

The North Dakota Nurse



NORTH DAKOTA NURSES ASSOCIATION

THE OFFICIAL PUBLICATION OF THE NORTH DAKOTA NURSES ASSOCIATION
Sent to all North Dakota Nurses courtesy of the North Dakota Nurses Association (NDNA). Receiving this newsletter does not mean that you are a member of NDNA. To join please go to www.ndna.org and click on "Join."
Quarterly publication direct mailed to approximately 16,000 RNs and LPNs in North Dakota

Vol. 87 • Number 1

February, March, April 2018

INDEX



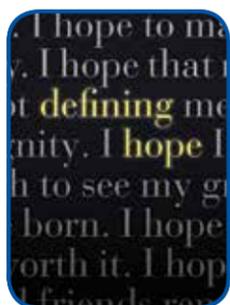
SAVE THE DATE!
Conference in Grand Forks

Page 3

Congratulations to the Newly Elected & Re-elected NDNA Board Members!



Pages 4-5



Defining Hope – Film Review by Lois Ustanko

Page 6

President's Message

Compassion: More than Kindness and Love

Tessa Johnson, MSN, BSN, RN



Tessa Johnson

As the month of February comes we think about love, hearts, and kindness. Many of us think about the love we have for our friends, our family, our health, among other areas of our lives. One area, I hope we the Nurses of North Dakota can think about this season is the love and the compassion needed to be nurses in this state. I am quite certain each of us have worked with a nurse colleague that lost compassion in their career. According to Halsam (2015), "It's so easy to get into a way of delivering care that fails to be compassionate. Perhaps we should encourage colleagues to observe each other and point out positive behaviors and challenge negative behaviors constructively and in a supportive way" (p.1). In our career as nurses, I believe we can hold each other accountable for compassion to our patients as well as each other.

In order for us to be compassionate we first need to understand the meaning of compassion in the nursing field. According to Davison (2009), "Compassion, or caring can be viewed as "nursing's most precious asset," a fundamental element of nursing care, and as one of the strengths of the profession. It involves being close to patients and seeing their situation as more than a medical scenario and routine procedures" (p.1). If we can agree (which I am sure we all can) that compassion is one of our best assets then we need to be sure we are channeling it to good use. We as nurses need to make sure we are acting with compassion, and more importantly, that we are holding each other to be compassionate and not to settle for anything less.

There appears to be two elements involved in professional caring: instrumental caring, which

includes the required skills and knowledge, and expressive caring involving the emotional aspects of the relationship. Expressive caring changes nursing actions into caring. This could help to explain why some nurses are technically competent, but do not seem outwardly compassionate. If nurses claim to genuinely care for their patients, then without compassion their caring may be incomplete and lacking (Davison, 2009). The truth is, without compassion in our work we are lacking in many ways. We will not do our patients justice, we will not do each other justice and most importantly we won't do our profession justice. In circling this back around we all have love in our life on many levels. If we can channel that love into our careers and turn love into compassion for what we do, we can make sure that we are not lacking and that the care we deliver is complete. As always I give you all another challenge. I challenge you each and every day to work with compassion in your life and never accept anything less than compassionate from your colleagues, friends and loved ones. Be well, we need all of you!

References

- Davison, N. (2009). Nursing Times. Compassion in Nursing, 1. Retrieved December 12, 2017, from <https://www.nursingtimes.net/roles/nurse-managers/compassion-in-nursing-1-defining-identifying-and-measuring-this-essential-quality-5006242.article>.
- Haslam, D. (2015). More than Kindness. Journal of Compassionate Health Care, 1. Retrieved December 12, 2017, from <https://jcompassionatehc.biomedcentral.com/articles/10.1186/s40639-015-0015-2>.

current resident or

Presort Standard
US Postage
PAID
Permit #14
Princeton, MN
55371



SAVE THE DATE

16th Annual Northwest Region North Dakota Collaborative Educational Conference

FRIDAY, APRIL 13, 2018 See page 11 for more information.



How to submit an article for The North Dakota Nurse!

The North Dakota Nurses Association accepts articles on topics related to nursing. We also accept student articles & evidence based practice articles. All articles are peer reviewed and edited by NDNA volunteers.

Deadline for submission for the next issue is **3/2/2018**. Send your submissions to info@ndna.org.



Welcome New Members

- | | |
|-----------------------|-----------------|
| Anna Carlson | Brittany Papp |
| Chriss Klassy | Patricia Clarke |
| Sauna Sniegowski | Ashley Donley |
| Kevin Buettner | Lindsey Dolezal |
| Colette Greek | Trisha Peterson |
| Kayden Candrian | Kelly Opp |
| Stephanie Kritzberger | Patti Stewart |
| Elizabeth Johnson | |

Serve on a Board? MAKE IT COUNT



Visit nursesonboardscoalition.org to be recognized and counted.

The North Dakota Nurse Official Publication of: North Dakota Nurses Association



General Contact Information:
701-335-6376 (NDRN)
info@ndna.org

Officers

- | | |
|--|--|
| President: Tessa Johnson, MSN, RN president@ndna.org | Vice President- Membership Services Sherri Miller, BSN, RN smithsher@live.com |
| Vice President- Communications Kayla Kaizer, BSN, RN kkaizer8@gmail.com | Vice President- Government Relations Kristin Roers, MS, RN, CPPS advocacy@ndna.org |
| Vice President- Finance DeeAnna Opstedahl, MSN, RN, CNOR | Vice President- Practice, Education, Administration, Research Sherry Burg, MBA, RN sburg@altru.org |
| Director at Large- New Graduate Laken Kittelson, BSN, RN | |

Published quarterly: February, May, August and November for the North Dakota Nurses Association, a constituent member of the American Nurses Association, 1515 Burnt Boat Dr. Suite C #325, Bismarck, ND 58503. Copy due four weeks prior to month of publication. **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@aldpub.com. NDNA 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 North Dakota Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. NDNA 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 NDNA or those of the national or local associations.

Writing for Publication in The North Dakota Nurse

The North Dakota Nurse accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and submitted electronically in MS Word to director@ndna.org. Please write **North Dakota Nurse article** in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. **Deadlines for submission of material for 2018 North Dakota Nurse are 3/2/18, 6/11/18, 9/10/18, and 12/10/18.**

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don't know how or where to start, contact one of the NDNA Board Members.

The North Dakota Nurse is one communication vehicle for nurses in North Dakota. Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Hope. Healing.
 Nursing Careers at the Anne Carlsen Center

- Compassionate, fun work environment for RNs and LPNs
- Continuing education opportunities

APPLY NOW annecarlsen.org/careers

IT'S WHAT WE DO.

St. Andrew's Health Center
 Bottineau, ND SMP Health System

Full-Time RN/LPN

Also hiring **CNAs and CS/ER Technicians**

Competitive Salary, Shift Differential

ND licensure/certification required.

For more information or an application, please contact Human Resources at 228-9314 or visit our website at www.standrewshealth.com

SIGN-ON BONUS

SAVE THE DATE

The Diabetes Summit

April 4, 2018: Motivational Interviewing Workshop
 April 5-6, 2018: Diabetes Summit

Radisson Hotel 605 East Broadway Avenue Bismarck, ND

For Lifestyle Coaches, Diabetes Educators, Dietitians, Social Workers, and Nurses

To register click here:
<https://diabetessummit2018.eventbrite.com>

- Conference attendees will:
- Understand how mindfulness practices can improve capacity for wellness
 - Identify research-based strategies to promote lifestyle changes
 - Understand current strategies for diabetes medication management & adherence as well as the diagnostic criteria of lesser known types of diabetes
 - Identify appropriate candidates for and the benefits of insulin pump therapy
 - Apply ethical principles in the provision of diabetes care
 - Explore the core principles and values of effective team-based health care

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. Government.

DAKOTA DIABETES COALITION

Cost

April 4: MI Workshop \$50
 April 5: Day 1 Only \$75
 April 6: Day 2 Only \$75
 April 5 & 6 (Both Days) \$125

Conference and Travel Support Available at www.diabetesnd.org January 2018

Continuing education requested

NORTH DAKOTA DEPARTMENT OF HEALTH

Member Spotlight

Kayla Kaizer, BSN, RN

Featuring Donelle Richmond, BSN, RN

"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."

— John Quincy Adams



Donelle Richmond

Donelle has been a member of NDNA for many years and her work through NDNA and throughout nursing is inspiring for all nurses that have had the privilege of meeting her. We at NDNA cannot thank Donelle for everything she has done and will continue to do for us. As she has finished out her term on the NDNA Board of Directors, we wish her all the best, for she truly deserves it! Thank you Donelle!!

Please tell us about your nursing career?

I have been a med-surg nurse for my entire 40 year nursing career. I worked for 4 years in Wisconsin and the rest has been at St Luke's/MeritCare/Sanford. Most of the years have been as charge nurse. I love patient interaction so I have passed on opportunities to move up the administration ladder. The past two plus years I have had the privilege to work in Palliative Care.

What made you want to become a nurse?

My mother was a nurse, so growing up I heard her stories about the many ways she had made a difference in people's lives. That was something I wanted to do, plus I was impressed with the many varied opportunities that nursing provided.

As a long time and former NDNA Board Member, what advice or guidance do you have for nurses that are questioning joining NDNA?

Be as involved as you can be. There will be times when life and work only allow you to pay your dues, and that's perfectly fine. When you can, volunteer to be on a committee or task force and run for an elected position. Attend NDNA's annual meeting and conference if at all possible, that's where you will learn the most about how the organization works. Also make yourself familiar with all of the benefits of membership, and take advantage of them.

What benefit has it been to you to belong to NDNA?

I have met incredibly talented nurses from across the state and around the country, had the opportunity to travel around the country, and learned so much about the professional obligations and opportunities that the profession of nursing involves. I've gained much more than I've ever been able to give.

What do you like to do in your free time?

I enjoy gardening, reading, and word puzzles of any kind. I've also been practicing so I can be a crazy cat lady when I get older.

What goals do you still have for yourself (Professionally or personally)?

I will be taking the Palliative and Hospice nursing and certification exam in a few months. I try to learn something new every day (now if I can only remember it!), and hope to retire in a few years while I'm still able to enjoy it.

Is there anything else you want to tell us about you?

I would just like to take this opportunity to thank everyone at NDNA, past and present, for the work they do and for helping me grow as a nurse throughout my career. I owe them a huge debt of appreciation.



You are invited to the
**HEALTHY NURSE
HEALTHY NATION**
Conference in Grand Forks!

SAVE THE DATE

March 28th, 2018
Choice Fitness, Grand Forks

Take time for YOU!

Presented by



This continuing nursing education activity was approved for **6.4** contact hours of continuing nursing education by Montana Nurses Association, an accredited approver with distinction by the **American Nurses Credentialing Center's Commission on Accreditation.**

Registration starts in January!

Like us on Facebook for future registration information!

CAREER OPPORTUNITY FOR NURSES - \$4,000 bonus

Marian Manor Healthcare Center in Glen Ullin has openings for nurses (LPN or RN) on various shifts. For a limited time, MMHC is offering a \$4,000 sign-on bonus for 24 month commitment and working up to 32-40 hours per week. Previous experience is added to wage, \$500 per month Cafeteria Plan plus benefits including health insurance. Shift differentials include \$1.00 per hour for evenings, \$5.00 per hour for nights, \$3.00 per hour for weekends and additional pay for working shifts above schedule. Ask about low cost housing options.



Caring professionals interested in providing Resident centered quality care should contact Loretta Gerving, DON, at 701-348-3107 for more information or an application or download an application at www.marianmanorhc.com

EEO Employer

You've always dreamed of being a nurse.

Now find your dream job at nursingALD.com

FREE to Nurses!



\$10,000 Sign-On Bonus for RNs and LPNs!
New Graduates Welcome!

Average starting annual salary for full time

- RNs - \$56,600
- LPNs - \$46,000

Plus an additional shift differential and weekend premium.

To view current nurse openings and what we have to offer, please visit our website and apply at www.mslcc.com or contact us at:

2425 Hillview Avenue
Bismarck, ND 58501
(701) 233-9407



Spirit Lake Tribe Health Center

Fort Totten, North Dakota is looking for **nurses and nurse practitioners.**

Competitive salary and benefits

Health, dental, vision, life insurance, 401 K and educational assistance.

Sign on bonus • Staff of 75

Contact:

Human Resources
Phone: 701-766-1215
Fax: 701-766-1272
HR email:
slthr@spiritlakenation.com



spiritlakenation.com

Congratulations to the Newly Elected & Re-elected NDNA Board Members!

VICE PRESIDENT OF MEMBERSHIP Sherri Miller BSN, RN

Employer – CHI St. Alexius Bismarck



Currently, I'm a Point of Care Testing Coordinator at CHI St. Alexius in Bismarck – just new to this role! Previously, I have worked as a nurse on the floor in the hospital, in the clinic for a physician's office, as a supervisor for home care and most recently I have been a director for an international home care coding company.

I would like to get "back to" working with healthcare in our state and more directly helping patients. I'd also love to help promote nursing in our state and work to expand the membership goals of the organization, sharing the benefits with those who are not familiar with them. I have creative ideas and the desire to share and work as a team to get more nurses involved.

Having a special interest in health and being a healthy nurse, I will also bring this passion to the board position. Other gifts & talents include creativity, leadership skills and knowledge, team player, a "wordsmith", health and wellness knowledge.

a strong voice for them as well as keep them up to date with what is happening not only in the state but also nationwide. I'm qualified for the Vice President position because I have knowledge of the structure of the board, the mission, and its bylaws. Other gifts & talents include dedication to nursing, leadership skills, organization dependability, familiarity of the NDNA board, & knowledge of the NDNA bylaws.

VICE PRESIDENT OF FINANCE DeeAnna Opstedahl MSN, RN, CNOR

Employer – CHI St Alexius Dickinson



I previously belonged to the SDNA and SDHA. I did not hold an office, but attended most of the meetings. I was the Acute Care director in Spearfish, SD and then took a Director position in the OR I Sturgis. I was the chair of a board that made decisions on products purchased and contracts signed by Rapid City Regional Health. I was recruited by Dickinson for the Director of Surgery position and then CHI asked if I would be the regional OR director for the western side of ND. I was then recruited to be the VP of Patient Care in Dickinson. I am responsible for many budgets within the hospital. I work very well with others and have had opportunities to get the best price of products in the surgery departments.

VICE PRESIDENT OF GOVERNMENT RELATIONS Kristin Roers MS, RN, CPPS

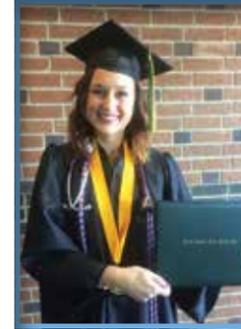
Employer – Sanford Health



Kristin is a Nursing Practice Specialist at Sanford in Fargo. Kristin has a background in Human Resources and worked in Oncology and Leadership/Administration at hospitals in the Twin Cities prior to moving to Fargo. Kristin has served as the VP of Government Relations for the last 2 terms and hopes to complete her tenure this term. In 2015, Kristin was able to attend the American Nurse Advocacy Institute on behalf of NDNA and is now an ANAI Fellow. As a lobbyist on behalf of NDNA, Kristin has enjoyed educating and influencing policy changes on behalf of all Registered Nurses in North Dakota. I have a strong understanding of advocacy and the legislative process, as well as many contact and relationships across the state to help advocate on behalf of nurses.

DIRECTOR AT LARGE – NEW GRADUATE Laken Kittelson BSN, RN

Employer – Trinity Health - Minot



I have always had a passion for nursing as well as nursing leadership. I firmly believe that nurses are at the center of healing and should push to further educate and enrich themselves for the patients we serve. I served on the 2015-2016 Nursing Student Association of North Dakota board as the Director of Community Health. It was a great way to get nursing students involved directly in their communities. I hope to bring a sense of excitement and eagerness for new NDNA members. I am looking forward to serving as a liaison between new graduates and NDNA!

MEMBERSHIP ASSEMBLY REPRESENTATIVE Tammy Buchholz MSN, RN, CNE

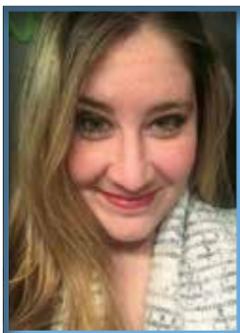
Employer – ND State Board of Nursing



I have been a nurse in the state of North Dakota for 26 years and have practice experience in several specialty areas. It has been a privilege and honor to serve my professional nursing association in the capacity of VP of Membership Services on the Board and Membership Assembly Representative. I am encouraged by the growth in our membership and the strengthening of collaborations with other nursing and interprofessional associations and organizations including our state legislators. I continue to be committed to the association and have a strong desire to continue to serve to further strengthen and build the association and our nursing community in the state and the nation. I am excited to be involved with NDNA as our association makes strides toward being more vibrant and sustainable. My experience at the 2017 ANA Membership Assembly was an incredible learning experience and I would love to have another opportunity to meet with our Senators and Representatives to work toward achieving the goals set forth in ANA's and NDNA's strategic plan. It would be an honor to again represent ND and take NDNA's message to the national stage. I appreciate your consideration for this position. Other gifts & talents include collaborative, high energy, optimistic, passionate about nursing and advocating, organized, detail oriented.

VICE PRESIDENT OF COMMUNICATIONS Kayla Kaizer BSN, RN

Employer – Sanford Health - Bismarck



I'm entering my 3rd year of Nursing practice as a labor and delivery/postpartum nurse at Sanford Bismarck. I served on my local NSA chapter as 1st Vice President/Secretary and after nursing school, I was a Graduate Consultant for NSAND. I have served on the NDNA Board twice and would love to continue my role as VP of

Communications as I was just recently appointed this position. The Board is a great place to meet and get to know other nurses from all over the state and I feel that we need to remain in contact and provide

WEST RIVER HEALTH SERVICES

Now Hiring!

Quality Risk Manager • RNs • NP/PA • RT

Full-time QA/RM position working closely with medical staff and population health nurse.

Full-time RN positions on med-surg unit with opportunity to train to OB.

Full-time NP/PA position needed primarily for ER with some clinic coverage.

Full-time RT position with excellent opportunity to learn and develop skills.

Positive Work Environment, Competitive Wages, PPL, ESL, Health, Vision and Dental Insurance, Healthcare and Daycare Flex Spending Accounts, Tax Deferred Annuity Plan (Retirement) and More!

To learn how to join our award winning team, visit:

www.wrhs.com

TRINITYHEALTH

NURSING IS A WORK OF HEART...

Trinity believes that good care is never forgotten. Investing in our employees goes hand in hand with taking care of and giving back to others in our community.

At Trinity we care.

We invite you to be part of our outstanding and dedicated team of professionals.

Trinity offers a competitive wage and benefits package for our nurses, including tuition reimbursement.

Please visit WWW.TRINITYHEALTH.ORG to apply.

HUMAN RESOURCES, 120 Burdick Expressway East, Minot, ND 58701 | (701) 857-5191
Trinity Health is an EEO/AA/Disabled Individuals/Veteran Employer



MEMBERSHIP ASSEMBLY ALTERNATE
Jami Falk RN CNML, MSSL, COR

Employer – Fargo VA Health Care System



As a servant leader, I have a desire to serve the nursing community to ensure health care and public policy aligns with the knowledge and expertise of the nursing community. I want to serve as an advocate for the work force and provide unification across professional nurses in the state of ND by promoting excellent professional practice.

Jami Falk, RN, MSSL, CNML is the Veteran Health Administration's West Region Community Based Outpatient Clinic Nurse Manager. She works out of the VA Clinic located in Bismarck, ND and oversees the Primary Care clinical and administrative functions within four rural clinics in North Dakota. Over the past 15 years Ms. Falk has served as a front-line Labor and Delivery RN, ICU nurse, ICU and Dialysis Nurse Manager, Inpatient Mental Health Nurse Manager, Acting Associate Chief Nurse of Primary Care and currently as the West Region CBOC Clinic Manager. Through these positions she has been involved in ensuring that front line staff has the education, training and knowledge they need to successfully take care of patients while working on ensuring quality nursing care is provided. She completed her undergraduate through the University of Jamestown in 2002, and completed her graduate studies through the University of Mary in 2015. She certified as a Contracting Officer Representative, and also holds a Certification in Nurse Manager Leadership through AONE Association of Nurse Executives. Other gifts & talents include leadership, strategic thinking, experience and knowledge in providing Education and working with AACN to obtain CEU credits for educational events.

NOMINATING COMMITTEE MEMBERS
Karla Haug MS, RN

Employer – NDSU Educator



I am currently an Assistant Professor of Practice and Director of the LPN-BSN Program at North Dakota State University. I am happily married and the mother to 2 boys, Marcus and Jacob, who keep me exceptionally busy. While serving on the Nominating Committee can have its challenges, I enjoy talking with members about

how they can make a difference in nursing through NDNA. "Being a role model to students through active involvement in NDNA is very important to me. I believe that is it through that role modeling that we can shape the nurses of tomorrow as well as the profession of nursing."

Jami Falk RN CNML, MSSL, COR

See Jami's Bio under the Membership Assembly Alternate

Compassionate nursing happens beyond the bedside.
 Use your skills here.



BCBSND.com/careers
careers@bcbsnd.com

Equal Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities.
 Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association
 Nordian Mutual Insurance Company



Sigma Theta Tau International
 Honor Society of Nursing®

NEWS RELEASE

The Xi Kappa-at-Large Chapter of Sigma Theta Tau International Honor Society for Nursing held its annual induction ceremony on Saturday, November 4, 2017 in Jamestown, ND. The induction recognizes nursing students and community nurse leaders who have demonstrated achievements in nursing, leadership qualities and high professional standards.

Inductees consisted of students from the following colleges:

- Concordia College: Taylor Trager, Emily Goff, Ryan Van Hoecke, Emma Mitzel, Andrew Olson, Brianna Poppenga, Erik Sneltjes, Becca Trunk, Elizabeth Viergutz
- Minnesota State University Moorhead: Amy Finck, Leah Victoria Gustafson, Tracy Myhra, Carey Richards, Lea Schiltz, Jillian Toppari-Moench
- North Dakota State University Fargo (undergraduate students): Jade Anders, Christine Aubol, Trisha Balstad, Madison Baumler, Jaret Cyr, Ciara Dillon, Jonathon Dullea, Gabriel Eronmosele, Chantelle Fieber, Ashley Gerdes, Carrie Giesler, Mike Hammer, Oanh Hoang, Cassie Holt, Joanna Josephson, Jessica Kindseth, Justine Klein, Sierra Link, LeAnn Norton, Nicole Ogren, Nicolette Perrin, Amber Purrington, Britta Rynning, Lauren Schaubert, Megan Schleske, Abby Senger, Skylar Wehri, Ashton Whitmore, Maddeline Wilhelmy, Brooke Yaggie
- North Dakota State University Fargo and Bismarck (graduate students): Amanda Abrams, Karissa Emerson, Tamsen O'Berry, Deanna Weiser
- North Dakota State University at Sanford Health Bismarck: Shukri Ahmed, Allyssa Albrecht, Racheal Biffert, Judah Belile,

Kennedie Boehm, Sabrina Brunelle, Alexandra Davis, Jocilynn Gradin, Mariah Gustafson, Daniel Heiden, Anna Hopkins, Sarah Kiesow, Kara Kreft, Emily Mangas, Carlee Fleck Markel, Jennifer Oliver, Kendra Perdue, Raquel Saylor, Ashlee Sigman, Colton Stiefel, Teasha Voegel, Paige Weigel, Jenna Weinhandl

- University of Jamestown: Courtney Bunn, Alexis Madcke, Rachel Jahner, Whitney King, Marlee Pierson, Austin Schwandt, Alyssa Skrove, Julia Snedaker, Brenna Thoele, Thomas Ugelstad, Bryn Woodside

Scholarships were awarded to the following recipients:

- Xi Kappa Graduate Scholarship: Nicole Ueckert (University of Mary)
- Xi Kappa Undergraduate Scholarships: Michael Hammer (North Dakota State University), Gabriel Eronmosele (North Dakota State University), Sara Quatier (Concordia College)
- Martha Vorvick Berge Scholarship: Alyssa Skrove (University of Jamestown)

Awards were presented to the following recipients:

- Outstanding Membership Award: Erica Evans
- Excellence in Caring Award: Nicole Ueckert
- Excellence in Nursing Research Award: Carol Roth
- Excellence in Nursing Leadership Award: Jami Falk

Congratulations to the new inductees, scholarship, and award recipients!

40 hour Sexual Assault Nurse Examiner Training
 Bismarck, ND | June 4-8, 2018

Sponsored by the Central Dakota Forensic Nurse Examiners
 Registration fee \$300 per attendee

To register please contact Tisha Scheuer, Executive Director
tisha.cdfne@midconetwork.com, 701-751-4884
 Please register by April 15th

International Music Camp
 located on the North Dakota and Manitoba border at the International Peace Garden

Camp Nurse needed for one-week sessions in June and July

For more info, contact us at 701.838.8472 or info@internationalmusiccamp.com
 Christine Baumann and Tim Baumann, Camp Directors

Work while your child attends IMC! Ask about our tuition exchange program

Minot State UNIVERSITY

REGISTERED NURSES... EARN YOUR BACHELOR OF SCIENCE IN NURSING (BSN) DEGREE ONLINE!

ADMIT BOTH FALL AND SPRING SEMESTERS

Key program features:

- Allows RNs to receive their four-year degree at a distance
- Fully accredited by the ACEN
- Earn college credit for current Registered Nurse State Licensure

Application process is ongoing. Application submission is due October 1st for Spring semester and May 1st for Fall semester.

For info: 858.3101 or 1.800.777.0750
www.minotstateu.edu/nursing
 or email nursing@minotstateu.edu

Be seen. Be heard.

Full-time RN Positions

Are you ready to diversify your nursing skills? At Rainy Lake Medical Center you'll have the opportunity to work in Labor & Delivery, Emergency Department and our Medical Surgical Unit. Join our energetic nursing team in providing high quality patient care.

Rainy Lake Medical Center is a newly remodeled independent 25 bed, level four trauma center hospital. Our mission is to provide accessible, high quality healthcare to our Northern MN communities and we pride ourselves on offering state-of-the-art technology and services close to home.

We are located on beautiful Rainy River near Voyageurs National Park and Rainy Lake. The city of International Falls offers an ease of lifestyle and tranquility with natural beauty in our backyard. *A great opportunity awaits you! Join our team as a full-time RN.*

Visit our careers page for benefits and more information
www.rainylakemedical.com or contact us at 218.283.5507

LPNs & RNs | PART TIME FULL TIME

\$3,000 Sign on Bonus
 Rural setting

We believe that, "In Christ's Love, Everyone Is Someone."

For more information, please call Helen Wichman, Administrator 701-824-3222 or send resume to hwichman@good-sam.com

Good Samaritan Society
 Mott

Defining Hope

In the days between the announcement of “He asked me to be his wife and I said ‘yes’” and the moment when she says “I do,” most fathers reflect on the impact he’s had on forming this beautiful woman he calls his daughter. In that breathless moment when the attending physician placed this wet, wiggling pink bundle into his big, shaking hands and the father peered into those tiny blue eyes, he knew he would never stop loving her. He ponders whether he has been the kind of father who taught her more by example than by words to make the world a better place. She’s grown into a truly amazing and brilliant young woman who will be a stunning bride and an awesome mother to the best grandchildren this world has ever known.

From the moment he was diagnosed with terminal cancer, this loving father’s goal was to witness his daughter’s wedding. Imagine the shock and disappointment when he learns this cancer is so aggressive that he will not survive to her wedding day, in fact his life will be limited to a few last days or weeks spent in the hospital. But a hospital’s job is not just to save lives; dedicated staff and providers strive to give patients the chance to live their last days as fully and comfortably as possible, so at times hospitals like Sanford Health in Fargo host a wedding. The couple and their family can don their formal attire, their pastor can preside, the kitchen can provide a cake and the nurses will manage the patient’s symptoms then lovingly place him in a chair so he can go to the chapel for this very special day. Sometimes he is so weak and so ill that the ceremony takes place right in the patient room.

Nurses get choked up when they think about these unforgettable families making difficult choices in challenging times. Expedite the wedding and hold it at the hospital so dad can be present, it’s a small token from a devoted daughter who will long for and grieve the loss of her father all the days of her life. Grateful families often say “thank you” for helping their dad participate in this phenomenal milestone and for ensuring he experienced a “good death.”

During the last three to five years we’ve been witnessing a cultural shift in the way patients are embracing their mortality, choosing quality of life over quantity of days in the final stages of a terminal illness. With the assistance of groups such as Honoring Choices North Dakota and Certified Advance Care Planning Facilitators,

more patients are considering how they want to spend their last days. This cultural shift in how we plan to live when time is limited is advanced by best-selling books, films, newspaper articles and other media accounts which stress the importance of having critical conversations. Americans are becoming more aware of the need to plan for and manage the end-of-life by completing healthcare directives and by accessing the growing number of palliative care and hospice resources.

Wednesday, November 1st was National Hospice Day, and Hospice of the Red River Valley in partnership with Sanford Health and Essentia Health hosted a screening of the documentary “Defining Hope.” Esteemed filmmaker and documentary photographer Carolyn Jones who released *The American Nurse* in 2014 followed a number of people as they grappled with medical and moral questions about wellness, sickness, dying and living. After five years of spending time with them, Jones released her award winning *Defining Hope*. In this video tribute to nurses, Jones identifies that nurses have an important role in helping Americans in navigating new life-saving technologies that force us to weigh the quality versus the quantity of life. She was inspired to create this documentary by her chemo nurse after her own fight with breast cancer.

In this documentary, Jones follows two nurses as they interact with patients receiving hospice and palliative care. Diane Ryan is a staff nurse at Calvary Hospital, a Bronx facility devoted to hospice and palliative care. Gilbert Oakley works for the Visiting Nurse Service of New York. Their sense of fulfillment in the work they are doing is evident in their interactions with patients and in the messages relayed in their interviews.

“Defining Hope” is a documentary that interlaces the stories of eight patients with life-threatening illnesses and the nurses who care for them as they make choices about how they want to live, how much medical intervention they are willing to accept, what they hope for and how that hope evolves as their disease progresses. It reinforces the strength of the will to live and to be hopefully optimistic as each patient works to define what “quality of life” really means.

In the film we are introduced to patients across the life continuum from a brave 12-year-old boy coping with a heart transplant who just wants to live, to 23-year-old Alena faced with a choice of undergoing a risky brain surgery that threatens to destroy her short-term memory, and on to 95-year-old Berthold who is living with an elderly wife who struggles to honor his wish of dying peacefully at home. Some of the most profound messages come from Diane Ryan who is caring for end-stage cancer patients in the palliative care unit. She reveals that as a former ER nurse, she was struck by the cruelty of the use of invasive procedures in that setting at any cost and the loss of dignity that accompanied this approach. As she talks about the gentler, more supportive palliative care approach she says, “They’ve

gotten so much treatment that their bodies can’t take it anymore.” In an ironic twist, we learn that she truly understands what many of her cancer patients have been through not only from the perspective of a professional nurse caregiver but also as patient who has waged a war with ovarian cancer herself and who is facing her own mortality too.

Death is an inevitable and natural part of life. Nurses more than any health professional see the hard philosophical and physical choices people must make when they reach the crossroads between life and death because they are with patients around the clock. It can be difficult for patients and their families to talk about their mortality but nurses can be instrumental in getting these conversations going. When we talk openly with patients and their families and learn about their preferences for care, we can promote dignity in living and create a meaningful experience for however many days they have. Facilitated conversations are essential because what makes life worth living and what generates hope is unique to each patient we serve. Films such as *Defining Hope* can be a platform for opening this dialogue.

In every setting where patients encounter care, a nurse has the opportunity to stress the importance of these conversations, of identifying an agent, and of defining preferences for care within a healthcare directive. Nurses can provide comfort and dignity by being present with patients and their loved ones on this journey. And nurses can advocate for palliative and hospice care which offers the patient a chance to spend the end of life as well as possible. *Defining Hope* both educates and enlightens us about the ways palliative care and hospice empowers patients and their loved ones to live out their lives according to their preferences. The film helps people understand that they have choices when deciding on care when confronted with life threatening illness.

Defining Hope was made possible through the generous support of the Jonas Center for Nursing and Veterans Healthcare, the American Nurses Foundation, Jeannie Patz Blaustein, The E. Rhodes and Leona B. Carpenter Foundation, and Walden University. The messages of the patients and nurses in this film are so powerful and persuasive that every health professional, clergy member, and family caregiver should look for the opportunity to see *Defining Hope*.

To learn more about creating a culture where advance care planning is a normal part of the care we provide every day, go to www.honoringchoicesnd.org. Information about upcoming *First Steps Advance Care Planning Facilitator* courses are posted on this site. You are also invited to get involved with one of the four groups working to create awareness and to implement processes statewide that make advance care planning accessible to all citizens.

Film Review provided by Lois Ustanko,
President of Honoring Choices North Dakota

SimpleWreath

SimpleWreath specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.

Etsy: <http://www.etsy.com/shop/simplewreath>
Facebook: <https://www.facebook.com/simplewreath>
E-mail: simplewreath@gmail.com

Please enjoy 10% off with coupon code: **NURSE10**

Custom orders & monograms available!




TIOGA
Medical Center

**Full-time or Part-time
RN/LPN for LTC/ACUTE/ER**

www.tiogahealth.org
P: 701-664-3305 • F: 701-664-2240
810 Welo Street • PO Box 159
Tioga, North Dakota 58852

Are you a working RN who wants to become a nurse at the baccalaureate level?
Check out Mayville State's online RN-to-BSN program!

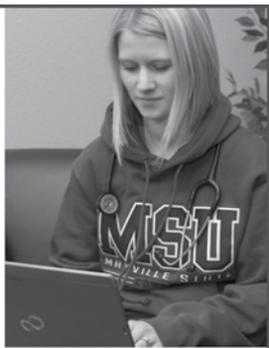
This completely online RN-to-BSN program offers flexibility and affordability for adult learners!

- 3-4 courses per semester
- 5-week block courses
- Full-time (1 yr.) and part-time (2 yrs.) options
- Scholarships available for eligible students

Fully accredited by the Commission on Collegiate Nursing Education (CCNE)

Now accepting applications for fall semester!

 **Mayville State University** 701-788-5289
www.mayvillestate.edu/nursing



Patient Safety: 12 Hour Shifts vs. 8 Hour Shifts

**Kelci Benson, Jac Callens, Ashlin Kessler,
Alex McDermott, Kari Bernhardt, and
Miranda Nickolauson**
University of Mary BSN Students

Clinical Question:

Do nurses who work 12-hour shifts deliver safer care when compared to nurses who work 8-hour shifts?

Synthesis of evidence:

Patient safety is a top priority in all areas of healthcare. Making sure nurses' shifts are an optimal length to protect nurses from fatigue is imperative to promote patient safety. One of the main concerns when implementing 12-hour shifts is that patient's safety is being jeopardized. On the other hand 8-hour shifts adds one extra nurse to staff a 24-hour period. This turnover adds room for error during the extra shift change and exchange of information between nurses.

A review of literature was performed regarding the 12-hour versus 8-hour nursing shifts effects on patient safety. A PICO question was used to compare the benefits and detriments of both shift lengths.

A total of 6 research articles were carefully critiqued.

The following key points were highlighted following review of the literature:

- Nurse satisfaction was generally higher for 12-hour shifts
- Patient safety decreased with 12 hour shifts
- Many nurses report an increase in fatigue, loss of alertness, and impaired decision making with 12-hour shifts

- Fatigue is decreased when nurses use their breaks to rest from work
- Pacing activities during a 12-hour shift also helps to alleviate tiredness
- 8-hour shifts create an extra shift change in a 24-hour period disrupting continuity of care and creating an opportunity to miss passing along pertinent information
- Limiting the amount of consecutive 12-hour shifts may help alleviate the fatigue

Bottom Line:

After reviewing six articles it was concluded that there is major implication on patient safety and patient satisfaction when nurses work 12-hour shifts. Nurses experience more burn-out, fatigue, and lack of clinical judgment when they work 12-hour shifts compared to 8-hour shifts. Even though nursing satisfaction was increased, the patients suffered from the longer shifts. 12-hour shifts do not have as detrimental effects on the patients if the nurses take their breaks as required and encouraged to take vacations. While 12-hour shifts have many downfalls, 8-hour shifts do have some lacking features too, with more shift changes and longer working weeks, but patient safety is not jeopardized.

Implications for Nursing Practice:

While 12-hour shifts are not going to disappear any time soon there are many ways nurses can make these shifts safer for patients. Nurses need to take their scheduled breaks away from their nursing unit in order to ensure that they are getting an adequate break.

Nurses should also take vacation away from the hospital to decrease burn-out rates. While it is unlikely that facilities will be able to completely eradicate 12-hour shifts, patient safety should be prioritized over employee satisfaction.

References:

- Griffiths, P., Dall'Ora, C., Simon, M., Ball, J., Lindqvist, R., Rafferty, A.,...Aiken, L. H. (2014). Nurses' shift length and overtime working in 12 European countries. *Medical Care*, 52(11), 975-981. doi:10.1097/mlr.0000000000000233
- Harris, R., Sims, S., Parr, J., & Davies, N. (2015). Impact of 12h shift patterns in nursing: A scoping review. *International Journal of Nursing Studies*, 52(2), 605-634. doi:10.1016/j.ijnurstu.2014.10.014
- Kendall-Raynor, P. (2013). Clock watching: Do longer nursing shifts jeopardize patient care? *Nursing Standard*, 27(22), 12-13. Retrieved from <http://701-ezproxy2.bismarck.lib.nd.us:2101/login.aspx?direct=true&db=mnh&AN=23469443&site=nrc-live>
- Martin, D.M. (2015). Nurse fatigue and shift length: A pilot study. *Nursing Economic\$, 33(2)*, 81-87. Retrieved from: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=5&sid=6d197826-abae-4c93-8178-b6c57f141d27%40sessionmgr104>
- Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). The longer the shifts for hospital nurses, the higher the level of burnout and patient dissatisfaction. *Health Affairs*, 31(11), 2501-2509. doi:10.1377/hlthaff.2011.1377
- Wooten, N. (2014). Implementing 12-hour shifts on a cardiology nursing development unit. *British Journal of Nursing*, 9(19), 2069-2074. doi:10.12968/bjon.2000.9.19.5447

Non-pharmacological Approaches to the Treatment of Dementia

**Allison Becker, Meghan Charley, Ashley Drum,
Maiya Gerde, Sophie Korum, & Allison Pekron**
University of Mary BSN Students

Clinical Question:

In the elderly and cognitively impaired populations, what are the effects of alternative, non-pharmacologic therapies when compared with psychotropic medications on the behaviors and attitudes of those identified to be in the early stages of dementia?

References:

- Aguirre, E., Hoare, Z., Streater, A., Spector, A., Woods, B., Hoe, J., & Orrell, M. (2012). Cognitive stimulation therapy (CST) for people with dementia - Who benefits most? *International Journal of Geriatric Psychiatry*, 28(3), 284-290. doi:10.1002/gps.3823
- Bozat-Emre, S., Doupe, M., Kozyrskyj, A. L., Grymonpre, R., & Mahmud, S. M. (2014). Atypical antipsychotic drug use and falls among nursing home residents in Winnipeg, Canada. *International Journal of Geriatric Psychiatry*, 30(8), 842-850. doi:10.1002/gps.4223
- Dementia statistics. (2015). Retrieved March 15, 2017, from <https://www.alz.co.uk/research/statistics>
- Hsu, M. H., Flowerdew, R., Parker, M., Fachner, J., & Odell-Miller, H. (2015). Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: a cluster randomised controlled feasibility study. *BMC Geriatrics*, 15(1). doi:10.1186/s12877-015-0082-4
- Karkou, V., & Meekums, B. (2017). Dance movement therapy for dementia. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.cd011022.pub2
- Oliveira, A. d., Radanovic, M., Mello, P. d., Buchain, P. C., Vizzotto, A. B., Celestino, D. L., & Forlenza, O. V. (2015). Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: A systematic review. *Biomed Research International*, 2015 1-9. doi:10.1155/2015/218980
- Richter, T., Meyer, G., Möhler, R., & Köpke, S. (2012). Psychosocial interventions for reducing antipsychotic medication in care home residents. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.cd008634.pub2

Synthesis of Evidence:

Dementia is a life-altering condition that affects approximately 46.8 million people worldwide. According to Alzheimer's Disease International, this number is expected to almost double every twenty years, reaching 74.7 million in 2030 and 131.5 million in 2050 (Dementia statistics, 2015). Six studies were reviewed to assess the effects

of psychotropic medications on individuals with dementia when compared with alternative non-pharmacologic therapies. The first article reviewed was written by Aguirre, Hoare, Streater, Spector, Woods, Hoe, and Orrell (2012). It discussed cognitive stimulation therapy and its success rate when used as an alternative form of treatment to prescription medications. The intervention included fourteen, 45-minute sessions completed over a seven-week period. The sessions were led by two individuals and consisted of using a reality orientation board that showed personal information about the group participants. The participants came from both the local community and care homes in the area. The leaders worked to facilitate the study participants to focus on opinion, stimulation language, stimulating function, and being patient-centered. Five different categories were assessed when determining the success of the cognitive stimulation therapy; health, well-being, social relationships, cognitive, and self-concept were all taken into consideration (Aguirre et al., 2012). The researchers found that there was a definite positive change in participant behavior following the CST sessions, as well as a significant improvement in quality of life (Aguirre et al., 2012). The conclusion of this study proved that CST does in fact improve both the quality of life and cognition of those with dementia, including those who are already on antipsychotic medications.

The second study reviewed was conducted by Bozat-Emre, Doupe, Kozyrskyj, Grymonpre, and Mahmud (2014) and consisted of a case-control study that utilized the Resident Assessment Instrument Minimum Data Set. They also used preexisting healthcare databases to review the medication use of each patient that participated in their study. This study consisted of 2,316 nursing home residents. The researchers were notified if any of these patients experienced a fall between April 1, 2005, and March 31, 2007 (Bozat-Emre et al., 2014). The findings of this study showed that there was an increased risk of falling in those patients who were on high-dose risperidone and high-dose quetiapine. Those residents who had wandering behaviors and were also on atypical antipsychotic drugs were found to be at a significantly higher risk of falling (Bozat-Emre et al., 2014). The use of antipsychotic drugs should be relied on if necessary, but when they are used they should be administered in lower doses in conjunction with alternative non-pharmacologic

therapies to improve the quality of life of residents in nursing homes who have dementia.

The third study reviewed was conducted in 2012 by Richter, Meyer, Möhler, & Köpke. A study was done to evaluate the effectiveness of psychosocial interventions on care home residents with dementia in place of antipsychotic medications. This particular study was structured to be individual or cluster randomized controlled trials that compared, "a psychosocial intervention aimed at reducing antipsychotic medication with usual care in care home residents or comparing two different approaches," (Richter et al., 2012, p.1). The authors were able to conclude that the evidence of the study showed significant reductions in antipsychotic medication prescription rates as a direct result of different non-pharmacological interventions (Richter et al., 2012).

Another study that was reviewed was published in 2015 by Oliveira, Radanovic, Mello, Buchain, Vizzotto, Celestino, and Forlenza. It focused on behavioral and psychological symptoms of dementia (BPSD) that progress over the course of one's life once diagnosed with dementia. The researchers found that, in most cases, medical professionals had received education on how and when to prescribe medications to treat BPSD. However, these same medical professionals do not possess extensive knowledge or training in non-pharmacological interventions, or are even aware of their effectiveness. Non-pharmacological alternatives, including aromatherapy, art therapy, music therapy, behavioral therapy, reality orientation, and physical exercise were tested in a 2015 study and have displayed promising results regarding the management of BPSD (Oliveira et al.).

In February, 2017, a study was published by Karkou and Meekums assessing the benefits of dance movement therapy for people suffering from dementia. A randomized controlled trial was the chosen format for this study. The authors' objective was to assess the effectiveness of dance movement therapy on multiple aspects of the life of a person with dementia. The results of this study concluded that, while positive outcomes have been seen through multiple studies on dance therapy, the current research is not unbiased enough to base an objective review upon. (Karkou & Meekums, 2017).

Tap Water vs. Normal Saline for Wound Care

Kali Schwartzenberger, Tessa Wickstrom, Morgan Kuntz, Hayley Rappuhn, Adrianna Mendoza, Michelle Pittman
University of Mary BSN Students

Clinical Question:

In patients requiring wound care what is the effect of tap water when compared with normal saline on the incidence of infection and decreasing the cost of dressing changes?

Articles:

- Chan, M., Cheung, K., & Leung, P. (2016). Tap water versus sterile normal saline in wound swabbing. *Journal of Wound Ostomy and Continence Nursing*, 43(2), 140-147. Retrieved from <https://umary.illiad.oclc.org/illiad/illiad.dll?Action=10&Form=75&Value=91718>
- Cornish, L., & Douglas, H. (2016). Cleansing of acute traumatic wounds: Tap water or normal saline? *Wounds UK*, 12(4), 30-35. Retrieved from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=472c3e9a-1731-48e7-9642-74379cd66a4a%40sessionmgr102&vid=3&hid=115>.
- Fernandez, R., & Griffiths, R. (2013). Water for wound cleansing. *Cochrane Database of Systematic Reviews*, 2, 1-30. doi: 10.1002/14651858.CD003861.pub3.
- Lakshmi, R., Andrews, R., & Chumber, S. (2011). A

study to compare the effectiveness of normal saline vs tapwater in irrigation of chronic wounds. *International Journal of Nursing Education*, 3(11), 19-21. Retrieved from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=4&sid=c3c4e993-7a76-484e-8a49-513804cd843d%40sessionmgr104>.

Ljubic, A. (2013). Cleansing chronic wounds with tap water or saline: A review. *Journal of Community Nursing*, 27(1), 19-21. Retrieved from <http://web.a.ebscohost.com/nrc/pdf?vid=7&sid=d9beeae8-2703-4e3d-b820-8abafab1f337%40sessionmgr4008&hid=4209>.

Weiss, E. A., Oldham, G., Lin, M., Foster, T., & Quinn, J. V. (2013). Water is a safe and effective alternative to sterile normal saline for wound irrigation prior to suturing: A prospective, double-blind, randomised, controlled clinical trial. *BMJ Open*. 3(1). doi: 10.1136/bmjopen-2012-001504.

Synthesis of Evidence:

Our team reviewed 5 articles to further evaluate the effectiveness of tap water in comparison with normal saline on wound cleaning. Wound cleaning has long been a topic of debate when it comes to the best solutions for infection prevention and healing promotion. In most situations, normal saline is used in both western and eastern countries because of its isotonic properties, its isosmotic properties, which

are similar to intracellular fluid, as well as its sterile, non-cytotoxic properties (Chan, Cheung & Leung, 2016).

One study looking at water used in wound cleansing compared with other solutions was found in the Cochrane database (Fernandez & Griffiths, 2013). The studies reviewed used wound measurement criteria, such as bacteria numbers, cultures, biopsy, and/or any indications of infection like pus, or discoloration to determine the effectiveness of the solution used to cleanse the wound (Fernandez & Griffiths, 2013). The authors found that infection rates do not increase depending on the type of solution used, or if the wound is not cleansed at all (Fernandez & Griffiths, 2013). Fernandez and Griffith conclude tap water is of equal efficiency to normal saline, so in places where good quality tap water exists it can be used to save money (2013).

The second study conducted by Weiss, Oldham, Lin, Foster, & Quinn (2013) performed a clinical trial aimed at determining the effectiveness of tap water for wound cleansing. The interventions of this prospective, double-blind, randomized and controlled clinical trial involved either irrigating the wounds of the participants with tap water or normal saline prior to wound closure. Follow up wound care for the patients was scheduled 48 hours and 30 days' post-surgery in order to test for the presence of an infection. The conclusion drawn from this study determined that over the 18-month trial, there was "no difference in the infection rate of wounds irrigated with either tap water or normal saline solution" (Weiss et al., 2013). This indicates that there is no increased risk when using tap water compared to other solutions, making it an economical alternative for cleansing lacerations.

The third study by Andreja Ljubic (2013) has a review that summarizes the consequences of using tap water compared with normal saline in cleansing wounds. Healing and infection rates from multiple articles were analyzed to determine the best course of wound treatment. Many of the main findings of the studies concluded that the infection and healing rates were equivalent to other solutions proving that tap water effectively provides a safe alternative.

The fourth study by Cornish and Douglas (2016) compiled critical in-depth review of six studies on using tap water rather than normal saline for wound care. Factors that were examined to determine the amount of variation in the results of these studies included the severity of the wound treated, the method of irrigation that was employed, the clinician assessing wound healing, and the parameters that define wound infection. Within their review, the conclusion that Cornish and Douglas (2016) reached is that the use of tap water compared to sterile saline has minimal to no impact on wound healing, can substantially reduce cost, and may even provide a way to increase patient involvement in wound care.

Our fifth study by Lakshmi, Andrews, and Chumbers (2011) was a randomized controlled trial that used a quantitative approach in comparing wound healing in thirty-one patients where tap water was used to irrigate their wounds, and in thirty patients that normal saline was used to irrigate their wounds. The results indicated there was no substantial differences in the healing process when normal saline or tap water were used to irrigate the wounds. This article suggested that it is the pressure force of the irrigation that removes the bacteria, indicating that tap water is as effective as normal saline when irrigating wounds (Lakshmi et al., 2011).

Bottom Line:

In summarizing the key findings, it should be noted that in spite of wide variations in study designs, a convincing degree of consensus exists. Though studies did vary in sample size, delivery of irrigation, population specifications, and data collection methods, these sources still consistently supported the claim that cleansing wounds with tap water instead of normal saline is at least non-injurious to wound healing and at best substantially beneficial to both patients and the health care system. In accordance with these findings, many suggest that tap water use should be implemented in clinical practice through the influence of nursing

Co-sleeping vs. Co-bedding and SIDS

Kari Gerving, Macie Helten, Will Hertz, Jenna Mikonowicz, Kiera Paulo, Corrine Schatz
University of Mary BSN Students

Clinical question:

In infants, what is the effect of co-sleeping when compared to co-bedding on the occurrence of SIDS and other sleep-related deaths within the first year of life?

Articles:

- Bartlow, K. L., Cartwright, S. B., & Shefferly, E. K. (2016). Nurses' knowledge and adherence to sudden infant death syndrome prevention guidelines. *Pediatric Nursing*, 42(1), 7-13. Retrieved from: <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=ce11879a-fa84-40e1-b3b0-c5a989f8c41a%40sessionmgr4009&vid=4&hid=4212>
- Blair, P.S., Sidebotham, P., Pease, A., Fleming, P. J. (2014). Bed-sharing in the absence of hazardous circumstances: Is there a risk of sudden infant death syndrome? An analysis from two case-control studies conducted in the UK. *PLoS ONE* 9(9): e107799. doi:10.1371/journal.pone.0107799
- Fu, L. Y., Moon, R. Y., & Hauck, F. R. (2010). Bed sharing among black infants and sudden infant death syndrome: interactions with other known risk factors. *Academic Pediatrics*, 10(6), 376-382. doi:10.1016/j.acap.2010.09.001
- Tully, K. P., Holditch-Davis, D., & Brandon, D. (2015). The relationship between planned and reported home infant sleep locations among mothers of late preterm and term infants. *Maternal And Child Health Journal*, 19(7), 1616-1623. doi:10.1007/s10995-015-1672-7
- Ward-Salm, T. C., Robb-Wagner, S., Kanu, F. A. (2015). Prevalence and characteristics of bed-sharing among black and white infants in Georgia. *Maternal Child Health Journal* 20,347-362. doi: 10.1007/s10995-015-1834-7
- Task Force on Sudden Infant Death Syndrome (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *American Academy of Pediatrics*, 138 (5), 1-12. doi: 10.1542/peds.2016-2938

Synthesis of evidences

- Article one concluded that co-sleeping – where both the child and the guardian are in the same room but not sharing a sleeping surface - is the best practice for infants to decrease the incidence of SIDS (Task force on sudden infant death syndrome, 2016).
- Article two stated that instead of telling family's what not to do, health care providers should model and promote the current recommendations for preventing SIDS (Tully, Holditch-Davis, & Brandon, 2015).
- Article three stated that the staff of the newborn nursery should follow the American Academy of Pediatrics (AAP) guidelines which include: placing the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet

and avoiding use of soft bedding, including crib bumpers, blankets, pillows and soft toys. These should be followed starting at the birth of the newborn and nurses should begin informing the parents long before their discharge (Bartlow, Cartwright, & Shefferly, 2016).

- Article four concluded that sleeping in separate rooms would be safer than co-sleeping if the parent is a smoker or if they have consumed more than two alcoholic beverages (Blair, Sidebotham, Pease & Fleming, 2014).
- Article five concluded that there is not only an increased risk of SIDS with bed sharing but that the risk mitigation techniques should have increased community education on the risk of SIDS being greatest before four weeks of age as well as greater with the use of pillows and soft bed surfaces, tobacco use during or after pregnancy, non use of pacifiers, and sleep positioning (Fu, Moon, & Hauck, 2010).
- Article six stated that when comparing black and white mothers who co-bedded against those who did not, they found that the mothers who bed-shared were more likely to report depressive symptoms as well as emotional, financial, traumatic and partner-related stress (Ward-Salm, Robb-Wagner & Kanu, 2015).

Bottom lines:

Sudden infant death syndrome (SIDS) is known as the unexplained death of a infant less than one year of age who was previously thought to be healthy. The exact cause of SIDS is unknown however; co-bedding plays a significant role in increasing the risks of it occurring while co-sleeping decrease it.

Nursing implications:

It has been shown that co-sleeping is the best sleeping technique to prevent SIDS. Recommendations that come from the article reviews are as follows: one, to increase the amount of education that is provided to families who have recently given birth before discharge from the hospitals. The second is that sleeping in separate rooms would be safer than co-sleeping if the parent is a smoker, has consumed more than two alcoholic beverages, or shares a sleeping surface with the infant, particularly a chair or sofa. The final recommendation is that nurses need more education on the importance of following the AAP guidelines relating to preventing SIDS and utilizing these practices in the hospital setting. Nurses themselves are not always placing the infants in a safe sleep positions in addition to not always educating families properly before discharge.

Effects of Mandatory Reporting of Abuse

Madison Cermak, Stephanie Jespersen,
Courtney DeGree, Atlanta Knowlen,
Brianna Gapp, & Marissa Lyon
University of Mary BSN Students

Synthesis of Evidence:

Our team reviewed 11 articles related to healthcare professionals screening for abuse in vulnerable populations. Our research was especially concerned with women, children, and the elderly population. We chose the following five articles to further evaluate the effectiveness of current screening practices in place.

In a recent study that evaluated intimate partner violence, 931 healthcare providers responded to open-ended questions about why they do or do not screen for intimate partner violence. Explanations included lack of time or training, women presenting with signs of abuse, presence of the partner, and language barriers (Beynon, Gutmanis, Tutty, Wathen, & MacMillan, 2012). When some women exposed their abuse to healthcare providers, the providers interviewed conveyed that they experienced frustration if the individual chose to remain with the partner. Healthcare providers also testified that women felt fearful, ashamed, or even deserving of the abuse (Beynon, Gutmanis, Tutty, Wathen, & MacMillan, 2012). In addition, some women requested that their information not be reported to authorities due to fear the abuse will worsen.

In a qualitative study consisting of 26 individuals who work with the elderly population, all participants were asked a series of open ended questions regarding elder abuse. This study included geriatric care managers, hospice staff, and social workers. A common response explicated that a majority of older adults do not self-report abuse due to family involvement, the fear of lifestyle changes, and high value for privacy. Many healthcare professionals felt obligated and responsible to report all abuse that was suspected. However, others were discouraged because they did not believe they were providing the proper protection for patients. This study concluded that healthcare professionals typically utilize their own judgement in decision making regarding reporting of elder abuse (DeLiema, Navarro, Enguidanos, & Wilber, 2015).

In a qualitative study consisting of 10 nurses working in the critical care unit were interviewed on their perspectives on elder abuse. Other aspects of this study were to investigate ways to improve reporting and understanding the problems that come with elder abuse. There was an overall understanding that there are many barriers that affect reporting. These include not wanting to get their child/caregiver in trouble, fears of being put into a facility, or that the abuse will get worse. The participants in the study also believed that laws within the state and facilities need to be better written, enforced, and an investigation needs to be carried out when abuse is suspected. It was found within this study that there is a need for better admission interviews and continued education in identifying and handling suspected abuse situations basis (Daly, Schmeidel-Klein, & Jogerst, 2012).

A study in the *Scandinavian Journal of Primary Health Care* focused on what keeps Swedish general practitioners from reporting child abuse to Child Protective Services (CPS). In the study, it was indicated that 20% of all physicians had at some point suspected child abuse, but did not report it. The main reasons found for not reporting were: fear of offending parents, uncertain observations, low confidence in CPS, lack of time, training and guidelines. In a child abuse questionnaire completed by 77 general practitioners, their attitudes towards CPS on a scale of 0-5 with 0 being the lowest satisfaction and 5 being the greatest satisfaction, the mean score was a 3.1-3.2. Of those general practitioners questioned, more than half of them did not receive continued training on child abuse within the past five years. About 60% of the general practitioners questioned denied knowing if guidelines regarding child abuse existed at their institution. In addition, only 57% remembered having education on child abuse during medical school (Talsma, Skovde, & Bengtsson, 2015).

In the *Journal of Law, Medicine & Ethics*, a survey found that physicians interpret "reasonable suspicion" differently for severe versus minor injuries (Levi & Portwood, 2011, pg. 63). Each physician has their own clinical perspective on what is considered abuse and what may not be abuse, and this causes different outcomes on whether they should be reported. There is not always severe maltreatment, but it is important that all instances of harm are reported (Levi & Portwood, 2011).

Bottom Line:

After reviewing many different perspectives, there is solid evidence that victims of domestic, child, and elder abuse are less likely to receive healthcare when needed due to mandatory reporting regulations for vulnerable populations. This indicates that the effectiveness of the current mandatory reporting regulations is not beneficial. In an attempt to increase the effectiveness of mandatory reporting, it is essential that the healthcare providers are adequately trained in screening for abuse and ask standardized questions that are specific for each vulnerable population. It is also suggested that a person is asked these questions each time they access the healthcare system. With this, mandatory reporting will no longer affect the willingness of a person to seek healthcare and there will be better protection for victims of abuse.

Implications for Nursing Practice:

Implications for nursing practice regarding intimate partner violence are as follows:

- For those frequently screening individuals who may be at risk for intimate partner violence, recommendations for better training include written material and instructions, frequent presentation of best practice, real life scenarios, role playing, collaborating with colleagues, talking with survivors of domestic abuse, and touring women's shelters to better understand living conditions and the process of seeking help. In addition, identifying resources within the community is an imperative education point.
- When interviewing any population for abuse, interviewing the patient privately is best practice. In addition, seeking out a translator when language barriers are present is essential.
- Nurses may become advocates and work to initiate changes to current laws to better protect and serve victims of abuse after

reporting occurrences to authorities. This is especially important to the victims of intimate partner violence who fear that their situation will worsen upon filing a report.

Implications for nursing practice regarding elder abuse are as follows:

- Nurses must understand and identify when Adult Protective Services (ADPS) needs to be contacted. Education on when to contact and how to contact APS should be included in an annual training for nurses working with geriatric populations.
- Better education for nursing students regarding the elderly population, identifying abuse, and associated nursing interventions. This is indispensable due to the growing elderly population.

Implications for nursing practice regarding child abuse are as follows:

- Continuing education for all healthcare professionals regarding identification of child abuse and neglect is essential to better the identification of the condition.
- Annual refresher education courses should be mandated by facilities to ensure that all healthcare workers understand agency policy for dealing with child abuse and what steps to take in its occurrence.

References:

- Beynon, C. E., Gutmanis, I. A., Tutty, L. M., Wathen, N. C., & MacMillan, H. L. (2012). Why physicians and nurses ask (or don't) about partner violence: A qualitative analysis. *BMC Public Health*, 12(473). doi:10.1186/1471/2458/12/473
- Daly, J. M., Scheidel Klien, A. N., & Jogerst, G. J. (2012). Critical care nurses' perspectives on elder abuse. *British Association of Critical Care Nurses*, 17(4), 172-179. doi:10.1111/j.1478-5153.2012.00511.x
- DeLiema, M., Navarro, A., Enguidanos, S., & Wilber, K. (2015). Voices from the frontlines: Examining elder abuse from multiple professional perspectives. *National Association of Social Workers*, 40(2), 15-24. doi:10.1093/hsw/hlv012
- Levi, B.H., & Portwood, S. G. (2011). Reasonable suspicion of child abuse: finding a common language. *Journal of Law, Medicine & Ethics*, 39(1), 62-69. doi:10.1111/j.1748-720X.2011.00550.x
- Talsma, M., Skovde, & Bengtsson, B.K. (2015). Facing suspected child abuse—What keeps Swedish general practitioners from reporting to child protective services. *Scandinavian Journal of Primary Health Care*. 33(1), 21-26. doi:10.3109/02813432.2015.1001941

Pain Management Techniques for Pediatric Patients

Mikayla Baloun, Reed Cronin, Nathan Phillips,
Alyssa Stiles, Amanda Teske, & Sawyer Uetz
University of Mary BSN Students

Clinical Question:

In pediatric patients, what is the effect of psychological interventions when compared with applying no nursing interventions on their pain perception on distress during needle-related procedural pain?

Articles:

- Meiri, N., Ankri, A., Hamad-Saied, M., Konopnicki, M., & Pillar, G. (2016). The effect of medical clowning on reducing pain, crying, and anxiety in children aged 2-10 years old undergoing venous blood drawing—a randomized controlled study. *European Journal of Pediatrics*, 175(3), 373-379. doi:10.1007/s00431-015-2652-z
- Nilsson, S., Forsner, M., Finnstrom, B., & Morelius, E., (2015). Relaxation and guided imagery do not reduce stress, pain and unpleasantness for 11- to 12-year-old girls during vaccinations. *Acta paediatrica*, 104, 724-729. doi:10.1111/apa.13000
- Uman, LS, Birnie, K. A., Noel, M, Parker, J. A., Chambers C.T., McGrath P. J., & Kisely S. R. (2013). Psychological interventions for needle-related procedural pain and distress in children and adolescents (review). *The Cochrane Library*, 10, 1-135. Retrieved from <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?nobk=y&sid=0b8cd4ee-34cf-4a42-bf92-8835a3d556d8@sessionmgr4006&vid=5&hid=4207>

Synthesis of Evidence:

Any procedure involving needles can be a frightening situation for all age groups. Distraction techniques have been shown to greatly decrease a pediatric patient's anxiety, fear, and pain level. The goal of all health care professions is to promote a safe and comfortable environment for their patients. We formulated this PICO question to further research this topic: in pediatric patients, what is the effect of psychological interventions when compared with applying no nursing interventions on their pain perception on distress during needle-related procedural pain. We researched several studies to determine the effects of our PICO question.

- The distraction technique using medical clowns compared to pharmacological interventions during venipuncture procedure showed significant reduction in pain and anxiety used on pediatric patients (Meiri, Ankri, Hamad-Saied, Konopnicki, & Pillar, 2015).
- In a systematic review, one study was conducted during an immunization procedure where patients were distracted by using coloring, playing with toys, or reading a book prior to the procedure and during the immunization a party blower was used to "blow away" the pain (Uman, Birnie, Noel, Parker, Chambers, McGrath, & Kisely S. R. 2013).

— Nonpharmacological Therapies: Applications of Chronic Cancer Pain —

Alex G. Baskerville, Erin H. Kobos, Nicole R. Miller, Tiffany A. Simpson, & Katherine L. Westphal
University of Mary BSN Students

25, 2017, from <https://www.moffitt.org/File%20Library/Main%20NAV/Research%20and%20Clinical%20Trials/Cancer%20Control%20Journal/v7n2/article6.pdf>

Clinical Question:

Is nonpharmacological pain management in cancer patients more effective than pharmacological pain management for cancer patients?

Articles:

- Boveldt, N., Vernooij-Dassen, M., Leppink, I., Samwel, H., Vissers, K., & Engels, Y. (2014). Patient empowerment in cancer pain management: An integrative literature review. *Psycho-Oncology*, 23, 1203-1211. doi: 10.1002/pon.3573
- Hökka M., Kaakinen P. & Pölkki T. (2014) A systematic review: non-pharmacological interventions in treating pain in patients with advanced cancer. *Journal of Advanced Nursing* 70(9), 1954-1969. doi: 10.1111/jan.12424
- Lema, M. J., Foley, K. M., & Hausheer, F. H. (2010). Types and epidemiology of cancer-related neuropathic pain: the intersection of cancer pain and neuropathic pain. *The Oncologist*, 15 Suppl 23-8. doi:10.1634/theoncologist.2009-S505
- Mustian, K., Morrow, G., Carroll, J., Figueroa-Moseley, C., Jean-Pierre, P., and William, G. (2007). Integrative Nonpharmacological Behavioral Interventions for the Management of Cancer-Related Fatigue. *The Oncologist*, 12, 52-67 doi: 10.1634/theoncologist.12-S1-52.
- Thomas, E.M., PsyD, PhD, & Weiss, S. M., RN, PhD. (2007). Non-pharmacological Interventions With Chronic Cancer Pain in Adults. Retrieved February

Synthesis of Evidence:

Many of these patients experience persistent, long term pain even after a diagnosis of remission. Pharmacological interventions are often the first choice in these cases. However, there are many different non-pharmacological methods to relieve the pain felt by those suffering from the disease. Cancer pain is different from most types of chronic pain, so it warrants special consideration in regard to treatment. The pain caused by cancer also varies among those affected and the area in which the cancer occurs. One method of nonpharmacological pain management is patient empowerment, a conceptual theory that involves patients taking the lead, with the help of healthcare professionals, in order to make decisions on which intervention(s) will work best to relieve their cancer related pain. In a study conducted by Boveldt, Vernooij, Leppink, Samwel, Vissers, and Engels (2014), 95% of patients that used this method reported they felt more in control of their lives and indicated an immediate decrease in pain scores compared to before empowerment techniques were utilized. These techniques were shown to have a long term effect on patients in terms of pain management and perception. Another form of nonpharmacological options for the treatment or management of chronic cancer pain is physical relaxation methods.

These physical relaxation strategies can include interventions like massage therapy, acupuncture, and transcutaneous electrical nerve stimulation (TENS). Utilization of relaxation techniques resulted in 95% of individuals having immediate relief, but no long-term pain management effects (Hökka M., Kaakinen P. & Pölkki T. 2014). Even though these methods don't prove to have long term effects, they can be very useful in conjunction and alone. Cancer related fatigue is something that is experienced by many patients who are also having cancer related pain. Many interventions that were found to be effective for the treatment of cancer were felt to relieve pain as well. This can be a lifelong solution, if the patients are willing to change their lifestyle to incorporate exercising into their daily regimen. Some of the common treatments were things like swimming, walking and jogging. Several aspects associated with the pain felt by cancer patients are psychological, emotional, and physical in nature, and these interventions can be helpful in treating and managing the pain felt.

Bottom Line:

Pharmacological interventions can be helpful and should be continued to be used in situations where they are preferred by the patient; however, nonpharmacological methods should be looked at more seriously, and used in conjunction with pharmacological intervention for life long relief of cancer pain.

Implications for Nursing Practice:

Even if physicians do not mention the use of nonpharmacological methods, nurses need to act as the patient's advocate and be aware of the use of them to recommend to patients experiencing unrelieved pain. The nurse should assist the patient in helping them find what types of pain management are the best fit for them as well as being able to find people who can help refer the patient to different places/people to relieve their pain. To be fully effective the nurse should inform the patient of all available options including telling them that it is okay to still use pharmacological methods, but that it is acceptable to use them in conjunction with nonpharmacological methods.

Treatment of Dementia continued from page 7

The last study that was reviewed was a cluster randomized control study conducted over a five-month period in 2013 by BioMed Central in the United Kingdom (Hsu, Flowerdew, Parker, Fachner, & Odell-Miller, 2015). The participants in the study group were divided into two groups: group A and group B. Group A served as the control group, receiving only the standard regimen of care previously used in nursing home facilities. This group did not receive any form of music therapy. Group B, however, received standard care and, in addition, one-on-one music therapy sessions with a certified music therapist one time per week for thirty minutes (Hsu et al., 2015). These sessions included songs that were well-known to each patient, music improvisation sessions to facilitate patient participation, and group discussions. Reported increased levels of overall well-being, a decrease in the signs and symptoms of dementia, an increase in overall mood, and an increase in sensorimotor function are just a few of the many positive results of the use of music therapy to combat dementia. It was concluded that music therapy was a beneficial form of therapy for those individuals suffering from dementia for a number of reasons.

Bottom Line:

After reviewing the above three articles, it is clear that medication use should not be the first line of treatment when dealing with a cognitive impairment like dementia. Rather, non-pharmacologic therapeutic alternatives, such as cognitive stimulation therapy and music therapy, should be implemented first. Although research in the areas of dementia and cognitive impairment is still ongoing, one cannot deny the positive effects that music therapy and cognitive stimulation can have on the life of someone suffering from dementia.

Implications for Nursing Practice:

As a nurse in today's ever-changing world of healthcare, it is crucial to remain up-to-date on new therapies that offer patients alternatives to prescription drug use to treat their symptoms. With a growing geriatric population, more patients are seeking non-pharmacologic alternatives to help treat their cognitive impairments, such as dementia. The nursing profession must remain aware of alternatives to psychotropic and antipsychotic medications in order to be more knowledgeable and confident in recommending non-pharmacologic therapies to their patients suffering from dementia.

Pain Management Techniques continued from page 9

- In a systematic review, a randomized study was reviewed on children who were distracted with interventions such as positioning, looking in a kaleidoscope, and reading while receiving a venipuncture procedure. Outcomes of the study were determined by the children reporting their pain using the FACES scale and Glasses Fear Scale, however further studies will need to be conducted to achieve more accurate data (Uman et. al, 2013).
- A study on the use of hypnosis was reviewed from a Cochrane Review (2013), and results were shown to have a large effect on the pain perception of children receiving local dental anesthetics (Uman et. al, 2013).
- A systematic review found a study where children ages three to six were given a toy train that whistles and makes bubbles to use as a distraction technique. Pain was assessed using the self-reported OUCHER scale along with assessing heart rate and oxygen saturation. The results showed no difference in heart rate or oxygen saturation, but there was a decrease in reported pain (Uman et. al, 2013).

Bottom line:

Needle related procedures can lead to a life-long anxiety of needles. Pain is a very common reaction during needle-related procedures. This anxiety and pain causes concern for healthcare providers as it can reduce the chances of people seeking medical help. The interventions in the Cochrane 2013 resource indicates that hypnosis was the most effective intervention in reducing pediatric pain and distress. The other resources were useful but needed more information to be an effective intervention. Pain will always be a clinical concern in the pediatric population, making it essential for all health care providers to understand the many realms of psychological interventions that can be used in needle-related procedures.

Implication for nursing practice:

Nurses should be very proactive in trying to find effective distraction techniques. If they can find more effective distraction techniques their jobs will become easier and patient satisfaction will increase. This just adds up to an easier time for everyone involved. In order to help maximize the potential for these techniques, nurses should be actively involved in studies in their area as well as attending on-going education classes or seminars. This will allow them to learn more about the current distractions as well as pick up some new tricks that they could use themselves.

Tap Water vs. Normal Saline continued from page 8

advocacy. In the pursuit of improved clinical care, the practice of using tap water is a promising step that will allow economy and patient wellbeing to coexist, thereby promoting the essential goal of patient-centered care within the nursing profession.

Implications for nursing practice:

The conclusions of aforementioned clinical studies bare substantial gravity in the potential economic, environmental and functional impacts that implementation could have on clinical practice. Weiss et al. (2013) found that the use of tap water could significantly reduce the hospital's financial expenditures in addition to saving millions of dollars in expenses charged to the patients. If a wound can be irrigated directly under the faucet, this eliminates the need for sterile accessories and further decreases medical cost for the hospital and patient. From the perspective of the environment, the reduction of plastic bottles will dramatically decrease our environmental impact. Functionally, Weiss et al. (2013) found that tap water would benefit those in areas where normal saline is not accessible, including critical care situations where supplies are limited. As Ljubic (2013) stated, "Clinical guidelines and protocols need to be developed or updated to ensure that they are based on expert opinion and available research" (p. 21). If nurses are wanting to take action in creating a change towards using tap water to cleanse wounds rather than normal saline, they must advocate for it. This can be done by compiling research and support data from studies and presenting them to institutions' policy and evidence-based practice boards in hopes of gaining their support. Once support for a policy change is gained, the new practice can be implemented, benefiting not only the health care institution, but the patients as well. Education must also be provided to the nursing staff on the importance of this evidence-based practice finding.

16th Annual Northwest Region North Dakota Collaborative Educational Conference



**Back to the Basics:
What Florence
Couldn't Predict!!**

**April 13, 2018
8:00am – 3:45pm
The GRAND Hotel
1505 North Broadway
Minot, ND**

**Provided by:
District 1, North Dakota
Nurses Association and
Omicron Tau Chapter,
Sigma Theta Tau International
Honor Society of Nursing**

Presenters

Terry Altringer, Pharm. D.
Jennifer Brizee, J.D.
Dr. Stacy Pfenning, DNP, APRN,
FNP, FAANP
Karen Zimmerman, RN, MSN,
Chief Nursing Officer/Vice President
Patient Care Services

**Conference
Planning Committee**

Sandy Boschee, BSN, RN
Ashley DeMakis, BSN, RN
Sara Frantsvog, MSN, BSN, RN
Jamie Hammer, MSN, BSN, RN
Amy Roberts, MSN, BSN, RN
Heather Sys, MBA, BSN, RN
Kim Tiedman, MSN, BSN, RN

Conference Handouts

www.minotstateu.edu/omicrontau

- Click on CALENDAR OF EVENTS
- April 2018: Conference Handouts

- There will be NO handouts available at the conference
- Handouts will be available via the website two weeks prior to the event.

**MSU Moorhead Offers
Four Fully Online Options**

- ▶ RN to BSN
- ▶ Master's in Nursing (MS):
 - > Administration & Organizational Systems Leadership Emphasis
 - > Nursing Education Emphasis
- ▶ Master's in Healthcare Administration (MHA)

RN to BSN: Alicia Swanson, MSN, RN, PHN, swansoa@mstate.edu
MS Nursing: Tracy Wright, PhD, RN-BC, CNE, wrighttr@mstate.edu
MHA: Brandi Sillerud, DNP, MSN, NEA-BC, RN, brandi.sillerud@mstate.edu

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I am a Member of:
 NDNA
 Omicron Tau, STTI

I am interested in joining _____
and would like membership information.

Food Allergies _____

Registration Fee: (Includes Lunch)
 \$65.00 Non Members
 \$55.00 Members
 \$70.00 after March 28, 2018
 \$25.00 for students

(No refunds after March 28, 2018)

Please make checks payable to
Omicron Tau Chapter

Mail Registration and Fee to:
**Sara Frantsvog
C/O Dept. of Nursing, MSU
500 University Avenue West
Minot, ND 58707
Questions call 701-858-4476**

| | |
|-------------------|---|
| 7:30am – 8:00am | Registration |
| 8:00am – 8:15am | Welcome |
| 8:15am – 9:15am | “Current & Emerging Trends in Nursing Practice Regulation” <i>Dr. Stacy Pfenning, DNP, APRN, FNP, FAANP</i> |
| 9:15am – 10:15am | “Leadership, Professionalism & Conflict Resolution” <i>Karen Zimmerman, RN, MSN, CNO</i> |
| 10:15 – 10:30am | Break |
| 10:30am – 11:15am | “Fundamental Pharmacology for Bedside Care” <i>Terry Altringer, Pharm.D.</i> |
| 11:15am – 12:00pm | Lunch (Provided) |
| 12:00pm – 1:00pm | “Legal Issues in Nursing Practice” <i>Jennifer Brizee, J.D.</i> |
| 1:00 – 1:45pm | “Documentation” <i>Jennifer Brizee, J.D.</i> |
| 1:45pm – 2:00pm | Break |
| 2:00 – 3:30pm | “Nursing Through the Decades” <i>Panel Discussion</i> |
| 3:30pm – 3:45pm | Evaluations |

Contact hours for this continuing nursing education activity will be submitted to the North Dakota Board of Nursing. Please contact Sara Frantsvog for more information regarding contact hours.

The purpose of this educational offering is to highlight current trends and issues in professional nursing practice.

- Conference Objectives** Upon completion of this program, the participants will be able to:
1. Describe elements of health care professional interstate compacts, specifically the Nursing Licensure and APRN licensure compacts.
 2. Discuss how the Prescription Drug Monitoring Program (PDMP) addresses the opioid epidemic, including state laws pertaining to the PDMP.
 3. Identify current technology and social media as it relates to nursing/healthcare, including appropriate and inappropriate use of technology and social media in practice.
 4. Consider telehealth regulation pertaining to the nursing profession.
 5. Understand the impact of stress in leadership.
 6. Understand and apply negotiation styles during crucial conversations.
 7. Recognize the necessary skill sets applicable to professionalism and conflict resolution.
 8. Describe and evaluate potential areas of nursing liability.
 9. Discuss actions a nurse can take to minimize risks of medical malpractice.
 10. Understand common nursing documentation mistakes.
 11. Describe how basic pharmacologic and pharmacokinetic parameters impact bedside care.
 12. Recognize the evolution of nursing practice through the years.



Join our team!
Now Hiring
Nurses and CNAs

Visit our website to apply.
www.stlukeshome.com

St. Luke's Home
242 Tenth Street West
Dickinson, ND 58601

**Associate Degree Nurse Faculty/
Clinical Instructor, Fulltime**
Dakota College at Bottineau
Trinity 5th Avenue Medical Building, Minot, ND

Dakota College at Bottineau (DCB) is seeking an instructor to teach courses in its nursing program to undergraduate students in practical nursing and associate degree nursing programs.

Master of Science in Nursing, Nursing Education, or related area required, or currently enrolled in a master's degree program with an education plan approved by the CNE which will allow completion of the master's degree program within three years.

Competitive salary based on education and experience, comprehensive fringe benefit package including TIAA-CREF retirement plan and full coverage for family health insurance.

APPLICATION INSTRUCTIONS: Send a letter of application, <http://www.dakotacollege.edu/faculty-and-staff/employment/>, college transcripts and the information for three professional references to: HR Manager, Dakota College at Bottineau, 105 Simrall Blvd, Bottineau, ND 58318 or email to: dcbhuman.resources@dakotacollege.edu (Note: Incomplete files will NOT be considered.)
Dakota College at Bottineau is an Equal Opportunity/Affirmative Action employer.



Become a member today!

Visit NDNA.org to join.



Sheyenne Care Center

SMP Health System

Hiring RNs & LPNs
\$8,000 SIGN ON BONUS POSSIBLE
We hire new graduates and offer tuition reimbursement

For more information, call 701-845-8222 or visit our website at www.sheynecarecenter.com. Applications can also be picked up at 979 Central Ave N, Valley City ND 58072 and faxed back to 701-845-8249.

Visit our new Facebook page @ www.facebook.com/sheynecarecenter

Sitting Bull College – NOW HIRING



- ◆ Director, Division of Nursing
- ◆ Clinical Nursing Instructor (Part-time)
- ◆ Clinical Nursing Laboratory Technician (Part-time)

Please submit: Cover letter, resume, official transcripts, 3 current reference letters signed and dated (1 from immediate supervisor), certificate of Indian blood (if applicable), copy of Social Security Card & Valid driver's license & SBC Background check to: Personnel Office Sitting Bull College 9299 HWY 24 Fort Yates, ND 58538

(701) 854-8004 ◆ <http://online.sittingbull.edu/ICS/Jobs/>

New hires are subject to Federal, State, Tribal background checks and pre-employment drug/alcohol testing. AA • EEO • M • F • B Employer Any applicant not having the above documents enclosed will not be considered.



Everyone Deserves A Job They Love!!
Let Us Help Today, Call 406.228.9541

Prairie Travelers is recruiting Traveling Healthcare Staff in Montana, North & South Dakota

- Registered Nurses (Hospital, ER, ICU, OB and LTC)
- Licensed Practical Nurses
- Certified Medication Aides
- Certified Nurse Aides
- Full-Time and Part-Time

Prairie Traveler's Commitment to our Staff

- Excellent Wages
- Travel Reimbursement
- Paid Lodging
- Flexible Work Schedules
- 24/7 Staff Support
- Health Care Benefits
- Annual Bonus
- Zero Assignment Cancellations
- Varied Work Settings

APPLY TODAY 406.228.9541

Prairie Travelers Recruitment Department
130 3rd Street South, Suite 2 • Glasgow, MT 59230
For an application or more information, visit

www.prairietravelers.com

Catholic Health Initiatives invites you to join our team of high quality nursing professionals.

CHI St. Alexis Health - Bismarck

Quality – Nurse Reviewer
RN – OR | RN-EP Lab
RN – Medical/Oncology

Home Health & Hospice

RN, Bismarck – Full and Part time
RN, Valley City – Full time

CHI Lakewood Health – Baudette MN

RN – Long Term Care

To apply, visit st.alexius.org or catholichealthinitiatives.org and click on careers.

Catholic Health Initiatives is an EEO F/M/Vet/Disabled Employer



FOR SOME OF OUR MOST ELITE SOLDIERS, THE PATIENT'S HEALTH IS THE PRIMARY MISSION.



Becoming a nurse anesthetist and officer on the U.S. Army health care team is an opportunity like no other. It's a chance to provide specialized care to patients requiring general anesthesia, respiratory care, cardiopulmonary resuscitation and fluid therapy. Within this multidisciplinary team, you will be a leader – not just of Soldiers, but in health care.

See the benefits of being an Army medical professional at healthcare.goarmy.com/ka69 or 605-323-1980.

©2016. Paid for by the United States Army. All rights reserved.

NDSU NORTH DAKOTA STATE UNIVERSITY

ADVANCE YOUR NURSING CAREER

Choose from educational options that fit your needs.

- With locations in Fargo and Bismarck, North Dakota, the NDSU School of Nursing offers small class sizes, experienced faculty and an excellent value.
- An RN to BSN blended online part-time program provides flexibility to advance your career and transform your professional practice
- Pre-licensure BSN program
- LPN to BSN blended online program
- Doctor of Nursing Practice (BSN to DNP)/Family Nurse Practitioner program

NDSU offers programs to part- and full-time students, working professionals and those seeking online educational opportunities.

ndsuh.edu/nursing