The World Health Assembly has designated 2020 as the Year of the Nurse and Nurse Midwife to advance nurses’ vital position in transforming healthcare. It is also in honor of the 200th anniversary of Florence Nightingale’s birth. For the first time in history, the world will be celebrating Nurses and Midwives. I hope that ANA-Michigan members will help us celebrate throughout the year. ANA-Michigan is putting together a 2020 YON team to suggest activities for our members. Stay tuned as we begin sending them out via our ANA-Michigan weekly updates. A great way to get started is for you to write an article for your local daily or weekly community newspaper about 2020 being the Year of the Nurse and Midwife, nurses see this as a special year, but sharing the information with your community about all of the many roles nurses play in keeping their community healthy may help them value nurses and increase our visibility as a profession.

On January 24 and 25, the Michigan Nursing Students Association held their annual convention in Livonia. I attended as the ANA-Michigan advisor to the group. At the national level, ANA has an ANA Consultant on the Board of the National Student Nurses Association. ANA-Michigan has the same commitment to the Michigan group. The convention theme was “Nurses Helping Nurses.” The keynote speakers all talked about how nurses have helped them in their nursing career. This made me reflect on how many nurses have helped or supported me in my career. As you know, it’s been a long journey (many years) and the nurses I have met along the way all helped shape me as a nurse.

My instructors in nursing school who took the extra time to encourage me when I felt like packing up and going home. The nurses who were my colleagues on my first nursing job who made sure I became a strong member of the team. My first teaching position (Borgess School of Nursing) I was super young so they called me “the kid” but watched over me like mother hens until they thought I could fly on my own. On and on, throughout my career, my nurse colleagues became friends and mentors, coaching me through the ups and downs.

As I think about it, maybe that is why I am so passionate about nurses and nursing. I have been surrounded by supportive nurses and want every nurse I encounter to feel the same way. We hear horror stories about lateral hostility – I do know that this happens and must stop. However, I think the bond that grows between nurses who work together is very strong. I’ve talked to nurses who have stayed in jobs where they weren’t happy because they didn’t want to leave their friends. Nurses complain about working extra hours or working short and when asked why they come in on their day off or stay over after a shift, they say for their patients and they didn’t want to leave their friends. That’s nurses helping and supporting nurses. Unfortunately, the organization depends on that loyalty instead of fixing the problem. But that is a topic for another message.

For 2020 the Year of the Nurse and the Midwife let all nurses help and support other nurses. Be a friend, a mentor, a coach or whatever your nurse colleague needs on that day. Let’s work together to make 2020 a great year for nurses.
ANA-Michigan Nurse Wins the First Nightingale Award at Lansing Community College

ANA-Michigan would like to congratulate one of our members, Margie Clark, for being the first Nightingale Award winner! The Nursing Program at Lansing Community College honored Health and Human Services Dean Margie Clark with a new award during its December nursing pinning ceremony. Margie received the Florence Nightingale Leadership Award for her vision in beginning the college’s non-traditional nursing track.

The college’s traditional nursing program began with its founding in 1957, but Margie’s leadership as the Nursing Careers Department Chair focused on bringing more students from unconventional backgrounds into the profession. The non-traditional nursing track provides a pathway for licensed practical nurses, paramedics, and respiratory therapists within the advanced standing nursing track, as well as creating second degree and part-time tracks. The fall 2019 pinning brought the total number of LCC non-traditional track nursing graduates to 917. The program created the Florence Nightingale Leadership Award in honor of the nursing pioneer’s 200th birthday, and they plan to award it every year. Please join ANA-Michigan in congratulating Margie!

It’s the Year of Us!

As our ANA-Michigan Board of Director President Carole Stacy referenced in her President’s message, the World Health Assembly has designated 2020 as the Year of the Nurse and Nurse Midwife to advance nurses’ vital role in transforming healthcare. ANA-Michigan will be providing recommendations for activities and initiatives and also offering contests throughout the year for members to celebrate and showcase nursing. Additionally, ANA-Michigan will be offering the opportunity for members to apply for “grassroots funds” to help support celebration activities and initiatives. Be sure to stay tuned.

For more information or visit https://pages.nursingworld.org/yearofthenurse now.

Send Us Your Selfies

2020 is the Year of the Nurse. But who are these incredible nurses? We want to give the nursing profession a face. Your face! This is a perfect opportunity to recognize the faces of our nurses because this is the year of US! Please submit selfies of your smiling, caring face to nurse@ana-michigan.org and you may be featured in an upcoming newsletter and/or social media post. Let your passion and love for nursing radiate!

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March, April, May 2020

American Nurses AssociationMichigan

Executive Director

Tobi Moore

CONTACT INFORMATION

ANA-Michigan

2501 Jolly Road, Suite 110

Okemos, MI 48864

517-325-5306

nurse@ana-michigan.org

Executive Director

Tobi Moore

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ELECTION INFORMATION

Candidate for President-Elect (1 Open Position)

Bridget Leonard DNP, RN, MBA-HCM, CRRN, NEA-BC
Farmington Hills, MI

Candidates for Director (2 Open Positions)

Linda K Buck DNP, MSN/ED, RN
Kalamazoo, MI

Julie Bulson DNP, MPA, RN, NE-BC
Grand Rapids, MI

Katherine Don'tje PhD, FNP-BC, FAANP
Bath, MI

Ruth Kechnie RN, BSN, MSA, NE-BC
Richmond, MI

Anne Kreft BSN, RN
Traverse City, MI

Candidates for Nominations Committee (2 Open Positions)

Joyce Reder
Bay City, MI

Marylee Pakieser MSN, RN, BC-FNP
Traverse City, MI

Candidate for Newly Licensed Director (1 Open Position)

Megan Piotrowski
Grosse Pointe Farms, MI

Candidate Voting Reminder

Vote By March 10, 2020

On Thursday, February 20, 2020, members will be receiving their electronic ballot to cast their vote for the qualified candidates running for 2020 executive leadership positions on the ANA-Michigan Board of Directors and Nominations Committee.

ANA-Michigan hosted a virtual Candidate Forum earlier this month on Tuesday, February 11, for members to connect with the candidates and ask questions prior to the official vote.

Voting will remain open until 5:00 pm on Tuesday, March 10, 2020. Members will want to be sure to look in their email spam/junk folder if they do not see the email, including the voting ballot on February 20.

Election results will be announced during the Membership Assembly held in conjunction with the ANA-Michigan Annual Conference on Wednesday, March 25, 2020 in downtown Lansing.

On behalf of ANA-Michigan Nominations Committee, we would like to acknowledge and thank the following members who have bravely stepped forward for consideration and election by membership. This year’s candidates are pictured to the left.
What’s your why?
Why did you go into nursing?
Why are you passionate about patient care?
Why do you strive every day to make a difference in people’s lives?

At this year’s Annual Conference, nurses will explore and share their passion with each other and learn about how to articulate their why. By articulating and unifying our voices as nurses, we can better rekindle our passion for nursing by being better advocates for our profession and for those in our care. In addition to innovative education from extraordinary experts from across the state and country, will be sure to motivate and ignite our members, ANA-Michigan will be hosting an Advocacy Day on March 26 to put our passion into action at the Capitol.

Our extraordinary experts & topics include:

Erin Murphy
“Leading from Where You Are”

Matt Hund
“How to Articulate Your Story” and “This Is My Why”

Laurie Lauzon Clabo
“Spanning Boundaries: Leading for Impact”

Bonnie Clipper
“The Future of Nursing”

Monika Miner
“Current Legislative Issues & Your Leadership Role”

The 2020 ANA-Michigan Annual Conference also provides the perfect opportunity for other organizations and friends of nursing to participate as exhibitors and/or sponsors to showcase their support of our members and to also showcase their quality nursing programs, health care products and services. Please join ANA-Michigan in thanking the following organizations for their generosity and support of this year’s Annual Conference as an exhibitor and/or sponsor (as of this publication’s print deadline):

Exhibitors:
- American Assoc of Nurse Practitioners
- American College of Education
- Beaumont Health
- DMC Rehabilitation Institute of Michigan
- Grand Canyon Education
- Henry Ford Health System
- Herzing University
- Indiana Wesleyan University
- Michigan Health Council
- Michigan State University, College of Nursing
- Saginaw Valley State University
- University of Michigan
- Wayne State University’s College of Nursing

Sponsors:
- American Assoc of Nurse Practitioners
- American College of Education
- Beaumont Health
- DMC Rehabilitation Institute of Michigan
- Grand Canyon Education
- Henry Ford Health System
- Herzing University
- Indiana Wesleyan University
- Michigan Health Council
- Michigan State University, College of Nursing
- Saginaw Valley State University
- University of Michigan
- Wayne State University’s College of Nursing

Should you wish to support ANA-Michigan and our nurse members by way of exhibiting or sponsorship, or for assistance in registering as an attendee, please contact ANA-Michigan at (517) 625-5306 or visit our website at www.ana-michigan.org.
Increasing Diversity in Nursing Begins with Our Institutions

Karen Cox, PhD, RN, FACHE, FAAN
Jul 1, 2019 | Blog, Career Advice, Diversity

There is much discussion about the need for diversity in nursing and the importance of educating a health care workforce that mirrors the population. Recently, Dr. Ernest Grant, president of the American Nurses Association wrote, “A diverse workforce allows us to use our varying cultural perspectives to ensure all patients and populations receive optimal and empathic care, which also may speed up their recovery and reduce the risk of preventable chronic conditions.”

Powerful words – “speed up their recovery and reduce the risk of preventable chronic conditions” – which are exactly the actions and goals we should be striving to achieve in an effort to increase the health of the population and eliminate health disparities.

While contemplating diversity in nursing, a few key population statistics are worth considering. According to the U.S. Census Bureau, 49.2% of the American population are men, 41.5% of the American population are of a race other than Caucasian, and 21.3% of the American population speaks a language other than English at home.

However, according to the 2017 National Nursing Workforce Survey, just over 9% of working RNs are men, and only 19.2% are minorities. While reliable data about the number of nurses who speak a language other than English is scarce, based on the statistics demonstrated above, it’s unlikely this number mirrors the population.

In order to reduce health disparities by addressing inequalities and eliminating care gaps, it is critical to educate a vast and diverse health care workforce. The systems that educate and train nurses should place a focus on increasing the diversity of their nursing student population. Another key step is to make programs increasingly accessible through holistic admissions processes to admit a larger number of qualified nursing students.

Additionally, providing students with exposure to patients of all types of backgrounds and demographics during education and training, will help them achieve a better understanding of patient needs and how they can connect with them to provide quality care and improved experiences. Diversity in all its forms, from innate characteristics including age, race, and mental health to acquired characteristics like religion, education, and language skills, requires an awareness and respect for every person. This helps transition students from viewing their work through a cultural competence to a more inclusive lens of cultural humility.

Building cultural humility begins with a better understanding of the unique challenges every student faces and putting in steps and processes for helping them succeed while in their program. By teaching students that they are cared for, students are able to better focus on providing exceptional care for others. Putting each student at the forefront at each touchpoint and never letting them lose sight of their passion for health care, helps them become an extraordinary nurse who cares for others.
Nurses Should Not be Subjected to Violence in the Workplace

Violence against nurses and other healthcare workers has recently been in the news. A recent American Nurses Association survey shows that violence against nurses is epidemic, with more than 20% of registered nurses and nursing students reporting that they had been physically assaulted, and more than half saying they had been verbally abused over the course of a year. Unfortunately healthcare workers have grown accustomed to violence, resulting in only 30% of nurses and 26% of physicians actually reporting acts of violence. (Occupational Safety and Health Administration ["OSHA"], 2015)

We all have our own stories of violent experiences. For me, my first experience of violence came when I was a nursing student. During my medical/surgical rotation I was assigned 1-on-1 with a male prison inmate who was secured in four point leather restraints. While caring for him, he managed to undo one of his arm restraints and swiftly put me in a choke hold, pinning me against the bedside railing. Unable to breath, choking for air, I was fortunate that I was rescued by a team of physicians and residents making their rounds.

Recent statistics from OSHA show that nurses are four times more likely to experience workplace violence than any other private-industry employees. This escalation in violence has resulted from many factors, including:

• The prevalence of handguns and other weapons, particularly when patients arrive at the emergency department;
• The increased role of hospitals caring for acutely and chronically mentally disturbed and violent individuals;
• Individuals having relatively unrestricted movement in clinics and hospitals;

Currently 36 states have implemented workplace violence laws, including stricter penalties for assaulting healthcare workers. Michigan is one of the minority of states which has not enacted any workplace violence laws for healthcare workers. While there are currently bills before Michigan’s Senate and House addressing workplace violence in healthcare settings, this is not the first time that Michigan sought to pass significant legislation.

In 2013, a Senate bill attempted to amend the Michigan Penal Code to prescribe criminal penalties for an individual who assaults, batters, wounds, or endangers a nurse or physician. The bill sought to impose the following criminal penalties.

• An individual who assaults, batters or endangers a nurse or physician, punishment would be up to four years' imprisonment and/or a maximum fine of $5,000.
• If serious impairment of a body function resulted, punishment would be up to 15 years' imprisonment and/or a maximum fine of $50,000.
• If such criminal act caused bodily injury requiring medical attention, punishment would be up to four years' imprisonment and/or a maximum fine of $2,000.

While this 2013 legislative bill was identical to a Michigan law, which was enacted in 2006, that addressed criminal penalties for assaults involving police officers, firefighters, and emergency medical service personnel, the Michigan legislature was unable to pass this same legislation as it related to nurses and physicians.

After a serious incident of workplace violence, the Michigan legislature now has identical bills before the Senate (S.B. 303) and House (H.B. 5089). Instead of pursuing criminal penalties as was done in 2013, these bills focus on the development of violence prevention programs for local health departments and work sites (ambulance operations, medical first response service, county medical care facility, surgical outpatient facility, health maintenance organization, home for the aged, hospital, nursing home, and hospice). If passed, these bills would require local health departments and health facilities to:

• Establish a violence prevention committee, which would establish, maintain and annually review its written violence prevention plan.
• The violence prevention plan would identify risk factors contributing to violent acts and conduct an annual violent act risk assessment.
• The violent act risk assessment would include the assessment of:
  • A layout of the premises, equipment, access, restrictions and lighting;
  • Communication devices for emergency response and the sufficiency of the facility’s security system;
  • The crime rate in the facility’s area; and
  • The unique needs and characteristics of patients served by the facility; and
• A review of each record of violent acts on the premises. The record would be required to be kept for a minimum of five years.
• Annually, conduct a violence prevention training for all employees and for new employees within 60 days of hire.
• Require direct patient care providers to only be identified by their first names on identification badges.
• Posting at least one sign stating that violent acts are not tolerated, posted in a conspicuous location and visible to the public. Also, facility admission forms shall include on admission forms a conspicuous statement indicating that violent acts are not tolerated.

These Michigan Senate and House bills are languishing in committee. Senate bill 303 is currently in the Health Policy and Human Services Committee, chaired by Senator Curtis S. VanderWall. The House bill likewise is languishing in the Health Policy Committee, chaired by Representative Hank Vaupel.

At the federal level, the Workplace Violence Prevention for Health Care and Social Service Workers Act of 2019 (H.R. 1309) has been introduced in Congress. This bill would direct OSHA to develop an enforceable standard within 18 months of the bill’s passage. The standard would require healthcare and social services employers to implement and maintain comprehensive workplace violence prevention programs with meaningful participation of direct care employees.

In essence, the federal legislation mimics the bills currently before the Michigan legislature. The question is whether proposed federal and Michigan legislation would result in greater safety
to nurses and other healthcare workers? Also, is there a benefit for Michigan to follow the majority of states who have increased criminal penalties for the assault of nurses?

If you have an opinion on Michigan's Senate and House bills, I would encourage you to contact your respective representatives and senators and voice your opinion. Your voice counts and matters! Representatives and senators have local office hours. Take advantage of them to discuss ways to secure the safety of nurses and other healthcare workers. To obtain contact information for your representatives and senators, go to:

- For Senator's contact information, go to: https://www.senate.michigan.gov/
- For Representative's contact information go to: http://www.house.michigan.gov/mhrpublic/frmFindARep.aspx

Donna J. Craig, RN, JD is legal counsel to the ANA-Michigan Chapter. She practiced as a cardiac care nurse for several years before a chance opportunity to audit a graduate course in health care law and ethics changed her career path. That course propelled her to earn her law degree. After law school Ms. Craig joined a medical malpractice defense law firm before transitioning her focus to health care corporate and administrative law matters. For over 20 years she has maintained her private health law practice, representing health care providers and facilities in business, licensure and compliance matters. For her expertise and accomplishments, Detroit’s dbusiness Magazine awarded Ms. Craig its Top Lawyer in Health Care Law award on three occasions. Ms. Craig has the distinction and is proud of being a bar member of the Supreme Court of the United States of America. For more information about The Health Law Center, go to www.healthlawcenterplc.com.

March is National Kidney Month, and March 12 is World Kidney Day. World Kidney Day is a worldwide initiative to raise awareness of the importance of our kidneys to our general health and ways to reduce the incidence and prevalence of kidney disease and the linked health problems. Currently in Michigan, there are 22,388 individuals with end-stage kidney disease and will need dialysis or a kidney transplant to survive (Kidney Care Partners, 2019). Kidney disease disproportionately affects African Americans, Hispanics, Pacific Islanders, Native Americans, Asians, and Alaskan Natives. In fact, African Americans are four times more likely to develop chronic kidney disease than non-Hispanic whites. The 2020 World Kidney Day theme is “Kidney Health for Everyone Everywhere – from Prevention to Detection and Equitable Access to Care.”

The campaign objectives are to:

1. Emphasize that diabetes and high blood pressure are major risk factors for chronic kidney disease.
2. Support the screening of all patients with hypertension and diabetes for chronic kidney disease.
3. Promote preventive behaviors.
4. Educate all healthcare professionals about their role in identifying and reducing the risk of chronic kidney disease, particularly in high-risk populations.
5. Emphasize the essential responsibility of local and national health authorities in controlling the rise in chronic kidney disease.
6. Encourage transplantation as a best treatment outcome for kidney failure and promote the act of organ donation.

(American Nephrology Nurses Association, 2020)

Prepare to promote some of the campaign strategies with your patients, family, and friends.

References
Shattering Myths About Men in Nursing

Ernest Grant, PhD, RN, FAAN, President, American Nurses Association (ANA),
us.editorial@mediaplanet.com


The American public has ranked nursing the most honest and ethical profession for 17 consecutive years. These results reflect the deep trust that the public has in nurses and underscore the urgency to promote realistic images of nurses.

As the first man to be elected president of the American Nurses Association, I work to elevate the nursing profession and increase the diversity of nursing across ethnicities and genders. The statistics on demographics in the nursing workforce vary, but they do reveal that the profession is lacking balanced representation across genders.

Previously, decades of legal barriers kept men out of the field, and nursing schools often refused to admit men, a practice deemed unconstitutional by the U.S. Supreme Court. Women currently make up 90 percent of the nursing workforce, while about nine percent of nurses in the U.S. are men. That share has grown steadily since 1960 when men accounted for just two percent of the nursing workforce. When looking at nursing roles, the highest representation was in nurse anesthetists, with men occupying 41 percent of those positions.

Health Literacy

It’s important that the nursing profession better reflect society and our patients. Often, nurses are the first line of defense in providing lifesaving care and treatment in underserved communities and to under-represented populations that are disproportionately affected by health and health care disparities. A nursing workforce with strong diversity ensures that all patients and populations receive optimal, empathic care that improves health literacy. Nearly half of all American adults – 90 million people – have difficulty understanding and using health information. Nurses play an active role in fostering health literacy so patients can make informed health decisions.

Role Models

It’s time to be deliberate in recruiting more men into the nursing profession to further dispel many stereotypes of nurses. Efforts should begin early, starting at the grade school level by letting boys see men who are nurses. “Here’s somebody who I can identify with,” they will think. This should be reemphasized at the high school level by guidance counselors or health occupation programs. In those programs, boys and young men can obtain more exposure to nursing or apply for admission into a baccalaureate program. In 2016, 12 percent of baccalaureate and graduate nursing students were men. I encourage men in nursing to visit K-12 public and private schools and take every opportunity to be thought of or seen as model nurses within their communities such as neighborhood gatherings, houses of worship, and local civic organizations.

There were many stereotypes about men in nursing and fortunately, you don't hear them as much anymore. People know that men can provide quality, safe patient care, and that you can be masculine and still care.

New! 2020 ANA-Michigan Nurse Leadership Academy

Save the Dates:
Part 1 of 3: June 2-3, 2020
Part 2 of 3: September 15-16, 2020
Part 3 of 3: November 17-18, 2020

Save the dates for this new nurse leadership program especially designed for ANA-Michigan nurses by ANA-Michigan nurses that consists of three two-day sessions over six months in Okemos, Michigan. Nurses who are in leadership roles currently or for those who aspire to be a leader are encouraged to participate. Upon completion of this dynamic program, nurse participants will be able to implement the knowledge and skill sets learned in their environment of practice to be effective leaders. This is the perfect opportunity for nurses to enhance their skillsets to be a successful and efficient nursing leader.

A special thank you to the ANA-Michigan Leadership Academy Steering Committee:

- Carole Stacy – Chair
- Shari Carson
- Kathleen Kessler
- Jeanette Klemczak
- Nancy Martin
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**Wuhan Coronavirus Watch**

ANA-Michigan will continue to closely monitor and provide updates of relevant importance to members on the Wuhan Coronavirus as CDC has confirmed cases in the United States.

The following excerpt is from ANA and you can view more information and resources at https://www.nursingworld.org/coronavirus.

**What is 2019 Novel Coronavirus – 2019-nCoV**

The Centers for Disease Control and Prevention (CDC) are closely monitoring an on-going outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China. Cases have been identified in multiple countries, including the United States. Coronaviruses are not a new family of viruses and are common in different species of animals including camels, cattle, cats, and bats.¹ In humans, there are multiple strains that can cause mild respiratory symptoms or even the common cold. In years prior, other strains have been associated with SARS and MERS. According to the CDC, early cases of 2019-nCoV identified a link to a large seafood and live animal market suggesting emergence from an animal reservoir and animal-to-person transmission. However, subsequent patients reporting no exposure to animal markets indicate person-to-person transmission.

It has been determined that transmission of 2019-nCoV can occur person to person, but it is unclear how and how easily 2019-nCoV is transmitted.² The CDC has issued interim travel guidelines and guidelines for entry screening of passengers on direct and connecting flights from Wuhan, China to twenty main ports of entry in the U.S. It is advised that health care professionals inform state and local health departments of identified cases to aid in contact tracking and to monitor the spread of the virus.

Symptoms associated with 2019-nCoV include mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath.³ The CDC believes the incubation period lasts 2-14 days after exposure based on what has been seen previously as the incubation period of MERS viruses.⁴ However, limited information is available on the full scope of the illness associated with 2019-nCoV and if the virus is spread during the incubation period. As the situation continues to rapidly evolve, the CDC continues to closely monitor the outbreak. Currently, there is no vaccine available to consumers.

The following excerpt is from CDC and you can view more information and resources at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#anchor_1580428361151.

**Clinical Management and Treatment**

No specific treatment for 2019-nCoV infection is currently available. Clinical management includes prompt implementation of recommended infection prevention and control measures and supportive management of complications, including advanced organ support if indicated. Corticosteroids should be avoided unless indicated for other reasons (for example, chronic obstructive pulmonary disease exacerbation or septic shock because of the potential for prolonging viral replication as observed in MERS-CoV patients).

Healthcare personnel should care for patients in an Airborne Infection Isolation Room (AIIM). Standard Precautions, Contact Precautions, and Airborne Precautions and eye protection should be used when caring for the patient.

Patients with a mild clinical presentation may not initially require hospitalization. However, clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all patients should be monitored closely. Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient’s ability to engage in monitoring and the risk of transmission in the patient’s home environment.
The dean of Michigan State University’s College of Nursing will lead a statewide effort to improve health care for people of color, Gov. Gretchen Whitmer announced Wednesday at her State of the State address.

Dr. Randolph Rasch, who teaches as well as leads the College of Nursing, was the first African American man to get a Ph.D. in nursing and the first to work in Michigan as a public health nurse. He was one of Gov. Whitmer’s honored guests Wednesday.

Whitmer, a Democrat, lauded Rasch’s work toward reducing implicit bias, which can cause medical professionals to discount the needs of their non-white patients, in his curriculum at MSU.

He will lead a statewide initiative to improve health care for people of color by working with universities and medical providers to expand implicit bias training.

“We have to listen to [patients] and then work with them,” Rasch said after the address. “Implicit bias can get in the way of doing that, but when you learn to appreciate and see what it is you think about people, or groups of people ... you can begin to work on that and learn ways that you can decrease that and increase your ability to provide care for a range of people.”
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