The Utah Nurses Association Mission Statement:
The mission of the UNA is to advocate, educate, and be a voice for all nurses in Utah both individually and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.
FROM THE EDITOR

Claire L. Schupbach, BSN, RN, CPC

Writing this message is poignant for me, as it is my last “From the Editor” message I will be writing. For the last four years, I have been honored to collaborate with the Utah Nurse. At this time, I will be beginning my new role as a Director At Large for the UNA. The new editor, voted in by you all, will take over leading the Utah Nurse.

It’s been quite a journey over the past four years and it is timely that a new change is occurring with the Utah Nurse at the time of this handoff. As you can see from the front page, we are going green, due to requests by the community and in alignment with other organizations. Remember also that e-versions of the Utah Nurse are available on our website. Please continue to support this newspaper and the UNA with your articles and contributions. Enjoy the well-deserved attention in 2020, as we Celebrate Nurses.

Share Your Nursing Knowledge by Teaching STOP THE BLEED (STB)

Cherisse Davis, MS, RN, CNOR

Trauma is the leading cause of death for Americans under 46 years of age. One of the most common causes of preventable traumatic death is uncontrolled hemorrhage. In a response to the 2012 Sandy Hook Elementary School shooting, a national White House campaign, “Stop the Bleed,” was established October 2015.

This global awareness campaign calls all health professionals to teach STB in their community. As a nurse, you can attend a Stop the Bleed course, and then attain “instructor” status to provide this important education to your friends and neighbors, local schools, places of worship, civic centers etc.

This program teaches the necessary skills to EVERYONE in order to control serious bleeding and become trained in proper tourniquet placement. It empowers bystanders to help those injured before professional help can arrive. Nurses make excellent instructors to support community members as they learn these skills.

Jamie Troyer, the Trauma Outreach & Injury Prevention Coordinator at the University of Utah Health, recently taught a STB course for students, parents, and faculty at Highland High School in Salt Lake City. One of the students who attended the training acknowledged that “school shootings are something that he worries about, and that the skills he learned from the training took away some of that fear by making him feel more prepared to face an emergency.”

Save a Life! Take the course AND become an instructor. Join your nursing colleagues by teaching these skills so they become as familiar to the public as CPR and basic first aid. Contact your local hospital, the University of Utah Trauma Program, or visit https://www.stopthebleed.org for additional information.

Janet Cortez MS, RN, TCRN

Trauma Program Manager

Trauma Program

525 South 100 East Suite #1100
Salt Lake City, UT 84102 801.581.2622
janet.cortez@hsc.utah.edu

Jamie Troyer, ADN RN, CEN TCRN

Trauma Outreach & Injury Prevention Coordinator

Trauma Program

525 East 100 South Suite #1100
Salt Lake City, UT 84102 801.581.2691
jamie.troyer@hsc.utah.edu

Cherisse Davis MS, RN, CNOR

Trauma PI Coordinator

Trauma Program

525 South 100 East Suite #1100
Salt Lake City, UT 84102 801.581.7099
cherisse.davis@hsc.utah.edu

PRESIDENT’S MESSAGE

Sharon K. Dingman, DNP, MS, RN

The beginning few months of 2020 is a good time to review our individual and collective goals and opportunities as Utah nurses across various roles of practice. In reflection of the New Year, I was inspired by this quote: “It doesn’t matter how much we do – it is how much love we put into the doing.” – Mother Teresa.

As nurses in Utah we have multiple roles and contributions to the well-being of others which allow us to provide care. I invite you to join with me in reflection of your decision to become a nurse. Thank You!

The year 2020 is the Year of the Nurse as announced by Ernest J. Grant, PhD, RN, FAAN, President of American Nurses Association, and will include during the month May celebration and appreciation of influential roles nurses play in all venues of patient care delivery. The Year 2020 is also the 200 Year Anniversary of the birth of Florence Nightingale as announced by The World Health Organization (WHO). ANA has announced the “Year of the Nurse and Midwife” in the spirit of inclusivity and participation of all nurses in this landmark year of activities.” (ANA Enterprise, 2019).


The Utah Nurses Association and Utah Nurses Foundation invite Utah nurses to attend the UNA Education Conference and Celebration of the “Year of the Nurse and Midwife” on Wednesday, May 6, 2020. For additional information about the conference event location and registration, please refer to the Utah Nurses Association Website at https://una.nursingnetwork.com/contact.

Update and Focus: Leadership Summit Meeting

On December 3-5, 2019, Dr. Liz Close and I attended the 2019 Leadership Summit in Washington, DC, which encompassed the meeting of the Leadership Council and professional development for the State Nursing Organizations’ Presidents, Executive Directors, and Chief Executive Staff. The Leadership Council is a representative advisory body that provides informed guidance, advice, and/or recommendations on professional issues and organizational matters via collaboration with the ANA Board of Directors. The Leadership Council reports to the Membership Assembly.

We participated in one full day of professional development and two full days of Leadership Council meetings. This event lead to the ANA Board of Directors Executives and Open Business Session meetings that took place on Friday, December 6. The Leadership Summit Annual Meeting is a forum for planning at the National level that includes State level inclusion in the dialogues regarding process and function of roles and responsibilities for both the National and State organizations.

Summary of this three-day Leadership Summit Meeting

Day One. Professional development with all Presidents and Chief of Staff Officers included networking with the State Organizations presentations/dialogue about “Thinking about Our Thinking.” The impact of Unconscious Bias presented by Marsha Hughes-Rease, MSN MSOD, PCC. Being aware of personal bias and the impact on organization practice can shift ingrained thinking to allow an organization to become aware and help identify the impact on our organizations’ thinking and action. The goal was “to identify biases as they emerge and counteract them on the fly to reduce their impact” (Hughes-Rease, 2019 verbal presentation).

We identified common biases including: Similarity (better than another); Expedience (this feels right, it must be true); Experience (my perception is accurate); Distance (near is stronger than far); and Safety (Bad is stronger than good). (H. G. Grant Halvorson & David Rock, Strategy+Business, Beyond Biases, 2019 Leadership Summit). The summary from this activity included: Diversity and inclusion generates better business outcomes. We need both diversity and inclusion to be successful and to create a culture of trust, respect, valued, belonging, and intention with a sense of connectedness by belonging to a group. Better business outcomes are realized when participants feel highly included and trusted.

This experience was very valuable for participants as we used introspection on the learning from our own experiences of fairness, respect, valued, belonging, safety, openness, empowerment, and growing in team performance, decision making, and collaboration. Being an inclusive leader may well be the first important step for healthcare organizations in the changing environments we experience.
FROM THE MEMBERSHIP COMMITTEE

We are seeking three (3) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/outpatient clinical care, education, management, future members board, and questions about joining the Membership Committee, please contact:
- Dr. Peggy Anderson or Dr. Anny Mayfield, UNA Membership Committee Co-Chairs, at membership@utnurse.org
- Dr. Liz Cloise, Utah Executive Director at executordirector@utnurse.org
- Contact the UNA Office at (801) 272-4510.

Membership Benefit Information Online
Being a member of ANA/UNA makes a powerful statement about you and your commitment to membership. Membership provides a way for nurses across the state and throughout the nation to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keeping nurses up-to-date on nursing knowledge and career advancement. Membership provides information about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member, you have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-News Letters: ANA Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website http://www.utnurse.org.

Please take a few minutes to review the current benefits of ANA/UNA Membership Information online.

The Division of Occupational and Professional Licensing & The Utah Board of Nursing

Jeff Busjahn, Bureau Manager
Dr. Sheryl Steadman, Chair, Board of Nursing

Greetings from the Division of Occupational and Professional Licensing (DOPL) and the Utah Board of Nursing (BON). The BON is a vital partner with DOPL in safeguarding the public health, safety and welfare of all people in Utah. DOPL utilizes the expertise within the members of the BON for guidance on various issues. The Board meets monthly and meetings are open to the public. The Utah Public Notice website can be reviewed for meeting dates/times, agendas, and minutes and audio recordings of past meetings. The BON meeting information can be found on the Utah Public Notice website (https://www.utah.gov/gov/index.html) by selecting “State” in the Government tab, then “Department of Commerce” in the Entity tab and then “Board of Nursing” in the BON tab.

The BON consists of 11 members of which nine are nurses and two members from the public. Board members are appointed by the Governor’s Office and each Board member can serve up to (2) four year terms. Anyone interested in serving on the Board can submit a CV and a letter of interest to the Bureau Manager (Jeff Busjahn) at DOPL.

Duties and Responsibilities:
Duties and responsibilities of the BON include the following: a) recommend to the division minimum standards for educational programs qualifying a person for registration or certification; b) recommend to the division denial, approval, or withdrawal of approval regarding educational programs that meet on the division’s established minimum standards; c) assist the division in reviewing complaints concerning the unlawful or unprofessional conduct of a licensee; d) advise the division in its investigation of complaints; e) recommend to the director appropriate rules; f) recommend to the director policy and budgetary matters; g) approve and establish a passing score for applicant examinations; h) screen applicants and recommend licensing, renewal, reinstatement, and relicensure actions to the director in writing; i) assist the director in establishing standards of supervision for students or persons in training to become qualified to obtain a license in the occupation or profession it represents; and j) act as presiding officer in conducting hearings.

Additional Functions:
Additional functions of DOPL in collaboration with the BON include: 1) define which schools, colleges, universities, departments of universities, military educational and training programs, or other institutions of learning are reputable and in good standing with the division; 2) prescribing license qualifications; 3) prescribing rules governing applications for licenses; 4) provide for a fair and impartial method of examination of applicants; 4) define unprofessional conduct, by rule, to supplement the definitions within Code; 5) establishing advisory peer committees to the board and prescribing their scope of authority; and 6) establishing conditions for reinstatement and renewal of licenses.

Jeff Busjahn may be contacted regarding additional questions via email (jeff.busjahn@utah.gov) or phone 801-530-4780. DOPL and the Board of Nursing look forward to providing upcoming articles on the following topics: Scope of Practice issues, the how and why of the Nurse Practice Act and Rule and the Controlled Substance Database.

Utah Nightingales – Utah’s First Honor Guard

Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death, or on their time of retirement, for the time they dedicated their lives to helping others.

Active and retired nurses volunteer their time to travel the area and honor their fellow nurses. A privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practice Registered Nurse in the State of Utah.

The family chooses what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse’s casket or simply provide a presence at the visitation. “A Nurse’s Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the service, which signifies the nurse’s devotion to his or her profession. The nurse is officially released from their duties at the end of the ceremony.

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide the oil lamp, white roses, and training the family and pay for the service. The website we provide is free to the family. Our goal is to eventually sponsor a scholarship opportunity for a single parent trying to attain their nursing degree.

For more information, please find us on our Facebook Page Utah Nightingales. Our website is nightingales.org. Or you can email us at utahnightingales@hotmail.com.
The day ended with a panel discussion by nurses who have built a reputation through strong leader profiles; Having a strong message and tips for effective delivery; Having a media presence and trust as a go to media source at the state level; and Created personal next steps for message development and effective delivery of clear and concise messaging with a call for action.

Day Two. Discussions included work synergy between State organizations and ANA: An overview of best practices and collaboration; Advisory Groups and Mentoring Programs for new Presidents & Executive Directors; Strengthening the relationships; Flow of information, and synergies between ANCC Credentialing Process and CSNA at state levels; and Opportunities for networking.

Day Three. Leadership Council Meeting began with a networking breakfast; Update on nurse staffing; implications and key considerations of LPN C/SNA Membership; and Year of the Nurse: plans; Membership Assembly Preparation Dialogue Forms; Review of the Leadership Council Operating Guidelines and approval; and Election results of new ANA Leadership Council Executive Committee (LCEC) Members elections were announced for 2020-2021.

Nurses as Problem Solvers and Innovators

"Nurses are incredible problem-solvers" and can be celebrated as health care innovators and collaborators. There is an opportunity for nurses to become involved in problem solving and brainstorming creatively in their roles within their place of employment, with other healthcare disciplines within their organizational systems, and formally with nurse-lead teams in nursing operations, and/or with their State Nursing Organizations.

Take time to read and join with other UNA members in collaboration utilizing opportunities to improve care delivery. Nursing Organizations can join the ANA Enterprise, Leading by Example Newsletter for Nurse Leaders. Retrieved from: https://nursefocus.org/nurses-are-problem-solvers/?utm_term=NurseFocusNewsletter&utm_campaign=209500_Newsletter&hs_email&utm_content=80654160&hs_mcc=02ANqtb-qUBtAY-aOZbS5Bb6sz7zaA_qt9F1BXRtYv2u5JzX35a1ux5OB1e8N-McAaH8TL1-kKxx5ivh38lbySw1COSKXAVhmc=80654160

Creating a Culture of Sustained Excellence


Organizational Opportunities and Commitment to Remember

As we begin the new year of 2020, we are reminded the value of collaboration is more than just being friendly – it is inclusive leadership with intentional and effortless processes. Collaboration will empower others and create the conditions for team cohesion and promote diversity of thinking.

As the workforce becomes more diverse and inclusive, leadership is critical to success. Middle managers are vital to the success of organizations’ diversity and inclusion strategies for team performance that leads to success or failure. One size will not fit all for the way information is delivered; Patient care experiences are shaped by interactions of care providers; and misconceptions need to be addressed for our organizations to be successful.

The future of health care requires making tough decisions when needed to ensure our values are upheld versus anything goes. We may need to walk in another’s shoes to make tough decisions for the future of health care recipients including their perspectives of outcomes and the success of their care experience.

Diversity and inclusion of the health care workforce is essential and is powerfully essential for patient care outcomes across all venues of health care delivery. Clear and concise messaging of both personal and organizational messaging is essential for nurse leaders in today’s health care environments.

Thank You to all Utah nurses for your efforts on behalf of those we provide care and services to in our roles as nurses. Take Care!

UNA President NOTE: Due to the timing of the UTAH NURSE editions and the scheduling of Year 2020 Board Meetings, additional information on the Utah Nurses Organization Annual Review and selection of UNA Organizational Goals will be placed on the UNA Website in February 2020 and in the May, June, and July issue of the UTAH NURSE.
Healthy Nurse Healthy Nation Year Two Highlights

On May 1, 2017, ANA Enterprise launched a bold initiative — Healthy Nurse, Healthy Nation® (HNHN) Grand Challenge—to transform the health of our nation by first improving the health of nurses. As we go to press, more than 117,000 individuals and 510 partner organizations have joined this exciting movement.

Year in Review

What is HNHN?

The grand challenge focuses on improving the health, safety, and well-being of nurses and nursing students, leading them to be more effective role models, advocates, and educators.

HNHN

- connects and engages individuals and organizations to act within five domains: physical activity, rest, nutrition, safety, and quality of life
- provides a web platform to action, activate, connect, create, and engage
- develops partnerships to promote data sharing
- engages nursing students and can be chosen or nominated for HealthyNurse spotlights that showcase their wellness journey in blog, social media, and newsletter content.

Wonderful stories and announcements are showcased, as well as the health initiatives offered by their employers, organizations, and schools.

HealthyNurse Survey

The electronic HealthyNurse Survey focuses on nurses’ health, safety, and wellness risks. Question categories include demographics, occupational health, employee and personal wellness, individual safety, and overall health. This institutional review board-reviewed survey takes about 15 minutes to complete. Participants receive their confidential results immediately in the form of an interactive health map and link to the national average, ideal, and resources for most survey questions.

The HealthyNurse Index Score is a numeric representation of the health map, based on the individual’s answers to survey questions. The score is displayed to encourage the survey taker to revisit the survey after five years.

The HealthyNurse Index Score is available by invitation only. At the end of the first year, participants will receive an invitation to join HNHN from July 16 through December 15, 2018. Honorables included CaliforniaEast and the Texas Nurses Association.

Nursing students

In 2019, a half-day HNHN workshop was held at Emporia State University, Emporia, Kansas, for the university’s nursing students and other local nurses. Participants learned about HNHN and put together their own self-care plans.

In addition, they shared their thoughts on what HNHN’s future direction and offerings should be.

Also in 2019, ANA Enterprise partnered with the American Association of Colleges of Nursing (an HNHN Catalyst partner) to launch the HealthyNurse Student Ambassador program. This program is designed to increase nursing student and school of nursing participation in HNHN, to improve nurse student health, safety, and wellness.

Everyone’s a winner

ANA Enterprise won the 2018 ASAE “Power of K” Silver Award for HNHN. The award is presented to national organizations for being done to advance the health of the nursing profession.

Later that year, HNHN hosted the Join the Movement community discussion on HNHN in Houston. The grand prize winner won an exercise bike. Hundreds of other HNHN participants won gifts cards, delivery meal subscriptions, and other prizes.

The HealthyNurse Index Score is open to all HNHN participants. As long as nurses and nursing students remain active in HNHN, their data can be shared with their school of nursing.

In addition, nurses and nursing students can be chosen or nominated for healthyNurse spotlights, which showcase their wellness journey in blog, social media, and newsletter content.

Reprinted from American Nurse Today

Quality of Life

Data Points From the community

Physical Activity

- physical activity remains the most popular commitment
- HNHN Grand Challenge—Healthy Nurse, Healthy Nation® (HNHN) winners, with nurses pledging to increase the amount and duration of their physical activity.
- Nurse’s Holiday Mix: a gift of joy, health, and happiness.
- Nurses’ goal: 6,000 steps per day. Nurses’ progress reports and sharing results in the engagement platform.
- UMMC offered 30 hours of CE credits and 200 hours of CE credits.
- FB page: Healthy Nurse, Healthy Nation
- Instagram: HealthyNurseUSA
- Facebook: Healthy Nurse, Healthy Nation

Join us at hnn.org and feel healthy nurse to 52-886 to engage.

Champion Partner spotlight

Stepping up for heart health

UT Southwestern Medical Center nurses are sharing the message of health, wellness, and safety with their nursing colleagues. They have created a friendly competition, providing content and resources, and engaging nurses, students, employers, and organizations.

Promoting health

University of Mississippi Medical Center (UMMC) nurses can take advantage of healthy lunch/vending options, discounts on personal fitness, and free health screening events. The HNHN Nursing Student Award for HNHN, recognizing the organizational work nurses are doing and the work they have accomplished in the past year, is awarded to a non-UMMC organization.

Innovative offerings

Integrative Southwest Medical Center offers several innovative options in its reward-based wellness program, including a rowing team, couch to 5K, mind/body therapies, and on-site fitness coaching. Employees also receive a 40% discount on all foods designated as Eat Well Options and can access a Facebook page for employees to communicate, inspire, and strategize ways to improve their overall health and wellness.

Putting nurses’ health first

Humana is supporting three 2019 HNHN Challenges as part of their commitment to improving the health of nurses.

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Catalyst partner.

CVS Health

CVS Health is a Catalyst partner in the HNHN initiative and is committed to driving greater health equity, improving population health, and enhancing the experience of care.

Quality of Life

Data Points From the community

Many Healthy Nurse, Healthy NationTM challenges are focused on growing residency, including Stress Less, Sleep Better, and Binge in the Joy. Participants are asked to make a plan for each day to help them succeed and then doing those things that bring them happiness. Leaving work on time and taking breaks were key.

Participant suggestions for growing residency included, playing with children, spending time on enjoyable hobbies, and taking with trusted mentors, coworkers, friends, or

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February, March, April 2020

**Success spotlight**
A game changer

"Over the years, I would discover that weight management involves physical, psychological, and the spiritual. I eventually decided to take my educational journey in nursing in a different direction. I decided to further my education in nursing at Columbia University. This program was a game changer, transforming the way I approached my life and my patients... It allowed me to see parts of myself that had shaped my journey and showed me the qualities that made me unique." — Kimberly La Force, RN (engage.healthynursehealthynation.org/blogs/19/2260)

**Champion Partner spotlight**
Walking for wellness

"I believe that each of us must pursue our own plan to lead a healthy lifestyle. I found that making small changes to my diet and increasing my physical activity made a big difference." — Pamela Cipriano, PhD, RN, NEA-BC, FAAN (engage.healthynursehealthynation.org/blogs/19/2260)

**Nutrition**

### Data points

According to the HealthyNurse® Survey, the nurses’ average Body Mass Index (BMI) is 28.5, which falls into the overweight category.

**From the community**

Nutrition is a popular commitment domain for Healthy Nurse, Healthy Nation® (HNHN). In 2020, HNHN respondents said they never text while driving, and 38% said they seldom or always do it. Avoid the temptation to turn off cell phone notifications and be prepared (for example, begin your playlist before starting to drive).

**Champion Partnership spotlight**
Healthy Nurse, Healthy Nation® – Denise Norris, RN

"Healthy Nurse, Healthy Nation® started around the time when I started lifting weights. Because of my trainer and a new online nursing support system, I didn't feel alone. Suddenly I had people around me who were dedicated to living a healthy lifestyle. I felt a new responsibility to myself—I need to eat right, work out, and sleep well to feel healthy." — Mary Alice Anderson, MS, RN, CCRN (engage.healthynursehealthynation.org/blogs/24/2393)

**Safety**

### Data points

Nurses reported they were at “significant level of risk” for action; 12% of respondents had been assaulted by a patient or a patient’s family member in the past year.

**Team composition**

At Northwell Health's North Shore University Hospital, the interdisciplinary Team Lavender provides staff an opportunity for timely emotional, spiritual, and physical support. The team also can explore coping mechanisms and offer additional mental well-being resources as needed. Strategies were used to increase the use of Team Lavender over two quarters, doubling on five.

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**Success spotlight**
Support system

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Musing of Caring #3 – Claire L. Schupbach, BSN, RN, CPC

One of my most memorable moments was as a CPC, Certified Professional Coder, reviewing healthcare claims for fraud, waste and abuse, in coding and billing.

Being a CPC means you have to understand every part of a healthcare claim with part of the information are submitted by the providers, typed and printed on notebook paper, by hand. Typically, appeals for service denied for additional medical information are submitted by the providers, typed and printed from a computer, not the patients. I opened the next appeal in my queue, and the report on the screen was that it had been written on notebook paper, by hand.

The spouse of a sick patient had no other avenue but to write the appeal. The patient was discharged for part of a doctor visit that had been denied. The doctor’s office had told the patient and their family that it was the insurance company that wouldn’t reimburse the entire bill; however, it was the doctor’s office that was charging twice for the same item.

Let me explain how this works. Similar to when you go to a hamburger joint for a burger, fry and drink deal, it may includes everything. They cannot charge you for the ‘meal deal’ and then also add a charge for the drink. That is called ‘ unbundling.’ There is a similar concept in healthcare, as well. Unbundling is one of the primary drivers of healthcare cost waste and abuse, in coding and billing.

That afternoon, I took an extra hour to ensure I researched and documented for the patient’s spouse, every regulation and guideline with the sources demonstrating the provider’s overbilling. I hope they were able to successfully educate the billing office at the providers, who should have then adjusted the bill. I still think about that patient’s spouse today, sitting at their kitchen table, worried about every penny and the health of their spouse and being forced to navigate the complex world of healthcare reimbursement regulations, unnecessarily.

Summary

Thanks to each of you for your contribution to your self-reflective moments as nurses. This year as we celebrate the YEAR OF THE NURSE with ANA and all State Organizations, may we be mindful of the care we provide as professionals and the role of nurses every day. As we celebrate the Year of the Nurse 2020, may we be reminded of our own contributions to nursing by sharing our Musings with one another. We all have experiences to share that have been defining moments of caring in behalf of another.

You are invited to send your nurse caring story to be included in this year’s edition of MUSINGS OF THE NURSE. You are invited to send your nurse caring story to be included in this year’s edition of MUSINGS OF THE NURSE. UTAH NURSE, SLC, Utah, invites you to send your story. You are invited to send your nurse caring story to be included in this year’s edition of MUSINGS OF THE NURSE. UTAH NURSE, SLC, Utah, invites you to send your story.

Musing of Caring #2 – Emelinda Comer, DNP, MS RN

’It’s a way of life.

At our end of shift report, these nurses continue to demonstrate caring behaviors by never complaining or saying negative things about patients or their ‘annoying’ families. These nurses were also caring towards other nurses. They helped when other nurses were behind schedule and would volunteer to cover shifts for others who were sick or having personal emergencies. There was no gossiping, belittling, insulting remarks, or incivility. These caring behaviors were quite contrary to what I experienced as a nursing student.

When I returned to work, as an RN in NICU, I could not pass by Same Day Surgery without asking whether there was a female nurse there with a British accent. Indeed, she was there and remembered me because of the unusual situation.

Musing of Caring #1: Caring is Memorable – Catherine Collins, BSN, RNC

Caring is a way of life. This is a way of life.

Musing of Caring #1: Caring is Memorable – Catherine Collins, BSN, RNC

Approximately twenty years ago I had shoulder surgery, which was supposed to be same day, afterward, however, they called to wake me. The general anesthesia was started at 11:30am and the next thing I remember was being transferred into a hospital bed on the floor after midnight. The anesthesiologist had tried, multiple times, unsuccessfully, to get a scalene block, but I have no memory of that.

A few days later, I had a strange, yet pleasant, warm sensation of someone touching my left hand and arm and calling my name, telling me to wake up. It was a woman with a British accent and, no, I was not on heavy-duty pain meds. I often overhear nurses say how dumb students are and how glad that they were not like us. Each time we arrived for clinicals, we would arrive early in my career. My first job as a nurse was at a long-term care facility in Pennsylvania where I had a glimpse of caring nurses in action. One nurse would promptly attend to a patient (who refused help from other nurses) that called out her name for immediate help (even if it meant a shorter lunch break). When she arrived at the patient’s room, she found the need was to pick up a book off the floor. The nurse would smile and tell her patient to let her know if she needed anything else. Another nurse would patiently explain each time a patient with Alzheimer’s brought up the same question throughout her shift.

Musing of Caring #2 – Emelinda Comer, DNP, MS RN

I am blessed to have been influenced by caring nurses early in my career. My first job as a nurse was at a long-term care facility in Pennsylvania where I had a glimpse of caring nurses in action. One nurse would promptly attend to a patient (who refused help from other nurses) that called out her name for immediate help (even if it meant a shorter lunch break). When she arrived at the patient’s room, she found the need was to pick up a book off the floor. The nurse would smile and tell her patient to let her know if she needed anything else. Another nurse would patiently explain each time a patient with Alzheimer’s brought up the same question throughout her shift.

At our end of shift report, these nurses continue to demonstrate caring behaviors by never complaining or saying negative things about patients or their ‘annoying’ families. These nurses were also caring towards other nurses. They helped when other nurses were behind schedule and would volunteer to cover shifts for others who were sick or having personal emergencies. There was no gossiping, belittling, insulting remarks, or incivility. These caring behaviors were quite contrary to what I experienced as a nursing student.

When I returned to work, as an RN in NICU, I could not pass by Same Day Surgery without asking whether there was a female nurse there with a British accent. Indeed, she was there and remembered me because of the unusual situation.

Never underestimate the power of touch and the peace and calm it can provide; I will never forget that experience of being on the receiving end of the care I strive to emulate.
Historical Overview of Dignity and Dying in Utah


Opposition

2015. Since 2015, many arguments opposing DWD legislation have been voiced in the Utah legislature. The public has been less than supportive of bills that allow physician-assisted suicide for terminally ill patients. Anthony Campbell, C. S., & Cox, J. C. (2012). Hospice-assisted suicide in Oregon: criteria for participation, and the experiences of those who help to self-administer the medication. Journal of Medical Ethics, 38, 543-548.

In 2015, 30% of Utah residents said they would never introduce a bill of this nature with any chance of passing. The bills did not have the advantage of any other end-of-life care document. The patient must be under a considerable amount of pain, suffering, or distress to be considered for participation. The patient must make two oral requests, at least 15 days apart, to sign the request. One of the witnesses cannot be a doctor, nurse, or any other end-of-life care document. The patient must make two oral requests, at least 15 days apart. The written request must be witnessed by at least two people, who, in the presence of the patient, attest that the patient is terminally ill, suffering, and is in a position to sign the request. The patient must be at least 18 years old, must be able to make their own decisions, and must be able to sign the request. The patient must be at least 18 years old, and must be able to make their own decisions in order to sign the request. The patient must be at least 18 years old, must be able to make their own decisions, and must be able to sign the request. The patient must be at least 18 years old, and must be able to make their own decisions in order to sign the request. The patient must be at least 18 years old, must be able to make their own decisions, and must be able to sign the request.

The Future of Death with Dignity in Utah

At this time, there is no mention whether a bill of this nature will be introduced during the 2020 legislative session. Should HB 86 be introduced, it is expected to include some provisions for a bill of this nature. The patient must be a terminally ill patient, and be able to self-administer the medication. The patient must make two oral requests, at least 15 days apart. The written request must be witnessed by at least two people, who, in the presence of the patient, attest that the patient is terminally ill, suffering, and is in a position to sign the request. The patient must be at least 18 years old, must be able to make their own decisions, and must be able to sign the request. The patient must be at least 18 years old, must be able to make their own decisions in order to sign the request. The patient must be at least 18 years old, and must be able to make their own decisions in order to sign the request. The patient must be at least 18 years old, must be able to make their own decisions, and must be able to sign the request.

References


HB0096


Bill is to present a healthcare pricing tool that is clear arising from the Governor’s Summit. This hearing covered important issues from the median level providers. Prices of those facilities does exclude anyone on Medicaid or Medicare. The general session. The UNA BOD concurred with these decisions. Tier II to Tier IV: Records are going to be a Tier I A Beginning Place: Identify and recommend an ideal system would look like: 1. Integrated mental and physical services available in a timely manner. 2. Mental health screenings to assess and ID risk leading to early interventions. 3. People in need of mental health care have resources to access necessary services as well as safe, appropriate places to live. Early Mental Health Parity Act: Brian King remarked the best mental health care will be afforded to those who either qualify for Medicaid, or are wealthy. He states the problem is for middle class, especially those with high deductible plans. Tier II: Prevention and early intervention are vital. 2. What are measures we can use to know if we are making a difference in mental health care in Utah? 2. Prevention and early intervention are vital. 3. System should be patient and family-centered. Greg Bell (ED of the UHA) stated the mental health system is a Rubie Goldberg system. He went on to say the frontline is public education; teachers and counselors. Of note, he made no mention of nurses at all, yet, as we all know, education is a significant part of nursing practice. Mental Health Parity Act: Brian King’s perspective is with increased problems we see increased tragedies and this early intervention will make a profound impact. Rep. Sandra Hollins (an LCSW) questions the practice of MCOT (Mobil Crisis Outreach Team) if the person has a substance abuse issue and a mental health problem. Her observation is that MCOTs are well-equipped to deal with substance abuse, but not well-equipped to deal with mental health issues. She adds that people on the street with severe mental health problems can’t make appropriate decisions. Rep. Brian King: We can’t expect patients who are stabilized in an inpatient setting to maintain this stability without affordable housing. He went on to note the shortage of psychiatrists, but also a lack of therapists without affordable housing. He went on to note the shortage of psychiatrists, but also a lack of therapists in Utah? Substance Misuse: Substances Advisory Recommendations. Substance Misuse: Youth Prevention. Rep. Steve Elision summed up with an Apollo paraphrase: “Utah, we have a problem.” He went on to propose an Apollo type of initiative to coordinate the efforts of all stakeholders. He views the effort as a report “Mental Health in Utah” that grew out of a mental health summit recently held by the Governor. (This summary appears in the meeting record for this meeting at the legislative website calendar.) Elision referred to the Community Mental Health Act of 1963 and the effort’s dedication to institutionalization or mental illness in it. He noted that by 1973 the mentally ill had essentially been re-institutionalized – in jails or prisons. (Noted in other HHS meetings, most of mental health care occurs in jails or prisons in Utah.) He also noted that 20 counties in Utah have no psychiatric providers. Elision called for major support for increasing community education and awareness and called for funding two new psychiatric residencies in the state. Perhaps we should make him aware of the contribution nurses can provide to this community education, awareness and funding. Spirited discussion followed detailed presentations with many questions asked by the committee members. Virtually no public comment occurred at this meeting. Throughout the discussion no mention of nurses as participants in any level of mental health care occurred. Those who are practicing are either in social work positions, NPs major in number to be counted or they have not recently contacted HHS members. Greg Bell, ED of UHA did find briefly acknowledged the contribution to mental health care by APRNs, PAs, LCSWs, and up trained PCPs. Substance Misuse: Control Substances Substance Misuse: Control Substances. Substance Misuse: Substance Misuse: Medical Record Falsification. Family Planning Services: Administration of Title X Funding. Another discussion centered on the federal government’s recent restriction of Title X funding. Family planning funding which went into place in 1973 for facilities providing family planning for low income women including underage teens without parental permission. Planned Parenthood has been the recipient of these funds in Utah but will no longer be able to receive these funds given they teach and counsel about abortion as a choice. 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The smoke affects all staff (RNs, surgical techs, MDs) in the OR as well as any patient who is not intubated. Think of a woman undergoing a C-Section, She, her partner, and her newborn baby are all exposed in the OR to the surgical smoke produced by cautery during her procedure.

We have letters of support from the CRNA Association, Utah Physicians for a Healthy Environment, and will also have the support of Utah Nurse Practitioners, Utah Hospital Association's lobbyist, Dave Gessel, they have not heard from staff about their concerns for exposure to surgical smoke. So, all surgical nurses need to speak to their administrators to let them know we must "Go Clear" or "Smoke Free."

Please join our colleagues at our annual Nurses Day at the Legislature to be held in the Governor’s Hall of the Capitol on Friday February 28th from 0800 to 1200. See website for any updates.
Surgical Smoke is a Problem in Utah’s Operating Rooms

Steven Grant BSN, RN, CNOR

Surgical smoke is produced by using energy generating devices (electrosurgery units – aka the ‘bovie,’ lasers, ultrasonic devices, and powered surgical instruments). These devices raise intracellular temperatures so high that the cells vaporize producing surgical smoke. The smoke is visible and has a pungent smell. The smell is caused by the release of toxic particles into the air. These particles include over 150 chemicals, blood fragments, bacteria, and live virus. Tomita et al., conducted a study in 1981 that compared surgical smoke to cigarette smoke. They found that inhaling the smoke produced by an electrosurgery device to vaporize one gram of tissue was like smoking six unfiltered cigarettes in 15 minutes. This study, corroborated by later studies, showed surgical smoke to be mutagenic, cytotoxic, and genotoxic.

OSHA estimates that over 500,000 healthcare workers are exposed to surgical smoke. This exposure has been linked to adverse health effects including eye, nose, and throat irritation, headaches, cough, nasal congestion and other respiratory illnesses. The particles in surgical smoke can be as small as one micrometer – small enough to enter the respiratory system and settle in the alveoli. The effects of smoke exposure are cumulative; the longer the exposure, the higher the risk. If you can smell it, you are being exposed to the potential hazards. A common misconception is that surgical masks offer protection. In reality, an N-95 or higher respirator is required to protect against the tiny respirable particles.

OSHA, The Joint Commission, NIOSH (CDC), and many other national, and international organizations have recommendations in place regarding Local Exhaust Ventilation (LEV) evacuation of surgical smoke. This can be achieved in a variety of ways including smoke evacuation systems or inline filters on existing suction systems. Whatever solution is used, the smoke should be removed from the environment as close to the site of production as possible. The recommendations have unfortunately not been widely adopted in the past three decades. The lack of action necessitates a stronger response from those affected, the colleagues, patients, and the public. This is a public health hazard that can be mitigated with reasonably priced equipment that many facilities already own, but have not yet put into place.

Please join the Utah Nurses Association and the Association of periOperative Registered Nurses in supporting Senator Kathleen Riebe’s 2020 bill requiring all Utah hospitals and ambulatory surgical centers to have a policy regarding the evacuation of surgical smoke from their operating rooms. Your Utah legislative senator and representative need to hear from you as you support this bill. Together we can make a safer environment for the patients and healthcare workers of Utah!

Steven Grant BSN, RN, CNOR
Contact: aornofnorthernutah@gmail.com
Updates and additional information: una.nursingnetworkcom or aornofnorthernutah.nursingnetwork.com

References:

Up in Smoke: New Guideline Highlights

In 2010, the Institute of Medicine released a landmark report, The Future of Nursing: Leading Change, Advancing Health, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles. The NOBC represents 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 at least 10,000 nurses are on boards 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 in the United States.

We encourage each and every one of you, over three million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.

ATTENTION NEW GRADS!
Earn a total compensation package valued up to $77,768 in your very first year as a Registered Nurse! The Utah State Hospital is seeking several caring, diligent, career-minded RN’s to join our team in Provo.

APPLY ONLINE: STATEJOBS.UTAH.GOV

Whether you’re a newly licensed RN or a seasoned professional with years of prior experience, the USH Nursing Department invites you to enjoy the many perks of State employment:
- Full time or Part time positions available.
- Amazing State of Utah benefits package – including health, dental, vision, and retirement plans.
- Eleven paid holidays, leave accrual, alternating weekends off and flexible scheduling. Plus, no shift calls and no mandatory overtime.
- Gain diverse nursing experience working with a patient population that includes a broad variety of ages, abilities, disorders and treatment needs.
- Challenging, rewarding work with the best treatment teams, on a beautiful campus with modern facilities and abundant employee resources.

We also have open positions for LPN’s and Psychiatric Technicians.

GO TO STATEJOBS.UTAH.GOV TO APPLY! Questions? Call Ann 344-4171 or visit USH.UTAH.GOV
Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

**SCHOLARSHIP INFORMATION:**
- Scholarships must be submitted by June 1st or October 1st of each calendar year to be considered.
- Applicants will receive notice of the Board’s recommendations by July 15th and October 15th of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

**GENERAL SCHOLARSHIP CRITERIA:**
The applicant must:
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school's chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered.
- Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs – advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
  - Copy of current official transcript of grades (no grade reports).
  - Three letters of recommendation:
    - One must be from a faculty advisor, and
    - One must be from an employer (if the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
    - At least one should reflect applicant’s commitment to nursing.
  - All must be in original form, and
  - All must be signed and addressed to the UNF scholarship committee.

- Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant’s acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

**AGREEMENT**
In the event of a scholarship award:
- The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
- The student recipient agrees to work for a Utah Health Care Facility or Utah Health Care Facility for a period of one year following graduation at the advertised reduced rate.
- If asked by UNF, provide personal pictures and narratives to be published in *The Utah Nurse* indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.
- Recipients are only eligible to receive scholarships twice.
- Scholarships must be submitted by June 1st or October 1st of each calendar year to be considered.
- Applications will receive notice of the Board’s recommendations by July 15th and October 15th of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

**GENERAL SCHOLARSHIP CRITERIA:**
The applicant must:
- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
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- If asked by UNF, provide personal pictures and narratives to be published in *The Utah Nurse* indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

See [www.utnurse.org](http://www.utnurse.org) under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email office@utnurse.org. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in *The Utah Nurse* indicating that UNF funds were provided for this project.

Title of project: ____________________________
Applicant’s Name and credentials: ____________________________
Professional Association/Affiliations (if any): ____________________________
Are you currently a nursing student? Yes No
If a student, what nursing school? ____________________________
Pursuing what degree? ____________________________

Have you received funding for this project from any other source? Explain:

**Nursing Research Grant Proposal**

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). See [www.utnurse.org](http://www.utnurse.org) under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email office@utnurse.org. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

**Project Overview:**

**Research Process and Desired Outcomes:**

**Benefits to Patient Care and Education, Nursing Education, and/or Nursing Profession:**

2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):

3) Provide contact information for you as well as someone who can attest to this project:
   - Personal contact information:
   - Contact Information for individual at the School or Facility where research will be conducted:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

1) The proposed activity benefits patient care, advances nursing education or research.
2) The proposed activity demonstrates merit with regard to enhancing the discipline of nursing.
3) The proposed activity clearly describes the desired results or outcomes.
4) The proposal delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

**Utah Nurse Foundation use only**

Committee discussion of proposal:

Committee decision: Award  _______________  Do not award  _______________

Amount Awarded $  _______________

Is applicant eligible to apply for funds again? Yes  _____________  No  _____________

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World AIDS Day was first observed on December 1, 1988, to bring greater awareness to the devastating impact of HIV and to show solidarity with those living with or lost to AIDS. The late 1980s was a time of fear, when wearing the red ribbon was a bold statement against stigma. Even to this day, World AIDS Day reminds us that HIV persists and a vital need still exists to increase awareness, to fight discrimination, and to support people living with HIV with quality healthcare.

Since the beginning of the HIV and AIDS pandemic, nurses have been at the center of the response. Nurses provided compassionate, holistic, and high-quality care when there were no effective medications. Nurses prioritized dignity and provided a caring touch to people dying from AIDS at a time when few others did. And nurses pushed to expand the definition of family and patient-centered care in institutions that sometimes pushed back. The nurses on Ward 5B at San Francisco General Hospital were some of the pioneers of this movement, and we are thrilled that their story is being told in the film.

Today, scientific advances in treatment and prevention have provided us with the tools to end the epidemic. New medications allow people diagnosed with HIV to live long and healthy lives and reduce the amount of circulating HIV to undetectable levels. This has been a game-changing development. Additionally, pre-exposure prophylaxis (PrEP)—one ARV pill taken once a day by an HIV-negative person reduces the risk of acquiring HIV through sexual contact by 99%. These treatment and prevention technologies have been proven to work and allow us to imagine an end to the HIV epidemic.

But not everyone is benefiting equally from these advances. New infections are highly concentrated among men who have sex with men, racial and ethnic minorities, and among those who live in the southern United States. This is compounded by the persistence of HIV stigma, which continues to be a debilitating barrier to accessing the HIV prevention, care, and treatment continuum that all individuals deserve.

As a nation, we are about to embark on an ambitious plan to end the HIV epidemic. The U.S. Department of Health and Human Services (HHS) plan to end HIV (Ending the Epidemic: A Plan for America) is a large-scale collaborative effort to reduce the number of new HIV infections in the country by 75% within five years, and by at least 90% within 10 years (https://www.hrsa.gov/odes/ending-the-hiv-epidemic/overview). This plan focuses on epidemiologic data, biomedical advances, and targeting resources to high-impact areas. We have excellent tools that will go a long way toward ending the HIV epidemic, but involving nurses as an integral part of these efforts will be critical. Nurses are the educators, influencers, and implementers who engage and retain people in healthcare and who build trust with entire communities, all while not losing sight of the individual patient’s needs, strengths, and challenges.

As nurses, we can take part in ending the HIV epidemic, from educating others that the epidemic is not over, to screening SB for students, to conducting professional development sessions on U=U, or to connecting the colleague who uses stigmatizing language about HIV patients. We have a role to play.

Prevention and Care for HIV and Related Conditions

The American Nurses Association (ANA) agrees with the Association of Nurses in AIDS Care, an organization of nurses, that nursing care is central to achieving HIV treatment and prevention goals. This year, ANA approved updated policies and positions on Prevention and Care for HIV and Related Conditions (nursingworld.org/globalassets/practicepolicy/nursingex-cetlene/ana-position-statement-on-prevention_and_care_for_hiv.pdf). They support a treatment-as-prevention approach and prioritize solutions that meet the needs of diverse groups of people living with HIV and AIDS. The policies also highlight the advanced practice registered nurse’s role with prescriptive authority to treat and prevent HIV and calls for full practice authority at the federal and state levels.

Carol Dawson-Rose is professor and chair, community health systems, James P. and Marjorie A. Livingston Chair in Nursing Excellence at the University of California, San Francisco, and president, Association of Nurses in AIDS Care. Carole Treston is executive director, Association of Nurses in AIDS Care in Washington, DC.

Reiki: Hand in Hand with Nursing

Caring for your patients and yourself

REIKI (pronounced “ray-key” and defined as “spiritual energy” or “life-force energy”) is a complementary therapy (often partnered with other healing practices, such as massage, meditation, and yoga) that can include the soothing comfort of human touch — an important aspect of nursing. You can experience the benefits of Reiki as a recipient, suggest it to patients, or receive training to become a practitioner to promote patients’ physical, psychological, and spiritual healing.

Reiki is grounded in the transmission of energy though a practitioner’s hands. It’s based on five principles or universal truths: “Just for today: I release thoughts of anger, worry, I’m grateful for my many blessings, I practice meditation, and release thoughts of negative. I treat others with kindness, love, and compassion or to others. The calming effects of Reiki may assist in decreasing the heart rate, and the patient may experience calmness and be more open to love and compassion. Reiki works by restoring the body to homeostasis. While the patient is fully clothed, the practitioner places his or her hands on or near the patient’s body in a series of positions around the neck.
Reiki in hospitals

Reiki can benefit hospital patients of all ages. It can be used to promote relaxation during childbirth, decrease pain perception in patients with sprains and fractures, stimulate wound healing, alleviate anxiety during the dying process, and assist with emotional burnout, shock, loss, and grief. It can benefit patients of all ages.

In outpatient settings, a session can last from 30 minutes to hours. In the hospital, however, shorter sessions (lying down or sitting) are offered to avoid interfering with other scheduled medical care. What a person feels during a session varies. Some describe extreme warmth or coldness, while others see colors, hear music, or feel buzzing sensations. Some recipients cry, while others may laugh. Many patients fall asleep or enter a relaxed dreamlike state. Reiki doesn’t cure disease, so carefully explain this to patients when you offer this as a treatment option. Reassure patients that Reiki hasn’t been shown to have any negative side effects.

If you’re interested in providing Reiki to patients, you’ll need to receive training from knowledgeable Reiki Masters. (See Reiki training.) And if your organization doesn’t already have a Reiki program, you’ll need to get approval from leadership. Reiki in hospitals is becoming mainstream, but every organization has its own framework. For example, some hospitals employ full-time nurses to work in the spirituality department and provide Reiki, along with other complementary and alternative therapies. Other hospitals train interested nurses and grant them a set number of hours per month to step away from their work for Reiki. (See Reiki and self-care.)

Attention and devotion

Reiki practice with patients can be a useful complement to Western medicine. With careful attention and devotion to each of the Reiki principles, you can provide adjunctive patient care and improve your own well-being.

Cynthia Walters is an assistant clinical professor at Duquesne University in Pittsburgh, Pennsylvania. Heather Konstanzer is an RN at Mission Hospital in Asheville, North Carolina. Julia Rodriguez is an RN at West Penn Hospital in Pittsburg, Pennsylvania.

Selected references


McManus DE. Reiki is better than placebo and has broad potential as a complementary health therapy. J Evid Based Complementary Altern Med. 2017;22(4):1051-7.


For more information

To learn more about Reiki and how you can incorporate it into your nursing practice, visit these websites:

- International Association of Reiki Professionals: Iarp.org
- The Center for Reiki Research: centerforreikiresearch.org
- The International Center for Reiki Training: reikitraining.org

Reiki and self-care

Nurses can apply the five Reiki principles to promote self-care.

Reiki principle

Just for today, I release angry thoughts and feelings.

How to implement the principle

- Recognize anger and take a time out.
- Pause and take a deep breath.
- Decide what the anger means (for example, insecurity, fear, resentment).
- Take any action that may be helpful (for example, if you’re always angry with a specific person, try spending less time with him or her).
- Meditate to get to the root of the anger, which may be a sign that you have an imbalance or conflict.

Just for today, I release thoughts of worry.

- Live in the present.
- Release worrisome thoughts by sharing your feelings with a trusted friend, family member, or colleague.
- Take any action that may be helpful (for example, if you’re worried about your health, begin by making one change to improve it).
- Pray or meditate.
- Let go of the worry by writing it on a piece of paper and then burn the paper to release the worry.

Just for today, I'm grateful for my many blessings.

- Keep a gratefulness journal and add to it every day.
- Spend time in nature.
- Tell someone how much you appreciate him or her.
- Smile often.
- Develop strong and meaningful friendships.

Just for today, I practice expanding my consciousness.

- Think before you speak.
- Simplify your messages so that others clearly understand your message.
- Consider both sides of an issue to demonstrate objectivity.

Just for today, I'm gentle with all beings including myself.

- Accept all aspects of yourself.
- Be loving and kind to all living things.
- Respect yourself.
- Get plenty of rest.
- Choose healthy foods.

Reiki and nurse self-care

Nurses in U.S. hospitals report that their work is mentally and physically exhausting and that they suffer from burnout. Many nurses worry that their fatigue will affect patient care and consider resigning. Once you are trained in Reiki, you can perform self-Reiki (conducting a series of hand placements on yourself) as a way to aid relaxation and improve resilience. Incorporating self-Reiki and adhering to the Reiki principles may help alleviate the stress, anxiety, sleeplessness, and pain related to the physical demands of patient care. (See Reiki and self-care.)

The UNA’s annual conference and advocacy day was held on Friday and Saturday, September 20th and 21st. We were honored to have our colleagues from around Utah and the world come together to collaborate, share, listen and learn. In addition to the pictures of the colleagues here, a contingent of nurses from the Republic Medical College, Uzhv, Russia joined us as well.

We look forward to all of you joining us in the fall of 2020.
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