Greetings nurses of North Dakota! As we have moved into a new year and soon a new month of hearts and love, let’s talk about falling in love with the nursing profession. I feel that in order to continue to be successful in our nursing careers, it is important to remember why we felt the passion for nursing to begin with. Although you can’t expect to love every aspect of your job, you should expect to get fulfillment from your career. If you’re not, maybe your job isn’t the problem. Maybe you just need a little career resuscitation to turn things around. (Borgatti, 2007). If you have had this happen or you feel as though you want to regain your love, let’s talk about some ways to do so.

First, it is important to determine where the love lost started. Is it your workplace? If it is, then be an advocate and work to make it better. If it is the area in nursing in which you work, you can change that!! Be sure to look within and LOVE yourself. Going further, start with refocusing on the big picture. We must understand that (in ways you can’t see or even imagine) you’ve forever touched and changed the lives of the patients you’ve cared for. According to Borgatti (2007), “The ability to touch and heal another person is a gift that’s available to few people in other professions, who struggle to find meaning in what they do.” Another thing to consider and always remember: we must communicate clearly and ask for what we need. We tend to immediately have dissatisfaction instead of communicating our needs and feelings. Your colleagues and supervisors can’t read your mind. To get more of what you want and less of what you don’t want, learn to communicate in a clean, neutral way. Let’s say you consistently wind up with the more difficult patient assignments. Could you assume your boss does that because you’re the most clinically experienced nurse on the unit—not because she’s the devil incarnate? Consider looking at things differently and in a more positive light. Lastly, I encourage you to always remember to find your true north. This will almost always help you find and redefine your love for your career. A large part of how we judge ourselves, our worth, our success, and our happiness hinges on how other people see us. But true success, true happiness, and true job satisfaction are determined from within, by your inner compass (Borgatti, 2007). You own your life, your choices and your career you must follow a true north, because it never changes (much like your core values). According to Borgatti (2007), “We must know the difference between true north and compass north. Unlike true north, compass north is affected by the earth’s magnetic pull. In life, compass north is the magnetic pull of “you should do this” and “you ought to do that” messages.” In conclusion, if we can learn to follow our own inner loves and passions and carry that through to our work, we are bound to regain or continue to find the love in our nursing careers.

Be well, we need all of you!!!


This issue’s member spotlight is Halley Maas, BSN, RN who is a member and also VP of Government Relations for NDNA.

Kayla Kaizer, BSN, RN, VP of Communications

Please tell us about your nursing career?

I graduated from the University of North Dakota with my RN, BSN. I worked as a Nurse intern on the Cardiac and Intermediate Care Unit at Essentia Health for one year before I was hired full-time as Registered Nurse back in July. I am starting a new venture and will be working as a Medical Spa Nurse at Hair Success in Fargo, ND while still working PRN at the hospital. This spring, I will be going back to school to obtain my MSN and become a Family Nurse Practitioner. My passion lies within dermatology and aesthetics. I enjoy helping people achieve their optimal wellness inside and out, which is why I have decided to pursue my graduate studies.
The Nurses on Boards Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that nurses are at the table filling at least 10,000 board seats by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

North Dakota is doing well and we want to keep the momentum going! We are seeking nurses to join our state group. Be a part of all nurses being counted and making a difference in improving health for all.

https://www.nursesonboardscoalition.org/

If you are interested in joining our state coalition, please email Sherri Miller at director@ndna.org

Visit our website and learn more about our mission and log your board service today!

www.nursesonboardscoalition.org
2018-2019 Advocacy Platform

The North Dakota Nurses Association (NDNA) is the only professional organization representing all registered nurses (RNs) in North Dakota. NDNA is involved in the shaping of public policy about health care in line with the goals of nurses, nursing, and public health. NDNA promotes legislation, policies, and strategies that help meet North Dakota’s most pressing needs.

Workforce Development:
• Support efforts to attract and retain more nurses to the profession and to the state (Workforce Development).
  o Support efforts to improve Workforce Development including improved Loan Reimbursement, Faculty Loan Forgiveness, and growth of Educational programs.

Population Health:
• Support Population Health focused legislation and activities including, but not limited to, Osteoporosis Prevention & Treatment, Substance Abuse Prevention & Treatment – including drugs, alcohol and tobacco, Access to Behavioral Health Services, and Access to Early Childhood Preventative Interventions – including increased access to School Nursing.
  o Address the Opioid Crisis
    • Dealing with opioid addiction is one of the most significant issues the US health system faces today, and nurses are playing a key role in our nation’s efforts to deal with the crisis.” (ANA, 2018)
    • Support expanded access to Medication-Assisted Treatment (MAT), allowing APRNs to prescribe MAT to patients.
    • Support provider education and training and continued utilization of Prescription Drug Monitoring Programs and increasing access to Naloxone and prescription drug disposal in our communities.
  o Advocating for increased access to School Nursing.
    • Students’ health and health needs must be addressed in schools to achieve optimum learning. Supports the assignment of a daily available registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school (ANA, 2007).
    • On any given weekday, as much as 20% of the combined US population of children and adults can be found in schools (AHA, 2004). To best serve the health needs of students and staff in educational settings, ANA supports a collaborative school health model which requires the cooperation and participation of the school nurse, students, families, teachers, school administrators and staff, other health care professionals, and the community.

Nursing Education, Practice and Licensure:
• Continue to advocate for increased access to professional nursing education and Nurses working in the full authority of their practice.
  o Support higher education for nurses. We need fundamental wide-range planning for changes in the education and deployment of the nursing workforce.
  o Reduce regulatory barriers, enabling Registered Nurses (RNs) to practice to the full extent of their education and training. Support compact licensure for Registered Nurses and Advanced Practice Registered Nurses (APRNs).

Care Delivery:
• Promote programs that support improved Care Delivery across the state of North Dakota.
  o Continue support of technologies, including Telehealth to support expanded access to services.
  o Support new and evolving roles as long as there is role clarity, appropriate education and training, appropriate oversight and that nurses are recognized for their role as care coordinators, which may necessitate removal of the delegation rules in the Nurse Practice Act that limit nurse’s ability to exercise their judgment.

Funding:
• Ensure adequate funding for vital health care related services, including direct care, illness prevention, and health outcomes.
  o Shortfalls in funding for health and behavioral health services will increase costs in other areas of the budget, and will lead to negative consequences for individuals, families, and communities.

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

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CRNA – Anesthesia
One Call RN
RN – ICU
RN – NCU
RN – OB
RN – OR
RN – Primary Clinic
RN – ICU
RN – OB
RN – Med Surg
RN – ER

CHI St. Alexius Health – Devils Lake
RN Charge – Med Surg
RN – OB

CHI St. Alexius Health – Williston
RN – Primary Clinic
RN – ICU
RN – OB
RN – Med Surg
RN – OR
RN – ER

CHI St. Alexius Health – Dickinson
RN – OR
RN – Med Surg

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

NDNA President Tessa Johnson and Executive Director Sherri Miller had the opportunity to attend the 2018 ANA Leadership Summit in Alexandria, Virginia on November 26-29, 2018. Topics touched upon at the summit included workplace violence, opioids, staffing, universal healthcare, full practice authority for APRN’s, labor unions, and registered veterinary nurses. A definite theme was present and that was to keep strong communication between the states and ANA. Communication avenues will be Pres-ED quarterly calls, bi-monthly GOVA calls, ANA volunteers, ANA open sessions, and conferences such as the summit itself.

NDNA and the other state leaders worked in small groups to identify their own top priorities and the methods that will be used to work on them. The groups shared ideas amongst the larger group. Ideas included making the priorities actionable, communicating achievements, and taking advantage of resources offered from ANA – actually scheduling time to seek out the resources!

This meeting offered networking and team building. It underlined the importance of seeing what other states are experiencing in regards to nursing and health issues and how NDNA can learn from them.
NDNA Executive Director, Sherri Miller, and NDNA President, Tessa Johnson attending an awesome appreciation dinner sponsored by Mercer and Omnisure. To learn more about liability insurance and risk management content - both benefits available to NDNA members - contact: Sherri Miller director@ndna.org.
A Guide that Takes You Step-By-Step Through Every Stage of Your Nursing Career

Whether you’re just starting out in nursing, getting ready to retire, or anywhere in between, this new book offers the latest practical career guidance. To help you create your own path, this new edition sheds light on changes in health care and emerging career options within nursing, making it an invaluable guide.

Know someone who’d want this book? Buy it now and gift it later.

GET YOUR COPY TODAY!

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. Nurses are strongly encouraged to contribute to the profession by publishing evidence-based articles; however, anyone is welcome to submit content to the North Dakota Nurse. We review and may publish anything we think is interesting, relevant, scientifically sound, and, of course, well-written. The editors staff look at all promising submissions.

Deadline for submission for the next issue is 3/6/2019. Send your submissions to director@ndna.org or info@ndna.org.

Chocolate Chip Comfort

While we all seem to be on a “new year – healthy focus,” the new year and winter can (on occasion) also be comfort food time! Nurses - take some time to enjoy being cozy at home when you have a day off. Bake up a batch of these yummy cookies.

Chocolate Chip Cookies

2 cups unsalted butter melted and cooled 10 minutes
3 cups packed light brown sugar
1 cup sugar
4 eggs – sit out to become room temperature
2 1/2 teaspoons vanilla
2/3 cup maple syrup
6 3/4 cups all-purpose flour
4 teaspoons cornstarch
2 teaspoons baking powder
2 teaspoons baking soda
2 teaspoons salt
4 cups semi-sweet chocolate chips (if you prefer milk chocolate chips, they work well too)

Blend butter and sugars, add eggs stir until well blended
Add vanilla and maple syrup
Set aside

In separate bowl mix flour, cornstarch, baking soda, baking powder, salt
Add dry mixture 1 cup at a time to wet mixture
Add chocolate chips

Cover bowl and refrigerate for an hour
Preheat oven to 350 F
Form 2-3 tablespoon dough balls- place them on a cool cookie sheet
Bake 13 minutes, let them cool on the cookie sheet before removing them

Yields 5 dozen cookies

Recipe is courtesy of NDNA’s VP of Membership, Kami Lehn

Care Coordinators
Clinical Nurses
Public Health Nurses
Psychiatric Nurses
APPLY NOW!

Your Journey Starts Here!

Why should nurses advocate?

For the past 16 years, the public has voted nursing the most trusted profession in Gallup’s annual honesty and ethics survey, and this is a testament to the dedication that nurses show every day. Nurses provide essential services, are knowledgeable about client needs, and interact closely with health care consumers across a variety of care settings and social groups. This gives nurses a broad appreciation of health needs and an understanding of the factors that affect health care delivery.
The Effect of Nurse to Patient Ratios on Patient Safety and Morbidity in the Hospital Setting

Dominique Bruso, Holly Gaugler, Leana Kastern, Jessica Kurtz, University of Mary BSN Students; Kathy Roth, MSN, RN, Assistant Professor of Nursing

Clinical Question
Are lower nurse to patient ratio standards more effective and safer for patients in the hospital? What can be done to address nurses who have unrestricted patient ratios in place?

Summary of Evidence
The first study reviewed, written by Cho, Mark, and Knaff (2017), explored the “relationships between nurse staffing adequacy, patient satisfaction, and the costs of missed nursing care” (p. 347). The findings of the study showed “lower patient care ratios were associated with a lower risk of patient safety. The goal will be to implement lower nurse to patient ratios in the hospital setting. This initiative will decrease the nurses workload and increase their capabilities to complete their tasks and care to the best of their knowledge. With this change, nurses are able to ensure patients’ needs are being met correctly and not rushed. The prime barrier against the new staffing policy would be administration allowing on something else. ICU nurses may feel the need to have a need to possibly hire more nurses in order to make smaller ratios effective. Most facilities try to lower staffing costs by increasing nurse to patient ratios. One way the group could motivate staff to improve patient care would be to provide a monetary bonus to the nurses per shift, per event percentage. Another way the group could motivate staff would be to apply money saved from the hospital not having to pay patient’s adverse event costs to purchase new equipment for units. If nurses can see the money that they are saving the hospital, they may be more motivated to continue giving patients high quality care. This will allow ICU nurses to feel better about their care and end up with a lower likelihood of experiencing good patient safety in hospitals.”

Nursing Implications
Helping the healthcare industry understand the magnitude and consequences of inadequate staffing and the effect it has on patient care is the first step in recommending a plan for change regarding nurse ratios and patient care. The next step will be to implement lower nurse to patient ratios in the hospital setting. This initiative will decrease the nurses workload and increase their capabilities to complete their tasks and care to the best of their knowledge. With this change, nurses are able to ensure patients need is being met correctly and not rushed. The prime barrier against the new staffing policy would be administration allowing on something else. ICU nurses may feel the need to possibly hire more nurses in order to make smaller ratios effective. Most facilities try to lower staffing costs by increasing nurse to patient ratios. One way the group could motivate staff to improve patient care would be to provide a monetary bonus to the nurses per shift, per event percentage. Another way the group could motivate staff would be to apply money saved from the hospital not having to pay patient’s adverse event costs to purchase new equipment for units. If nurses can see the money that they are saving the hospital, they may be more motivated to continue giving patients high quality care. This will allow ICU nurses to feel better about their care and end up with a lower likelihood of experiencing good patient safety in hospitals.

References
Neuraz, A., Guérin, C., Payet, C., Polazzi, S., Aubrun, F., Dailler, F., Duclous, A. (2015). ICU nurse staffing adequacy is associated with ICU nurse resources and workload in the ICU. Critical Care Medicine, 43(8), 1587-1594. doi:10.1097/ccm.0000000000001015

What made you want to become a nurse?
Both my grandmother and mom are nurses. My grandma is no longer with us, but she inspired me in so many ways. My grandma, Audrey, was diagnosed with cancer and while undergoing treatment she continued to go to nursing school and obtain her RN license. I truly believe their compassion for others was instilled in me. I may not know how to enter into nursing, but I wasn’t until I started the nursing curriculum that I knew this was the perfect fit. I enjoy being able to help people who need help those in need. There is nothing more rewarding than helping people when they need it the most.

How did you decide to run (or accept an appointment) for the NDNA board?
I decided to accept the position of Vice President of Government Relations because I wanted to become more involved with my nursing community. Government relations and legislation is something I was always interested in, but never really knew how to dive in and become involved. This position has allowed me to network with so many amazing people and continuously learn new things every day.

As a new board member, what goals do you have for your position?
The major goal I have for my position is to become more involved in all government events that I can and represent NDNA to my best capacity.

What do you like to do in your free time?
I love spending time at the gym and spending time with loved ones. Any spare time I can get, I love doing just about anything with my fiancé! We have recently built our home and love spending time there! One money that has been spent at Home Goods or Target trying to decorate for the holidays.

What goals do you still have for yourself (Professionally or personally)?
I have my FNP and believe my compassion for others was instilled in me. I may not know how to enter into nursing, but I wasn’t until I started the nursing curriculum that I knew this was the perfect fit. I enjoy being able to help people who need help those in need. There is nothing more rewarding than helping people when they need it the most.

Is there anything else you want to tell us about you?
I am really excited about this new position and I can’t wait to see where it takes me!
...So How Do We Address Incivility?

Jessica Vos, BSN, RN, Director at Large, Recent Graduate

Incivility is a term being spotlighted lately, and for good reason. We have generally accepted our fate as new nurses who have been thrust into the workplace, forced to either teach us to swim or let us drown. I’m sure everyone has heard the phrase, “Nurses eat their young.” If you haven’t heard this phrase it refers to senior nurses not being very welcoming or particularly helpful to new nurses on the unit. We can no longer accept this way of life. We need to start to change the culture of incivility in the workplace. Incivility violates professional behaviors and expectations in the workplace. Incivility can take the form of direct or indirect, verbal or nonverbal actions. Incivility can range from ambiguous, meaning the intent is not clear regarding the action, to straight bullying. How people perceive the uncivil action affects the level of impact from those actions according to (Griffin and Clark 2014). Incivility can be kind of tricky because there are always two sides to every story so what may be offensive to one person may not be to the next. Incivility is not unprofessional action, but the intent to harm is not black and white. So, someone may have done something that may have offended you, but that person may not have intended their actions to be uncivil. Regardless, uncivil actions violate a positive workplace environment and should not be tolerated.

So how do we address incivility? What do we do to make our workplace a more cohesive, respectful one? Griffin and Clark (2014) suggest each nurse making a commitment to take responsibility for their own actions, to address their co-workers when they notice uncivil behaviors, and to take action from bickering and gossiping and endorsing an environment of trust. This cannot happen if the organization does not fully support and adhere to the same culture we are allowing now, should be a smooth one.

I’m sure everyone has done some of these things at one point or another whether it was intentional or not. There should be two parts to the way we look at incivility. The first one being that we recognize the intent, why we are reacting the way that we do to someone else’s actions. The second part is being able to converse with the person who has offended you and being able to have a respectful conversation about why you viewed their actions as uncivil acts to form a mutual respect by being able to address incivility and change future actions. Through this conversation, we can start to change the culture of incivility in the workplace.

The North Dakota Center for Nursing is excited to once again participate in Giving Hearts Day, held February 14th, 2019. Giving Hearts Day is a 24-hour fundraising effort hosted by the Impact Foundation and the Alex Stern Family Foundation for organizations in North Dakota and western Minnesota. Each year the campaign raises millions of dollars for non-profits across the region.

All proceeds go to the North Dakota Center for Nursing for Giving Hearts Day will fund scholarship opportunities, as well as recruitment efforts. The North Dakota Center for Nursing’s goal, through your Giving Hearts Day Donations, is to provide student nurses with financial resources in addition to marketing the nursing profession to meet the healthcare demands of tomorrow. Your donations will help support the next generation of nurses.

There are two easy ways to give towards our Giving Hearts Day Campaign:

1. Mail a check to our office – your check must be dated for February 14th, 2019 and made out to the North Dakota Center for Nursing. Please put “Giving Hearts Day” in the memo line. You may mail your check to the following address:
North Dakota Center for Nursing
3523 45th St S, Suite 152
Fargo, ND 58104

2. Make a donation online on Giving Hearts Day, February 14th, 2019 at www.givingheartsday.org

The Dakota Medical Foundation is partnering with the center to provide a matching dollars. If the North Dakota Center for Nursing is able to raise $3,500, the Dakota Medical Foundation will provide an additional $3,500 in matching dollars.

In addition, the North Dakota Center for Nursing will be participating in the Giving Hearts Day/Vision Bank video contest. As Giving Hearts Day approaches, the North Dakota Center for Nursing will email out a link allowing nurses to vote for its video. This year’s video winner will receive $500. Everyone is encouraged to vote and share the voting link with their friends, family and co-workers. More details about this contest will be announced in early 2019.

Help support our future nurses by making a donation on Giving Hearts Day!

The North Dakota Center for Nursing’s Recruitment and Scholarship Efforts on Giving Hearts Day

Erika Berg, Zachary Fischer, Cassidy Freeman,
Shelby Newton, Jaden Thomas, University of Mary
BSN Students Kathy Bohr, MHN, RN, Assistant
Professor of Nursing

Clinical Question:
In hospital nursing staff, what is the effect of travel nurses and float nurses when compared to core nursing staff on patient safety?

Synthesis of Evidence:
Prior to the main article, the study used a literature search to find studies related to travel nurses and patient safety. Of the six studies reviewed, three of the studies stated there is no evidence that suggests there is decreased patient safety among travel nurses and float nurses (AIken, Freund, Noyes, & Xue, 2012; Faller, 2017). A single studies was a qualitative study that looked at how nurses felt about traveling. It was found that while nurses do not like to travel, they will as long as there are measures put in place that will make traveling comfortable (LaFontant, 2016). The sixth clinical study that was reviewed looked at burnout and quality of care, in order to see if travel nurses were affected. It was found that if the travel nurse had a higher patient assignment, the risk of burnout was higher than those who had fewer patients in their care (Connelly, 2011).

Bottom Line:
The amount of studies regarding travel nurses and float nurses, and their effect on patient safety is minimal. Recommendations made were to the effect of a wilderness travel nurses pilot study in multiple hospitals. The use of flexible resources, like travel nurses or float nurses, may help to meet staffing shortages, temporary nurses make up about 30% of the nursing workforce in the United States (Faller, 2017). The main concern with having travel and float nurses is their effect on patient safety. A review of literature was performed regarding evidence-based research regarding the use of travel nurses and float nurses. As a result of the increasing need to utilize these resources to fill staffing shortages, temporary nurses make up about 30% of the nursing workforce in the United States (Faller, 2017). The main concern with having travel and float nurses is their effect on patient safety.

We’re hiring!
Alomere Health in Alexandria, MN has openings for RNs, LPNs & CMAs.

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The North Dakota Nurse is able to raise $3,500, the Dakota Center for Nursing will email out a link allowing nurses to vote for its video. This year’s video winner will receive $500. Everyone is encouraged to vote and share the voting link with their friends, family and co-workers. More details about this contest will be announced in early 2019.

Help support our future nurses by making a donation on Giving Hearts Day!

Belcourt, ND
Multiple Nursing Opportunities in Clinic, OB, Med/Surg, OR and ER

The Quentin N. Burdick Memorial Health Care Facility is Indian Health Service unit located on the Turtle Mountain Reservation in Belcourt, ND. The Facility provides comprehensive primary care and preventive care and hosts a medical clinic, emergency room and inpatient/acute care unit.

The facility operates in the Belcourt Health Center, which is a network of multiple health care providers and services including primary care, dental care, optometry, and pharmacy.

For more information, please visit www.usajobs.gov or call Lynette Hunt, DOD (701) 477-6111 ext. 8260. All RNs encouraged to apply or call for more information.
Clinical Question: Are obese individuals’ ages 10 to 19 compared to non-obese individuals’ ages 10-19 more at risk of developing Type II Diabetes Mellitus in their lifetime?

Soltero, E., Konopken, Y., Olson, M., Keller, C., Castro, T2D and CVDs such as overweight and obesity, with participants ranging from 14-19 years old in a cross-sectional study with 200 participants (2016) included a descriptive epidemiological study of the disease risk. In their study, they noted the significant positive correlation between BMI and HbA1c. From their study, the authors noted that positive family history of diabetes tended to have higher BMI measurements and also had a total serum cholesterol level when compared to those of negative ones. The type of diet, extent of physical activity and climatic conditions, all play a role in influencing overweight and obesity prevalence. Genetic contribution is considerable, since obesity is a multifactorial complex genetic disorder. This information is important to obesity as an adverse biomarker for not only T2D but also, CVD. Limitations for this study may be that they find it hard to measure adequate physical activity and imbalance in dietary patterns along with the social restrictions of their culture.

The second study conducted by Amulz (2015), aimed to understand the risk perceptions for developing T2D among overweight and obese adolescents compared to their peers, in adults. Furthermore, in their study, they compared these perceptions, they used three variables behavioral causes, genetic causes, and ageing. From their finding, they suggest that overweight and obese adolescents base their T2D risk assessment primarily on non-modifiable risk factors. They also found an association between Type 2 diabetes and T2D risk perception. The relationship between family history and perceived risk may be attributed to the family having other family members with type 2 diabetes, the family member with a disease has at least some important beliefs and knowledge about their disease risk. Family history with or without obesity plays an important role in determining one’s risk of developing T2D.

The third study conducted by Ehehalt et al. (2015) elaborates on the fact that obesity is increasing at a young age and this increases those young people’s chance of developing T2D. From their study, findings suggest symptoms at a young age. The screening test that is most accurate is still being studied. They tested obese adolescents age 7 to 17 that had never been previously diagnosed with diabetes type 2. They used the Hemoglobin A1c (HbA1c) test and the Oral Glucose Tolerance Test (OGTT) to test these adolescents in their study to study for the possibility that HbA1c may be more reliable than the OGTT. This article is important to our specific question because it discusses what may be the best test for diagnosing T2D.

The fourth study conducted by Mahlouz et al. (2015) was designed to show if there was correlation in increasing risk factors for T2D in a child born to a mother with T2D. The study was used to compare and contrast if there were any other significant risk factors for T2D other than obesity in our youth. The outcome of the study did not include the child born with T2D increased their risk factors for the disease, however, it did identify that children born to a mother with T2D are at greater risk for a cardiac conditioning where the endo cardiac thinning is thickened. This information helped to eliminate genetic risk factors for T2D from a child born to a mother with T2D in this study. It did, however, help to straighten the fact that a child born in a family with T2D are at greater risk for similar beliefs and knowledge that is being displayed within their family ties.

The last study conducted by Soltero et al. (2017) had a focus regarding what role genetics play in T2D and obese adolescents. They are at a higher risk for their bodies resisting insulin than those of other ethnicities. They reported that research is unexplored and there are not enough studies being done to prevent the advancement of T2D. They also report that in order for prevention programs to be optimally effective, there needed to be lifestyle adaptations while involving family and working with their cultural needs. The authors conclude that we need to ensure a model lifestyle that Latinos can follow and can be carried over to help other at-risk populations with lifestyle changes as part of how to prevent the disease. From their study, they found that Latinos can follow and can be carried over to help other at-risk populations with lifestyle changes as part of how to prevent the disease. From their study, they found that Latinos can follow and can be carried over to help other at-risk populations with lifestyle changes as part of how to prevent the disease. From their study, they found that Latinos can follow and can be carried over to help other at-risk populations with lifestyle changes as part of how to prevent the disease. From their study, they found that Latinos can follow and can be carried over to help other at-risk populations with lifestyle changes as part of how to prevent the disease.

Implications for Nursing Practice: Obesity is a disease of confusion, according to the research found, age 10-19 does not seem to be a pertinent factor when it comes to T2D, but obesity is a factor. Genetics also seem to play a role in this. The young Latino’s lifestyle habits and family history is a young person. There does not seem to be enough research available that makes us believe the young obese Latino needs to take this information into consideration that just because a young person is obese does not mean that that is the absolute reason they may develop T2D.

Bottom Line: Obesity and Diabetes - Looking at Risks in Ages 10-19

Obesity is a disease of confusion, according to the research found, age 10-19 does not seem to be a pertinent factor when it comes to T2D, but obesity is a factor. Genetics also seem to play a role in this. The young Latino’s lifestyle habits and family history is a young person. There does not seem to be enough research available that makes us believe the young obese Latino needs to take this information into consideration that just because a young person is obese does not mean that that is the absolute reason they may develop T2D.
Disinfecting Caps to Prevent Central Line Associated Bloodstream Infections

Nicolle R.P. Everett, Hannah L. Grebner, Taryn A. Small, & Sarah A. Wenzl, University of Mary BSN Students; Kathy Roth, MSN, RN, Assistant Professor of Nursing

Clinical Question: In hospitalized patients with central lines, what is the effect of disinfecting caps when compared with scrubbing the hub with an alcohol wipe on central line associated bloodstream infections?

Synthesis of Evidence: In 2012 the incidence of CLABSI was examined, showing that the use of an antiseptic barrier cap. It was determined that the application of the disinfection cap resulted in a significant reduction in S. aureus than the standard cleaning practice (Casey et al., 2018). Fewer instances of bacterial contamination were observed with the implementation of disinfection caps than with standard cleaning processes (Wright et al., 2013). They noted CRBSI incidence rates dropped significantly after the implementation of the disinfection cap. Therefore, disinfection caps should be integrated into the standard nursing clinical practice.

Implications for Nursing Practice:
- Synthesis of Evidence:
  - Fewer instances of bacterial contamination
  - Decreased CLABSI rates
  - Increased staff compliance
- Clinical Question:
  - What is the effect of disinfecting caps when compared with scrubbing the hub with an alcohol wipe on central line associated bloodstream infections?

References:
- Kamboj, M., Blair, R., Bell, N., Son, C., Huang, Y. T., Dowling, M., ... Sepkowitz, K. (2015). Use of a continuous passive disinfectant cap to reduce central line-associated bloodstream infections and blood culture contamination among hematology-oncology patients. Infection Control and Hospital Epidemiology, 36(12), 1401–1408. https://doi.org/10.1086/673447

Healthy Recipes

Banana Smoothie
- 1 banana, peeled
- 1/4 cup strawberries, washed and sliced
- 1/3 cup non-fat milk
- 8 ounces plain yogurt, non-fat

Directions:
1. Combine all ingredients in a blender.
2. Blend until smooth.

Early Morning Parfait
- 3 medium kiwifruits
- 2 medium red grapefruit, sectioned
- 1 cup honey
- 1 cup oat granola
- 2 containers 6 oz. custard style yogurt
- Mint sprigs, for garnish

Directions:
1. Peel the kiwifruit, cut lengthwise into quarters, then thinly slice.
2. Reserve 8 slices for garnish.
3. To assemble the parfaits, divide the grapefruit sections among parfait glasses.
4. Spoon about 1 tablespoon yogurt over the grapefruit.
5. Sprinkle with about 2 tablespoons granola then top with another layer of yogurt and one-fourth of the kiwifruit.
6. Continue layering with the remaining yogurt, granola, and grapefruit.
7. Top with reserved kiwifruit and garnish with the mint.

French Toast
- 1 1/2 cups Granny Smith apples, cored and diced with skin on
- 3 teaspoons Splenda® No Calorie Sweetener
- 1/2 tablespoons skim milk
- 2 eggs
- 2 egg whites
- 3 seconds butter-flavored cooking oil spray
- 6 slices whole wheat bread
- 6 tablespoons reduced-calorie syrup

Directions:
1. In a microwave safe medium sized bowl, combine diced apples and 1 teaspoon Splenda® No Calorie Sweetener, and cinnamon. Mix well.
2. Microwave mixture for 1 minute.
3. Beat milk, eggs, and egg whites together in a wide, shallow bowl.
4. Spray cooking pan with cooking oil.
5. Place in pan and cook turning often until golden brown on both sides.
6. Place in pan.
7. Cook turning often until golden brown on both sides.
8. Place two slices of french toast on a plate.
9. Cut each slice of bread in half.
10. Top each serving with diced apple mix and 2 tablespoons of syrup.

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330 Main St S
Valleys, ND 58701
HR 701.338.2072
Directions
Ingredients
- 2 egg whites
- 1 1/2 tablespoons skim milk
- 2 eggs
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- 6 slices whole wheat bread
- 6 tablespoons reduced-calorie syrup

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Healthy Recipes

Banana Smoothie
- 1 banana, peeled
- 1/4 cup strawberries, washed and sliced
- 1/3 cup non-fat milk
- 8 ounces plain yogurt, non-fat

Directions:
1. Combine all ingredients in a blender.
2. Blend until smooth.

Early Morning Parfait
- 3 medium kiwifruits
- 2 medium red grapefruit, sectioned
- 1 cup honey
- 1 cup oat granola
- 2 containers 6 oz. custard style yogurt
- Mint sprigs, for garnish

Directions:
1. Peel the kiwifruit, cut lengthwise into quarters, then thinly slice.
2. Reserve 8 slices for garnish.
3. To assemble the parfaits, divide the grapefruit sections among parfait glasses.
4. Spoon about 1 tablespoon yogurt over the grapefruit.
5. Sprinkle with about 2 tablespoons granola then top with another layer of yogurt and one-fourth of the kiwifruit.
6. Continue layering with the remaining yogurt, granola, and grapefruit.
7. Top with reserved kiwifruit and garnish with the mint.

French Toast
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Eight Hour Versus Twelve Hour Nursing Shifts

Beth Kubish, Elizabeth Bruss, Emma Hanley, & Bernadette Newport, University of Mary BSN Students; Kathy Roth, MSN, RN, Assistant Professor of Nursing

Clinical Question:
In nurses, what is the effect of 12-hour shifts as compared to 8-hour shifts regarding quality of nursing care, nursing fatigue, patient safety, and the employer's perspective?

Synthesis of Evidence:
Quality of care and patient safety are the top priorities in the nursing practice. Shift length has been shown to affect quality care outcomes based on its impact on nurses and the patient population. A review of literature was performed on seven articles observing the impact of 8 and 12-hour shifts. The following highlights were identified throughout these articles:

- Nurses perceive 12-hour shifts as more preferable for time off and better life balance (Cheng et al., 2015).
- Nurses preferred 12-hour shifts because it allowed for more time to complete tasks (Cheng et al., 2015; Haller et al., 2018).
- Nurses report higher job satisfaction working 12-hour shifts (Parkinson et al., 2018).
- One reason in which nurses prefer 12-hour shifts is because of their lack of desire to work five days a week (Martin, 2015).
- After working 12-hour shifts nurses did admit to more fatigue and less vigilance (Griffiths et al., 2014).
- Alternating between day and night shifts alters the body’s circadian rhythms thus inducing poor health and increased risk for developing chronic diseases (Rhéaume & Mullen, 2018).
- Studies found that more mistakes were made and more cares were missed due to fatigue from longer working hours (Stimpfel et al., 2014).

Bottom line:
While some nurses preferred 12-hour shifts because of work-life balance, and hospitals preferred them due to lowering staffing needs and lower costs, 12-hour shifts were linked with inconsistencies in care, increased fatigue, and decreased patient safety. Nurses miss more cares and get poorer sleep with longer shifts, and this means that patients receive poorer quality of care. This leads to more stress on the nurses, contributing to burnout.

Implications for Nursing Practice:
Facilities should consider offering both 8- and 12-hour shifts to nurses as some preferred working 12-hour shifts because of the added free time they had. Nurse managers should begin a discussion with their coworkers and research evidence-based practice articles to come to a conclusion on this issue as a unit. After this discussion takes place and a plan is implemented, managers should welcome staff feedback and communication to enhance staff teamwork. By using this method of feedback and communication, managers can develop a schedule for their nurses that enables them to have decreased fatigue and patients to experience the best care during their hospitalization.

APPLICATION INSTRUCTIONS:
Send a letter of application, transcripts and the information for three professional references to: HR Manager, 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.

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References
Griffiths, P., Dall’Ora, C., Simon, M., Ball, J., Lindqvist, R., Rafterly, A., & Aiken, L. H. (2014). Nurses’ shift length and overtime working in 12 European countries. Medical Care, 52(1), 975-981. doi:10.1097/MLR.0000000000000233
https://doi.org/10.1097/01.NURSE.0000529817.74772.9e

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APPLICATION INSTRUCTIONS: Send a letter of application, transcripts and the information for three professional references to: HR Manager, Dakota College at Bottineau, 105 Steffel Hall, Bottineau, ND 58318 or email to dhbhumanresources@dakotacollege.edu. (Note: Incomplete files will not be considered.)
The Effect of Family Presence During Resuscitation of Pediatric Patients

Jeni Baustad, Shania Brooks, Kaitlyn Gulick, Karlie Kautzmann, University of Mary BSN Students; Kathy Roth, MSN, RN, Assistant Professor of Nursing

Clinical Question:
Does family presence during pediatric resuscitation attempts versus those whose family members are not present provide better patient and family satisfaction?

Synthesis of Evidence:
The advantages and disadvantages of parental presence during pediatric resuscitation have been discussed since 1982. In that year, a hospital in Michigan began allowing family members to be present at the bedside during resuscitation (O’Connell et al., 2017). It is pertinent to keep families together during critical care of children and in fact, family-centered care is endorsed by the top pediatric hospitals in the United States (Smith McAlvin & Carew-Lyons, 2014). Numerous national nursing and medical organizations endorse the option for families to be present for resuscitation attempts including; Institute of Medicine, American Academy of Pediatrics, and the American Heart Association among others (O’Connell et al., 2017). Parents can cope better and understand what has happened to their child if they are present. Some challenges of allowing family members to be present are a lack of both education and a designated support person for the parents. The following key points were highlighted in the review of literature:

- The majority of family members held the belief that it was their right to be present and it decreased the anxiety experienced by the patient (O’Connell et al., 2013).
- Data concluded that families being present during resuscitation did not negatively affect the workflow of the healthcare team (Pasek & Licata, 2014).
- Family members reported that they felt their presence was important in being able to comfort, protect, and support the patient (Leske et al., 2013).
- It was found that the best outcome was to give parents the option to witness resuscitation attempts and to support parents throughout the process (Perry, 2009).
- If given the choice, 100% of parents who had witnessed previous resuscitation attempts on their child responded that they would choose to be present again (Smith McAlvin & Carew-Lyons, 2014).

Nursing Implications:
According to evidence-based practice, parents should be allowed the choice to be present during resuscitation of their child. Implementation of a new policy would have to be presented to and approved by the hospital board. The next step to implement this as a new policy would be to conduct educational seminars. Some pertinent topics to be presented to the hospital would need to educate staff that could each act as the designated support person for the parents who are present during resuscitation. This support person, or facilitator, could be a variety of people, from nurses to social workers to physicians. Whoever is supporting the family needs education to serve as a resource for parents during a resuscitation event (Smith McAlvin & Carew-Lyons, 2014). The greatest resource during a critical time in their child’s care. The facilitator should update the family on the status of their child, inform them of interventions being performed and the family to show support and love during this stressful time.

Bottom Line:
Family presence during cardiopulmonary resuscitation reduces parent and child anxiety, helps children better cope with pain and fear, allows parents to witness that everything possible was done for their child, and facilitates the grieving process if death occurs (O’Connell et al., 2017). Upon review of five articles, one article concluded that parents want to be there as a support person for their child during this stressful time. Therefore, healthcare providers should do their best to accommodate the child and their family. Parental presence promotes the best outcomes for the child and the parents by facilitating family-centered care.

References:
Clinical Question: In patients with open wounds, what is the effectiveness of cleansing wounds with normal saline versus tap water? Does cleansing wounds with normal saline versus tap water result in better wound healing outcomes?

Synthesis of Evidence: Four articles were reviewed to evaluate the effectiveness of cleansing wounds with normal saline versus tap water. The first article, conducted in Switzerland, compared cleansing wounds with sterile saline versus tap water. The second article, conducted in the United States, compared cleansing wounds with normal saline versus tap water. The third article, conducted in South Korea, compared cleansing wounds with normal saline versus tap water. The fourth article, conducted in Canada, compared cleansing wounds with normal saline versus tap water.

The first article concluded that cleansing wounds with normal saline versus tap water resulted in faster wound healing and reduced infection rates. The second article concluded that cleansing wounds with normal saline versus tap water resulted in faster wound healing and reduced infection rates. The third article concluded that cleansing wounds with normal saline versus tap water resulted in faster wound healing and reduced infection rates. The fourth article concluded that cleansing wounds with normal saline versus tap water resulted in faster wound healing and reduced infection rates.

Bottom Line: There have been many studies conducted on the difference in the use of normal saline versus tap water for wound cleansing. The results of these studies show that there is no significant difference in wound healing outcomes when normal saline and tap water are used for wound cleansing.

Implications for Nursing Practice: The use of normal saline versus tap water for wound cleansing is a significant issue in nursing practice. Nurses should be aware of the evidence and consider the implications for their practice.

References:
Nurse Health: What’s in Your Toolbox??

April 12, 2019
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C/O Dept. of Nursing, MSU
500 University Avenue West
Minot, ND 58707
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Conference Objectives

1. Understand assertive communication and develop interacting skills.
2. Identify strategies to eliminate bullying behavior.
3. Explore key lifestyle choices and strategies that enhance overall health and well-being.
4. Learn how to incorporate wellness practices in day-to-day life
5. Recognize the diseases process of addiction and the correlation between emotional and mental well-being
6. Describe the science and action of essential oils and the benefits of aromatherapy.
7. Develop strategies to improve sleep hygiene and identify negative health effects of poor sleep habits.
8. Demonstrate easy to use techniques for self-defense.
9. Identify the wellness benefits of yoga breathing.

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