Euthanasia, Assisted Suicide, and Aid in Dying were in the process, and the ANA position statement calls for overdose, the ANA presidential endorsement. Opioid exposure considerations in caring for patients were discussed. The secondary opioid exposure information was included in three dialogue forums. The secondary opioid exposure information was a real need to educate nurses, patients, and caregivers, to identify realistic protocols, and develop evidence-based practices. By focusing on this issue, ANA is advocating for all nurses! ANA also presented awards that day. The Staff Nurse Patient Advocacy Award was presented to Alexandra Wubbels, BSN, RN. You probably remember her advocating for her unconscious patient and being handcuffed in that Utah hospital’s ER. Her advocacy brought nurses and nursing care to the public’s attention, and instigated significant policy changes. ANA President Pam Cipriano chose to give a President’s Award to late night talk show host Jimmy Kimmel. He publicly advocated and praised nursing, nursing care, and health care since the birth of his son over a year ago. The other awardees were just as notable. Nursing can certainly celebrate them all!

Several items are now available online that should be of interest to all. The 2017 ANA Annual Report is at https://www.nursingworld.org/ana/about-ana/annual-reports/ Healthy Nurse, Healthy Nation (HNHN) is just one of many ANA accomplishments. Another important link is the 2018 The American Nurse Today Nursing Trends and Salary Survey at https://www.surveymonkey.com/r/ANAJobTrends This survey looks at salary, work environment, challenges, etc. for working nurses in order to gain a snapshot of nursing practice. Speaking of HNHN, the ONA Board recently updated their personal and professional resolutions, and the relevant outcome measures. Those giving permission to publicly share are included in the table on page 2. This is our updated Commitment Wall. The mini-challenge for July is increased hydration – so important during these heat index days! Have you updated your resolutions?

Finally, the Membership Assembly representatives elected Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association as the association’s next president. Dr. Grant broke the glass ceiling by becoming this association’s first male president! We wish him well!

President’s Message continued on page 2

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Healthy Nurse Healthy Nation - ONA Board Goals

<table>
<thead>
<tr>
<th>Personal Resolution</th>
<th>Professional Resolution</th>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physical activity during 8 hour work day-walk at least 1/2 mile and stand up for 60 seconds every hour</td>
<td>Continued professional asssn activity, increased knowledge of political legislation r/nursing &amp; healthcare</td>
<td>I watch apps. Meeting attendance. Contact /c state reps &amp; response to legislative action calls.</td>
</tr>
<tr>
<td>To lose weight by decreasing sugar and carbohydrate consumption.</td>
<td>To encourage my community to have a healthier diet. By weight loss and BMI measurements.</td>
<td>Note duration &amp; achievement of all resolutions.</td>
</tr>
<tr>
<td>Participate in Core Exercise Program (30 mins three times a week). On other days, engage in 30 mins of alternate activities, eg walking.</td>
<td>Encourage others through verbal &amp; written means to assume/continue HNNH activities. Promote HNNH website &amp; monthly suggestions.</td>
<td></td>
</tr>
<tr>
<td>Increase physical activity daily by parking further away from my destination, doing at least 5 flights of stairs daily and tracking my steps with a daily goal of 7500 steps.</td>
<td>Pursue a poster presentation at ONA conference. Do consultation/continuing education for a local nursing home.</td>
<td>Will see if I have met, partially met or not met my goals as evidenced by meeting the criteria listed in them.</td>
</tr>
<tr>
<td>To become healthier by losing weight.</td>
<td>To identify &amp; seek opportunities to develop as a leader. To establish &amp; maintain relationships with mentors. By better overall health, as well as an improved BMI. Growth as leader, and maintained mentor-mentee relationships.</td>
<td></td>
</tr>
<tr>
<td>To implement self-care practices in my daily schedule.</td>
<td>To encourage my clients to implement a self-care practice into their daily routine. Reflection on “what have you done for your personal wellbeing” today.</td>
<td></td>
</tr>
<tr>
<td>To always use the stairs while at work.</td>
<td>To encourage my co-workers to use the stairs with me at work.</td>
<td></td>
</tr>
<tr>
<td>Practice more meditation and yoga to be mentally and physically active. Also, walk my dogs every day for at least 15 minutes.</td>
<td>Establish “Mindful Mondays” where I teach to encourage students and faculty to practice self-care. Use my paper planner to track the days I am active. I will measure my accomplishment by tracking my progress on a calendar, and each week I will mark if my goal was met or not met.</td>
<td></td>
</tr>
<tr>
<td>Lose 10% of current body weight</td>
<td>Experience professional diversity</td>
<td>Weight difference experience 3 different types of nursing practice.</td>
</tr>
</tbody>
</table>
It is that time of year that everyone is wrapping up summer activities and getting ready for back to school and other fall activities. It is our hope that you have the ONA Convention on that list! This year it is October 24 and 25 in Tulsa at the Hyatt Downtown Tulsa Hotel. On Wednesday our focus is on Strategies And Solutions To End Nurse Abuse In Oklahoma. We will kick the morning session off with a panel of nursing leaders discussing what their facilities have done to end nurse abuse, followed by two training sessions. The first will focus on understanding the dynamics of power and the second on defense tactics and de-escalation.

Violence against nurses affects one in four nurses and ranges from incivility and bullying to verbal and physical assault. The sources of this violence includes peer to peer, coworkers, patients and their families. To develop this programing, I have talked to nurse leaders across the state.

We have nurses and employers working together to ensure safety to nurses that include ALL employees. Some of these programs are part of a systemic security program and others that are nurse driven. As work continues on these programs we may see an increase in the number of workplace violence cases reported. It is important to remember that some of these incidents are not intentional, but that is not always the case. If you are looking for more information along with evidence-based solutions for nurses and employers, ANA has developed some great resources that are available on nursingworld.org.

In addition to our morning panel, the ONA House of Delegates will consider a resolution on workplace violence Wednesday afternoon. This resolution will provide direction to ONA and its members to develop a position statement for the organization. Our goal is to focus on ways we as an organization can assist in reducing and eliminating workplace violence for nurses.

If you are an ONA member you have an opportunity to serve as a Delegate to the ONA House of Delegates. There is more information on the House of Delegates in this newspaper and on the ONA website, oklahomanurses.org. If you are looking for more details on the ONA Convention, the information is also available in this newspaper and on the ONA website.

This is just one area the ONA is working on that affects nurses, nursing and the profession. ONA works on many more but we need guidance from our members on where to focus our efforts. We hope that you will be a member and get involved so that collectively we can make a difference in nursing in Oklahoma.

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ONA Candidates to be Elected

This year ONA Members will elect a President Elect, Secretary/Treasurer, Education Director, Membership Development Director, three Nominating Committee Members and three Membership Assembly Representatives. All candidates are listed below as well as on the ONA website. Balloting will be conducted online by Election America and will be available by August 20 – September 15. Election America will be emailing each ONA Member a username and password. If you prefer to have a paper ballot, they will provide you with one. Election results will be announced at the ONA House of Delegates, which will be held as part of the ONA Convention, October 24, 2018 in Tulsa, OK.

**President-Elect**

2 year term as President-Elect & 2 year term as President (listed alphabetically)

**Linda Fly**, PhD, RN  
**Current Position**: Director, Pre-Licensure Academic Operations Chamberlain University; College of Nursing  
**Activities**: 2017–present Oklahoma Organization of Nurse Executives; 2017–present; American College of Healthcare Executives; 1989–present Sigma Theta Tau, currently serving as Phi Pi Chapter Treasurer; 2004–present Oklahoma League of Nurses; 2004–present Oklahoma Nurses Association/ American Nurses Association; 2006–2013 Institute Oklahoma Nursing Education (IONE); 2010-2011 Secretary Executive Board of Directors; 2006–2013 Nursing Education & Service Administrators (NESA); 2006–2013 Oklahoma Health Care Workforce Center; Member of several Task Force committees on development and implementation of Clinical Hub; 1993–2010 National Association of Securities Dealers (NASD); Securities and Exchange Commission (SEC); Oklahoma Insurance Department  
**Education**: PhD, 2013 Oklahoma University Health Science Center; MSN, 2004: Abilene Christian University; MPA, 1987 Golden Gate University BSN, 1984 University of Central Oklahoma  
**Statement on views on nursing and issues facing ONA**: Nurses are the largest group of healthcare professionals and most trusted by the public of all healthcare workers. Oklahoma faces dramatic challenges, the profession of nursing must focus on improving access to care, fostering interprofessional collaboration, promoting nurse leaders, transforming nursing education, and increasing diversity within nursing. As an Oklahoma RN, I have spent 34 years practicing nursing – both in the clinical setting and academia with the goal of advancing the nursing profession. I fully support the mission of the ONA to empower nurses to improve the healthcare delivery system within our state and it is an honor to serve.

**Angie Kamermayer**, DNP, RN  
**Current Position**: Vice President and Chief Nursing Officer INTEGRIS Health Edmond; Adjunct Faculty, MSN program, Kramer School of Nursing, Oklahoma City University  
**Activities**: ANA/ONA Member, GAC Education Committee  
**Education**: University of Oklahoma, DNP, 2017; University of Oklahoma, MS Nursing, 1992; University of Oklahoma, BSN, 1982  
**Statement on views on nursing and issues facing ONA**: The transformation of healthcare promotes a future that emphasizes the need for Nurses to practice at the highest level and full scope of licensure. This aims to speak to the importance of education and professional development, including skills that promote quality, technology advancements, clinical research, and leadership among disciplines to deal with diverse patients with complex conditions. Yet workforce challenges emphasize the need for more nurses in a variety of roles because the supply, distribution, and nurse practice across care settings produce every day realities affecting both access and delivery of health services. To continue our belief that efforts to support nurses can exist in different forms such as the promotion of educational and research activities, funding of programs, development of position statements, and participation in health policy at state and national levels.

**Shelly Wells**, PhD, MBA, APRN-CNS, ANEF  
**Current Position**: Division Chairperson and Professor Northwestern Oklahoma State University Alva OK  
**Activities**: Membership Development Director - 2016 to present - Refined operating procedures for the Committee and met with representatives in Regions 2, 3, and 4. ONA Representative to the OBN Nursing Education and Nursing Practice Committee - 2015 to present. ONA Rep to the ONA Board - 2015 to 2016. ONA Policy Manual Revision Task Force Member 2014 to 2015. ONA/Region 2 Member 2005 to present. ANA/Region 1986 to 1991.  
**Education**: BS (Nursing) Graceland College - Lamoni, IA – 1983; MS (Nursing) University of MO - Kansas City – 1986; MBA - University of MO - Kansas City 1998; PhD (Nursing) University of MO - Kansas City - 2009  
**Statement on views on nursing and issues facing ONA**: ONA provides the best avenue for nurses to pursue action to improve health care access and outcomes for all Oklahomans. Engagement of registered nurses throughout the state is necessary to promote the concerns of the profession. ONA membership has increased this past year; however, the work of protecting the benefits of ONA Membership is just beginning. Workplace safety, scope of practice, and advocacy for patients’ access to health care are three issues that ONA should be actively addressing through stakeholder education and political interaction. Work to address workplace violence, prescriptive authority for APRNs and funding for health care are paramount.

**Secretary/Treasurer**

2 year term (listed alphabetically)

**Joseph Catalano**, PhD, RN  
**Current Position**: Consultant  
**Activities**: ONA - GAC ONA - Convention Planning Committee  
**Education**: SUNY at Utica/Rome NY BSN 1977; SUNY at Buffalo NY MSN 1980; North Texas State University PhD 1987  
**Statement on views on nursing and issues facing ONA**: I believe that the major issues facing nursing in OK are the barriers set up by outside entities that prevent nurses from practicing to the full extent of their education and expertise. I believe that by raising the profile and status of nurses across the State and educating recalitrant legislators will increase the impact nurses have on improving the health of our citizens. Increasing membership in ANA/ONA is an organizational imperative in transforming OK’s health care system and using the power of the largest segment of the health care workforce to solve key health care issues.

**Julia Profit-Johnson**, RN-BSN  
**Current Position**: OB Clinical Nurse Manager/Childbirth Educator Bailey Medical Center Owasso, OK  
**Activities**: ONA Region 2 Director-at-Large  
**Education**: Oklahoma City University - BSN-2016 Oklahoma City, OK; Tulsa Community College - AA Liberal Arts - 2008 Tulsa, OK; Rogers State University - AAS - Nursing - 1998 Claremore, OK

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**Oklahoma Candidates to be Elected**
Statement on views on nursing and issues facing ONA: Healthcare disparities facing Oklahomans should be alarming to everyone but particularly health care providers. Research supports an improvement in outcomes when nurses become involved at the level of change. I would like to see the Oklahoma Nurses Association utilize its potential to engage nursing in our state and address these alarming statistics. Oklahoma Nurses Association is just that—nurses representing Oklahoma. ONA is faced with bridging our professional interests within the political arena to achieve improving health outcomes for all Oklahomans in our schools, clinics, and hospitals. As a member of the board of directors, I would like to be the voice of change and serve on the Board of Directors team will allow me to do so.

Membership Development Director

Brandi M. Payton, MSHCA, BSN, RN
Current Position: Clinic Administrator, Cherokee Nation Health Services, Cooweescoowee Health Center, Ochelata, OK
Activities: Region 2 Direct-At-Large 2014-2016; Region 2 President-Elect 2016-2017; ONA Region 2 Rep; Region 2 President; 2017-2018; HOD: 2015, 2016, 2017
Education: Master of Science, Health Care Administration December 2016; Oklahoma State University—Center for Health Sciences, Tulsa, OK; Bachelor of Science, Nursing May 2012; University of Oklahoma—Health Sciences Center, Oklahoma City, OK; Associate of Applied Science, Nursing 2009; Northeastern Oklahoma A&M College, Miami, OK; Associate of Science, Pre-Nursing/Pre-BSN May 2007 Northeastern Oklahoma A&M College, Miami, OK
Statement on views on nursing and issues facing ONA: The image of nursing has changed over the years, as well as the educational requirements of what is required to become a nurse.

With that said, there is one thing that has remained the same throughout the history of nursing. Nurses are advocates for patients. I believe it is the compassion in the hearts of nurses that drives them to be the best advocates. Whether in a board room, at the bedside, or at the capital, nurses are advocates for their patients.

I feel like one of the biggest challenges facing ONA is reviving inactive regions. My position is that it is our job to find ways to reach out to these regions and mentor those that can lead the way in their communities.

Nominations Committee
2 year term (listed alphabetically - Elect 3)

Ann Kappen
Current Position: Clinical Director, Integris Southwest Medical Center 4401 South Western Avenue, OKC, OK
Activities: OKC local Chapter AACN, current secretary, attended NTI 2018; OKC Chapter AMSN, current President; ANA Member/ONA member, attended state convention 2017; AONE member
Education: Southern Nazarene University, BSN 1997; Liberty University, MSN 2012; National certification in Med Surg—CMSRN CERTIFIED CNS—CCNS
Statement on views on nursing and issues facing ONA:
ONA Candidates to be Elected

Education: 2002 - University of Oklahoma, MS; 1996 - Washburn University, BSN; 1995 - Connors State College, AS; APRN - Gero CNS Certified Wound Care and Foot Care RN

Statement on views on nursing and issues facing ONA: One of the most challenging issues facing our profession today is involvement in our professional organization. I believe that if the over four million nurses truly gathered together under ANA we would be a force to be reckoned with. We can not be complacent. We must be the 4 Star Generals of our own professional destiny.

Samantha Mitchell, MSN, RN
Current Position: Director of Case Management Continuum of Care Coordinator ACO 16 Alliance Health Midwest
Activities: Nurse of the Day in April 2018
Education: BSN- University of OK 1990 MSN-University of Phoenix 2018

Membership Assembly Representative
2 year term (listed alphabetically – Elect 3)

Linda Fly, PhD, RN (See full Bio in the President-Elect section)

Linda Merkey
Current Position: Nurse Executive Consultant, Self-employed in Edmond, OK Former System Chief Nursing Officer for INTEGRIS Health in Oklahoma City, OK
Activities: ANA member since 1987 ONA member since 1987; currently serving on the Nominations Committee Sigma Theta Tau member since 1981 Oklahoma Organization of Nurse Executives; previously served as the President, Secretary and member of the Program Planning Committee
Education: Oklahoma City University, Oklahoma City, OK, MBA, 1985 Oklahoma Baptist University, Shawnee, OK, BSN, 1978

Angie Kamermayer, DNP, RN (See full Bio in the President-Elect section)

E. Lynette Gunn, APRN, GCNS-BC, CWCN, CFCN
Current Position: Facility Telehealth Coordinator - Jack C. Montgomery VAMC, Muskogee, OK; Wound/Foot Care Consultant
Activities: Region 3 Representative 2013-2018 Region 3 President 2011-2013 President of NOVA (Nurses of VA) 2018 - current (affiliate member of ONA) Member of Board - OACNS - Nominating Committee
Education: 2017 - University of Oklahoma, MS; 1996 - Washburn University, BSN; 1995 - Connors State College, AS; APRN - Gero CNS Certified Wound Care and Foot Care RN

Statement on views on nursing and issues facing ONA: One of the most challenging issues facing our profession today is involvement in our professional organization. I believe that if the over four million nurses truly gathered together under ANA we would be a force to be reckoned with. We can not be complacent. We must be the 4 Star Generals of our own professional destiny.

Lucas Richardson-Walker, BSN, RN
Current Position: Charge Nurse/Team Leader, Fresenius Kidney Care, OKC, OK
Activities: Region 1 President and ONA Board Representative Membership Assembly Representative for 2018 Attended ANA Hill Day 2018
Education: Rose State College 2002 - AND; Oklahoma City University 2017 - BSN
Statement on views on nursing and issues facing ONA: Nurses must continue to have a strong voice in Oklahoma City and Washington DC. We must ensure that our profession is regulated by Nurses and the Board of Nursing. All nurses should be able to practice to the full extent of their scope of practice. We must also promote safe staffing to protect our patients by putting the power back in the hands of nurses. I was privileged to be one of the Membership Assembly Representatives for Oklahoma in 2018 and ask to be able continue to work for the ONA membership at the ANA membership assembly in 2019.

Pamela Sandvig, DNP, RN
Current Position: Director, RN to BSN Program, Oklahoma Panhandle State University, Goodwell, OK
Activities: ONA- trying to establish Region 4 local chapter. ANA-member
Education: DNP, Healthcare Systems Leadership; Chamberlain University, Downers Grove, IL 10/2017; MSN-Education: Southwest Baptist University, Bolivar, MO 05/2014; BSN: Southwest Baptist University, Bolivar, MO 12/2006; ASN: Southwest Baptist University, Bolivar, MO 05/2004
Statement on views on nursing and issues facing ONA: My vision and goals for this position are to encourage more nurses to gain an understanding of the importance of our profession and voice to maintain professional standards and licensure abilities. As a young nurse, I was unaware of the power of organizations such as the ONA and the importance of having a voice in legislation. I would also like to have a better understanding of legislative processes and how to impact practice standards in the state of Oklahoma and beyond. One of the greatest threats to the nursing profession is licensure limitations. As professional nurses, we must ensure the training, education, and abilities to complete procedures and provide treatments within our scope of practice. Limitations should not be placed on our right to practice within our scope of practice. With that being said, I also believe it is vital for nurses to know, understand, and follow the scope of practice. Thank you for your consideration.

Karen Ann Taylor, DNP, APRN-CNP, PMHNP-BC, ONA President Elect; 2018-20 President
Statement on views on nursing and issues facing ONA: I am proud to have been an active member of ONA for the last seven years. I believe that the ONA is a great organization and an opportunity to be involved in many areas of nursing. I feel that the greatest areas of opportunity for growth are in education and legislative processes. I would like to bring an energetic and innovative vision to the ONA that will help further the profession of nursing.

Shelly Wells, PhD, MBA, APRN-CNS, ANEF (See full Bio in the President-Elect section)

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Karen Ann Taylor, DNP, APRN-CNP, PMHNP-BC, ONA President Elect; 2018-20 President

Shelly Wells, PhD, MBA, APRN-CNS, ANEF (See full Bio in the President-Elect section)
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The Oklahoma Nurses Association is pleased to present the 2018 Annual Nurses Convention at the Hyatt Regency Hotel in Tulsa, Oklahoma on October 24th and 25th, Empowering Nurses: Inspire, Innovate. Influence. During this two-day convention, we will explore action-based solutions to empower nurses in their practice areas.

Our focus on Wednesday will be to localize ANA’s #EndNurseAbuse initiative by focusing on violence against nurses in the workplace. Nationally, one in four nurses have experienced some kind of workplace violence. We know this is happening in Oklahoma. This must stop and ONA must be part of the solution. We want nurse leaders to share solutions that ensure the safety of nurses while they are working. This half day program will include a panel of nurse leaders sharing their solutions for #EndNurseAbuse. We hope that you will join us and share this important issue so that we can develop solutions together.

Thursday’s focus will tackle the issues of health disparities in our state. Our opening session will include the short documentary film, Clinica de Migrantes, followed by a panel of nurse leaders who deliver care to populations facing health disparities. Presentations following the opening session will not only highlight health disparities, but also staffing, workplace violence and other issues facing nurses in their day to day practice. We want to empower nurses in their practice areas and communities with action-based solutions. It is our hope that you will join us as we discuss these and other important issues.

Both days include the opportunity to see over 40 poster presenters, covering a wide range of nursing research. Thursday, in addition to posters and breakout sessions, attendees will also be able to visit a wide range of exhibitors.

ONA Convention Sponsors allow us to continue to offer a post-licensure student rate again this year, along with a new discounted LPN rate. Exhibitor space and Sponsorships are still available! We look forward to seeing you in October!

### 2018 ONA Convention Rates

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Full Convention</th>
<th>Wednesday Only</th>
<th>Thursday Only</th>
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<tbody>
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<td>ONA &amp; Affiliate Members</td>
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<tr>
<td>Post-Licensure Student Rate Full</td>
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<tr>
<td>Full Convention</td>
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### 2018 ONA Annual Convention

### The Oklahoma Nurses Association presents the 2018 ONA Annual Convention

Registration Now Open: [www.OklahomaNurses.org](http://www.OklahomaNurses.org)

#### Wednesday, October 24

**7:30 a.m. Registration Opens**

- **Poster Session – Available all day**

**9:00 a.m. – 12:00 p.m. End Nurse Abuse in Oklahoma**
  - Panel discussion on strategies and solutions to insure workplace safety
  - Understanding Dynamics of Aggressive Behavior
  - Defense and De-escalation Tactics

**12:00 – 1:00 p.m. Luncheon**

**1:30 – 4:00 p.m. House of Delegates**

(View the HOD Packet at [www.oklahomanurses.org](http://www.oklahomanurses.org))

**4:30 p.m. Networking Reception & Meet the Poster Presenter**

Join us for a casual gathering with the ONA Board of Directors. This is a great opportunity to network with nurses from across the state and visit with this year’s Poster Presenters. Light refreshments provided.

#### Thursday, October 25

**7:30 a.m. Registration Opens**

- **Exhibits – Available all day**
- **Poster Session – Available all day**

**8:00 – 9:30 a.m. Understanding Health Disparities in Oklahoma**
  - Short Documentary, Clinica de Migrantes
  - Panel Discussion with health care leaders who serve vulnerable populations in Oklahoma

**9:30 – 10:00 a.m. Visit Posters & Exhibitors**

**10:00 – 11:00 a.m. Breakout I**

1. A Nursing Approach to Cannabis Based Medicine. Pamela Street, BSN, RN
2. It’s Not You, It’s Me. Mindy Thompson, DNP, RN, CNE; Brenda Scott, DNP, RN, NHDPC-BC

**11:15 a.m. – 12:15 p.m. Awards Luncheon**

**12:30 – 1:30 p.m. Breakout II**

1. $11- $20 Million, The Range in the Top Ten Verdicts in Health Care Cases. Kammie Monarch RN, MSN, JD
2. Diversity and Inclusion for Transgender Patients. Joseph Catalano, PhD, RN

**1:45 – 2:45 p.m. Breakout III**

1. Investigations into Economic Class for Nursing Students. Angela Martindale, PhD, RN
2. Hot Topics and Best Practices – Virtualizing Your Care Practice. E. Lynnette Gunn, APRN, GCNS-BC, CWCN, CFCN

**3:00 – 4:00 p.m. Breakout IV**

1. Man in the Mirror: Reviving the Joy at Work. Dr. Dean Prentice, Colonel, DHA, MA, BSN, NE-BC
2. Implementing Evidence-Based Self-Care Guidelines for Nurses. Meredith Hines, DNP-c, MSN, RNC-MNN, CNL

**4:30 – 5:30 PM – Oklahoma League for Nursing Reception**

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.
Interprofessional Communications Using Simulation and Standardized Patients

Donna Fesler, MS, RN
Clinical Instructor University of Oklahoma
Fran and Earl Ziegler College of Nursing

The legalities inherent in processing physician telephone orders may cause anxiety in the newly licensed Registered Nurse (RN). This anxiety may result in gaps or even incorrect communication. The Joint Commission (2017) reports that most sentinel events are the result of gaps in communication. Further, they charge that nearly 70% of clinical learning environments fail to effectively prepare nurses for this communication process.

Patient advocacy should be a priority for RNs. The Interprofessional Education (IPE) agenda stressed health professionals telephone communications should use validated communication tools such as Situation, Background, Assessment, Recommendation and Read/Repeat back (SBAR-R) platform. Closed-loop communication is the preferred method to effect best patient outcomes for telephone and face-to-face (F2F) interactions. Incorporating SBAR-R into the IPE curriculum may mean nursing faculty must be innovative with simulation and network with Health Sciences faculty, including Medicine, Physician Assistants, and Advanced Practice Nurse programs. Accurate IPE communications benefit each party involved, especially patients. To realize this goal, nurse educators may be required to reach into the community beyond the academic landscape.

During simulated experiences, nursing faculty usually enact the role of provider. The question must be asked: Is this strategy as effective as implementing interprofessional SBAR-R? A recent Joint Commission document (2017) decried that only 20% of clinical learning environments studied used some version of a structured communication tool. Provider level Nursing faculty, e.g. Advanced Practice Registered Nurses, reflect the role of provider realistically whereas other “non-provider” nursing faculty may not effectively reflect their intended “provider” roles during simulated learning activity for F2F or telephone communications with nursing students.

Nursing faculty must acknowledge the importance of preparing nursing students to be effective communicators as part of nurse-patient advocacy and reduction of sentinel events. The OU-Tulsa nursing faculty addressed this challenge with an innovative simulation: Faculty developed a Home Health visit utilizing a Standardized Patient (SP). Faculty acknowledged that using SPs would create a more “real life” learning experience for the nursing students; however, they also acknowledged that recruiting “on-call” providers to fit the nursing simulation schedule would be difficult.

Armed with evidence that scheduling simulations with other health professions was essential to ensure availability of an “on-call” provider, faculty reached out to GenScripts Pharmacy, Owasso, OK. Pharmacists were asked to consider participating as “consultants” during the home health simulation. Following discussion of expected student outcomes and their potential roles, pharmacists agreed to participate. Students were expected to assess the patients’ medication regimen and to advocate for an affordable medication regimen as indicated. Participating pharmacists received the patient’s chart and medication list in advance. To assure adequately prepared “providers,” the Physician Assistant (PA) Program faculty assisted with filling the “provider” role utilizing PA students that were provided the same patient chart and medication lists. In this case, students used SBAR-R. After the nursing students completed their telephone consultation with the pharmacist, they would formulate their SBAR, call the provider, and request a revised regimen, subsequently providing a repeat back of orders received.

These interactions proved to be excellent learning experiences for all: students and all faculty involved. Similar real-life issues occurred during the telephone communications, including call dropping, static, garbled provider speech, and multiple misunderstandings. These issues were remedied with “repeat back” from both provider and nursing student. The providers were agreeable to the proposed new regimen. Afterwards, nursing students were able to sit down with the SP and share a new affordable health plan. They reviewed the updated “refrigerator” medication list and discussed the additional resources that would be provided with home health services. This was a crucial interaction that allowed the standardized patients to provide the nursing students with critical growth-producing feedback. The nursing students felt empowered as patient advocates as observed in their debriefing with the SP and reflective journaling.

Interprofessional Communications continued on page 10
It’s Okay to Ask for Help

Tips for the New Grad

Jennifer Booms, BSN, RN
Oklahoma Nurses Association Director of Emerging Nurses
Quality Coordinator, Mercy Hospital, Oklahoma City

Your time is finally here. You graduated nursing school, you passed boards, you finished your orientation, and now you’re caring for patients as an independent nurse. You are responsible for their safety. You have everything under control, right? How do you know when to ask for help? Is it okay to speak up and tell others you need their assistance? Samantha Godfrey, BSN, RN, CCRN-CSC-CMC, offered advice for the new nurse who is confronted with the battle of knowing when and how to ask for help. Samantha encourages nurses to continuously ask questions, regardless of the topic. She expressed, “You should always ask questions. That’s how you learn and grow. Even if you ask the same question multiple times, don’t feel ashamed asking again. View asking for advice as a nurse to nurse consult. At the end of the day, we want to provide the highest quality of care for our patients. If you have any hesitancies, you should confer with another nurse.” While it is crucial to resolve any and all inquiries you have, it is also vital you seek collaborative support throughout your nursing career. Samantha conveyed, “Whether you’ve been a nurse for six months off orientation or twenty years, you’re going to need help. It doesn’t make you a bad nurse, it just means you’re a busy nurse. What’s important is that the patients get what they need. You’re actually being a more vigilant nurse by reaching out to others to ensure you are delivering the utmost care possible for each patient.” Additionally, Miss Godfrey wants every nurse to remember that nursing is a profession where you continually gain knowledge and alter your practices as a result of the constant advancements within the medical field. Seeking guidance and assistance from others is a vital tool in furthering your professional nursing practice. Regardless of the query or task, it is never too trivial or substantial to seek the assistance of others. Patient care and safety should always be the ultimate priority of the team.

NURSING OPPORTUNITIES AVAILABLE

- Emergency Room Nurse
- Medical / Telemetry Unit Nurse
- Outpatient Clinic Nurse
- Outpatient Clinic Nurse Supervisor

Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona

For more information contact: Ernasha McIntosh, RN, BSN, DON, 928-755-4501, ernasha.mcintosh@sagememorial.com.

Applications available at http://sagememorial.com/careers/
Submit applications to the Human Resources Department, Fax#: 928-755-4659, hr@sagememorial.com...
The OSDH has been hard at work developing regulations for implementing and maintaining a state medical marijuana/cannabis program, the Oklahoma Medical Marijuana Authority has been gracious to ask for the input of citizens, professions and groups in writing those final emergency regulations, to allow for a 30-day public hearing. It was a spirit of the SO that has been honored, problems may arise in future legislation but Oklahomans have decided they want medical marijuana.

SQ788 is a compassionate proposal that supports the nursing philosophy of wholism. Consider that, 788 allows for the patient to grow medical cannabis, make a topical salve or smoothie/salad and if beneficial then the patient is empowered, experiencing their autonomy and possibly their spirituality. The SQ also ethically considers the poor and the homebound, allowing for caregivers familiar with the patient to assist, reduced cost of license and sharing with other licensed patients when a need presents.

Nurses will be exposed to the various products and routes of administration depending on the environment and the level of trust they’ve gained with the individual patient. A home health nurse or aide may encounter cannabis use in the home, eventually patients will bring their medicine to the hospital or rehab units. Israel has incredible data as they use cannabis in nursing centers and have research for successfully treating autistic children. School nurses might work with children who have seizures, emotional problems, trouble focusing and multiple dangerous medications that hamper their health and education. Newsweek recently sited a study from Neurology that concluded the promising results have lead to a trial with 120 young autistic participants.

Many patients will be experienced, the new consumer will need more support and education. We can expect reports of increased quality of life, others will report being uncomfortable with a high. The nurse should be able to teach how the endocannabinoid system works, how there are non-psychoactive options, to mediate safely, report effects and to be confident that cannabis has never been recorded as a cause of death. Nurses may notice their patients lists are changing as many patients use cannabis meds with the objective of reducing prescription drug use.

The study of the Endocannabinoid System will reveal why cannabinoids work effectively for so many conditions. In the 1960s, Dr. Raphael Mechoulam, an Israeli scientist at Hebrew University started to identify cannabinoid like structures (produced endogenously) and the bodies cannabinoid receptor system. The ECS ‘umbrella function’ is to promote homeostasis in vertebrates. The NIHs publication at http://www.ncbi.nlm.gov. pubmed has hundreds of scientific references regarding cannabinoids. I find it particularly interesting that US Patent #6630507 references scientific literature suggesting that the antioxidant, anti-inflammation and neuro protective activity of cannabinoids would be powerful agents to prevent and or treat the many diseases of oxidative stress and neuro degeneration. This is exciting news for nurses and healthcare in general.

In a call to nursing action, prepare yourself. We have learned of other approaches in health care, here is an exciting opportunity to experience the promise of a new and kinder medicine in nursing, Cannabis.

The best way to find yourself is to lose yourself in the service of others
—Mahatma Gandhi

Families needed for children in therapeutic foster care

Julia’s Story

Julia was a bright-eyed and curious five-year-old girl when her mother abandoned her and her younger siblings to the sole care of their father. Her mother was able to escape the relentless beatings she endured at Julia’s father’s hands; but without his usual target, he turned his sights on little Julia and began to physically abuse her. A concerned citizen phoned the Child Abuse Hotline and reported the treatment Julia and her siblings were receiving. Soon after, a judge ordered the children to be removed and placed into DHS custody to ensure their safety. DHS tries to keep children connected to their kin whenever safely possible, and was able to place them with their grandmother. Julia’s behavioral problems started almost instantly. She struggled in school and daycare, and was often defiant with her grandmother. A kindergartner, Julia was even suspended from school after hitting her teacher and throwing a chair in class. Unable to handle Julia’s behaviors, her grandmother drove the small, afraid child to the DHS office to leave her with her caseworker and ask for Julia to be removed from her care. Julia never even got to say goodbye to her siblings. The sense of abandonment set in as she moved from foster home to foster home, each unable to manage her behaviors and each sending her back to DHS. Julia was admitted to a children’s behavioral health hospital where she was diagnosed with OCD, depression, anxiety and a mood disorder. When she was released from the hospital, Julia really needed a therapeutic foster home that could help her address the trauma she had endured and provide her with a higher level of care. However, without enough therapeutic homes to meet her needs, Julia was placed on a waiting list and into another traditional foster home that did not have the skills necessary to meet her behavioral health needs. The cycle of moving her to a different home every few weeks and into several inpatient hospitals began again. With each move, Julia learned she could not trust the adults in her life and her behaviors escalated. She was just not stable in one place long enough for her to receive the therapeutic services she so desperately needed. Like so many other children with similar stories, Julia is still waiting for the type of home that is best suited for her. She needs a family who is willing to take a chance and invest the love, energy, patience and stability she so deserves. Could you be Julia’s family?

Therapeutic Foster Care (TFC) serves children ages 4 through 18 with special psychological, social, behavioral and emotional needs who can thrive in a family setting, but also require more intensive therapeutic services than those in traditional foster care.

Therapeutic Foster Care (TFC) serves children ages 4 through 18 with developmental delays, intellectual challenges, autism spectrum, and mental health challenges. Therapeutic Foster Care (TFC) serves children ages 4 through 18 with developmental delays, intellectual challenges, autism spectrum, and mental health challenges.

Therapeutic Foster Care (TFC) serves children ages 4 through 18 with traumatized and maltreated histories who require an emotionally stable and emotionally fulfilling environment.

Therapeutic Foster Care (TFC) serves children ages 4 through 18 with severe behavioral/emotional challenges that are not being met in traditional foster care.

Therapeutic Foster Care (TFC) serves children ages 4 through 18 with varying behavioral health needs, but also require more intensive therapeutic services and invest the love, energy, patience and stability she so deserves. Could that be best suited for her. She needs a family who is willing to take a chance on other children with similar stories, Julia is still waiting for the type of home to receive the therapeutic services she so desperately needed. Like so many others will report being uncomfortable with a high. The nurse should be able to teach how the endocannabinoid system works, how there are non-psychoactive options, to mediate safely, report effects and to be confident that cannabis has never been recorded as a cause of death. Nurses may notice their patients lists are changing as many patients use cannabis meds with the objective of reducing prescription drug use.

The study of the Endocannabinoid System will reveal why cannabinoids work effectively for so many conditions. In the 1960s, Dr. Raphael Mechoulam, an Israeli scientist at Hebrew University started to identify cannabinoid like structures (produced endogenously) and the bodies cannabinoid receptor system. The ECS ‘umbrella function’ is to promote homeostasis in vertebrates. The NIHs publication at http://www.ncbi.nlm.gov. pubmed has hundreds of scientific references regarding cannabinoids. I find it particularly interesting that US Patent #6630507 references scientific literature suggesting that the antioxidant, anti-inflammatory and neuro protective activity of cannabinoids would be powerful agents to prevent and or treat the many diseases of oxidative stress and neuro degeneration. This is exciting news for nurses and healthcare in general.

In a call to nursing action, prepare yourself. We have learned of other approaches in health care, here is an exciting opportunity to experience the promise of a new and kinder medicine in nursing, Cannabis.
Leadership Clutter

The Big Buts

There are days when I just don’t like my job. In fact, in some months, there are many days I don’t. When life in the job becomes a daily struggle, there begins an attitude and a way of thinking which starts to invade my every thought. It begins like this.

“I would do that task next, But…..” or “that would be possible to do for you But...” and a favorite “I’d like to help you But...”

What follows our “Big Buts” is an excuse. Not a logical, leadership rational decision. Many times, leaders, myself included, create the “Big But” scenario long before we had time to consider effective, strategic solutions to challenges and problems we face in our jobs.

Now as seasoned leaders we’d like to say our “Big Buts” are the reality we work in, that we understand the political climate, and we fully understand the hidden agenda of the person we are giving the “But” too. In all fairness, that may be true. But it’s not the answer we should give.

It is times like this I am thankful for fellow leaders and workers who help mentor and grow leaders to higher levels. In many situations though, you as the leader have to be willing and open to understand you still have room, no, you need to grow in your leadership.

This was highlighted to me again recently when I was engaging with a colleague from bioenvironmental engineering. His statement to me caused me to freeze in my place. My moment of “being the leader” was replaced with being a humbled student.

My colleague inquired about some of the “Big Buts” I had given recently. As we were discussing some of our future hurdles we were facing, I inquired about potential solutions or mitigating courses of actions. My colleague proceeded to present several creative, traditional, and hybrid solutions to our challenge. To be quite honest, they were extremely good options. However, I immediately provided several responses, all included a “Big But” as part of my answer.

Then my colleague said to me about my answers: “that is not what right looks like.”

And he was correct. I had become comfortable giving my “Big But” as the answer without putting effort into determining an effective and efficient solution. I allowed a lack of judgement and engagement be replaced by an air of arrogance and complacency. I was humbled and blessed by this man who helped me correct my course.

As leaders, we don’t have the luxury to sit back, relax, and just plod along. Leadership is active. Leadership requires work, diligence, and attention. If leadership were easy, everyone would be doing it well. And I am sure we know there are many in leadership who are lazy and not practicing engaged leadership. Leadership requires you not to think of excuses, but to think and engage in actions. My colleague brought me back and taught me a valuable lesson.

Leaders don’t let other leaders grow “Big Buts.”

EDUCATORS CORNER

Drinking the Refreshment

Samantha Norris, DNP, APRN-FC

How, as educators, do we refresh? Time off, family, friends, hobbies, and conferences are all great ways to refresh the body and soul of an educator. Another option is to hear back from grateful students.

A former student posted a meaningful message to her friends on Facebook this week. The message is clear – First there was Joe to help her begin and then nursing educators helping her continue her journey to becoming the nurse within – refreshing isn’t it? I contacted her to ask if she would share – here’s to you Samantha!

“Long post...not sorry

I’m not sure how many of my Facebook friends really know how my career got started. I started in a lab, as a lab assistant. The gal that wakes you up at 4a.m. to draw blood - that was me. I was barely 18. At some point my co-workers decided I did my job so well that I needed to do other people’s jobs too. So they taught me all sorts of things. I plated micro-specimens, ran chemistry machines, made hematology slides, etc. While doing this, I made what I considered my only close friend at the time, Joe. Joe was a nurse who convinced me I needed to be a nurse too. So I applied to LPN school and wouldn’t you know I got in. My first semester, Joe gave me a care plan book with a note “not as good as roses, but I hope this book helps.” My second semester of LPN school Joe was killed in a car accident on his way to work. We were planning our summer just days before. We were going to take microbiology and college algebra together. I was at school when one of the ER nurses called me. I was devastated. My Instructor, Susan Fitch, was the only reason I didn’t walk out that day. She convinced me that I had to finish and that I had to be more, because he believed in me. So I graduated and went on to community college for a few years. Then life happened, and Liv (my daughter) showed up. When I moved for about the third time I found that care plan book. The note had ripped, but it still meant more to me than any other possession I had. So I enrolled at Rogers State University and finished my ADN and BSN. All of this took about 8 years. I was a work in progress. In my BSN program, Dr. Marla Peixotto Smith convinced me that a BSN wouldn’t be enough for what I wanted to do. So I applied to NP school. An entire year later, I was working in a job I hated. And then the phone call came, Oklahoma City University wanted me to come in for an interview. I went, was accepted, and no one really knew what the heck I was thinking when I accepted their invitation into the DNP program. There was a ton of worry, and most everyone thought it was impossible. Turned into a huge family fight even...but here I am thanks to Dr. Cene’ Livingston and others, I still can’t believe it’s done – over. I did that. Today I thought about that care plan book and ended up bawling while standing in my corner of the ICU as I tried to convince my patient about ice chips. So here’s to you Joe, it’s not as good as roses but it helped. Thanks buddy!”

Marla invites you to contribute to the Educators Corner. Please send your thoughts, experiences, or strategies to: marlasnmn@ou.edu.
Developing Research for Nursing Faculty

Dr. Constance E. McIntosh, EdD, MBA, RN and Jessica Gundlach, BS

When entering into academia (e.g., nursing faculty), there are three main requirements that faculty must excel in to earn tenure: teaching, service and scholarship (e.g., research, publishing, & external grants). Of the three requirements, research can be overwhelming because Registered Nurses (RN), likely originating in clinical positions, can find it challenging to move from clinically focused care to developing research that can potentially attract monies from external grants. This article will differentiate between a line of research versus an area of research, while also addressing the development of research from clinical interests.

To develop a line of research is to create a group of highly focused studies on a particular question (Nahas, 2013). Lines of research are not broad (e.g., studies over the healthcare of children with ASD), but rather specific to a topic (e.g., investigating children with autism spectrum disorders). Therefore in a line of research, each study moves the research along a little bit further, and each study leads to developments of additional and related research (Nahas, 2013).

Finnell, Thomas, Nehring, McLoughlin, & Bickford (2015) published an article entitled, “Best practices for developing specialty nursing scope and standards of practice.” Within this article, nursing specialization is defined as focusing nursing practices on a specific area within the field of nursing. This definition aligns with the definition provided by Nahas (2013), where, in both, the researcher must identify a specific topic, or series of highly related questions, of which to work from.

Building off Finnell and colleagues (2013) outline for the steps for nurses to successfully define a specialty scope of interest for nursing practices, the following steps would appear to be useful for also developing a line of research for nurses 1). You must identify the population of nurses you are targeting (e.g., school nurses, a professional organization or society), 2). Determine why these specialty nurses are needed and their unique contributions, 3). Describe the practice environments in sufficient detail to understand the specialty practices (e.g., what does a school nurses office look like? How long do they see each student? What resources are available to that school nurse?), 4). Describe how the research contributes to a specific gap in the literature. Provide historical relevance or trends in the research that point to a need for that specialty, 5). Identify the processes and steps needed to move forward for others to become a specialist for this topic (e.g., formal education, continuing education, practice experiences).

Moving from a clinical position to an academic tenured position, requiring research, can be daunting yet pulling on clinical expertise can make the transition much easier. The aforementioned examples were given for a clinical site of school nursing but no matter what the nursing specialty RN’s can develop their own line or area of research. Some additional examples of lines of nursing research include:

1. A psychiatric nurse may be interested in improving patient well-being through improving staff competency of a specific psychiatric condition, such as schizophrenia (e.g., developing a training program to improve recognition of tics or tremors associated with certain medications).

2. A geriatric nurse may recognize that assessment of chronic conditions among older adults is particularly difficult and time-consuming and decides on a line of research aimed at developing a streamlined means of assessment.

3. A nurse who works with kids with disabilities may be interested in improving nurses’ comfort in working with people from this population.

4. A nurse who works with adults with widespread memory impairments may be interested in developing an education program for families and loved ones. Later, the nurse may expand this interest to developing tips for families and loved ones associated with common areas of difficulty (e.g., feeding or hygiene).

5. A nurse who works at a rehabilitation center may notice that patients often discontinue treatment too soon, which appears to contribute to greater rates of relapse. The nurse may be interested in developing strategies to increase treatment completion.

6. A nurse serving as a professor may develop a line of research over the effectiveness of online coursework for nontraditional nursing students.

While in the clinical setting, a wound care nurse may have worked in an area of research that compared specific wound products. The nurse, now in an academic setting, uses his expertise in wounds and adds a patient satisfaction component to his research.

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Developing Research continued on page 15
Official Call to the Delegates to Attend a Meeting of the ONA House of Delegates

Hyatt Regency, Tulsa, Oklahoma | Wednesday, October 24, 2018, 1:30 – 4pm.

Polly Shoemake, RN, ONA Secretary/Treasurer

This notice constitutes the official call to meeting of the House of Delegates. The House session will be held Wednesday, October 24, 2018. The House of Delegates will convene at 1:30 p.m. adjoining at 4pm. Credentialing closes at 1:15 pm so that we may start promptly at 1:30 p.m. The representation of each Regional Nurses Association established for the 2018 House is as follows:

Region #01 ..................................... 32
Region #02 ..................................... 26
Region #03 ..................................... 27
Region #04 ..................................... 14
Region #05 ..................................... 16
Region #06 ..................................... 22
ONA Board of Directors ........................... 15
ONA Affiliates ..................................... 11
Past ONA Presidents ................................. 1

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

Each delegate must study the issues thoroughly and is encouraged to participate in Region sponsored meetings prior to the ONA Annual Convention so that they may engage in open-minded debate, practice active listening and use the extensive resources and collective knowledge made available throughout these meetings to assist them in making informed decisions. A registration fee will be assessed for this day, as lunch will also be included.

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

If you are interested in having an issue considered by the ONA House please submit a reference to be heard using the reference guidelines posted on the ONA website. Please refer to the Policies and Procedures posted on the website for guidance.

Nominations Open for the Annual ONA Nursing Awards

Recognizing Excellence in Nursing

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

- EXCELLENCE IN NURSING
- NURSING RESEARCH AWARD
- NURSING IMPACT ON PUBLIC POLICY
- NIGHTINGALE AWARD OF EXCELLENCE
- FRIEND OF NURSING
- EXCELLENCE IN THE WORKPLACE

ELIGIBILITY

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

The deadline for submission of nominations is September 7th. Find complete details about each award category and instructions for nominating a nurse on the ONA website, www.OklahomaNurses.org. Submissions can be made online or mailed to ONA. Questions? Email ona.ed@oklahomanurses.org.

Save the Date

ONA Nurses Day at the Capitol

February 26, 2019

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Mailing Address Line 2
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County

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Type of Work Setting (e.g., hospital)
Practice Area (e.g., pediatrics)
Ways to Join

10% Discount On First Year Dues: $232.45 Annual or $21.49 Monthly

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Membership Dues

ANA-PAC Contribution (optional) $1
AIF Contribution (optional) $1
Total Dues and Contributions $1

Credit Card Information

Visa Mastercard AMEX Discover
Credit Card Number Expiration Date (MM/YY)

Authorization Signature

Printed Name

Please note: ANA membership dues do not include a subscription to The American Nurse or $10/year to subscribe to American Nurse Today. American Nurse Today is not available as a single subscription.

Go to JoinANA.org to become a member and use the code: NNW15

Nursing Opportunities

The Chickasaw Nation is now accepting applications for all nursing positions located at the Chickasaw Nation Medical Center in Ada, Oklahoma.

To complete an application and view detailed information, visit www.Chickasaw.net/Careers

If you would like additional information, call: (580) 436-7259, or email ChickasawRecruiters@Chickasaw.net

Developing Research continued from page 13

References


Dr. Constance E. McIntosh EdD, MBA, RN is an Assistant Professor in the School of Nursing at Ball State University. Her research combines her knowledge of nursing and special education and focuses on the role of school nurses in helping identify, evaluate, and treat children with special needs (e.g. autism spectrum disorder) and the school nurse as an essential leader of the school administrative team. Along with her colleagues, Dr. David E. McIntosh and Dr. Cynthia Thomas, she co-wrote, A Nurse’s Step-by-Step Guide to Academic Promotion and Tenure, a publication of Sigma Theta Tau International. Her contact information is 765-285-5298 or cemcintosh@bsu.edu.

Jessica Gundlach is currently pursuing her master’s degree in clinical psychology at Ball State University. Jessica previously earned a BS in Brain and Behavioral Science from Purdue University in 2016.
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*Applies to registered nurses in various positions with at least two years of nursing experience. Two-year work commitment required.