a mentor

Knowledgeable
In order to advise or counsel a novice, the mentor must be knowledgeable about the situation the novice is in. If the mentor has never worked in a similar environment, it may be difficult to give useful advice. However, a mentor can direct the novice to the appropriate person. Historically, a mentor is a person who has many (5-10 or more) years of experience.

Honest, Trustworthy
In some cases, the novice’s expectations may be unrealistic. For example, if he/she is upset because they can’t have every Sunday off for church, a good mentor may help them understand the staffing issues or help them explore other options. A good mentor can be honest while still allowing the novice the freedom to vent. The novice may want to share feelings or events that need to be kept confidential.

Emotionally Secure
Since a novice is often insecure and lacking confidence due to the “newness” of the situation, it is necessary for the mentor to show confidence and stability when communicating with their mentee. An insecure mentor can set the stage for a pattern of inappropriate behavior in the new professional. A good mentor recognizes when a situation has become “too personal” or too emotionally charged. This would be a good time to do some constructive problem solving techniques and help the novice analyze the situation.

Willing to Share
The mentor needs to be able to share both their negative and positive experiences, to help the novice know that good and bad things happen to everyone. In addition, the mentor may have some “goodies” that can help the novice. What you know and who you know can be of great value to others.

Mature
The mature mentor would behave as described above. In addition, he or she would avoid getting “sucked” into the moods, emotions and behaviors of the novice. This is a good time to do some constructive problem solving techniques and help the novice analyze the situation.

Emotional Security
Due to recognition of mentor’s skill and expertise.

Pride in mentee’s future
Due to success of mentor.

Pride in mentee
Due to recognition of mentor.

Teacher
Willing to invest time.

Sponsor
Helps mentor chart their course for the future.

Role Model
May come with a formal introduction by a third party or from the potential mentor or novice themselves. Mentors often recognize qualities in a novice that could be developed. Less often the novice identifies someone who has qualities they admire or someone they would like to emulate personally or professionally.

Cultivation
A relationship is forged with some means of interaction. It may be planned, such as periodic lunches or dinner or it can be a formal meeting to discuss professional and personal plans. Often it is a chance meeting in the hallway or periodic phone calls. This must be determined and established by both parties.

Redefinition
In most cases, the novice and the mentor become professional colleagues and/ or friends. The degree of intensity of the relationship depends on the individuals. The mentor may still serve as the advisor in some capacity but the interaction becomes a dialogue rather than the novice-expert interaction.

Rewards and Benefits of Mentoring

For the Mentor
Intangible: Personal satisfaction, pride in the mentee.
Long-range: Pride in mentee’s future professional accomplishments.
Confirmation: Of mentor’s skill and expertise.
Challenge: Provides mentor with stimulating and challenging experiences.
Reputation Enhancement: Due to success of mentee.
Increase in power base: Due to recognition of mentor’s ability to influence others positively.

For the Mentee
Preparation for leadership: Learn important qualities including ethics, accountability, and professionalism.
Learn necessary skills: Communication, chain of command.
Learn implementation: Of leadership behaviors and skills.
Provides: Increased pride, self-confidence, enhanced self-esteem and secure self-image.

–Adapted from a presentation by Anne Peach, 1996
Path to better patient safety leads through new Quality and Safety Education for Nurses (QSEN) Institute Regional Center at Jacksonville University

The call to action came in 1999, when the Institute of Medicine issued its “To Err Is Human” report estimating that as many as 98,000 people were dying annually from preventable medical errors. Urged on by an alarmed public, the health care system implemented procedures, policies and training to improve patient safety. But almost two decades later the findings were announced by the non-profit institute, now renamed the National Academy of Medicine, the numbers aren’t appreciably better. Preventable medical errors are the third-leading cause of death in the U.S., behind heart disease and cancer.

“Patient safety is in a state of crisis. I’m not sure where it is going,” said Dr. Robert Wears of the Department of Emergency Medicine, College of Medicine, UF Health Science Center of Jacksonville.

Wears was one of the speakers at a recent Patient Safety Forum at JU bringing together hundreds of healthcare professionals from multiple disciplines to learn, and formally launching the new Quality and Safety Education for Nurses (QSEN) Institute Regional Center at Jacksonville University.

The JU QSEN is one of three regional centers in the United States dedicated to integrating patient safety into nursing education. The others are the College of New Jersey in Trenton and Case Western Reserve University in Cleveland, Ohio.

Dr. Teri Chenot, associate professor in the JU Brooks Rehabilitation College of Healthcare Sciences’ Keigwin School of Nursing, and Dr. Roberta Christopher, assistant professor and Program Director of Health Informatics in the college’s School of Applied Health Sciences, are co-directors of the regional center. Chenot is on the national board. Chenot said she hopes the QSEN center will bring new attention to this national problem as it provides training for hundreds of healthcare professionals from a broad region.

Nationally, QSEN started in 2005 at the University of North Carolina Chapel Hill with a seven-year grant from the Robert Wood Johnson Foundation. In 2012, the QSEN Institute moved to Case Western with the goal of establishing seven regional centers across the country.

The JU QSEN center, which will serve the entire Southeast, was made possible with a $44,883 grant from Florida Blue Foundation.

“Patients have an expertise that we must acknowledge,” said Dr. Mary Dolansky, director of QSEN Institute at Case Western Reserve. “QSEN is not a magic bullet, but we have a passion for improving patient care and inspiring students to be advocates of high-quality care.”

Dolansky said it is not enough to train the next generation of nurses in the latest patient safety protocols, so QSEN is developing web-based training models for nurses that it hopes to make available to other healthcare professionals.

QSEN is starting to have a noticeable impact, Dolansky said. Errors are blamed on people, Wears said. Errors are broken down into simple steps and protocols, so QSEN is developing web-based training models for nurses that it hopes to make available to other healthcare professionals.

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On Saturday, July 15, 2017, approximately 35 ARNPs, RNs, and nursing students attended the 2017 3rd Annual Evidence-Based Practice and Nursing Research Conference at Harry P. Lue Gardens in Orlando, FL. Dr. Mary Lou Sole, Dean and Professor, Orlando Health Endowed Chair at the University of Central Florida, College of Nursing pled the keynote session titled, From the Halls of the ICU to the Researcher Hall of Fame.

The planning committee had a large selection of abstracts to review and using stringent protocols chose three abstracts to present their research at the podium. The podium presenters were:

- Rachel Joyner, MSN-FNP, RN, PCCN from Boca Raton Regional Hospital presented, Creating a Healthy Work Environment through Bullying Education Interventions.
- Sara Turpel, PhD(c), MSN, RN, CCRN-K from University of Phoenix, presented, Socialization during Shift Report for Newly Licensed Nurses in Critical Care.
- Christine Swartzman, MSN, CNS, CCRN, ACCNS-AG, from South Seminole Hospital, a part of Orlando Health, presented STEPPS Together: An ICU’s Improvement in Team Skills During Simulation.
- William Winter Linda Amankwa

In addition to the keynote and the podium presenters, eight abstracts were presented by poster presentation. Each poster presenter was given 15 minutes to present their poster in front of the audience. This new presentation approach led to good conversation between experienced researchers in the audience and those who were presenting their work.

- Harriet Miller; Arnold Palmer Medical Center, a part of Orlando Health, Orlando, FL
- Emily Kuhnlein Compton, Karen Gildemeyer, and Tina Mason; H. Lee Moffitt Cancer Center, Tampa, FL
- Nurses’ Caring Behavior: The Perception of Surgical Oncology Patients Joanne Laframboise-Otto; University of Florida, College of Nursing, Gainesville, FL
- Use of Music Listening to Enhance Pain Management in Patients Undergoing Orthopedic Surgery Patricia Geddie; Orlando Health, Orlando, FL
- Testing a Model of Predictors for End of Life, Readmissions, & Length of Stay in Adult Oncology Inpatients Linda Amankwaa; Albany State University, Albany, GA
- Master’s Enhancement Creating and Sustaining a Culture of Safety Paula Davis-Huffman; Florida Gulf Coast University, Fort Myers, FL
- Empowering Undergraduates BSN Students to Change Practice William Winter; Malcolm Randall VA Medical Center, Gainesville, FL
- Development of a Nurse-Driven Protocol for Application of Preventive Sacral Dressings Beth Pratt; Florida Atlantic University, Boca Raton, FL
- Breastfeeding despite Darkness
The Power of Poop

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Historically – What has become known as fecal microbiota transplant (FMT) was first described 1700 years ago. It was an ancient Chinese researcher by the name of Ge Hong. He used what he called ‘yellow soup’ to treat his patients with severe diarrhea. The ‘soup’ was administered orally, possibly accounting for the failure of the technique to become widely known. During World War II German soldiers used camel stool to treat bacterial dysentery. The next time we hear of a suggestion for stool being used to treat severe diarrhea was in 1958 an article was published from one person and implanting in a person with diarrhea. Her colleagues, physicians and nurses ridiculed her to the point she gave up her position in the hospital.

Modern day – In 1958 an article was published that indicated patients receiving this treatment had recovered from their antibiotic associated diarrhea. The organism when they enter the hospital others acquire it in the hospital. The organism when they enter the hospital others acquire it in the hospital. Though many individuals are colonized with C. difficile resistant diarrhea. It still took several more years for it to become easier to have the procedure done in a healthcare setting. In the interim fecal transplant spread on the Internet and many patients started doing by themselves with help of friends and relatives because medical doctors were unwilling to perform such a non conventional treatment.

The process involves using the stool of a well tested healthy individual, liquefying it and inserting into the bowel of an individual with C. difficile diarrhea. It is usually through a colonoscopy or enema.

Today studies show an 80% cure with first treatment and 90% if two treatments are needed. Most specimens now used for transplant come from a stool bank where the stool is frozen and sent to sites when ordered. Again, the feces are coming from a healthy well tested individual.

In 2013, after more than fifty years from Betty’s action, FDA finally and reluctantly allowed doctors to perform fecal transplant for limited cases of C. difficile infection. More specifically transplants for patients who are not responding to standard therapies for C. difficile infections which includes failing long term treatment with oral Vancomycin. The FDA continues to consider the procedure as use of an investigational new drug (INDs) and the physician must obtain adequate informed consent. During the years Betty enjoyed her peaceful life knowing that the mainstream of the medical community finally accepted fecal transplant, even for limited cases.

So as today’s nurse Betty, what can we do to prevent our patients from acquiring and/or hence developing C. difficile diarrhea?

1) Place patients with unidentified cause of diarrhea on Contact Precautions in a private room till testing done. This means any contact with patient or their environment requires wearing gloves and a gown. After removal hands washed with soap and water. The spores that may be present will not be killed by handwashing but if they are present the friction and running water will wash them away. Some facilities say that after drying your hands to still use the alcohol sanitizer.

2) If test positive continue precautions and if negative revert to Standard Precautions.

3) Be sure room is cleaned daily and on transfer or discharge with a product containing bleach or one that says kills C. diff. Also, any equipment that has to be used on another patient should be wiped down by such a product.

4) Follow your facilities protocol for discontinuing precautions.

5) Educate the patient and their family regarding hand hygiene and precautions to take at home.

6) Monitor antibiotics and don’t hesitate to ask physician if they are to be continued.

Unlike what happened to yesterday’s Betty, you will not be ridiculed for doing as just described as it is all evidence based and proven to be effective if done properly. Let’s go for “The Power of the Nurse.”
A Call to Relevance: What is FNA’s Future?

George Peraza-Smith, DNP, GNP-BC, CNE
West Central Region, Member

Change is difficult. Change creates fear and uncertainty. Personal reflection is often a time for examining one’s choices and the resulting consequences. Thoughtful reflection allows for personal growth through the examination of one’s actions. My mother used to say, “It is time for us to have a come to Jesus meeting.” Well friends and colleagues, I am here to say it is time that FNA had a come to Jesus meeting. The forecast for FNA’s future is uncertain. Our membership numbers are on the decline. We are an aging group of nurses who do not have many colleagues in the wings to take our place. New, young nurses do not see the same value of FNA that many of us older members value. We must find our emerging, relevant purpose for FNA. We must be willing to let go of our past-outdated beliefs and ideas. We must be willing to explore new, innovative ways of doing business.

In examining the strategic plan, ANA used the book by Coerver & Byers (2011) Race for Relevance as a catalyst for change. In the book, the authors challenge conventional association practices and provide a framework for taking bold action for driving future association success. ANA and state association leaders have embraced the concepts in the book as the framework to develop our preferred future (Delay, 2012). In the book the Race for Relevance framework for creating necessary change includes five components: overhauling governance, empowering the CEO and staff, rigorously defining member markets, rationalizing and simplifying programs and services, and building a robust technology program.

Change is difficult. Change creates fear and uncertainty. But change will come. The question for us is will we choose our path? We can stand back and watch our association continue to decline, to become obsolete and disappear. This is not a message of negativity or doom. This is a message of hope and opportunity. I challenge us all – to let go of our fears, to let go of our complacency, to let go our archaic ideas of what FNA should be. I challenge us to “feel the fear and do it anyway.” We must find a new and different path for the association or we will not be here in five years. This is an exciting time. We have an opportunity to create our preferred future and to strengthen our association to meet the needs of our members now and in the future.

George Peraza-Smith is an FNA member from the West Central Region. He serves on the Finance Committee and is Trustee with the Florida Nurses Foundation.

References

• FNA must reorganize and revamp our governance structure. We must create a governance structure that is flexible and nimble. We need to rethink how the association is governed. The FNA board should be smaller with a strategic membership to include new, younger members and members with specific skill sets.

• FNA must continue to empower our Executive Director and enhance staff competencies. The Executive Director should be responsible for decisions about what is to be done, how it is to be done, and who is to do it.

• FNA must rigorously redefine our member markets to determine the current needs of our members and provide those services that are relevant to them for today. FNA must let go those things that are holding us back and keeping us from realizing our fullest potential.

• FNA must rationalize and simplify our member programs and services. We must determine the services that add value while being flexible to every changing demand.

• As with most organizations today, FNA must continue to explore the use of technology to meet the needs of our members in a virtual and global world. We will be left behind if we do not invest in technology.

This is not a message of negativity or doom. This is a message of hope and opportunity. I challenge us all to let go of our fears, to let go of our complacency, to let go our archaic ideas of what FNA should be. I challenge us to “feel the fear and do it anyway.” We must find a new and different path for the association or we will not be here in five years. This is an exciting time. We have an opportunity to create our preferred future and to strengthen our association to meet the needs of our members now and in the future.
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Centers for Disease Control and
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Revised Recommendations for
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Separate informed consent for
HIV testing is no longer
required in health care settings.
Patients need only to be
notified that the HIV test is
planned and that they have the
option to decline. When
patients opt out of HIV testing
it must be documented in the
medical record. Examples of
notification for opt-out HIV
testing in health care settings
can include, but are not limited
to: information on HIV testing
in the general medical consent;
a patient brochure, exam room
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