These organizations are members of the Idaho Center for Nursing.

EXECUTIVE DIRECTOR REPORT

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Today, there are more than 30,000 Registered and Licensed Practical Nurses licensed in Idaho. Nearly 22,500 of them are actually Idaho residents. Clearly nurses are, and have been, the single largest component of Idaho’s healthcare workforce.

February is the month when nurses focus on legislative issues and hold both Nurses Day at the Capitol and the annual Legislative Conference. This year those events are on Thursday, February 20, and open to all Idaho nurses whether or not they are members of a nursing association. February is also an anniversary month for me marking five years since I retired as a CNO and now as Executive Director for the past three years. Thus, February prompts me to ponder what I have seen and know about the status of nursing in Idaho and how nurses are positioned to have a voice in public policy.

Nursing has been the most trusted profession nationally and in Idaho for the past 17 straight years, and I am told that Idaho legislators have a very positive view of nursing as a profession and consider nurses to be generally interested in the public good, versus being self-serving. However, the nursing voice is silent in public policy forums and to our elected representatives and state government. Why? The Idaho Legislature only has one RN elected to office. She is a State Senator. Nursing is lucky to have her in the senate, but she is not elected to represent nursing even though her nursing expertise has benefitted the Senate Health and Welfare Committee where she is a member. We know that most nurses in Idaho are registered voters. If the Idaho population demographic holds true for nursing in terms of political party affiliation, we can say that nursing has had a fairly equal distribution between republicans and democrats. Still, the sheer numbers of nurses who vote could impact an election. But the nursing vote is invisible. Idaho nursing does not openly endorse candidates and does not have a political action committee (PAC) that offers any candidate funding, and candidates for office are themselves oblivious to nursing issues, do not seek nursing input and have not overtly supported the few issues that nursing has brought forward.

More importantly, the nursing voice is silent in terms of public policy formation in Idaho. Nursing as a profession has shown itself to be out for the betterment of patient care and the improvement of health for Idahoans. Idaho public policy has commonly focused on how healthcare is paid for. For nursing services provided, nurses do not receive direct payments from third party payors such as insurance, Medicare and Medicaid, unless they are APRNs functioning as direct providers. Even then, the majority of APRNs generate the billing but are paid a salary as an employee.

Healthcare policy in Idaho is driven by physicians and non-clinical administrators who have a primary responsibility to their agencies or themselves and who have a vested interest in payment mechanisms. Nursing is more focused on the social determinants that specifically impact health beyond payment mechanisms. In Idaho these have included a focus on tobacco and drug use, exercise, nutrition, screenings, care related to sexual activity, home safety, immunizations, and issues impacting children.

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The Year of the Nurse

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While observing nurses taking care of patients, journalist Suzanne Gordon (2005) marveled at how little communication between caregivers in the context of nursing reflected the complexity of the work they did. Further, despite representing the largest healthcare profession, Buresh and Gordon (2006) found nursing to be virtually invisible in healthcare reporting and media. Imagine how things would be if the voice and visibility of nursing were commensurate with the size and importance of the workforce (pg. 11).

The World Health Organization (WHO) (2019) designated 2020 as the “Year of the Nurse and Midwife.” With the aim to improve health globally, networks of nursing leaders and stakeholders are seeking to raise the status of nurses through detailed reporting on nursing workforce, education, regulation, practice, and leadership. The “Nursing Now” campaign (WHO, 2019) is part of the collaborative effort to ensure that nurses and midwives have a prominent voice in health policy-making, recognizing greater investment in the nursing workforce; recruiting more nurses into leadership positions; conducting research; and sharing best practices (para. 2).

Over the course of 2020, look to RN Idaho to represent nursing organizations and practicing nurses in Idaho. By elevating the narrative about what nurses do and the knowledge it takes, we can gain public support, political support, visibility, and voice. What can you do?

1. Inform the public about nursing. Use #yearofthenurse on social media or submit an article.
2. Make public communication and education a part of your work. In conversations with patients and others, educate about the scope of your work or the significant aspects of what you are doing.
3. Communicate in ways that highlight nurses’ knowledge rather than simply their virtues. Emphasize the importance of making observations and acting on them.

Nursing care is consequential. As we celebrate nurses in 2020, we would like to hear your story! Submit a manuscript to missaho@idahonurses.org.

References


Submit a manuscript to rnidaho@idahonurses.org.
How has the absence of an informed nursing voice impacted public policy? Here are some examples. Nursing education in Idaho is threatened. Certainly, Idaho's nursing workforce numbers support that we need to graduate more nurses to meet the demands from an increasing population and from an aging and retiring existing nursing workforce. Idaho's ten existing programs that produce RNs and the numerous LPN programs are increasing enrollments, but these programs face three major challenges:

1. Faculty,
2. Clinical placement for student experiences, and
3. Classroom space.

Nursing faculty are underpaid. The most heard comment is that a new graduate RN can start working in a hospital at nearly as much or more than a graduate prepared and experienced nursing faculty makes. Additionally, Idaho's nursing graduates are choosing programs that prepare faculty members to be limited. Thus, Idaho schools rely on the immigration of qualified faculty versus having easily obtainable faculty resources within the community. Clinical placement is limited with schools and facilities cooperating to maximize utilization, but high numbers of students can overwhelm facilities. Classroom space is limited and that further inhibits program expansion because it is costly to rent off-campus and increased the class time to access the sites.

The pending nursing shortage in Idaho is an incentive for out of state proprietary schools to open in Idaho. The political climate is supportive of new businesses coming to the state, including proprietary schools of nursing. We know that there are spaces available to attend these new schools because Idaho's existing nursing programs consistently report between 7 to 10 qualified applicants for every student slot available. What we do not know is where these new schools will get faculty and how they will compete with existing schools for clinical space. Evidence from other states and from our own Idaho experience supports that new schools opening in Idaho hire faculty away from our state schools because they can pay more.

In terms of a major public policy initiative, Governor Little has appointed the Healthcare Transformation Council of Idaho (HTCI). The goal of this committee is to connect the leaders of person-centered healthcare delivery to improve the health of Idahoans and align payments to achieve improved health, healthcare delivery and lower cost. I am a member of this council, not because I am an RN or an NP, I am a member because of my healthcare research background and my personal relationship of 20 years with the chairman. There are 11 physicians or representatives of physician groups on the council along with payer representatives, rural health and the hospital association. Nursing is noticeably absent.

How is Idaho nursing supported by the elected Idaho delegation in Washington DC? Basically, not so much! In November 2019, federal legislation addressing the protections for healthcare workers, including nurses, known as HR-1329, Workplace Violence Prevention for Healthcare and Social Service Workers Act, passed the House and was sent to the Senate. The ANA-Idaho president, president-elect, and the ANA-I legislative chair met with all four Idaho Congressional members. Only Senator Risch took time to meet with them personally, the other meetings were with staffers. At each meeting the ANA-I officers explained the importance of this and other legislation to Idaho nurses. In the spring 2019 Idaho nursing survey conducted by ANA-I, nurses identified workplace bullying and violence as their number one issue. Many had been the victims of violence. Legislative staffers listened but gave no indication of support or not. At the end of the day, neither Representative Simpson nor Representative Fulcher voted to support this legislation and neither office communicated with the nursing organization why they did not support nursing.

The federal Title VIII Nursing Workforce Reauthorization Act of 2019 (H.R.728) did pass the House in October 2019, but neither Representative Simpson nor Representative Fulcher were signed on as being among the 130 co-sponsors, even though they were asked by Idaho nurses to do so. It is unclear why our representatives ignored nursing again because the bill is a bi-partisan effort and the sponsor was Republican Rep. David Joyce from Ohio.

Neither our Representatives nor our Senators have been much support for nursing, although we must credit Senator Risch for his focus on nursing when he was Governor. The visibility of nursing participation at the state level is not much better. It is difficult to identify nurses as members of state government advisory or decision-making committees. Nurse Practitioners are absent from provider focused groups, nurses are not on health planning committees, and community boards concerned with health issues rarely seek a nurse to participate.

When nursing’s culpability with this situation of being absent on duty? Nurses have some responsibility for it. As a profession, nursing is not engaged in the political and public policy arena, nurses have not driven the conversation and nurses have been acquiescent to the leadership of smaller groups that are motivated by their own self-interest. Nursing has to acknowledge this situation and has to change it. If not, others will decide that the nursing voice, and possibly even nursing’s professional presence overall, is not an essential component to the healthcare delivery system. It is time for 30,000 plus Idaho licensed nurses, who are voters, to make their voice heard.

To improve awareness of political and public policy issues that impact nursing, the nursing organizations will increase information postings on the websites and communicate them to members and followers of the websites, as well as provide quarterly legislative updates in RN Idaho. How can individual nurses become better informed? One idea is to have a newsletter for individual nurses. Even if you choose not to support membership in a nursing association, go the website and register yourself as a “follower” of the website. In that way you can receive the information just like you receive RN Idaho.

Some people think that because enamel is the hardest substance in the body it’s okay, or even better, to brush hard. Hard bristles and a good scrub clean better, right? Maybe for some things, but it can harm teeth and gums. Your teeth have an enamel surface, not diamond, so they are still susceptible to abuse. You’re not going to use a steel brush on a china tea cup, right? Your toothpaste may contain abrasives to help scrub away plaque so the addition of hard bristles can actually cause more harm than good. Use a soft or extra-soft bristled brush. Also, some people really push hard when they brush. This is known as aggressive brushing and it’s not a good thing. If you’re brushing too hard and/or using a medium to hard bristle toothbrush, you may be eroding your teeth and even damaging your gums.

One more time:
1) Soft or extra-soft bristle toothbrush.
2) 45° brushing angle.
3) Gentle cleaning beneath the gum line.
4) Brush all surfaces.
5) Don’t forget to floss!

Finally, brush at least twice a day for at least two minutes each time. That’s about how long it takes to effectively clean all of your teeth. If you’re still not sure if you’re brushing correctly, or if you have special circumstances, just ask your dentist. It’s all about using the best tools and techniques for the job!

For more information visit deltadentalid.com.
Beginning terms on January 1, 2020 are:

- President Elect: Carolyn Hansen, MSN, APRN-CNPN, Chief Nursing Officer, Bingham Memorial Hospital, Blackfoot.
- Treasurer: Margaret Henbest, MSN, RN, elected to a second term as treasurer.
- Region 1 Representative: Tari Yourzkek, RN, Chief Nursing Officer Boundary County Hospital
- Region 2 Representative: Jason Steik, MSN, RN, Chief Nursing Officer, St. Joseph Regional Medical Center, Lewiston
- Region 3 Representative: Claudia Sanders, MSN, MPH, RN, Supervisor, Saint Alphonsus Medical Group Clinical Operations
- Region 5 Representative: Erin Neilsen, BSN, RN, Chief Nursing Officer, Minidoka Memorial Hospital, Rupert

Other board members who will return are: Karen Nell, PhD, RN, SANE, 2017-2019 president who became immediate past president; Joan Agee, DNP, RN, CNOR, FACHE president; Claudia Miewald, DNP, APRN, PMH, Nurse Practitioner, continuing as Region 1 Representative; and Shelley Harris, DNP, RN, continuing as Region 4 Representative.

Members who retired from the board are: Joan Simon, MSA, BSN, RN, CENP, NEA-BC, FACHE, Immediate Past President; Tracy Watt, MSN, RN, Region 3 Representative; and Susan Narasimhan, MSN, RN, Region 5 Representative.

The 2020 Census will Impact Idaho’s Healthcare Dollars

Juanita Risch
Partnership Specialist, Los Angeles Regional Census Center

The 2020 Census is right around the corner. By April 1, 2020, every home will receive an invitation to participate in the 2020 Census. You will have three options for responding, online, by phone, and by mail. The 2020 Census is the first time you can respond online. You can even respond on your mobile device.

The decennial census was first taken in 1790, as mandated by the Constitution. It counts our population and households, providing the basis for reapportioning congressional seats, redistricting, and distributing more than $675 billion in federal funds annually to support states, counties and communities’ vital programs that impact employment, health care and public policy.

For the 2020 Census, the U.S. Census Bureau plans to provide the Internet Self-Response and Census Questionnaire Assistance in 12 non-English languages; enumerator instrument, bilingual paper questionnaire, bilingual mailing, and field enumeration materials in Spanish; and language guides, language glossaries, and language identification card in 59 non-English languages.

Idaho received $3.6 billion in federal funding, based on data derived from the 2010 Census (The George Washington Institute, 2019). Nurses can impact the census by making certain that their family information is collected, that they individually complete their own forms if they are single, and by assisting with data collection for patients who live in facilities where they work.

Help your community stay healthy.

Responses to the 2020 Census inform how over $675 billion is distributed to communities nationwide each year, meaning more hospitals and clinics in places that need them most.

For more information, visit 2020CENSUS.GOV

Reference

Save the dates

- National Nurse Recognition Dates
  - Certified Nurses Day: Thursday, March 19
  - Nurses Week: Wednesday, May 6 through Tuesday, May 12
- Idaho Nurse Recognition Event during Nurses Week: Tuesday, May 12, 5:30-9PM, Stueckle Sky Center, Boise State University Albertson Stadium
- 2020 Nurse Recognition Dinner: Monday, November 9, 2020, Riverside Hotel, Boise

- American Nurses Association of Idaho
  - Nurses Day at the Idaho Capitol: Thursday, February 20 8AM-Noon, Boise
  - Legislative Conference in Boise: Thursday, February 20 1300-1600, Red Lion Hotel, Boise
  - ANA Delegate Assembly: June 19-20, Washington DC
  - Annual Conference with LEAP 2020: Monday & Tuesday, November 9-10, Riverside Hotel, Boise

- Nurse Practitioners of Idaho
  - NPI Winter Conference: Saturday, February 29, Coeur d’Alene Resort
  - AANP Health Policy Conference: March 8-10, Washington, DC
  - AANP National Conference: June 23-28, New Orleans, LA
  - 2020 Fall Conference: Friday & Saturday, October 16-17, Boise

- Idaho Association of Nurse Anesthetists
  - IDANA Annual Spring Conference: Friday-Sunday, April 3-5, Grove Hotel, Boise

- Idaho Board of Nursing
  - Meeting Dates in Boise:
    - April 23-24
    - July 30-31

- Idaho Hospital Association
  - October 5-7, Sun Valley
  - July 30-31
Approximately 64 million, or 91% of children ages 2 to 17 in the United States, participate in online gaming (Forsans, 2017). Estimates suggest between 4% (Vadlin et al., 2017) and 19% (Warberg, Kriston, & Kammerl, 2017) of players develop problematic gaming. In 2013, the American Psychiatric Association listed internet gaming disorder (IGD) in the DSM-5 as a potentially addictive condition warranting further study. The World Health Organization (2018) defined gaming disorder as: “a pattern of “behavior characterized by impairments in control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences.” (para 1)

Massively multiplayer online role playing games (MMORPGs) is a genre of games that have become popular among children and young adults (Gentile et al., 2017). MMORPGs may increase IGD risk because of their interactive, collaborative, and social nature (Liu & Peng, 2009). MMORPGs allow players to interact as a team to achieve a common goal within the game through the same console, wirelessly with several consoles, or through the internet. Examples of MMORPGs include Fortnite, Call of Duty™, and Halo. Fortnite has become a cultural phenomenon and has grown to more than 125 million players worldwide in less than a year (Statt, 2018). Little is known about risk factors for developing IGD. The purpose of this paper is to discuss factors that increase the risk of IGD.

Sixteen studies were found to be eligible for inclusion in this evidence review. The most consistent finding was that male gender was significantly associated with IGD (Müller et al., 2015; Warberg et al., 2017; Vadlin, Aslund, Hellstrom, & Nilsson, 2016; Frolich et al., 2016; Van Rooij et al., 2014; Yu & Cho, 2016; Lee & Kim, 2017). Age was not a significant factor in predicting or protecting from IGD (Müller et al., 2015; Warberg et al., 2017), however, two studies found that being older may be a protective factor (Hawi, Samaha, & Griffiths, 2018; Vadlin et al., 2016). While it remains unclear if time spent playing MMORPGs lead to developing an addiction, studies found that adolescents with IGD played daily (Frolich et al., 2016; Yu & Cho, 2016), spent more time during the week gaming (Kietglaiwansiri & Chonchaiya, 2018), and woke up at night to game (Hawi et al., 2018). In addition, online gaming versus offline gaming is associated with higher rates of IGD (Van Rooij et al., 2014).

Adolescents with problematic gaming are more likely to have been bullied (Vadlin et al., 2016), have lower self-perceived social support (Warberg et al., 2017), and less satisfaction with relationships (Lee & Kim, 2017). Adolescents with high addiction scores (as measured by scales such as the Internet Gaming Disorder Scale, Lemmens, et al., 2015) game alone more often than those with lower scores and have a higher number of friends known only through the internet (Frolich et al., 2016; Warberg et al., 2017). Poor parent-child attachment (Lee, Zhang, Yu, & Bao, 2015) or lower parental attachment (Lee & Kim, 2017) was associated with higher incidence of problematic gaming. Mental health appears to affect the development of IGD and may also be a result of problematic gaming. Symptoms of ADHD, depression, and anxiety all increased the probability of problematic gaming (Vadlin et al., 2016). Individuals with ADHD spent more hours playing video games on weekdays and had higher rates of compulsive game use than those without ADHD (Kietglaiwansiri & Chonchaiya, 2018). However, as an outcome of gaming, adolescents with IGD had higher levels of anxiety and depression (Yu & Cho, 2016).

In conclusion, despite gender differences in prevalence, individuals with IGD experience negative effects of gaming. It is important for nurses to understand that IGD may impact mental health, relationships, and daily functioning. Based on the evidence, risk factors for IGD include male gender, a mental health diagnosis, being bullied, negative relationships with friends and family, frequent and consistent gaming, and nighttime waking to game. While nurses should be aware that IGD is problematic, they should understand that the diagnostic criteria of IGD has not been established as reliable or valid and there is disagreement whether IGD is a true addiction. Further research should be done regarding the social impact and treatment of IGD.

References


Access to specialized care, particularly behavioral health and substance use disorder services, continues to be a challenge, especially for the one-third of patients in Idaho who live in rural communities. Nurses face a unique opportunity to identify the needs of patients and to collaborate with specialists to facilitate confidence in new treatment approaches. ECHO Idaho is an amazing opportunity for nurses to learn about important issues, utilize new tools in their practice, and to gain confidence in identifying the needs of patients, planning and assessment practices, and to learn about important issues, utilize new tools in their practice.

ECHO Idaho is an opportunity to develop skills in consultation services for patients experiencing mental health crises. In this cross-disciplinary environment, nurses can put together the whole picture for the patient. If you would like to be involved in ECHO Idaho, please visit our website to view the schedule of upcoming trainings at uidaho.edu/echo or email us at echoidaho@uidaho.edu.

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References


ECHO Idaho: Free CE Opportunity for Nurses

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ECHO Idaho is an opportunity for nurses to learn about important issues, utilize new tools in their assessment practices, and to collaborate with specialists, and gain confidence in identifying the needs of patients experiencing a mental health or substance use crisis. For example, one ECHO participant reported learning new ways to help dementia patients who become agitated by implementing calming sensory or environmental interventions. Another participant said they learned how to utilize motivational interviewing techniques to help patients facilitate positive change.

ECHO Idaho's current, ongoing tracks include Behavioral Health in Primary Care and Opioid Addiction and Treatment. Each track holds two, free one-hour conferencing sessions per month, which include a brief didactic lecture as well as a review and discussion of patient cases submitted by participants. Annie Hawkins, a nurse practitioner new to Hope, ID, says that ECHO “has been a great way for me to learn about who and what are available as resources. The wide range of topics presented,” she continues, “educate and keep me updated in substance use disorder and the mental health issues often seen in primary care.”

The Behavioral Health in Primary Care track started in September 2018 and is led by six specialty panelists including a psychiatric nurse practitioner, psychiatrist, family practice physician, psychologist, social worker, and pharmacist. The didactic lectures have included safety planning, post-partum depression, dementia, ADHD, cognitive behavioral therapy, chronic medical conditions and mental health, self-care for helpers, and community resources for mental health crises.

The Opioid Addiction and Treatment track started in March 2018. These sessions are led by a panel including a psychiatric nurse practitioner, psychiatrist who specializes in addiction, pain management physician, family practice and addiction physician, licensed clinical social worker, and pharmacist. The didactic lectures have included pain control in geriatrics, safe opiate prescribing, motivational interviewing, harm reduction, adolescents and addiction and diversion. Medication for Addiction Treatment (MAT) waiver trainings are also held twice per year for providers who want to prescribe and dispense buprenorphine.

ECHO Idaho's lecturers include not only the esteemed panelists but also specialists from the community. One presenter is Abhilash Desai, MD, whose specialty is geriatric psychiatry and who gave a lecture on pharmacological and non-pharmacological interventions for patients with dementia. Another presenter was John Reusser, LCSW, who spoke on community resources for mental health crises, most notably the Idaho Suicide Prevention Hotline.

Nurse participants not only learn from ECHO but also share our expertise and enhance the conversation. In this cross-disciplinary environment, nurses can teach other medical and social service professionals about their role in the care team, and share ideas on how to provide quality patient care by collaborating across disciplines. Nurses are the largest and most trusted profession in the healthcare workforce (American Hospital Association, 2018; Institute of Medicine, 2009). As nurses, we have invaluable insights into the needs of the community and barriers to healthcare that patients often face because we spend a great amount of time providing care directly to patients. As a panelist and future presenter myself, I am able to utilize knowledge gained not only from my years of nursing experience in inpatient psychiatric hospitals and substance abuse facilities but also my new experiences as a psychiatric nurse practitioner. As a psychiatric nurse practitioner, I have the opportunity to work in many different settings including a detox/mental health stabilization facility, outpatient care, partial hospitalization programs, and consultation services for patients experiencing mental health crisis while in the hospital. My addition to the ECHO is a welcome responsibility and one in which I take pride. My goal is to bring a nurse's voice and perspective to our discussions.

From certified nursing assistants to doctors of medicine, ECHO Idaho offers CE credits to all who join, which is a great asset to nurses in meeting new CE requirements for licensure certification. One CME credit can be earned after each session by completing a post session survey. With ECHO Idaho, participants can sign up at any time to join the next session. There are two ways to join: in person in Boise or from anywhere in the state using free Zoom video conferencing technology. Sessions are recorded and are available on demand at uidaho.edu/echo.

In addition to the vast amount of knowledge shared through ECHO Idaho, it also provides free CE credits to all who join, which is a great asset to nurses in meeting new CE requirements for licensure certification. One CME credit can be earned after each session by completing a post session survey. With ECHO Idaho, participants can sign up at any time to join the next session. There are two ways to join: in person in Boise or from anywhere in the state using free Zoom video conferencing technology. Sessions are recorded and are available on demand at uidaho.edu/echo.

If you would like to be involved in ECHO Idaho, please visit our website to view the schedule of upcoming trainings at uidaho.edu/echo or email us at echoidaho@uidaho.edu.
The current opioid crisis in the United States (US) has placed increased focus on medication diversion and substance use disorder among healthcare professionals, including nurses. The prevalence of employed nurses who are identified as having substance use disorder or who have enrolled in alternative to discipline programs in the US is lower than among the general population (Monroe, Kenaga, Dietrich, Carter, & Cowan, 2013). However, the American Nurses Association (ANA) (2016) estimates that up to 10 percent of nurses use alcohol or drugs to an extent that is sufficient to impair professional performance. Hence, substance use disorder is one of the most serious problems facing nursing today.

**Coming Back from the Unthinkable: Substance Use Disorder**

By August, I was using opiates multiple times daily and couldn’t function without them. I was not eating. I was not socializing at all. I just wanted to stay home. I was lying to my family and my coworkers. My marriage was in serious trouble and I wasn’t paying as much attention to my kids as they needed. I would do anything imaginable to keep using. I had already tried for quite a while to stop and I often said to myself, “today, I’m not going to do it.” But I broke that promise to myself within about five minutes of making it. I didn’t understand why I couldn’t control this thing, and it was really scaring me. I just knew that I would lose my job if I said a word to anyone. I didn’t want to face any of this. Things at work were closing in on me and it was getting harder to hide things and keep up with narcotic counts. I felt such incredible shame for what I had been doing and taking advantage of my precious career like this.

There was a physician at my workplace whom I knew was in a recovery program. I was so low, and on this particular day I found the courage to go and find him. I told him everything, for some reason. I think it was because I thought he may not judge me. I cried and cried. He knew about the Idaho Program for Recovering Nurses (PRN) and put me in touch with them that very day. He didn’t judge me, nor did any of the other people along this path. I started the process of recovery that day in that doctor’s office. The PRN gave me support, and a road map back to healthy practice of my career. The five years of monitoring were tough – lots of things to do and requirements to meet. I met other nurses in recovery at support group meetings, saw a counselor, became a member of my local recovery community, got a sponsor, and did random drug testing. It was a challenge, but it kept me safe. I don’t think I could have gotten better on my own. I was able to go back to work soon after joining the PRN. There are many recovery-friendly workplaces for nurses. The PRN wanted me to succeed… this is why it’s there. To protect the public safety and also to support re-entry of nurses into the workplace.

I’m forever grateful for sobriety and the PRN, and for being able to practice my craft again. I was never a bad person. Substance Use Disorder is not uncommon in medical professionals. I have the disease of addiction; not a moral failing. Because of the PRN and sobriety, I am a better nurse, a better wife and mom, and I get chances to help others find recovery.

This remarkable story of a nurse colleague demonstrates the value of programs like the Idaho Program for Recovering Nurses. Idaho is one of 21 other states plus District of Columbia and Guam that offer Alternative to Discipline programs. The Idaho Program for Recovering Nurses has helped over 200 nurses enter into recovery and return to the nursing profession. If you or someone you know is struggling with substance abuse or mental health issues, please reach out to Katie Stuart, CIP, Associate Director for Alternative Programs at the Idaho Board of Nursing.

**References**


The Idaho Center for Nursing honored Margaret Plastino for her years of dedicated commitment and service at the eighth annual Nursing Recognition Gala held in Boise on November 4, 2019. Margaret, to our knowledge, is the oldest living Registered Nurse in Idaho. At 102 years old, Margaret was acknowledged by her peers and presented with an official copy of a Congressional Record read and signed by Senator Jim Risch.

Margaret Plastino was born in 1917 and moved to Shelley, Idaho as a young girl. Margaret knew she wanted to be a nurse from a very young age – bandaging and unbandaging her dolls. A local doctor encouraged her in that pursuit and Margaret graduated from the Idaho Falls LDS Hospital School of Nursing in 1939, marking her 80th anniversary from this milestone.

After working at the LDS Hospital, she was hired in 1942, by the Bonneville County Commissioners to be County Nurse, a role she served in for 10 years. At that time, the County Nurse was the public health system. When Medicare was enacted, she became the first home health nurse in southeastern Idaho and served for many years. She was one of the few nurses that had experience in home health care until her retirement from District 7 Health & Welfare in 1985.

Margaret continued to volunteer in the nursing field for another 25 years – taking her second retirement at the age of 90. A career in nursing that parallels the history of healthcare and nursing in Idaho is a gift. Margaret practiced during the time after the war when penicillin became more widely available, changing the course of medical treatment dramatically. She distributed the Salk vaccine to school children when it first became available and utilized new technologies to test hearing. When the Teton Dam Broke, Margaret answered the call to serve by administering tetanus shots and other medications. It is not only Margaret’s quiet and steady joy of life that makes her such a remarkable woman, but also her incredible knowledge base, genuine kindness, and capacity for empathy that set her apart today.

Scan the QR Code to watch a compilation of interview soundbites which gives a glimpse to the events punctuating the extraordinary life of Margaret Plastino. Her story is not only a story of a very dedicated Registered Nurse, but also a story which represents much of the history of nursing in Idaho.

John Davlin was presented the Daisy Award by Losa Manuakoafoa.

DAISY AWARD RECIPIENTS

Editor’s Note: An acronym for Diseases Attacking the Immune System, The DAISY Foundation was formed in November 1999, by the family of J. Patrick Barnes who died at age 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). The nursing care Patrick received when hospitalized profoundly touched his family. They started The DAISY Foundation and the DAISY award to “ensure that nurses know how deserving of a Daisy award to "ensure that nurses know how deserving of a Daisy Award by Losa Manuakoafoa.

John Davlin was presented the Daisy Award by Losa Manuakoafoa.

John Davlin RN Nampa

On behalf of St. Luke’s Nampa and the whole St. Luke’s system, we want to thank John for being a wonderful example of excellence in patient centered care. It is through his daily efforts and extraordinary dedication, that we are able to serve our community in the manner it deserves.

Camille Sommer, BSN RN Rexburg

We brought my 99-year-old dad here with a broken hip. We were here for five days and Camille was here attending to him all through his days. I have never seen such a knowledgeable, happy, positive person as she was. She was able to answer all our questions and did everything she could to make my dad, as well as his 95-year-old wife and all of our family members who were here, feel at ease. She was so very kind and tender to my dad; she seemed to understand what all of us were going through and helped with all of our concerns.

Camille was very attentive to us but extremely attentive to what she was doing: i.e. meds, IVs, catheter, pain meds to my dad. Not an easy feat as dad doesn’t talk much and it’s always a guessing game of what he needs. Dad also had radiation wounds, and everything was hurting and uncomfortable. She was ever so attentive to every detail and professional manner. She is such an amazing and caring person and she greatly helped our stay to be one of as much comfort as possible. Love this lady!
Nurses from across Idaho were recognized at the November, 2019, Nurse Leaders of Idaho eighth annual “Celebrate Nursing Dinner” held in Boise. This event serves to celebrate the accomplishments and efforts of all nurses in Idaho.
Faith May, RN
Student Nurse Preceptor Program

Jake Taylor, RN
Student Nurse Preceptor Program

Jamey Slayden, MSN, RN
Exemplary Practice

Jason Blomquist, RN
Nurse Leadership Award

Lori Buttars, RN
Nursing Excellence Award

Laura Franz, RN
Daisy Nurse and Multiple Nominations

Lynda Peel, RN
Excellence in Clinical Education

Maddy Helfrich, RN
Student Nurse Preceptor Program

Marci Mattoon, RN
Student Nurse Preceptor Program

Meghan Cardoza, RN
Nurse Leader

Melissa Berry, RN
Clinical Excellence

Nancy Lee, RN
Daisy Award

Patty O’Neill, RN
President’s Award

Rina Wilkes Guidicelli, RN
Student Nurse Preceptor Program

Robin Schmidt, RN
Nursing Excellence Award

Teresa Holbrook, MSN, RN
Excellence in Clinical Education

Teresa Stanfill, DNP, RN, NEA-BC
Innovation in Health Care

Thea Campbell, RN
Nursing Excellence Award

Troy Albright, RN
Nursing Leadership and Innovation

Cordelia Oggunnokun, RN
Certificate in Case Management

Marijo Clark, RN
Clinical Excellence and Certificate

Carissa Woodruff, RN
Certificate in Moderate Sedation

Isabel Bruce, RN
Certificate in Moderate Sedation

Megan Dotson, RN
Certificate in Moderate Sedation

Shannon Rivers-Cyden, RN
Outstanding Rural Nurse Leader

ST. LUKE’S

FAMILY MEDICINE RESIDENCY OF IDAHO

ST. LUKE’S

FAMILY MEDICINE RESIDENCY OF IDAHO

ST. LUKE’S

FAMILY MEDICINE RESIDENCY OF IDAHO

ST. LUKE’S

FAMILY MEDICINE RESIDENCY OF IDAHO

ST. LUKE’S

STEELE MEMORIAL HOSPITAL

2019 Celebrate Nursing Gala continued from page 9
Jenny Hopkins, RN
Excellence in Clinical Education

Teresa Hall, MHA, BSN, CEN, NEA-BC
Leadership of Emergency Department, Lab, and Radiology Services

Megan Painter, RN
Nurse Innovation

Lauren Boyd, RN
Nurse Excellence Award

Mary Nies, PhD, RN
Research Excellence

Kristy Crownhart, DNP, APRN-FNP
Nurse Leader

Rosemary Macy, PhD, RN
Champion of Simulation Education

Heather Hernandez, RN
Clinical Excellence

Annie Fratusco, MSN, RN
Excellence in Nursing Leadership

Linda Libby, MSN, RN
Distinguished Adjunct Faculty Member

Edward Zepeda, BS, RN
Distinguished Adjunct Faculty Member

Michelle Pearson-Smith, MSN, RN
Outstanding Faculty Member

Jenna Chambers, MSN, RN
Aspiring Nurse Leader

Mark Cox, RN
2018 Employee of the Year

Sheri Holthaus, RN, CCRN
Inspirational Community Educator

Angie Phillips, MSN, RN
Nurse Leader

Beth Sutton, RN
Nurse Leader

Jeremiah Nabarrette-Stuart, RN
Excellence in Nursing Leadership

Rosemary Macy, PhD, RN
Champion of Simulation Education

Linda Libby, MSN, RN
Distinguished Adjunct Faculty Member

Edward Zepeda, BS, RN
Distinguished Adjunct Faculty Member

Michelle Pearson-Smith, MSN, RN
Outstanding Faculty Member

Jenna Chambers, MSN, RN
Aspiring Nurse Leader

Mark Cox, RN
2018 Employee of the Year
Globally

Goal 1: Elevate the Nursing Profession

• Expand coverage and payment to reform delivery, the ANA Enterprise will ensure that its policies, programs, and the other offerings add value to this important segment of nurses.

• Deliver Data-driven Personalized Programs, Products, and Services to Nurses Throughout their Careers. ANA enterprise will continue to leverage data-driven insights to provide the most relevant programs, products, and services to nurses.

• Increase Customer Loyalty with the ANA Enterprise. Create relevant customer-centric journeys and experiences based on data and voice of the customer.

• Identify and Grow Priority Nurse Segments. As healthcare evolves, and APPR’s become more central to new modes of care delivery, the ANA Enterprise will ensure that its policies, programs, and the other offerings add value to this important segment of nurses.

Goal 2: Engage All Nurses to Ensure Professional Success

• Advance workforce priorities and improve the work environment across diverse practice settings: ANA will continue to advocate for and empower nurses and organizations with resources to create healthy, productive, and effective work environments. To do this we will advance solutions to address nurse staffing, advance environments. To do this we will advance solutions to address workplace violence, and improve nurses’ health by advancing Healthy Nurse Healthy Nation year three goals.

• Evolve nursing programs and practice priorities. As healthcare delivery becomes increasingly complex, ANA will continue to help nurses assume new and expanded roles in emerging areas of practice.

• Expand coverage and payment to reform healthcare. ANA will continue advocating for equitable payment for nursing services, allowing nurses to practice at the top of their license, and equal reimbursement rates when nurses provide the same services under the same billing codes.

• Develop nurses to lead and innovate. Further the role of nursing in driving innovation and leading transformative change by defining, delivering and communication innovation research and projects that demonstrate the future of the profession and its impact on healthcare transformation.

Goal 4: Enable Transformational Capabilities through Operational Excellence

• Deliver optimal technology capabilities for the ANA Enterprise technology services. Align IT resources with business strategy to create scalable, secure, effective technology that delivers value to customers, creating engaging and innovative experiences.

• Promote equity, diversity and inclusion throughout all operations and across the ANA Enterprise to encourage culturally informed care and workplace practices. The ANA Enterprise will create and role model the highest standards and potential, to influence nurses adopt high performing, equitable, diverse and inclusive work environments and cultures.

• Apply a comprehensive project management approach to ANA Enterprise to reach resource prioritization, planning, and optimization. Create a comprehensive project management capability to ensure that ANA Enterprise’s resources are planned for, prioritized and optimized.

In January, ANCC is launching an exciting new recognition called “See You Now.” They are partners with ANA and Johnson & Johnson highlighting nursing innovations via podcasts. They will focus on how nurses are driving change in the daily lives of patients, providing insights and discoveries. Nurses are truly on the fore front of innovation. The podcasts will spotlight nurses that have created innovative solutions to change the future of nursing and increase patient outcomes. We will be sharing the podcasts with you on our social media platforms starting in January 2020.

ANA provided updates on nurse staffing and the work over the past 20 years to create improved staffing models. ANA believes that providing appropriate nurse staffing must account for human factors including a nurse’s years of experience, knowledge, education, skill set and patient mix, acuity and intensity. This flexible approach to nurse staffing is associated with improved patient outcomes, including reduced mortality rates, shorter stays, lower readmission rates and reduced incidents of hospital-acquired conditions. Direct-care nurses, collaborating with nurse and patient teams, are the optimal team to accomplish this important work.

In 2020, we will celebrate “The Year of the Nurse” and innovate, lead, and excel. One ANA plan is to celebrate by promoting “what’s your story?” ANA will be launching a platform on the ANA website whereby members can tell their nursing story effectively and efficiently to others across the globe. To participate in this activity, go to the ANA website at https://www.nursingworld.org/ and click on the rotating banner, or Google “year of the nurse” or follow ANA Idaho on social media to learn more.

In Idaho we will celebrate the year of the nurse with activities in both May and November. May will see activities during Nurses Week, May 6-12, with an event to be held on the BSU campus on Tuesday, May 12, a Health Care Heroes Dinner. We will see activities during Nurses Week, May 6-12, and a Nursing Recognition Dinner on Monday, November 9. Visit the ANA and NLI websites for more information about these upcoming events.

Values:

• Trusted, Inclusive, Innovative, and Empowered

Mission:

• Lead the profession to shape the future of nursing and healthcare

Vision:

• A healthy world through the power of nursing
I am honored to serve in the role as the President of the Nurse Leaders of Idaho (NLI) and the Idaho Alliance of Leaders in Nursing (IALN). The past two years as past president, Karen Neill Ph.D., R.N., SANA-E, DF-IAFN has led the associations through strong growth and participation. I intend to continue this focus on engaging our membership which benefits both the organization and the profession. The mission of NLI & IALN is to assure a quality nursing workforce for Idaho's future and to promote engagement in nursing education and scholarship is aligned with my values and goals as a nurse leader. To achieve this mission, nurses from education, practice, and industry need to be engaged because together we can make a difference. I can’t think of anything more exciting than collaborating and brainstorming on how to grow and advance our nursing workforce and our profession. Since growing up on a farm in the Midwest and thinking that I needed to run to the rescue whenever any minor injury occurred, I was a nurse from the get-go. Now, as the Chief Operating and Nursing Officer at the St. Luke’s Health System in Nampa, nothing makes me prouder than to wear my RN badge in my workplace and in the community.

As the new President of NLI and IALN, I think it is only fair that you know a little bit about me. I have a beautiful family, consisting of my husband Gene and two grown children, David and Michelle. I love the outdoors and enjoy hiking with my two dogs, Heidi the German wire-haired retriever and Abby, the rat terrier. I have more than 30 years of experience in nursing and healthcare leadership. I graduated with my Doctor of Nursing in Health Systems Leadership from Gonzaga University, my master’s degree in Nursing Administration from Idaho State University, and my bachelor’s degree in Nursing from the University of Alaska in Anchorage. I am certified as a fellow of the American College of Healthcare Executives and a Certified Operating room nurse.

I would be remiss if I did not take this opportunity to highlight 2020 as being designated by the World Health Organization (WHO) as the first ever International Year of the Nurse and Midwife. According to WHO (2019), nurses and midwives account for nearly 50% of the world’s health workforce. I believe the mission of NLI and IALN is fully aligned with the WHO’s global strategy which includes:

• Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings;
• Optimizing policy development, effective leadership, management and governance;
• Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development; and
• Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

In my new role as the President of NLI & IALN, I am very excited about my opportunity to serve and work with my fellow nurses in Idaho. Together with our partners in the Idaho Center for Nursing (Idaho Nurses Association; Idaho Association of Nurse Anesthetists; Nurse Practitioners of Idaho; and the Idaho Nursing Action Coalition), we have the capacity to advance the profession of nursing and address issues that impact the overall health of Idahoans. I have included the link highlighting the WHO 2020 activities for your review: https://www.who.int/hrh/nursing_midwifery/nursing-midwifery/en/

References

The Idaho Association of Nurse Anesthetists (IDANA) has a long history of representing Certified Registered Nurse Anesthetists (CRNAs) throughout our state. The mission of IDANA is to advance patient safety and protect the profession of nurse anesthesia in Idaho. In addition, our role includes actively advocating for our profession and offering diverse educational opportunities for CRNAs to maintain and expand their professional practice. IDANA utilizes multiple committees and groups to address the ongoing needs within our profession.

This said, we need you! IDANA continues to seek the talents and expertise of CRNAs in Idaho. Although life schedules may make it difficult to commit and serve as a board member, there are still plenty of smaller projects that need volunteers and don’t require as much of a time commitment, otherwise known as micro-volunteering. Micro-volunteering is a great way to help in specific ways that still benefit our great profession without entering into a long-term commitment.

As an example of our advocacy efforts, we had the privilege of hosting our third annual legislative reception to coincide with CRNA Week in January. We also participated in our annual Capitol Day event where we hosted a table in the Capitol rotunda. Both of these events allowed us to educate and inform legislators about CRNAs and how we benefit patients and facilities across Idaho.

Looking ahead to April, IDANA is holding our annual spring meeting in Boise. This important event will be held at the Grove Hotel on April 3-5, 2020 and will offer 14 CEUs for CRNAs. Included in this meeting will be anesthesia relevant presentations from a diverse group of speakers covering topics involving OB, trauma, medical billing, and others. Also, a separate fundraising and networking party is scheduled during that weekend on the evening of Saturday, April 4th.

We look forward to seeing many colleagues and old friends to catch up and network during the meeting. For more information on this upcoming event, or if you would like more information on how to serve, please visit our website, www.idanaoma.org, or reach out to a board member today!
Silence is Not Golden

M. Christine Henesh-Lyle, PhD candidate, MSN, NP-C
President, Nurse Practitioners of Idaho
Boise VA Medical Center
mchristinefnp@gmail.com

With the turn of the new year and the beginning of 2020, I am honored to take the helm of Nurse Practitioners of Idaho (NPI) and serve as your president. I succeed Melanie Nash, DNP, APRN, FNP-C, who has served as NPI president for 2019 and is now NPI past president. NPI exists to advance, support, and promote the role of nurse practitioners (NPs). We do this in various ways to include promoting accessible, quality health care provided by NPs through legislative and educational efforts. I have nearly two decades of nursing experience with six of those as a nurse practitioner. The vast majority of my nursing experience has been in the emergency department and this is where I continue to serve now. The entirety of my NP career has been at the Boise VA Medical Center, so our Nation’s Veterans hold a special place in my heart. In addition to my clinical work, I am working toward my Ph.D. in nursing with plans to graduate May 2020. My dissertation is on the role transition new graduate NPs experience and factors that contribute or inhibit this transition. I am eagerly analyzing the data from my survey and looking forward to what is discovered and the potential impact this information could have on our profession.

As an advanced practice registered nurse pursuing a Ph.D. in nursing research and current president of Nurse Practitioners of Idaho, I wholeheartedly believe in the adage “if you aren’t pursuing a Ph.D. in nursing research and current profession. Impact this information could have on our forward to what is discovered and the potential communicating the data from my survey and looking forward to what is discovered and the potential impact this information could have on our profession.

This extensive experience often hones an advance practice nurses that have paved the way for the practice environment we have today? In 1971, Idaho was the first state to give formal and legal recognition to expanding the role of nurses (Brom, Salsberry, & Graham, 2018) and in 2004, Governor Dirk Kempthorne signed H659, which removed physician supervision requirements and granted full practice authority to Idaho advanced practice registered nurses (APRNs) (Wainswright Henbest, Evans, & Hudspeth, n.d.). These significant advances were born when nurses recognized a problem, identified a solution, and fought for a change.

Nurses are often fearful of voicing their concerns and realities of their workplace due to historically ingrained ideologies. However, this can change when nurses find their voices. Voice allows one to share truths with another. It may come from a single person but has the power to reflect on relationships between society, self, history, and culture (McMillan, 2016). Voice can speak the truth regarding politics, fear, limits, and hopes. McMillan (2016) said, “If nurses do not speak their truth, their knowledge and experience will not be incorporated into dominant organization discourse. This phenomena… will thus remain grounded in perspectives that do not reflect the realities and complexities of nurses’ work” (p. 267).

At nearly four million, nursing is the nation’s largest healthcare profession (American Association of Colleges of Nursing, 2019). Can you imagine the impact if even one-quarter of nurses took the plunge into the political arena? Registered nurses outnumber physicians three to one in the US, function in a variety of settings, deliver most of the long-term care in the country as well as functioning as the primary provider in hospitals across the nation, and have the option to obtain terminal degrees (American Association of Colleges of Nursing, 2019). This extensive experience often hones an excellent knowledge base, including the real-world operation of health care facilities, including extended care facilities, hospitals, and primary care offices. When this experience is met with communication skills that have been perfected under stressful situations commonly encountered in healthcare, a rare set of skills that are easily translated to the political world are born. “Qualities such as strong negotiation and communication skills, patient advocacy, clinical expertise, and attentiveness and empathy… managing diverse personalities, responding to unstable circumstances, and conflict management” are necessary for success in political activism and are the very reason that nurses are so perfectly positioned for this next career step (Woodward, Smart, & Benavides-Vaello, 2016, p. 54).

Nursing has an ethical responsibility to advocate for our patient population. In honor of 2020 being the 200th anniversary of the birth of Florence Nightingale, take up the challenge to become more involved in the legislative arena. Here are a few ways to do so:

1. Visit the “Nurses on Boards Coalition” website.
2. Attend legislative days throughout the year. Nurse Practitioners of Idaho held theirs on January 24, 2020, so watch the NPI website for the 2021 date. Nurse Leaders of Idaho and ANA Idaho will co-sponsor a legislative day on February 20, 2020.
3. Start attending the Idaho Board of Nursing Meetings (BON). Meeting dates are found on the Idaho BON website.
4. Attend your local city council meetings or hospital board meetings.
5. Become involved in a state or national advocacy group. Advocacy and education are cornerstones of Nurse Practitioners of Idaho. NPI has various committees on which members can serve, including the finance committee, legislative committee, membership and marketing committee, and the conference committee. More information is found on our website (npiidaho, enpnetwork.com).

This article is a call to action. Nursing was born to make effective change!

References

THE NEUROSCIENCE OF ADDICTION: CARING FOR THE ADDICTED POPULATION

Join us July 27, 28, & 29, 2020 at the Red Lion Hotel for:

• Addiction research updates
• Pain management
• Discharge patient education
• Current nursing interventions
• Neuroimaging

20 CEUs ISBN APPROVED

NPI PRESIDENTIAL REPORT
February, March, April 2020
Developing Nursing Student Communication Skills: Automating Peer Assessment

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Clinical skills form the core of nursing practice while soft skills, such as teamwork, collaboration, and communication help shape the quality of care and patient satisfaction (Kroning, 2015). Nursing practice in turn informs nursing education, encouraging an interprofessional focus between these clinical and soft skills. The goal is to prepare nurses to collaborate within and across disciplines to promote patient safety and community health.

Salias related teamwork directly to patient safety, stating “team training and teamwork must be part of the DNA of healthcare” (Salas, 2008 as cited in Lerner, Magrane, & Friedman, 2009, p.328). For example, teamwork issues can contribute to mistakes that happen during handoff transitions (Freytag, Stroben, Hautz, Eisenmann, & Kämmer, 2013; American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine Committee, Emergency Nurses Association Pediatric Committee, 2016). Manser (2009) reviewed various studies of incident, malpractice, and adverse event reports, concluding “…communication and teamwork issues [are] among the most frequent contributory factors (i.e. in 22–32% of reports).” (p.145).

Various studies have linked interprofessional communication and teamwork problems to poor patient outcomes (Freytag, Stroben, Hautz, Eisenmann, & Kämmer, 2017; Thistlethwaite, 2012). When colleagues from varied disciplines and backgrounds work together, timely and constructive peer feedback is critical to enable the team to adjust and improve (Freytag et al., 2017). Structured team communication also helps promote equal responsibility among team members, an important detail of collaborative decision-making in interprofessional teams (Allport, 1954). Hattie and Timperley (2007) suggest, “Feedback is among the most critical influences on student learning.” By implementing timely and constructive feedback in nursing curricula, educators can prepare nurses to be effective team members before they enter the healthcare industry. In particular, peer feedback can help students develop clinical, collaboration, communication, and leadership skills (Lerner et al., 2009; Allport, 1954).

Peer assessment has been a teaching tool used for many years. It is frequently used in interprofessional settings with nursing and business students at Boise State University (Poole, Walters, & Fairbanks, 2019). Students are asked to assess their team members’ (and their own) participation and contribution behaviors, using open and closed questions, and provide suggestions for improvement. In education peer assessment is often used to motivate students to engage with their teams, especially when grades weigh in the balance (Adwan, 2016; Brutus & Donia, 2010; Kaufman, Felder, & Fuller, 2000). Although team engagement is an immediate benefit, logistical obstacles can impede more substantial student learning. When students complete peer assessments via paper or email, the instructor is tasked with processing the feedback into meaningful information. Given the time and effort required, instructors often take two shortcuts. First, they conduct an assessment only once, after the project is over. Second, they assign a grade but provide little or no formative feedback to the individual student to improve their teamwork skills. These shortcuts interfere with the impact timely feedback can have on learning, as discussed by Hattie & Timperley (2007) with formative reducing long-term benefits for student growth.

Brutus and Donia’s (2010) study explored the longer-term learning effects of peer assessments, but with a twist. An automated system enabled instructors to quickly return formative peer feedback to students. They used the system in two consecutive required classes involving group projects. Some students took a team peer assessment as recent feedback, making it hard for the rest to do so only in the second class. Brutus and Donia (2010) found that students who received repeated feedback performed better in the second project than those who only saw one. In their study, repeated peer feedback helped students improve their team behaviors.

A new cloud-based tool called PeerAssessment.com (https://peerassessment.com) automates the peer assessment process, making it easier to provide that repeated, periodic feedback (Anson & Goodman, 2014). Its goals align with the Brutus and Donia (2010) system, providing feedback to students and assisting the instructor, but additional features enhance its ease of use, efficiency, and flexibility. It takes less than five minutes to set up a team assessment, and the tool does the rest: launching the Assessment, sending reminders, distributing personalized feedback to students, and calculating individual scores.

Tools like PeerAssessment.com make it practical for an instructor to put students back at the center of peer assessment. Periodic assessments, while the project progresses, provide timely feedback for individuals and teams to self-correct and grow. Challenges faced by interprofessional teams, including workflow, distribution of responsibility, and scheduling (Thistlethwaite, 2012) can be examined more closely. In an academic environment, instructors can tie peer assessment to a final grade so that students have an additional investment in learning how to communicate effectively.

At Boise State University, we used PeerAssessment.com to conduct assessments during our interprofessional education project, in which nursing and business students worked together on a large healthcare industry issue (Poole, Walters, & Fairbanks, 2019). After introducing the project itself, we orient students to PeerAssessment.com and its rationale, emphasizing the value of specific and meaningful feedback to help students learn and improve their teamwork. Mid-project feedback allows students and teams to apply what they learn to the next project. At the project end, or the peer-assessment portion, the student receives a grade proportionate to the final feedback from their peer-assessed contributions to the team.

Team-based projects help students improve collaboration, communication, and leadership skills, which are linked to improved patient outcomes. By incorporating this new style of peer feedback, we can prepare new nurses to work and communicate effectively as a team, improving the quality of care and patient satisfaction (Lerner, et al., 2009).

References
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The Idaho Nurses Foundation Transitions to an Education Fund for Multiple Purposes

The ANA-I board of directors approved changes to the Idaho Nurses Foundation (INF) based on a new relationship with the Idaho Center for Nursing. The old Foundation was dissolved and the funding became part of the newly formed Idaho Nursing Education Fund at the Idaho Center for Nursing. The Idaho Nurses Foundation (INF) had formally existed since 1984, but the funds that comprised the foundation had been established at various times since 1956. The foundation was changed from a loan fund to a scholarship fund in 2000 because the amount that could be borrowed was less than $500 and most loans had become delinquent and non-collectible.

To fully understand how the foundation has transitioned it is important to know its history. In 1983, the Federal Internal Revenue Department ruled that monies held by non-profit organizations in the form of a tax exempt foundation could not be co-mingled with funds of a foundation's parent membership organization; in this case that parent organization was the Idaho Nurses Association (INA). In 1984 the INA formed the separate Idaho Nurses Foundation and brought all of the small funds under one INF.

The scholarship monies had come from the donations of Idaho nurses and from memorial donations made by families and friends of nurses who died. For 43 years, loans were awarded to one or two nursing students at each Idaho school based on the student meeting eligibility criteria. These low interest rate loans were used to cover tuition costs and payments began after graduation from nursing school.

The first fund collection had been started in 1956 by Idaho nurses who wanted to memorialize Florence Whipple. She was the RN hired in 1947 by Idaho Governor Charles Robbins, MD, who felt that Idaho needed a coordinated state health department because of the major issues impacting public health by tuberculosis and polio. She was the first director and supervisor of the public health department that has now become the Idaho Department of Health and Welfare. She died on Christmas Day 1955 and nurses throughout Idaho donated to a memorial fund established to further her goal of increasing BSN education, because at that time a BSN was considered necessary to be a public health nurse and very few Idaho nurses had a BSN. Each year at the Idaho Nurses Association Convention there was the Florence Whipple Luncheon that generated donations to maintain the education fund. Over the years, the Florence Whipple Education Loan Fund grew to almost $200,000.

When the St. Luke’s Hospital School of Nursing in Boise closed in 1956, graduates of that program started the Helen Ada Smith Fund to assist Boise students who were attending the newly formed Boise Junior College nursing program. Miss Smith had been the longest serving director of the St. Luke’s SON for 21 years before her death in 1941. That fund had a maximum value of $10,000 and by 1990 it had decreased to $5,600 because donations had ceased. When the St. Luke’s School of Nursing in Boise closed in 1956, graduates of that program started the Helen Ada Smith Fund to assist Boise students who were attending the newly formed Boise Junior College nursing program. Miss Smith had been the longest serving director of the St. Luke’s SON for 21 years before her death in 1941. That fund had a maximum value of $10,000 and by 1990 it had decreased to $5,600 because donations had ceased. St. Luke’s graduates who knew Helen Smith had retired or died. In 2000 the INF board exercised the Helen A. Smith articles of fund dissolution and gave the remaining fund balance to the Boise State University Friends of 2000 the INF board exercised the Helen A. Smith articles of fund dissolution and gave the remaining fund balance to the Boise State University Friends of

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In 2000 because the amount that could be borrowed was less than $500 and most loans had become delinquent. The INF board did not want to take nurses to collection for that small amount. Thus, loan funds were changed to scholarship funds and all delinquencies were forgiven. Between 2001 and 2009 nursing student scholarships were given based on the income generated from the core fund investment. At the same time, the INA became managed out of state and transitioned through several groups. Along the way the required IRS and Idaho Secretary of State (ISOS) filings were sporadic and missed, and the ISOS declared the fund inactive and it lost the 501c3 status.

In 2018 the Idaho Nurses Association, now renamed as the ANA_Idaho, re-established an Idaho office. Part of establishing the ANAI within Idaho involved the control of the INF. The funds had been invested over the years, but the investment company had sold several times and actual contact with them had been lost. After much record searching and legal review, the ANA_Idaho board of directors, acting in the absence of any INF board, made the following decisions:

1. Dissolve the INF formally as detailed in the articles of incorporation filed with the ISOS and notify both the Idaho SOS and Attorney General’s office.

2. Establish a relationship with the Idaho Alliance of Leaders in Nursing and Idaho Center for Nursing, a nursing philanthropy, that has an Education Fund and a current 501c3 status that are in good legal standing.

3. Transfer all existing funds, $98,383, from the INF to the Nursing Education Fund of IALN/ICN effective June 30, 2019, and formally notify the ISOS of these actions.

This means that the board was able to salvage the inactive funds from the INF and combine them with an existing Idaho Nurses Education Fund that has a similar purpose. In 2020, the IALN/ICN has a focus to use educational funds to support rural nurses in obtaining continuing education credits that can be used to meet nurse re-licensure requirements in Idaho.

Additional support for the Idaho Nurses Education Fund is generated through the annual Nurse Recognition Dinner that is held in the fall of each year. This year, 75 Idaho nurses were recognized and the dinner event generated over $8,000 for the education fund. The 2020 event will be held Monday evening, November 9, 2020 at the Riverside Hotel in Boise.
The Color Code – Part II: How to Effectively Work and Communicate with all the Colors?

Editor’s Note: This article is the second in a three-part series on, “The Color Code.” The third article will cover using Color Code to build effective teams and meeting the needs of your staff.

In my first article, I introduced you to Color Code and the four colors and their driving core motives. As a refresher, here they are:

- Reds are motivated by power – getting things done and being productive. They seek positions of authority because they see that’s how you can make things happen!
- Blues are motivated by intimacy – building relationships and connecting with people. The most controlling of the colors, they are passionate and pride themselves on the quality of their work.
- Whites are motivated by peace – finding and maintaining balance in their lives. They are quiet and reflective. They will often go along to get along.
- Yellows are motivated by fun – enjoying the experience whether it’s working or playing. They are charismatic and often noisy!

So how do you effectively talk to these different personalities when their motive or what drives them is different than yours? Well I don’t want to give away everything I teach in a full-blown Color Code workshop that I offer, but I can give you some hints.

Does your Red boss intimidate you? Reds are strong personalities and power through life often mowing everyone down in their path. They can have tunnel vision and not pick up on social cues. The best way to approach a Red is ask to make an appointment to discuss a topic. Be specific. Tell them what you want to talk about. Come to the meeting prepared. Tell them the problem and what you’d like them to do. Reds are fixers. They want to fix a logical problem. Feelings or emotions can’t be fixed so if you want to vent about something: do that before your appointment with a Red.

Is your Blue co-worker too sensitive? Are you afraid you are going to hurt a Blue’s feelings or worse, that they will cry? Blues are sensitive souls and this can be a blessing and a curse. They care deeply so appeal to their sense of purpose and morality. Find a way to direct that passion into a project that needs to get done or by asking them to work on a particularly delicate situation. They have a lot of finesse. Acknowledge their hard work and let them vent or process out loud. They often don’t want you to solve a problem; they just want you to listen.

How do I light a fire under a White personality? Whites are very even keel – by design. They don’t let many things bother them so that they can keep everything in balance. It may seem like they aren’t passionate about many things but don’t mistake their easy-going nature for apathy. If you engage them in a fair, kind and less formal manner, Whites will produce the results that you want. Remember, they prefer straight forward communication and this can be done via email versus face to face. They are logic based so don’t expect them to understand emotions. In fact, a good way to get a White to run and hide is getting mad or emotional.

Why are Yellows so flighty? Try to keep in mind that you might consider a Yellow’s behavior as flighty but Yellows are just doing their best and trying to live their best lives. With a motivation to have fun, try to keep the conversations and meetings upbeat. Remember they are easily distracted so give them information in small doses and a variety of tasks. Don’t tell them they screwed up or disappointed you. Yellows are also sensitive souls but they don’t like to feel “bad” emotions so that they will flee from any uncomfortable situation. Ask them to do the social jobs that involve working with other people.

Joining Your Professional Organization

“...The rising tide raises all ships...” Engaging with your professional organization has many benefits for both you and the profession as a whole. No one is expected to join every organization but choose the one that best meets your professional needs and join it. Membership is important and it sustains the organizations which in turn benefits every professional nurse and helps promote and benefit the profession as a whole.

Joining is easy! It can be accomplished on the organization website. Visit the website HOME PAGE of the association you want to support and follow the instructions how to join. All of the nursing organizations listed below participate in the Idaho Center for Nursing.

RNs: idahonurses.nursingnetwork.com/
Nurse Practitioners: npidaho.enpnetwork.com/
CRNAs: idahoana.org/
Nurse Leaders of Idaho: nurseleadersidaho.nursingnetwork.com/

Megan Guido is the Chief Marketing & Community Relations Officer at Pullman Regional Hospital, where she teaches Color Code at new employee orientation. She is a certified Color Code trainer and conducts workshops and presents on Color Code to professional and community organizations. Listen and subscribe to her podcast moinhealthcare.com on Apple podcasts. You can learn more at www.colorcode.com or if you are interested in holding a Color Code workshop for your team, please contact her at megan@moinhealthcare.com.
Alyce Sato, PhD, MSN, RN, a well known Idaho nurse died Sunday, December 15, 2019, in Pocatello. She described herself as a life-long learner and had a special interest in helping children during her childhood and family. She was born March 7, 1931, to Japanese immigrant parents who did not speak much English, and in their home they only had a small radio. Thus, Alyce became a frequent visitor to the Public Library. She said that reading was her adventure and that she could not remember a time in her life when she did not have a library card. Reading prompted her desire to learn. She loved reading about nurses and it was a natural move for her to become a nurse.

She is remembered in part for her contributions to nursing over several decades, and Idaho State University College of Nursing where she holds Professor Emeritus status. She first practiced as an LPN, and then went to Idaho State University where she obtained her Bachelor's degree in Nursing in 1969. She followed this degree with a Master's in Curriculum Development from Idaho State University in 1976, and then a Master's degree in Nursing from the University of Portland in 1979. She worked at hospitals in Pocatello and became the In-service Education Director at St. Anthony Hospital. That prompted her to become interested in teaching, Alyce then joined the nursing faculty at Idaho State University, and worked for many years as a staff and head nurse in the Labor and Delivery and Postpartum throughout her career.

Kerns, Karen J., 1946-2019, Boise. After graduating from Boise High School in 1964 Karen attended Saint Alphonsus Hospital School of Nursing and graduated as a registered nurse. She served in the Army Nurse Corps as a First Lieutenant.

In Memoriam

RN Idaho is pleased to honor Registered Nurses and Licensed Practical Nurses who served our profession and are now deceased. The names will be submitted to the American Nurses Association for inclusion in a memorial held in conjunction with the ANA House of Delegates.

Amodie, John Edward, 1938-2019, Boise. John graduated with a BSN from the University of Rhode Island. He served in the Air Force and was buried at the Idaho State Veterans Cemetery.

Beebe, Camille, 1950-2010, Wallace. Camille graduated from North Idaho College and then obtained her BSN from Lewis Clark State College.


Brassey, Isabel Jones, 1926-2019, Boise. Isabel was not a nurse, however she served on the Idaho Board of Nursing as the consumer member. She was also engaged with the Boise State University School of Nursing advisory board. In 1977 was recognized as a Distinguished Citizen by the Idaho Statean.

Cutshall, Marlys Rae, 1946-2019, Nampa. Marlys graduated from the Boise State LPN program and worked at Mercy Medical Center.

Davidson, Kathleen, 1952-2019, Idaho Falls. Kathleen graduated from Ricks College with an associate degree and completed a BSN at Idaho State University.

Davis, Doris Rae Hawk, 1934-2019, Nampa. Doris graduated from St. Mark's Hospital School of Nursing, Salt Lake City in 1956. She was a surgical RN at Bannock in Pocatello, Good Samaritan in Phoenix, Gritman in Moscow, and Mercy Medical Center in Nampa. She was a practicing RN for 33 years.

Dokken, Marrilee, 1925-2019, Lewiston. Marrilee attended nursing school in Salt Lake City during WWII and later worked in several north Idaho communities.

Ennis, Darlene, 1941-2019, Boise. Darlene graduated from O'Connor School of Nursing at Santa Clara University in 1965. She moved to her husband's hometown in Boise in 1967. She returned to work as a RN in 1980.

Gere, Michele Elaine Wise, 1959-2019, Boise. Michele graduated from Boise State University and worked in Washington and as a travel nurse. She worked as a RN at St. Luke's in Boise for almost 15 years.

Grundig, Charlotte June, 1933-2019, Montpelier. Charlotte worked as a nurse in Montpelier before retiring.

Gurney, Julia Ann Stokes, 1934-2019, Boise. Julia worked as a critical care nurse at Holy Rosary Hospital, Ontario, OR, and at Saint Alphonsus for 30 years.

Hosking, Anita, 1932-2019, Idaho Falls. Anita graduated from the Michael Reese Hospital School of Nursing in Chicago in the 1950s and moved to Idaho Falls in 1967.

Jennings, Marilyn, 1953-2019, Boise. Marilyn graduated from Boise High School in 1971, she graduated with her BSN from Boise State University and spent her career as a nurse in Idaho.

Katsma, Carolyn "Carrie," 1937-2019, Idaho Falls. Carrie graduated with her BSN from Idaho State University and worked as both staff and head nurse in Labor & Delivery and Postpartum throughout her career.

Kerns, Karen J., 1946-2019, Boise. After graduating from Boise High School in 1964 Karen attended Saint Alphonsus Hospital School of Nursing and graduated as a registered nurse. She served in the Army Nurse Corps as a First Lieutenant.

Kerns, Karen J., 1946-2019, Boise. After graduating from Boise High School in 1964 Karen attended Saint Alphonsus Hospital School of Nursing and graduated as a registered nurse. She served in the Army Nurse Corps as a First Lieutenant.

Mayo, Irene Connors, 1924-2019, Buhl. Irene graduated from the Idaho College School of Nursing and Rutgers University, Jersey City, NJ in 1946. Following graduation, she served in the U.S. Navy until 1948. She served on the hospital ship USS Repose during the Korean conflict.

Newhouse, Charles Max Jr., 1932-2019, Boise. Although Charles was not a nurse, he was very active in community organizations and he served as Director and Chairman of the Visiting Nurses Association for many years.

Nickerson, Nancy, 1929-2019, Idaho Falls. Nancy graduated from Deaconess Hospital School of Nursing School in Spokane, WA.


Powlus, Stella, 1926-2019, Twin Falls. Stella graduated from the College of Southern Idaho and worked for many years as a nurse and nursing supervisor at Magic Valley Regional Medical Center. An education fund in her name was established at CSI.

Prawitz, Jennie, 1925-2019, Emmett. Jennie obtained her Licensed Practical Nurse certificate in 1958 and worked many years as an LPN in Gern County.

Sattler, Mary Beth, 1955-2019, Boise. Mary Beth graduated from Boise State with her associate degree in nursing.

Stephens, Sonja, 1914-2019, Nampa. Sonja obtained her nursing degree at age 50 and remained active until age 104.

Sutton, Heddy, 1946-2019, Sunnydell. Heddy graduated from Ricks College with her associate degree and worked 20 years in a physician office and seven years for Hospice of Eastern Idaho.

Woodcock, Holly Elizabeth, 1962-2019, Idaho Falls. Holly became an LPN in the 1990s, and then obtained her BSN and completed an MSN in 2017. She taught at Eastern Idaho Technical College as the director of the CAN program.

Alyce Sato, PhD, RN

Alyce Sato, PhD, MSN, RN, a well known Idaho nurse died Sunday, December 15, 2019, in Pocatello. She described herself as a life-long learner and had a special interest in helping children during her childhood and family. She was born March 7, 1931, to Japanese immigrant parents who did not speak much English, and in their home they only had a small radio. Thus, Alyce became a frequent visitor to the Public Library. She said that reading was her adventure and that she could not remember a time in her life when she did not have a library card. Reading prompted her desire to learn. She loved reading about nurses and it was a natural move for her to become a nurse.

She is remembered in part for her contributions to nursing over several decades, and Idaho State University College of Nursing where she holds Professor Emeritus status. She first practiced as an LPN, and then went to Idaho State University where she obtained her Bachelor's degree in Nursing in 1969. She followed this degree with a Master's in Curriculum Development from Idaho State University in 1976, and then a Master's degree in Nursing from the University of Portland in 1979. She worked at hospitals in Pocatello and became the In-service Education Director at St. Anthony Hospital. That prompted her to become interested in teaching, Alyce then joined the nursing faculty at Idaho State University where she taught for 28 years. During her time at ISU she obtained a PhD in Educational Administration from the University of Utah and became the Chairperson for the Department of Nursing.

During her tenure at ISU the Master's program in Nursing expanded to remote areas of the state, and graduate education in Idaho increased. Her many contributions have impacted nursing education and the careers of generations of Idaho nurses. Alyce was instrumental in moving the Department of Nursing to a School of Nursing and loved ISU.

Dr. Sato received many honors during her career. In 1981, she was appointed by Governor John Evans to the Idaho Board of Nursing (BON). In 1983 she was elected chairman of the BON and she served in that role until 1987 when her term expired. In 1995, she was again appointed to the BON by Governor Cecil Andrus, and she served a four-year term. In 2006 she was named an Idaho Nursing Legend and also received the Distinguished Career in Nursing recognition by the March of Dimes.

Colleagues describe Alyce as: “A true friend and colleague dedicated to the preparation of caring and competent nurses.” “A tenacious teacher, such a strong student and nursing advocate with a great sense of humor!” “She will always be remembered by the students she taught and the faculty with whom she worked. My memories of her will always make me smile.”

“She was a devoted wife, supportive mother and grandmother. She loved inviting guests in and preparing wonderful Japanese cuisine which was a real treat. Somehow, between on-going education, ISU obligations, and BON responsibilities, she also managed to sew special outfits for the children as needed!”

Alyce was dedicated to the nursing profession and patients, and made outstanding and valued contributions to building the profession of nursing at ISU and across Idaho. She will be greatly missed.
The rich culture and tradition of higher education in the United States (U.S.) is showing signs of deterioration and decay as academic institutions do not have the time, tenure, and compensation (Bartels, 2007; & Ehrlich, 2003). Professors sought out more release time and could “buy out” of class with grant monies, leaving the direct instruction to teaching assistants and non-tenured faculty (June, 2011).

Workload Linked to Mission

Workload models may vary widely from institution to institution and may be best reflected in the mission statement of the facility. Mission statements directly guide the curriculum and overall program and student learning outcomes. Mission statements relate the expectations of hours, is measured on the part of those with stewardship over program and course development (June, 2011). Hence, the value on instruction versus research or even service becomes clear.

Workload also becomes clear is that the standard metrics of credit hours or number of courses does not accurately, nor equitably demonstrate the true elements of faculty productivity. The definition of research, teaching, and service are much more complex.

Research, Teaching, and Service

Long held productivity models apply to teaching effort only, making them inefficient and unwise (Wolf, 2011, p. 247). The AAUP (1990) issued a statement on faculty workload addressing inequities caused by such a narrow scope of practice. The statement outlines a more representative description of faculty roles and productivity.

Research and Scholarship

In the traditional sense, research includes discovery and publication, including creative work activities. This traditional view does not take into account serving on dissertation committees, supporting colleagues in their scholarly work, applying new knowledge in course work or even the pursuit of doctoral education.

Teaching

Teaching is the most basic activity of the faculty and encompasses laboratory and classroom instruction, advising, mentoring graduate students (AAUP, 1993). Teaching effectively requires huge investments in preparation, innovative pedagogy, and strategies in the classroom. The teaching role extends far beyond the classroom in advising students, answering emails and maintaining office hours, grading, attending meetings, and covering others during times of illness.

Service

Faculty work includes examples of both internal/ institutional service and external/community service. Internal service may include participation in shared governance and other committee work or review assignment participation in faculty conferences and exchanges. External service may involve active participation in professional organizations and the community partnerships. According to Bartels (2007) service also involves continued competency and expertise in practice.

Expanding on the Role of Teacher

June, 2011, highlights the public perception and criticism that teaching is not a priority for university faculty and that students consequently suffer because of it. Through a variety of anecdotal stories from professors, June drives home the perspective that the public and lawmakers miss; that of “there are many more than three hours involved in teaching three hours” (para. 45). The realities of the modern-day educator appear to prove that it is not a lack of productivity that may hinder student learning, but rather is the high levels of workplace pressures, considerably lower salaries than in industry practice, and the thinning faculty workforce that present the problems (Durham, Merritt, & Sorrell, 2007; & June, 2011).

Imagining the Ideal

In a study by Doughty, May, Buttell, and Tong (2011) are concerned that the future faculty feared that the pressure they experienced, exceeded their expectations. In an ideal world, there would be transparency in new faculty assignments, orientation to the roles and responsibilities, continued development and collaboration, and a clear process for accountability (Durham et al., 2007). Faculty rewards such as tenure would foster accountability and innovation instead of squelching it. Faculties need to be the best in teaching and best for the profession in terms of scholarship (Bartels, 2007). In an ideal environment, faculty members would embrace technology and innovation and formal mechanisms for faculty development and role consolidation would exist (Bartels, 2007).

Conclusion

The role of educator is fundamental for academic productivity, scholarship, and policy. Despite the “silver tsunami” phenomenon described as occurring in nursing, I am confident that the pool of novice educators will develop and transcending the transformation of nursing education into the future (Keefe, WIN Conference 2013). In this paper, educator roles have been explored; the role of the faculty as teacher explicated, and an ideal for the future identified. I suggest that efforts to eliminate workplace pressures, foster collegiality and collaboration, and value accountability are imperative.

References

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Control of the Institution and Mission

Difficult Faculty Workload

There are three categories used to describe colleges and universities: public versus private, research intensive versus teaching intensive, and religious versus secular. Differences in these types hinge primarily upon control of the institution, that is, revenue sources. For instance, the major source of funding for public universities and colleges are local and state governments, while private institutions generate revenue through high tuition costs and private sources (Honan & Teferra, 2001). Religious universities are connected to a religious faith and cater to special student populations, resulting from tax-exempt status and subsidies from the parent organization. However, in today’s turbulent economic climate, all colleges and universities are feeling the pinch and calling for more efficient use of assets while increasing autonomy of existing educators (Doughty, May, Buttell, & Tong, 2002). Here, I will compare and comment on the influence of an institution’s mission and type on faculty workload. I use the term workload to mean the three faculty roles of research, teaching and service (AAUP, 1993; Bartels, 2007; & Wolf, 2010). Then, after a more detailed examination of the teaching role, I will reflect on my personal vision for teaching in an ideal academic environment.

Public versus Private Workload Allocation

Historically, public institutions faced more stringent workload standards and accounting procedures given the governmental control. Workload or productivity was defined by the hours per week of formal class meetings; the credit hour (AAUP, 1993; Ehrlich, 2003, & Wolf, 2010). Ehrlich (2003) points out that this measure of credit hour masks the fact that faculty directly impacts faculty workload as workloads were originally designed to shape the actual budget (Honan & Teferra, 2001).

Research Intensive versus Teaching Intensive Workload Design

Beginning in the 1950’s, research began to be favored over instruction. Consequently, faculty work and accomplishment in research linked directly to rewards such as hiring, promotion, and tenure (Bartels, 2007). Research goals were set and the goals were achievements for the faculty members really mean?” (American Association of University Professors [AAUP], 1993, para.1).

Added to the misperception and misrepresentation of faculty workload is a growing shortage of doctoral prepared educators. For example, the discipline of nursing is facing a projected loss of almost 30% of nurse faculty to retirement by the year 2026 without an adequate reserve of younger educators to take these positions (Keefe, WIN Conference 2013). A lack of understanding of these dynamics may further aggravate the infrastructure of higher education and result in the failure of mission, autonomy and work-faculty-expectations-priorities-and-rewards

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  - Clinical faculty position. Offering 9 month contract. **Taleo: 190621**

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