THE OKLAHOMA NURSE

ONA
OKLAHOMA NURSES ASSOCIATION

The Official Publication of the Oklahoma Nurses Association
Quarterly publication delivered to approximately 64,000 Registered Nurses and LPNs in Oklahoma

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August 2020

2020 ONA ANNUAL CONVENTION

The Oklahoma Nurses Association invites you to attend the 2020 Annual Nurses Convention. This year's theme is ***Year of the Nurse: Celebrating Oklahoma Nurses.*** Although we are coming together in a very different way this year, we genuinely want to focus on ***celebrating nurses,*** including *your dedication* and *your accomplishments*. This year's convention event will be held virtually on October 1st. During this event, attendees will explore how Oklahoma nurses have dealt with adversity, innovative ways patient care has been delivered, and how we've advanced nursing. Attendees are encouraged to explore and understand nurse experiences and research in a multitude of ways that will be interactive, fun and educational. Our virtual convention will have poster sessions, brain breaks, and informative breakout sessions. As part of our celebrating Oklahoma nurses, we will be opening a call for nurses to share their personal stories and photos on our website with the theme ***If Flo Could See Us Now***, which will be highlighted throughout the event.

We are so fortunate to have nurses share their experiences in how they have dealt with adversity and advanced nursing. ***If Flo Could See Us Now,*** she would be so proud of the way nurses have dealt with this pandemic. Our sessions dealing with the pandemic include: The COVID-19 Experience: A Survey of Registered Nurses; The Impact and Importance of Nurse Handover in the Emergency Room; Hoping for the Best Starts with Planning for the Worst; Hospital Staffing: A Tiered Approach in the Midst of a Pandemic; and Comprehensive ER to Covid-19. Sessions dealing with other nursing practice issues include: The Danger of Silence: Creating Spaces for Psychological Safety in Healthcare, ACEs in the Workplace; and Q-Tips – The Power of Emotional and Spiritual Intelligence.

October 1 will kick-off with celebrating our awards recipients during the session ***If Flo Could See Us Now…Awards*** followed by our opening keynote with Tena Brown. In her presentation, ***How to be a Positively Unforgettable Nurse,*** Tena unpacks the burden of disease and its impact on quality of life, the significant role of the nurse in patient experience, and how an empathetic approach to nursing can change patient outcomes. Tena Brown is an empathy educator and patient advocate. She speaks to audiences across the country about the importance of empathetic and compassionate patient care. As a patient who has lived with chronic illnesses for a lifetime, Tena's personal health experiences place her in a unique position to elevate patient care. In this session,

Our second general session, ***If Flo Could See Us Now…Informing Our Future,*** will focus on the experiences and stories of nurses during this pandemic, how we can support those on the frontlines, lessons learned from nursing leaders and ways to build resiliency. This quote by Jean Watson, PHD, RN, AHN-BC, FAAN, (LL -AAN) founding director at the Watson Caring Science Institute defines our desired outcome for this session: *"What will nursing be and what will nursing become when the institutions that have protected us and defined us no longer exists?"*

Over 20 poster presenters will be showcased, covering a wide range of nursing research and practice. In addition to posters and breakout sessions, our virtual exhibit hall will be open on Thursday with offering a wide range of exhibitors.

The poster sessions will be prerecorded allowing our Poster Presenters to share their research with you and during the scheduled time you will be able to ask your questions during the live chat. Our brain break sessions will be live allowing you to participate in a break from learning throughout the day. Breakout sessions will be pre-recorded, with the presenter available to answer questions during the scheduled session time via live chat. Attendees will be able to enjoy all of the sessions since they will be pre-recorded and be available for a short time after October 1. However, only on October 1, during the scheduled times, will you be able to chat with these presenters.

You will walk away with a feeling of empowerment and excitement in knowing that Flo would be proud of your work this year during the *Year of the Nurse!* Don't miss this opportunity to join us as we discuss these and other important issues. We look forward to seeing you on the screen in October!

ONA Convention Sponsors allow us to continue to offer a post-licensure student rate again this year, along with a new discounted LPN rate. Exhibitor space and Sponsorships are still available! Go to the ONA Website, oklahomanurses.org for more information and to register.

2020 ONA Convention Rates
Full Convention Rates:

ONA & Affiliate Members - Full Convention	**$150.00**
Non-Member - Full Convention	**$175.00**
Post-Licensure Student Rate - Full Convention	**$ 99.00**
LPN Rate - Full Convention	**$175**

See Schedule at a Glance on page 4

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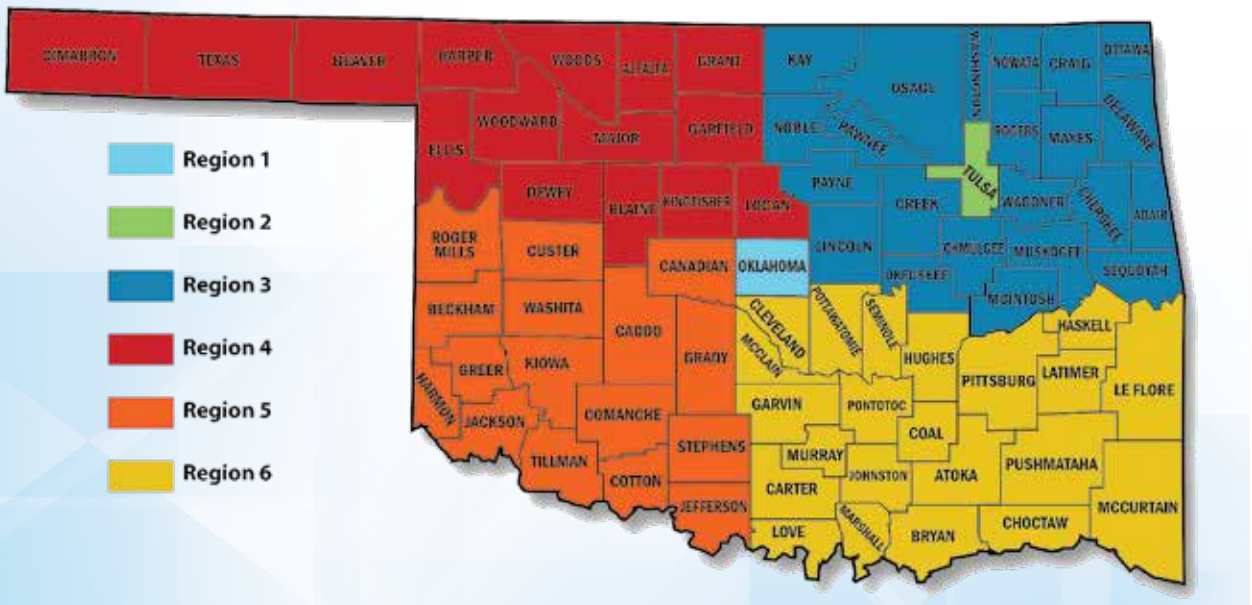

PRESIDENT'S MESSAGE

Karen Taylor, DNP, APRN-CNP, PMHNP-BC

Karen Taylor

Looking back at the past six months, it is easy to see why nurses are being called "heroes." Although 2020 was initially designated the *Year of the Nurse and Midwife* to celebrate nurses, it soon turned into a global healthcare crisis that catapulted nurses into the spotlight. Being identified as heroes is certainly a befitting accolade for nurses, but we have always been heroes! "You see more of us now, but we have been here all along" (Mason, 2020).

During this time of devastation and death, the care provided by nurses caused by COVID-19 illuminated the importance of nurses and the expert care we provide. Mason (2020) commented that nurses being identified as heroes now is "ironic — and fitting — that it took a global pandemic and not some bureaucratic declaration to drive home that point and bring nurses into focus." Despite the notoriety, for the selfless, expert healthcare nurses provide, we are still not fully recognized as healthcare leaders. Perhaps, this pandemic will shed light on the crucial aspect of who we are!

I hope you received your buff from ONA and wear it in public to prevent further spread of the COVID-19 virus. As experts who possess knowledge and capabilities to provide safe, effective care and who have been respected and trusted by society for over fifteen years, we can certainly show leadership by proudly wearing our buff. Being recognized by the media and community for the selfless care we provide to the sick and dying is appreciated; let's set the example and promote a healthy society through our leadership and actions. Much like our predecessor, we have the power to improve health and nursing care.

Nurses are on the front lines and know the issues that are impacting healthcare and nursing. I hope we are getting actively involved in leadership and legislation to continue to improve health care and our work environments. Although we have not been able to meet our legislators face to face, we can use our virtual voices and continue advocating for change in healthcare and nursing.

Speaking of virtual voices…the Board and Convention Planning Committee have discussed the safest way to conduct our annual ONA nursing convention. After reviewing the membership survey results, the convention planning committee is preparing for a virtual conference. If you have an abstract for poster or presentation to submit, please send it in. I look forward to seeing you there!

In closing, I want to say, THANK YOU for all you do every day of every year. I know this year has tested nurses in ways never imagined, but you have shown leadership and resolve in the face of adversity!

Be and stay well!

Reference:
Mason, D. (June 26,2020). Nurses lack representation in media: Recognize them for the leaders that they are. USA Today Opinion. Retrieved from https://www.usatoday.com/story/opinion/2020/06/26/nurses-leaders-medicine-but- overshadowed-media-column/3223242001/

Before there was Covid, there was Cholera!

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The nursing faculty at Oklahoma State University are investigating the continued impact of the current COVID-19 pandemic among Registered Nurses.

This follow-up, anonymous, online survey should take approximately 10-15 minutes to complete. Participation is voluntary and all data will remain unidentifiable and confidential. To assist in the distribution of the survey, please forward the link to other nursing colleagues.

We appreciate your participation as we further explore the experiences of nurses during this challenging time.

IRB-20-249

Survey: okstatecoe.az1.qualtrics.com/jfe/form/SV_bdzVIlsiAK639IP

Oklahoma Nurses Association

Editor: ona@oklahomanurses.org

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ONA CORE VALUES
ONA believes that organizations are value driven and therefore has adopted the following core values:

- *Diversity*
- *Safe Quality Care*
- *Ethical Care*
- *Health Parity*
- *Integrity and Accountability*
- *Practice Competence*
- *Professional Development*
- *Educational Advancement*

ONA MISSION STATEMENT
The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

VISION
Creating opportunities through advocacy, education and collaboration to become the leading voice for the nursing profession in the State of Oklahoma.

BRAND PROMISE
Engaging Nurses to make a difference!

CEO REPORT

ONA and YOU!

Jane Nelson, CAE
CEO, Oklahoma Nurses Association

Jane Nelson

The Oklahoma Nurses Association always focuses on nurses, and the work the profession does for society. This year was no different as we worked to support and advocate for nurses during this pandemic. Ensuring that nurses maintain this social contract with society by engaging in legislative advocacy that advances the profession, supports nursing education, influences better health care, and protects patient safety. *Nursing's Social Policy Statement* is about how nursing helps others—the social contract—between the nursing profession and society. ONA does this in a variety of ways, let me share some of them with you.

We accomplish this work in many ways. One of them is our legislative advocacy efforts. In this issue, ONA's Lobbyist, Vickie White Rankin shares the work done at the State Capitol this year on behalf of nurses and their patients. This legislative session was especially unique with its stops and starts. ONA also partnered with other health care organizations, including the Oklahoma Hospital Association, Oklahoma State Medical Association, the Oklahoma Osteopathic Association and others in advocating for health care workers with the Governor on emergency orders, partnering to pass SQ 802, and encouraging Oklahomans to wear masks with the GotMaskOK campaign.

The GotMaskOK campaign is a way for nurses, physicians, and others to share why they wear a mask, especially on social media. There is both a Facebook page GotMaskOK and website, GotMaskOK.org, where you can submit your photo of you wearing a mask and your reasons. Several of ONA Board Members have gotten involved! We hope you do too.

Another way ONA represents you is at ANA policy meetings such as ANA's Membership Assembly. The Membership Assembly is the body that provides direction to ANA's policy work and the ANA Board. ONA representatives included ONA President, Karen Taylor, ONA President-Elect, Shelly Wells, and Member at Large, Angie Kamermayer. This year's ANA Membership Assembly was different as it was virtual via Zoom. Work at this meeting focused on the adoption of ANA's dues policy, allowing us to keep ONA/ANA dues at the same rate for the next five years. Additionally, several states shared how this pandemic affected nurses in their state and their future work.

The ANA Membership Assembly also adopted a Resolution on Racial Justice for Communities of Color, calling on nurses to oppose and address all forms of racism and discrimination everywhere, including within nursing. It also calls upon nurses to consider the following:

- Condemn brutality by law enforcement and all acts of violence
- Champion the Code of Ethics for Nurses
- Advance institutional and legislative policies that promote diversity, equity, inclusion, and social justice
- Advocate for the ending of health inequities
- Promote deliberate and respectful dialogue, active listening, and commitment to change

Another way ONA assists with this social contract is by the agenda-setting members do at the ONA House of Delegates and the professional development we offer. The ONA House of Delegates meets as part of the ONA Convention, but this year's Convention and House of Delegates will look slightly different. The ONA Convention, ***Year of the Nurse: Celebrating Oklahoma Nurses*** October 1 virtually.

We genuinely want to focus on celebrating nurses, including your dedication and accomplishments, as it has already been an extraordinary year. Convention will be a one-day event featuring the ways you and your colleagues have dealt with adversity, the innovative ways you've ensured patient care, and how you've advanced nursing.

If you are an ONA member, you can serve as a Delegate to the ONA House of Delegates.

The ONA House of Delegates will not be on the same day as Convention. There is more information on the House of Delegates in this newspaper and on the ONA website, oklahomanurses.org. If you are looking for more details on the ONA Convention, it is also available in this newspaper and on the ONA website.

These are some of the ways ONA works to build upon the social contract between nurses and society. ONA works on many more, but we need guidance from our members to focus our efforts. To have a voice in providing direction the organization takes, you need to be a member.

We hope you will be a member and get involved so that we can collectively make a difference in Oklahoma!

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EMERGING NURSES

Adapting...

Tina Stewart, MBA, MSN, RN
ONA Emerging Nurse Director

Speaking of adapting to your environment, do you ever take pause and reflect on that statement? I know that I have, thinking to myself – that's easier said than done. It reminds me of a time back in my early twenties when I studied martial arts. You may be asking, what in the world does nursing have to do with martial arts?

Martial arts not only taught me self-defense and self-discipline, but it also taught me a lot about adapting. I learned to adapt to unknown environments, protect myself and others, and diligently use critical thinking skills. During my training, we learned, breathed, and lived by the Five Tenets. In hopes that you can utilize these while adapting to the environments of the health care industry, I will share the Five Tenets.

1. **Courtesy** - reflects politeness; it is the gratitude and chivalrous attitudes that we give others. Remember that a simple thank you goes a long way. When one is talking, always pay attention, listen with empathic ears, be respectful, and remember that incivility is harmful.
2. **Integrity** - is doing what is right when no one is watching. I like to compare time management skills when it comes to integrity. Remember, short cuts are never the answer. Take your time and do what is right. When you have someone's life in your hands, shortcutting can lead to a simple mistake that causes poor outcomes. Have the integrity to complete the task by giving quality care.
3. **Perseverance** - I recall a poster as I worked a marathon, "If it were easy, everybody could do it." The same goes for nursing. Nursing school was not easy, but you did it. NCLEX was not easy, but you passed it. Dealing with patients is not easy, but you get through it. Perseverance is the completion of something challenging and still maintaining your professional presence. Perseverance requires the capability of patience, maturity, and persistence. It helps us strive to achieve goals and understanding. Just as that person who completes marathons (lord bless them) shows perseverance, nurses should too; cause honestly, sometimes a shift feels like you've run one.
4. **Self-control** - is crucial in adapting to your environment. The patient to nurse ratio, the acuity of patients, the admissions, the discharges. All of these are overwhelming factors. Have you felt like pulling your hair out, or crawling into a fetal position since becoming a nurse? I know that I have on several occasions. But did you know that a person who has good self-control can potentially control the environment in which they are? Maybe not always in some medical situations... but the way that you handle it can help you not lose control. Start by becoming a self-motivating, mental, energetic bank, and make those deposits. Keep a positive head on your shoulder, never put anyone or yourself down. If you make a mistake, own it, learn from it, and quit dwelling on it. Deep breath, and make sure you take those breaks.
5. **Indomitable spirit** - Have you ever been around nurses who are burned out and/or complain all the time? Do you enjoy listening to them? I'm sure the answer is absolutely not. By implementing an indomitable spirit, you can partake in a new trend of cognitive, emotional, and dispositional flexibility. Indomitable spirits are people that provide different techniques and frameworks. They are the ones who bring new hope, strength, and determination to your team. Indomitable spirits jump through hurdles to get to long term goals while remaining optimistic. They are the spark, the inner strength of the team. Be the indomitable spirit by creating the ability to vary your approach to different personalities. Always be someone that you would want to be around. Coach others as you want to be coached. Succeed in your career and praise other's success.

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Salary $70,000

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Requires a valid Oklahoma license as a Registered Nurse or Licensed Practical Nurse w/ 2 yrs. experience. Must possess solid computer skills and experience in a mental health setting. Current openings for our Grand Recovery Center in Pryor, OK and Intensive Outpatient Facilities in Vinita, OK & Stillwater, OK. 12 hour shifts: 7:00 a.m. to 7:00 p.m. or 7:00 p.m. to 7:00 a.m. Shift differentials for nights & weekends.

Registered Nurse - $35.34/hour I Licensed Practical Nurse - $20/hour

Check our website for a full listing of Job Openings www.glmhc.net

2020 ONA Annual Convention Schedule at a Glance

8:00 - 9:00 AM	Interactive Exhibit Hall and Poster Presentations Open *(available all day)*
8:45 - 9:00 AM	Welcome Music
9:00- 9:30 AM	Welcome & ***If Flo Could See Us Now...*** Awards
9:30 - 10:30 AM	Keynote: ***How to be a Positively Unforgettable Nurse - Tena Brown***
10:30- 11:30 AM	Breakout Session: Session 1: ***The COVID-19 Experience: A Survey of Registered Nurses*** - Mary Malaska, DNP, RNC, CNE Session 2: ***The Impact and Importance of Nurse Handover in the Emergency Room*** - Camber Musgrave, RN Poster Presentations
11:30 AM - 12:30 PM	Lunch, Brain Breaks and Visit Interactive Exhibit Hall
12:30 - 1:30 PM	General Session: ***If Flo Could See Us Now...Informing Our Future - Panel***
1:30 - 2:30 PM	Breakout Sessions: Session 3: ***Hoping for the Best Starts with Planning for the Worst*** - *Lisa Benfield, MSN, RN, NPD-BC* Session 4: ***The Danger of Silence: Creating Spaces for Psychological Safety in Healthcare*** - *Deborah Browning, MSN, RN, CENP* Poster Presentations
2:30 - 2:45 PM	Brain Break and Visit Interactive Exhibitor Hall
2:45 - 3:45 PM	Breakout Sessions: Session 5: ***ACEs in the Workplace*** - *Mindy Thompson, DNP, APRN, FNP-C, CNE* Session 6: ***Cherokee Nation Health Services Comprehensive ER to COVID-19*** - *Rebecca Shepherd, MSN, RN* Poster Presentations
3:45 - 4:00 PM	Brain Break and Visit Interactive Exhibitor Hall
4:00 - 5:00 PM	Breakout Session: Session 7: ***Hospital Staffing: A Tiered Approach in the Midst of a Pandemic*** *Kammie Monarch, RN, MSN, JD* Session 8: ***Q-Tips - The Power of Emotional and Spiritual Intelligence*** - *Dean L. Prentice, Colonel (Ret), USAF, NC, DHA, MA, BSN, NE-BC* Poster Presentations
5:00 - 6:00 PM	Celebration, Networking and Closing Remarks

RN2LEADER

Throwing Stones

By Dr. Dean L. Prentice, Colonel (Ret), USAF, NC, DHA, MA, BSN, NE-BC

Dr. Dean Prentice

There is a powerful storm churning in our country. Everywhere you turn, mistrust, chaos, and anger seem to be the calling cards and actions of leaders and used by professionals. Nursing has not escaped these leadership dynamics. In fact, in many cases, we are leading the charge.

From the pandemic to racial unrest and the political climate, leaders in every industry are trying to survive, lead, change, and strategically move their missions forward. But many are mired in conflicts not of their doing and with no viable way forward. They're struggling to lead their people, as all sense of normalcy has been thrown out the window. They're met with resistance from all sides, and they are tiring.

When innovation should be moving us forward, we find fear in the driver's seat. And fear is a terrible navigator. Decisions become poorly thought out and filtered through the lens of which group will attack me next. So much has been lost, and at the current pace, we will continue to lose more ground.

Oh, yes, I know people of both sides of all these issues mentioned above will vehemently disagree with me. And guess what? I am actually OK with them disagreeing with me. What I'm not good with, and what you shouldn't be good with either, is what has become so acceptable in our profession - throwing stones.

Where I was having difficulty with the current trend from nurses and nurse leaders was their use of shame, bullying, and openly wishing harm to those who disagreed with them. As I watched before my quarantined eyes on social media, I saw nurses who I valued and respected belittle others. To continue on this journey, they heaped piles of guilt and shame on others for their actions or what these nurses perceived as their inaction.

In times of crisis, the leadership you use can make the difference between keeping you and your coworkers' safe, moving the mission forward and improving the care provided to patients. In these past months, I have seen both sides of a leadership dynamic. The difference is the use of Resonant Leadership vs. Dissonant Leadership.

In Daniel Goleman's book *Primal Leadership: Realizing the Power of Emotional Intelligence*, he shares these two types of leadership can have the same goals. How you get there and how you motivate others is the difference. Alan Hastings from The Tactical Leaders summed it up: "Resonant leaders inspire a sense of urgency and passion for positive change. Dissonant leaders drive us to solve the same problems but while burdened and hamstrung by anger, distrust, and a sense of futility."

As a trusted profession, we must do better. We need to set a high standard of acceptable behaviors and expect it from others. We are nurses. Nurses bring light when darkness is winning. We care when no one else does. It's time to lead in that same fashion.

So, nurse professionals, how have you been leading? Are you creating change by dissonant leadership and throwing stones? It may be time to try resonant leadership. Let's try rolling stones and see if we can get others to join us.

To access electronic copies of the Oklahoma Nurse, please visit
http://www.nursingald.com/publications

Nominations Open for the Annual ONA Nursing Awards

Recognizing Excellence in Nursing

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

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

ELIGIBILITY

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

The deadline for submission of nominations is September 4th. Find complete details about each award category and nominate a nurse on the ONA website, www.OklahomaNurses.org.

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nursing.okstate.edu

ONA Candidates to be Elected

This year, ONA Members will elect:

- Nominating Committee Members
- President-Elect
- Secretary-Treasurer
- Education Director
- Membership Development Director
- ANA Membership Assembly Representatives

All candidates are listed below as well as on the ONA website. Balloting will be conducted online and will be available by August 19 – September 9. ONA Members will be emailed a username and password. If you prefer a paper ballot, one will be provided.

Election results will be announced at the ONA House of Delegates, which will be held virtually on September 30.

Nominations Committee

(2-year term) ***Elect Three***

Denise Barnett, BSN, RN

Program Director/Clinical Director, Kindred Rehab at Great Plains, Elk City, OK

Educational Background:

OKCCC ADN 1989; OKWU BSN 2019; OKWU MSN (expected completion 12/2020)

Activities:

ONA/ANA Member; Region 5 member; Working toward the organization of local ONA chapter; Meals on Wheels; Teach children's Bible study; Volunteer for local events for various health services including COVID and other health screenings or education; Outreach to shut-ins for health needs, grocery items, etc.; Provide free babysitting for frontline workers as schedule allows.

Personal Statement:

As the nation looks to the most trusted profession in America for guidance through our current health and political issues, it is critical that we, as nurses, stand tall as a united team. We must lead our nation forward and provide education and healthcare assistance. We must demonstrate what we are teaching, including loving our fellow man regardless of race, gender, or political affiliation. Nurses will lead our country through these unsettled times. We hold the power to heavily influence Americans and must be careful and creative with what we sow.

Deborah Browning, RN, MSN, CENP

CNO The Children's Hospital at OU Medicine, Oklahoma City, OK

Educational Background:

MSN–University of Phoenix 2008; BSN–Spalding College, Louisville, KY 1981

Activities:

ONA/ANA Member; AWHONN; AONL; ACHE; AONL Committees

Personal Statement:

As the nursing shortage continues, Oklahoma nurses will need to look toward innovative strategies that will empower and retain professional nursing practice at the bedside. As nurses, we must create a shared vision that supports leadership at the bedside. We must also think widely about the social determinants of health of our Oklahoma citizens and advocate for programs that will support wellness through the lifespan.

Tamara Hanks, MSN, APRN, PCNS-BC, CNOR

Pediatric Surgery Clinical Nurse Specialist, The Children's Hospital at OU Medicine, Oklahoma City, OK.; Adjunct Faculty, OU College of Nursing, Oklahoma City, OK.

Educational Background:

Oklahoma State University; Stillwater, OK. BS 2008, Oklahoma City University, Oklahoma City, OK. BSN 2010; Texas Christian University, Fort Worth, TX. MSN 2017

Activities:

ONA/ANA Member; OACNS Member; OACNS/ ONA Practice Committee Appointment 2019-2020; 2018 ONA Nursing Excellence Award Recipient; Member AORN local chapter and global. Volunteer Faculty Appointment for OU College of Nursing; 2020 ANCC Certified Nurse in Pediatric Clinical Nurse Specialist Award Recipient; OU College of Nursing External Affairs Committee Student Representative; Masters and Doctoral Student Nurse Association Member OU College of Nursing Academic Affairs Committee; Volunteer at OK Kids Korral 2018-present; Volunteer at annual OKASA Wheelchair Basketball Fundraiser; Volunteer at annual Warm Christmas Fundraiser representing OU Medicine; Pathway to Professional Practice (P3) Faculty for OU Medicine for senior OU College of Nursing students in critical care, community, and leadership rotations 2018-present; Co-chair of Advanced Practice Professional Committee at OU Medicine, 2018-present; Current DNP completion program student at OU College of Nursing.

Personal Statement:

Nursing in Oklahoma is in uncharted territory with immense potential to positively impact the health of people in the state. With the COVID-19 pandemic underway, Oklahoma nurses are in the optimum position to empower, advocate, and lead efforts to improve the lives of Oklahomans. There has never been a better time to be a nurse.

President-Elect

(2 years as President-Elect and 2 years as President)

Angie Kamermayer, DNP, APRN-CNS, NEA-BC

Vice President, Chief Nursing Officer, INTEGRIS Health Edmond, Edmond, OK

Educational Background:

University of Oklahoma Health Science Center, College of Nursing, DNP, 2017; University of Oklahoma Health Science Center, College of Nursing, MS Nursing Major, Clinical Nurse Specialist, 1992; University of Oklahoma Health Science Center, College of Nursing, BS Nursing Major, 1982

Activities:

ANA/ONA member since 2000; ANA membership Assembly, Washington DC, 2018 - 2019; ONA Convention House of Delegates, 2018 & 2019; ONA Convention Culture of Safety panel speaker, 2019; COVID-19 Networks of Support: Connecting with Nurses moderator, March 2020; Government Activity Committee, 2002 to present; Nurse Day at the Capitol, Workplace Violence prevention advocate 2020; ONA Building a Culture of Safety position statement contributor 2019, Past ONA Practice Director; ANCC Pathway to Excellence designation, INTEGRIS Health Edmond since 2015; AONE/AONL member since 1997; OONE Program Planning Committee, Harnessing the Power of Nursing, June 2019, OONE Oklahoma City Board member, 2020; Sigma Theta Tau, Beta Delta Chapter, Leadership Succession Committee, 2020; Oklahoma City University Kramer School of Nursing Adjunct faculty for Masters and Doctorate programs, Clinical Advisory Committee member for Kramer School of Nursing, University of Oklahoma, and Oklahoma Baptist University

Personal Statement:

Today's uncertain and dynamic healthcare system will continue to promote a future that emphasizes the need for Nurses to practice at the highest level and full scope of licensure. This aim speaks to the importance of advocacy and policymaking, where nurses collaborate interprofessionally from all settings among disciplines and academic partners. Collaboration promotes shared decision making connecting all advocates as caregivers, then to patients, and the communities served. In these times, the future of healthcare creates practice opportunities with access to resources within the context of care to meet the healthcare needs of Oklahomans. As an organization, ONA stands ready to assist with a rich history of advocacy to support nurses across the state. If elected to serve, I will encourage member involvement to promote Nursing and continue advocating for safety and quality.

Secretary/Treasurer

(2-year term) ***Elect One***

Amber Garretson, MSN, APRN-CNS, CCRN

Clinical Nurse Specialist, MICU/ Sepsis/ERNT, OU Medicine, OKC

Educational Background:

OUHSC, Oklahoma City, OK, MSN-CNS, 2019

Activities:

ONA/ANA Member; NACNS; OACNS; TxCNS

Personal Statement:

Nurses are hope-givers, and hope will not be canceled. We will assist you to lean into the good stuff that remains.

Joseph Catalano, RN, Ph D

Professor Emeritus, ECU; Author

Educational Background:

Ph.D., NTSU; MSN, SUNY Buffalo; BSN, SUNY Utica; RN-Diploma St. Elizabeth School Nursing, Utica NY

Activities:

ONA/ANA Member; ONA Past President; Governmental Activities Committee; Convention Planning Committee; Parish Council, St. Joseph Church Ada

Personal Statement:

I love the Profession of Nursing and believe that nurses are the heart of the healthcare system. I have some 42 years of experience as an RN, including nine years as Department chair of a nursing program that included managing a two million dollar budget.

Lindsay Municipal Hospital
A rural hospital that is strong in its community.
We are unique and one of a kind.
We have a total of 26 beds with an occupancy rate of nearly 75%
Once you join our team, you never want to leave!
Opportunities for RNs and LPNs.
New Graduates Welcome
Full-Time, Flex & Double Time Available
Competitive Pay with Benefits
For more information and to apply contact Human Resources:
Tammy White, HR Manager
twhite@lindsaymunicipalhospital.com
1305 W. Cherokee, Lindsay, Oklahoma
405-756-1404 phone • 405-756-1802 fax
lindsayhospital.com
EOE

ONA Candidates to be Elected

I believe that I am well prepared for the Secretary/ Treasurer position on the ONA Board. The ONA and especially the ONA Board are the leaders in the Nursing Profession and are best able to confront the many issues that face nurses in today's healthcare industry. Thank you for your vote!

Education Director

(2-year term) *Elect One*

Mindy Thompson, DNP, APRN, FNP-C, CNE

Chamberlain University, Curriculum Technology Manager, Downers Grove Illinois

Educational Background:

DNP in Leadership, University of Missouri, Columbia; MSN in Nursing Education, Northeastern State University; Certified Nurse Educator, National League of Nursing

Activities:

ONA/ANA Member

Personal Statement:

Nursing is not only a career but a platform to make a positive impact within the communities we live. Issues facing the ONA include the on-going nursing shortage, disparities in healthcare access across our state, and various challenges to academic organizations. To address these issues, we not only have to work together as a professional group, but also collaboratively with policymakers and community leaders. Only through working together toward mutual goals can true progress be made.

Vanessa Wright, Ph.D., MSN, RN

MSN Program Coordinator and Associate Professor of Nursing, Kramer School of Nursing, Oklahoma City University

Educational Background:

Watson Caring Science Institute, Boulder, CO. Postdoctoral Scholars Program, Currently Pursuing; Oklahoma City University, Oklahoma City, Ph.D. in Nursing, 2017; Oklahoma City University, Oklahoma City, Masters of Science in Nursing, 2013; Oklahoma City University, Oklahoma City, Bachelors of Science in Nursing, 2011; Northern Oklahoma College, Tonkawa, Associates of Applied Science in Nursing, 2010; Pioneer Technology Center, Ponca City, LPN, 2008.

Activities:

ONA/ANA Member; Elected to serve as the Education Director for ONA 2018 to present; Presented (podium and/or poster) at ONA annual conference every year since 2014; Served on ONA conference planning committee in 2018, 2019, and 2020; Served on House of Delegates numerous times in the last six years; Attended ONA Nurse Planner Workshop in 2017 and 2018; Presented research at the local, state, and international level; Currently serves as abstract reviewer and presentation selection for the Annual Nurses Educator's Conference in the Rockies; Involved in many professional organizations- Active member of STTI for the past seven years and served as the academic vice president representing OCU from 2014-2018.

Personal Statement:

Nursing is a relational discipline that is ethical in nature, ranking as the most trusted profession for 17 consecutive years. As such, it is our responsibility to serve as change agents in healthcare organizations, nursing education, and society. The events of 2019-2020 amplify the need for nurses to have a unified voice in order to overcome institutional constraints and advocate for the advancement of health equity, increased diversity within the profession, and full practice authority for APRNs. In addition, a greater emphasis needs to be placed on the well-being of nurses. This starts with integrating self-care techniques in nursing education. The standard should be one of self-care as priority, in effort to foster resilience, retain nurses, and improve patient outcomes.

Membership Development Director

(2-year term) *Elect One*

Amy Hutchens, Ph.D., RN, CNE

Clinical Assistant Professor The University of Oklahoma Fran and Earl Ziegler College of Nursing Oklahoma City, OK

Educational Background:

Arizona State University, Phoenix, AZ, Ph.D., Nursing and Health Care Innovation, 2017; The University of Oklahoma Health Sciences Center, Oklahoma City, OK, MS, Nursing Education, 2010; The University of Oklahoma Health Sciences Center, Oklahoma City, OK Bachelors of Science Nursing, 2003

Activities:

ONA/ANA Member; 2016-2018, ONA Education Director; Spring 2019-present University of Oklahoma College of Nursing Alumni Board member; 2018-present Coordinator Accelerated Baccalaureate in Nursing Program, Oklahoma City, Lawton, Tulsa; Spring 2018, Lead developer and mentor of traditional nursing students in the annual OU inspire event; Spring 2017, Lead developer and mentor of traditional nursing students in the annual OU inspire event, Leading from the Middle; Spring 2016, Lead developer and mentor of traditional nursing students in the annual OU inspire event, Diversity and Inclusion; Spring 2015, Lead developer and mentor of traditional nursing students in the annual OU inspire event; November 3, 2016, Oklahoma City County Health Department town hall facilitator; November 9, 2016, Oklahoma City County Health Department town hall facilitator; 2016-2018, Oklahoma Nurses Association, Education Director

Personal Statement:

Nurses are leaders in the health care industry and carry the major responsibility of providing life-saving care to clients across the lifespan. The major issues impacting nursing today include staffing and workplace hazards. Serving as Membership Development Director will provide me with the opportunity to help advance the ONA mission of advancing the profession to shape the future of healthcare.

Lucas Richardson-Walker, BSN, RN

Anthem Dialysis, Director of Clinical Operations for Oklahoma

Educational Background:

Oklahoma City University Bachelor of Science in Nursing 2017; Rose State College Midwest City, OK ADN, 2002

Activities:

ONA Region 1 president; ONA Governmental Affairs Committee; Member of ANNA (American Nephrology Nurses Association) ANA mentor connection; 2018 and 2019 Membership Assembly Representative; Member, Sigma Theta Tau International.

Personal Statement:

All Registered Nurses should be active in their professional associations. ONA/ANA is the avenue by which we protect our patients and our profession in the State Legislature and US Congress! We must remain active to ensure passage of full practice authority for APRN's, improvements to mental health services in the state, and maintain safe environments for all frontline nurses.

I have a passion for nursing and for ONA! ONA helps me share that passion with all areas of nursing. Lucas Richardson-Walker, BSN, RN

ANA Membership Assembly Representative

(2-year term) *Elect Three*

(candidates running for another office see statement above)

Denise Barnett, BSN, RN
Joseph Catalano, RN, Ph D
Amber Garretson, MSN, APRN-CNS, CCRN
Angie Kamermayer, DNP, APRN-CNS, NEA-BC
Lucas Richardson-Walker, BSN, RN
Mikie Salazar, APRN, FNP (Information Below)
Mindy Thompson, DNP, APRN, FNP-C, CNE
Shelly Wells, Ph.D., MBA, MS, APRN-CNS, ANEF (Current President-Elect)

Mikie Salazar, APRN, FNP

RN Admin Supervisor - INTEGRIS Bass Baptist Health Center - Enid, Oklahoma

Educational Background:

Great Plains Area Vocational School - Lawton Oklahoma – LPN, 1992; Western Wyoming Community College - Rock Springs Wyoming - ADN, 1998; The University of Texas at Arlington - Arlington, Texas - BSN, 2015; Maryville University - St. Louis, Missouri - FNP, APRN - 2021

Activities:

ONA/ANA Member; Currently serving on the ONA Nominating Committee

Personal Statement:

As a representative serving on the Membership Assembly, I will support and provide representation for the nurses of Oklahoma to improve further upon issues such as workplace violence, incivility, bullying, and safer nurse-patient care ratios. These are issues that are not only needed to preserve the well-being of nurses but to improve the workplace environment, overall team collaboration, and the quality and safety of those we serve to care.

The Oklahoma 2020 Legislative Session Wrap Up

By Vickie White Rankin, Government Relations

There is a predictable rhythm to every Oklahoma Legislative Session that includes a defined schedule of hearing deadlines for introduction and hearing of bills at each step of the legislative process.

The energy level reaches multiple crescendos, ebbing and flowing, the halls of the Capitol filling with lobbyists, citizens, and grassroots advocates each year. Even with each session's natural rhythm, come a few inevitable surprises. The 2020 Legislative Session was undoubtedly one of the most unusual of all the seventeen Oklahoma sessions I have ever experienced. If one were to imagine this legislative session as a heart rhythm measured on an ECG, it might appear much more like Paroxysmal Supraventricular Tachycardia than a normal heartbeat.

The Second Session of the Oklahoma Legislature opened as routinely as most others, on the first Monday in February, as the economy was beginning to slow. Despite the slight economic downturn, in which the State Board of Equalization had determined that there was $85.5 million less available for appropriation in FY21 than we had in FY20, the session looked hopeful, as Legislators filed 2,243 bills. I believed it would be an excellent session for health care, as many newly filed bills addressed issues of importance to nurses and the health care community. I could not possibly have imagined how different this session would be, nor the impact it ultimately would have.

One month after the session's opening gavel fell, on March 6, Oklahoma experienced its first case of COVID-19.

Within ten days, just as the Legislature completed its House of Origin Deadline, cases of coronavirus were confirmed within the halls of the Capitol. The extraordinary situation led to an unparalleled and expeditious response by our Legislature and Governor. On March 15, the Governor declared a State of Emergency pursuant to the Oklahoma Catastrophic Health Emergency Powers Act passed in 2003. On the following day, the Oklahoma House and Senate amended rules to allow the Legislature to continue certain necessary activities while avoiding large gatherings, including proxy voting. With approximately 1,400 bills still alive, the Legislature had to close the building to the public, and avoid convening the full bodies of both Houses for a few weeks, to reduce the impact of the growing Pandemic. As a result, hundreds of live bills remained unheard, as the Legislature and Oklahomans became laser-focused on COVID-19, a growing budget shortfall, healthcare, and the economic fallout of the Pandemic.

On April 6, the Legislature returned for a single day to convene in an unprecedented Pandemic Special Session to consider the Gubernatorial Declaration of a Catastrophic Health Emergency.

This session is the first time a 2003 law designed to respond to biological warfare, and written following the terrorist attacks on the Twin Towers and the Pentagon, had ever been invoked. At the time the bill passed, no one honestly imagined using it to fight a real Pandemic in their lifetime. On April 6, 2020, both the House and Senate provided support in a near-unanimous vote of approval, granting the Governor greater executive authority to deal with COVID-19 during this extraordinary session. On the same day, during the regular session, the Legislature had to address a rapidly deteriorating budget and mid-fiscal year budget failure, as plummeting energy prices began to take their considerable toll.

In the long three months from March 12 through June 12, Oklahoma's Governor Kevin Stitt would issue no less than 31 Executive Orders related to COVID-19. Oklahoma Nurses Association has been actively involved in COVID health policy, working to make a positive difference for nurses, other healthcare providers, and the public, as well as monitoring and providing critical updates on vital policy changes arising from these orders. The Executive Orders have addressed a myriad of issues, not the least of which has been PPE, social distancing, business and school closures, licensure, long term care and nursing home procedures, hospital-related issues, and many more. We continue to interface with local health departments and mayors' offices, state health leaders, and health agencies, as the COVID-19 Pandemic continues to exact its toll in Oklahoma. Our goal will continue to be to support and protect nurses on the front lines and to care for Oklahomans, as we strive to educate and prevent the spread of COVID-19.

Nurses can remain informed through Oklahoma Nurses Association updates and by monitoring important state and local changes in data on the COVID-19 page of the Oklahoma State Department of Health website at https://coronavirus.health.ok.gov.

COVID-19 Related Legislation

HB2938 Amends current state statute to allow the Oklahoma State Department of Health to release certain local public health data, such as that related to COVID-19, in order to protect the health and well-being of the public. **This law became effective upon its signing by Governor Stitt on May 21, 2020.**

SB 300 - The COVID-19 Public Health Emergency Limited Liability Act by Senator Daniels and Representative O'Donnell: Protects a health care provider or health care facility from civil liability for any harm to a person with a suspected or confirmed diagnosis of COVID-19 caused by an act that occurred during the treatment of the person, provided it was *not the result of gross negligence or willful misconduct*. The provisions of the measure are to be in effect only until October 31, 2020, or until such time as the Governor affirmatively concludes the emergency declaration, whichever is later. **Governor Stitt signed this bill into law on May 12, 2020, and it became effective immediately upon signing.**

SB 1947 – The COVID-19 Product Protection Act by Senator Pro Tempore Treat and Speaker McCall: Provides civil immunity to anyone who develops, produces, labels, markets, sells, or delivers third party or off-label cleaning supplies and personal protective equipment in response to the COVID-19 public health emergency. The immunity applies only if the individual is not ordinarily the manufacturer of these products. The immunity extends to any government entity, health care facility, provider, business, or first responder, that uses or dispenses these products. Immunity will apply to claims filed on or after the March 15, 2020. However, immunity will not apply to anyone who has knowledge of a product defect or acts with deliberate indifference or intention to cause harm. **Governor Stitt signed this bill into law on May 21, 2020, and it became effective immediately upon signing.**

Nurses' Success in 2020 Legislative Session

Despite COVID-19 and the six-week-long shut-down of the Capitol, the Oklahoma Nurses Association experienced an extremely successful legislative session. There were 1400 bills still alive when the Capitol shut down due to COVID-19, shortly after the House of Origin deadline in mid-March. With the loss of a critical phase of the normal legislative session, and the need to focus on the Pandemic, the Catastrophic Health Emergency, and the related budget crisis, it became readily apparent that there would not be time to hear a vast majority of live 2020 bills. Only a small select handful of surviving bills in the House and Senate would eventually be heard, while others would be rewritten to address urgent emerging needs created by the COVID-19 Pandemic. Below are some highlights of the 2020 legislation passed important to the Oklahoma Nurses Association.

SB1290 – Healthcare Worker Protection Act by Senator Weaver and Representative Roe: Corrected the upside-down penalty in pre-existing law, increasing the penalty for aggravated assault in the healthcare workplace, so that Oklahoma healthcare workers who are assaulted while on the job can be protected. It further requires that warning signs be posted, reading, "Warning: Assaulting a Medical Professional Who Is Engaged in the Performance of His or Her Official Duties Is a Serious Crime," and that an annual report of all such assaults be submitted to the Oklahoma State Department of Health. **Signed by Gov. Stitt May 20, 2020. Effective Date: November 1, 2020**

SB1423 – Increase Age to Purchase Tobacco by Senator McCortney and Representative Wallace: Increases the age for tobacco purchases from 18 to 21 to make Oklahoma state law consistent with federal law, improving health and enforcement efforts. **Signed by Governor Stitt on May 19, 2020. Effective Date May 19, 2020.**

SB1823 – Shepherd's Law by Senator Stanley and Rep. Roe: Makes Oklahoma the 35th state that licenses Midwives. Provides that the Oklahoma Commissioner of Health has oversight over the profession of Midwifery, and creates an Advisory Committee on Midwifery to assist the Commissioner in defined responsibilities related to licensure, oversight, discipline, formulary, routine tests, continuing education, etc. The Health Department (OSDH) will maintain a roster of all licensed midwives in Oklahoma. Senator Stanley, an educator, and Representative Roe, a nurse (APRN), responded to the parental request and public outcry following the tragic death of an infant following a planned home delivery. SB1823 establishes licensure, providing oversight and accountability while preserving parental choice. It requires Certified Professional Midwives and Certified Midwives to be licensed pursuant to Oklahoma law, and related OSDH rules. It requires *all* midwives, *including lay midwives* to provide an informed consent document that discloses their licensure or lack thereof, that discloses whether or not they carry liability insurance, and that sets forth a plan related to emergencies and complications, allowing the parents to preselect a hospital in the event that emergency treatment and transportation to a hospital becomes necessary. **Signed by Gov. Stitt on May 18, 2020, Shephard's Law goes into effect on November 1, 2020.**

SB1788 – Veterinary Nurse Bill by Sen. Casey and Rep. Kerbs: Sought to allow a Veterinary Technician to be referred to as a "Registered Veterinary Nurse." However, the title ***Registered Nurse*** is protected under Oklahoma statutes, just as Veterinarians are not called "physicians" in our statutes. Registered nurses, even with their many qualifications, are not allowed to treat animals in veterinary settings, nor are vet techs, allowed to treat humans in medical settings. Despite these facts, this bill made it out of the Senate Agriculture and Wildlife Committee, with strong support from the agricultural community and veterinarians. Oklahoma Nurses strongly opposed this bill once it reached the floor of the Senate. This bill died on the Senate floor on the last day of bill deadline for passage in the House of Origin, because the author was unable to obtain sufficient votes for a hearing. There have been unsuccessful attempts to pass this bill in multiple other states, but we may see this resurface again in the future.

SB801 – Nurse Anesthetist Bill by Senator Rosino and Representative McEntire: Provides that nurse anesthetists may practice *in collaboration with* physicians. The Oklahoma Association of Nurse Anesthetists worked diligently and with great care to negotiate language with key physician organizations to develop agreed-upon language that would unite rather than divide constituents of legislative leaders. Their bill passed both houses unanimously and serves as a model for how health care professionals can successfully approach potential changes to their practice acts. **Signed by Gov. Stitt on May 1, 2020, this measure went into effect upon signing.**

HB2587 – The Non-Discrimination in Healthcare Coverage Act by Representative Roberts and Senator Daniels: Provides

protections and certain rights to people with chronic illnesses, disabilities, and advanced age, that may place them at higher risk. It prohibits reliance upon discriminatory measures in the development of healthcare recommendations. It requires that state agencies must consult with organizations representing older adults and the disabled before implementing changes that impact them. The legislation further requires submission of an annual report to the Legislature, which will also be posted on the state Medicaid website, outlining beneficiaries' access to services, emphasizing services for those with chronic illness, the disabled, and the elderly. **Signed by Gov. Stitt on May 21, 2020, this measure goes into effect on November 1, 2020.**

State Budget and Impact on Health Care

The State Board of Equalization initially certified a shortfall of $85.5 million for FY21 over the previous year, as the energy sector had already begun to dwindle, and other income to the general revenue fund appeared to be dragging. Despite the slow economic picture, the session began hopefully, until the COVID-19 Pandemic paralyzed the country and energy prices began to plummet to record lows. This spring, the shortfall ballooned to $1.4 billion, as certified by the State Board of Equalization. The House and Senate mobilized to mitigate the loss by reducing the depth of potential cuts to state agencies, particularly critical core services and health care, for the fiscal year beginning July 1, 2020. The use of one-time monies from the Rainy Day Fund and Revenue Stabilization Fund made an enormous difference this year. As the Pandemic continues its unmitigated spread, however, the state may face much deeper cuts impacting a wide array of needed services in the 58th Legislative Session.

SB 1922 – The General Revenue Bill by Senator Thompson and Wallace: Provides for FY21 appropriations to state agencies, including health agencies. While this measure protects the Oklahoma Health Care Authority by maintaining it at last year's appropriation level, some other agencies are cut more deeply, since there was $1.4 billion less in revenue than the FY21 budget. The good news is that agency appropriation reductions averaged only 4% in most cases, and considerably better when compared to the much deeper across the board cuts initially proposed by the Governor. **Governor Stitt vetoed this bill. Both the Senate and House overrode the Governor's veto, allowing the bill to become law, notwithstanding the Governor's veto. SB1922 Went into effect on July 1, 2020, the first day of the fiscal year.**

SB1718 – Mental Health Parity Act – By Senator Montgomery and Representative Echols: Provides parity in mental health insurance coverage by providing parallel coverage under Oklahoma state law. This seeks to enhance Oklahoma enforcement of requirements for mental health care coverage at a level comparable to that of physical health care, under health insurance plans authorized in this state. **Governor Stitt signed SB1718 on May 19, 2020. This measure will become effective on November 1, 2020.**

Medicaid Expansion

SQ 802 - On June 30, 2020, Oklahoma became the 37th state to pass Medicaid Expansion with the passage of SQ802 by a vote of 50.48% to 49.52%. Medicaid Expansion covers Oklahoma adults ages 18-64, earning 133% of the poverty level or less. Using federal poverty guidelines, income below $17,236 annually would allow a single adult to be eligible for coverage, while adults with a family of four would become eligible with an income under $35,535 annually. Under the constitutional provisions of SQ802, the state of Oklahoma will now be required to pay for its' portion of the cost (currently 10%), with the federal government paying the balance. Medicaid Expansion will go into effect in Oklahoma on July 1, 2021. The Oklahoma legislature will have until that date to develop a workable funding mechanism to pay the estimated $164 million to cover the costs of the expansion.

SJR 27 - Redirects Majority of TSET Funds for Support of Medicaid by Senator David and Representative Wallace: Provides for a future State Question that will allow Oklahomans to vote on whether to redirect the majority of future Master Settlement Agreement payments from the TSET endowment to the General Revenue Fund to support the state's expanded Medicaid program. SJR 27 would create a state question to redirect 75% of future lawsuit settlement payments away from voter-created TSET endowment. The large corpus of TSET money will not be affected, and 25% of TSET revenue will continue to go to TSET. 75% of future revenues coming into TSET could go to support Medicaid. Passed House 81-17; **Passed Senate 34-11; Direct to Secretary of State.**

SB 1046 - SHOPP by Senator Thompson and Representative Wallace: Defines newly eligible Medicaid populations, defines hardships, establishing Medicaid expansion subject to waiver approval. An amendment allowed for privatized Medicaid managed care, ultimately leading to a Gubernatorial veto of the bill. **VETOED by Governor Stitt.**

CMS Application Medicaid Expansion - Governor Stitt had submitted an official application to CMS (Center for Medicare and Medicaid Services) during the 2020 Legislative session, seeking to expand Oklahoma's Sooner Care Program by July 1, 2020. His administration officially withdrew their (CMS) application, indicating that the Legislature has not provided a long-term ongoing funding mechanism, despite Governor Stitt's veto of SB1046 in May.

Many challenges to fund Medicaid Expansion, mental health, long-term care, and other vital areas of health care remain, particularly as we may yet face some of the most devastating health and economic consequences of the COVID-19 Pandemic.

When nurses join their association and become active and engaged in the process, they make a tremendous positive difference in their profession and in the health and lives of many thousands of Oklahomans across generations.

How Undergraduate Research Course Revisions Impacted Student Confidence Regarding Evidenced-Based Practice

Authors: Rogers, C, Ph.D.; Ogans, J., DNP, & Farrar, H.M. PhD, 1 Assistant Professor, University of Oklahoma Fran and Earl Ziegler College of Nursing, 2 Associate Dean, University of Oklahoma Fran and Earl Ziegler College of Nursing, 3 Assistant Professor, University of Oklahoma Fran and Earl Ziegler College of Nursing

A barrier to the initiation of Evidence-Based practice (EBP) is the difficulty nurses experience linking research to practice. The American Nurses Association: Nursing: Scope and Standards of Practice designates the implementation of evidence into practice and shares research findings with peers, as a standard of professional nursing practice (American Nurses Association, 2015). The primary reason for initiating EBP activities is to translate them into practice (Melnyk, Fineout-Overholt, & Mays, 2008).

Translating evidence into practice may improve patient care; there is a positive correlation between EBP beliefs and implementation (Stokke, Olsen, Espehaug, & Nortvedt, 2014). Undergraduate students who do not understand the research process, EBP, and the importance of translation of research to practice will be unable to use this strategy to improve patient care and reduce healthcare costs. This article describes changes made to coursework to facilitate translation of research principles to practice at a University in Oklahoma.

Background

EBP has been recommended and designated as a core competency and standard of professional nursing practice (American Nurses Association, 2015; Institute of Medicine, 2000). EBP is defined as a problem-solving process a healthcare organization uses to make clinical decisions (Dang & Dearholt, 2018). Generally, nurses report difficulty linking research and EBP and show a lack of engagement in using EBP to advance quality healthcare. Nurses report a need for workplace mentoring on how to access and use research and a lack of confidence in their research appraisal skills (Ellen et al., 2014; Irwin, Bergman, & Richards, 2013; Ross, 2010).

An essential duty of an undergraduate nursing program is to equip nursing students to comprehend the EBP process and apply research in practice (American Nurses Association, 2015). Some specific skills associated with competent use of EBP include the ability to appraise literature and participate on EBP teams.

Course Revisions

Teaching research appraisal skills in the undergraduate nursing curriculum will help undergraduate nursing students build confidence in their ability to participate on EBP teams as a future nurse. Before these course changes, the research course emphasized research concepts and was only offered in the online format for students in their senior year.

Pre-revision activities included content power points available to review online, online quizzes (students were allowed to take the quizzes three times, the best score was accepted), class exams, and a major research paper. It was determined that lectures were not engaging students, and the students were not reading assignments prior to exams. The major research paper and high-stakes exams were not preparing students to understand how to read and interpret a research article to participate on EBP teams. Student feedback indicated that students did not value the course and demonstrated a lack of understanding of the research process and how it connected to EBP.

Review of student and faculty feedback provided direction on what aspects of the course needed revision. A literature review on what learning strategies might be most successful led to the decision to alter the course to a hybrid format. This format would facilitate active rather than passive learning. The literature recommended using narrated lectures, which include explanations of content, posting multiple learning strategies to the course website, and providing opportunities to discuss concepts and self-reflection (Caputi, 2015).

Other effective methods of teaching research to undergraduate students were clinical nurse researcher presentations, class participation and attendance, peer evaluation, small group work, using worksheets, and participation in the Great Cookie Experiment (Caputi, 2015; McCurry & Martins, 2010; Morrison-Beedy & Côté-Arsenault, 2000). The Great Cookie Experiment has been adapted for use as an interactive teaching strategy for learning research methodology. Morrison-Beedy and Côté-Arsenault document that the cookie experiment in the classroom can be adapted and used as a teaching strategy (2000). These innovative approaches are preferred by millennial learners, representing the majority of students in the program (McCurry & Martins, 2010). Pashaeypoor, Ashktorab, Rassouli, & Alavi_Majd (2017).

Course revisions were designed to follow Rogers' model of change (Rogers, 2003) and are shown in Table 1. Changes to knowledge-based content included narrated rather than un-narrated power points and the addition of EBP specific assigned reading from Dang and Dearholt (2018) and Brown (2018). During the course seminars, faculty emphasized the impact of EBP on patient outcomes, brought guest speakers with research and EBP expertise to persuade students to see the benefits of EBP to clinical practice. Seminar activities included applying specific EBP project skills by completing worksheets, practicing with research appraisal forms, and debriefing with rationale for the correct responses. This live practice with faculty guidance promoted student decision-making and the use of content in the future.

Table 1
Linking Seminars, Activities, and Course Objectives

Seminar goals	Activities	Course Objective
Orientation, overview of nurses in research (include clinical research nursing), differentiating research, QI, and EBP, ethical obligations	Matching and rationale of research, QI, and EBP (in class*)	Explain the purpose of research in the discipline of nursing. Examine ethical aspects of nursing research. Differentiate between research and evidence-based practice processes.
Components of a Research Article, Differentiating "science" from general knowledge	Annotated bibliography worksheet (in class* and assignment)	Describe the steps in the research process
Differentiating and summarizing types of "evidence."	Identification of research designs (in class*) Annotated Bibliography (assignment)	Describe the steps in the research process
Answering clinical questions using scientific evidence	PICO question development template (in class) * PICO exercise and library tutorials (assignment)	Conduct research and evidence-based practice literature searches
Using appraisal tools to make an evidence-based recommendation	*Johns Hopkins Forms X5* (in class* and assignment)	Utilize research terminology correctly. Demonstrate beginning skills in critiquing research and evidence-based practice literature.
Translating evidence into practice & the Great Cookie Experiment	Conduct Great Cookie Experiment in class Podcast activity with peer evaluation (assignment)*	Identify clinical problems in need of nursing research. Recognize facilitators and barriers to conducting nursing research and implementing evidence-based practice. Conduct research and evidence-based practice literature searches.

Note. EBP = Evidence Based Practice; PICO = Population, intervention, comparison, outcome; QI = quality improvement; *= group work

Following a seminar to practice using Johns Hopkins Nursing EBP Model research appraisal forms, students were assigned a set of five articles to read and were asked to appraise the level and quality of each article. Articles selected included one of each of the following types of studies: RCT, quasi-experimental, qualitative, practice guideline, and clinical opinion paper. To help students internalize learning and use self-reflection to build confidence, a final podcast assignment was developed.

This activity asked assigned groups of students to identify a clinical question, state a PICO question with an intervention that is original to each student, provides a statistic to support the importance of the proposed question, identifies two barriers and support systems for the proposed evidence-based change, and summarizes how the group plans to incorporate the evidence into practice.

Results

A total of 92 students responded to an anonymous survey about the course revisions for an overall response rate of 46%. Participants reported a significant improvement in all of the confidence scores from before to after the revisions.

Student responses to what activities helped learn course content were: PICO activities (n=12), Great Cookie Experiment (n=6), group work (n=4), and classes (n=9). Areas of improvement included nothing (n = 13), Great Cookie Experiment (n=2), Podcast (n=2), Johns Hopkins assignment (n=4), and library tutorials (n=3).

Discussion

There were multiple lessons learned during these revisions. There is a clear need to include clarification of the assignment instructions, additional time explaining how to use the evidence evaluation forms, and careful consideration of the best timing for *The Great Cookie Experiment.*

As the seminars were considered most useful, this strategy in specific should be continued, emphasizing faculty-directed group work and practice using the evaluation forms and discussing real-world research. In response to comments about points for attendance, the usefulness of the library tutorials, and podcast assignments, faculty should carefully choose to abandon these activities without further evidence.

Negative comments were few and may not carry from cohort to cohort. In this hybrid version, the seminar format required active participation, and therefore, student learning was more likely, and points awarded had more meaning.

Implications

Nurse perceptions of Evidence-Based nursing are generally positive; however, evidence of nurses engaging in the application of evidence in practice is limited (Adib-Hajbaghery, 2009). A critical factor in applying EBP is how educated, and empowered nurses are about using evidence in practice (Colón-Emeric et al., 2007). Therefore, educating and empowering nurses to use EBP while still in the student role can increase the confidence and skill level of nurses who are entering practice.

The findings from these revisions and student responses demonstrate that knowledge of EBP and the active use of EBP while a nursing student impacts the adoption of EBP in future work (Oh et al., 2010; Pashaeypoor et al., 2017). Curriculum revisions like the one discussed above are an opportunity to allow students to learn and apply knowledge at the student level and promote future confidence in skills after graduation.

Strategies that increase EBP skill confidence before entry to practice can positively affect nurses' ability to translate research evidence into practice.

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Official Call to the Delegates To Attend a Meeting of the ONA House of Delegates

Wednesday, September 30, 2020

Julia Profit, RN, ONA Secretary/Treasurer

This notice constitutes the official call to meeting of the Meeting of the ONA House of Delegates. The House session will be held Wednesday, September 30, 2020. Time to be determined and posted on the ONA website. This meeting will be held virtually.

The representation of each Regional Nurses Association established for the 2020 House is as follows:

Region #01.....36
Region #02.....29
Region #03.....33
Region #04.....17
Region #05.....19
Region #06.....21
ONA Board of Directors.....15
ONA Affiliates..... 6
Past ONA Presidents

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

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

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

Joining and Creating an ONA Chapter

Whatever your nursing passion may be, the Oklahoma Nurses Association (ONA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your career satisfaction and connecting with your peers. Now, ONA has made it easy for you to become involved according to your preferences.

Through ONA's member-driven Region and Chapter structure, you can join a chapter or create your own chapter based on where you live or work, type of practice, or shared interests where you can reap the benefits of energizing experiences, empowering insight and essential resources.

- GET INVOLVED WITH A REGION OR CURRENT CHAPTER

Region Presidents are listed on page 2 of this publication and on the ONA website, oklahomanurses.org.

These Region leaders are very willing to work with you in developing a Chapter. So reach out to the Region Presidents to find out when they will hold their next meeting and how you can get involved!

- CREATE A NEW ONA CHAPTER

Are you interested in creating an ONA Chapter?

Below are the steps we recommend you follow to create a NEW ONA chapter. This information, along with the forms are available at oklahomanurses.org. If you have any questions, contact Jane Nelson, CEO at ONA (jnelson@oklahomanurses.org; 404-840-3476).

1. Obtain a copy of ONA bylaws and the ONA policies.
2. Gather together a minimum of five ONA members who share similar interests. For sustainability, it is recommended that Chapters have ten or more members.
3. Work with Region Leadership
4. Select a chapter chair.
5. Identify and agree upon chapter purpose. (Chapters may not compete with statewide nursing specialty organizations)
6. Decide on chapter name.
7. Submit a roster of members to the ONA office that ONA staff will use to verify current ONA members.
8. Complete the Chapter Formation application to become a chapter of the Region and ONA. Information to be submitted includes the following:

Joining and Creating an ONA Chapter...continued on page 19

Three-Point Strategy for Giving Nurses the Support They Have Earned

By Rhonda Collins, DNP, RN, FAAN

In the past, I have written extensively about the issue of cognitive overload among nurses in acute care settings. Now, in the face of the most devastating pandemic in 100 years, the issues caused by cognitive overload have multiplied and accelerated.

Each of us only has so much capacity to focus on and process information, organize it, recall it instantly, manage multiple inputs simultaneously, and recognize patterns so we can anticipate what will occur next. When that capacity is exceeded, it hinders nurses' ability to remain focused on what is important, make informed decisions, and serve both their patients and their colleagues optimally.

Fortunately, cognitive science provides a foundation in devising strategies that enable us to support nurses. Providing technology that consolidates information in the context of the patient while making it possible for everyone to communicate in the same way reduces the cognitive burden while improving patient care and safety. This strategy consists of three key points:

1. **Close the gap between documentation and communication.** While caregivers are often asked to move through the hospital quickly to manage multiple critically ill patients, during surges like the ones from COVID-19, the pace (and stress) increases exponentially. As a result, key information must be able to travel along with nurses and easily be available to them when needed. To reduce the cognitive burden, documentation and communication must be integrated rather than operating separately.
2. **Let clinicians control how they communicate.** Nurses must be empowered by their hospitals to control how they communicate; the COVID-19 crisis has made that abundantly clear. It's important to standardize communication between all clinicians rather than forcing nurses to adapt to individual physicians' preferences and recall who prefers to be reached by pagers, overhead paging, answering services, or phone. By using a single, intelligent communication system, nurses can work more efficiently without the burden of needing to remember phone numbers or even names.
3. **Ensure software enhances workflow rather than impedes it.** Here again, the COVID-19 pandemic has demonstrated the importance of ensuring clinicians have access to clear, contextual, just-in-time information. Rather than requiring nurses (and the rest of the care team) to search through complex fields of information to find what they need at the moment or struggle to track down a colleague so they can ask questions, that information should be pushed to them. Clinical workflows should enable purposeful communication and the easy sharing of meaningful information centered around the patient.

As the pandemic eases, at least for now, we must find ways to support nurses who are grappling with physical, emotional, and physiological trauma. One small way we can do that is by not adding to their already full plates with complex processes, giving them the PPE they deserve and need, and equipping them with technologies that reduce some of their cognitive burdens.

Building Nursing Leadership Skills for a Pandemic and Beyond

Julia Profit, BSN, RN, the Birthing Center Manager at Bailey Medical Center (BMC) in Owasso, Oklahoma, has seen a lot in more than 22 years in nursing. But even her wealth of nursing experience could not have prepared her for the devastating COVID-19 pandemic.

"I've never experienced anything like it, and I've gone through some fairly traumatic periods in healthcare," said Julia. "We had to revise core policies and logistics overnight. Plus, as L & D nurses, we needed to offer extra support to alleviate fears and help our patients and their loved ones find new ways to enjoy what should be a happy occasion. We had to do this while dealing with our own worries for ourselves, our colleagues, and loved ones."

Julia had something to support her through the trauma COVID-19 threw at the nation's hospital workforce. During the worst of the crisis, she and nurse leaders at other hospitals nationwide were taking Duke CE's online Certificate in Nurse Leadership offered in partnership with Dignity Health Global Education (DHGE), a workforce development company that provides online qualifications such as certificate and degree programs to healthcare workers.

Taking Course During COVID-19

When Julia and her peers at other hospitals first started taking the 16-week course in late January, COVID hadn't begun to impact hospitals. "My classmates and I were enjoying the course," Julia recalls. "The content and the topics were very relevant for nursing leaders and we'd get together to review lessons once a week."

When COVID-19 hit Oklahoma in March, Julia and her colleagues decided to continue taking the course despite their extra responsibilities. She noted the modules on resiliency and coping were especially valuable during that period.

"While nurses are exceptionally resilient, we all needed extra help during COVID-19," explains Julia. The modules on resiliency helped us to re-center and gave us tools to bounce back in a crisis. I found myself looking forward to every lesson."

In terms of providing support for the real-world challenges beyond COVID facing nurse leaders, Julia noted the modules on team-building and motivation were especially valuable. She also appreciated the section on communicating with leaders. "It gives you a sense of confidence and helps you understand the right questions to ask to build and grow your department's mission."

ONA to Offer Nurse Leadership Certificate to Members

In part because of Julia's experience with the program, the Oklahoma Nurses Association (ONA) will be offering the DHGE's Certificate in Nurse Leadership to ONA members.

Developed in partnership with Duke Corporate Education, a top three global provider of executive education, the course equips nurse leaders to positively impact their organization. Unlike many online programs, it was created with globally recognized senior nursing leaders for nurses in management roles. The Certificate in Nurse Leadership was developed to provide experience highly relevant to daily activities and provide the skills to enable nurses to evaluate themselves, lead others, and make dynamic and thoughtful decisions.

Engaging and Relevant Content

The course can be covered in about four to six hours per week and takes 16 weeks. Its online, flexible format can be taken on any device — from laptops to smartphones. It provides an informative and engaging learning environment with video-based content, real case studies, projects based on what is happening in hospitals today, online discussions with instructors and peers, and job aids. It also provides 32 hours of CE credit. ONA members receive a 20% discount on the price. Learning modules include:

- Leading Self — featuring insights on becoming an authentic leader
- Leading Others — providing input on how to address team performance issues
- Leading Change — sharing frameworks for accelerating organizational and individual change
- Leading Organization — highlighting strategic, financial, and regulatory issues

A survey of nurses who completed the pilot program in 2019 found that 100% would recommend the course. Julia, who also serves as the Secretary/Treasurer for the ONA, agrees with that finding. "I've taken many online courses in the past," says Julia. "This stands apart because of the design, layout and videos. I'd give the presentations an A+. Anyone who has taken online courses in the past will be pleased and impressed with this structure."

Julia also has advice for ONA members. "I would strongly recommend this course to anyone looking to build their leadership skills," states Julia. "You will find that every week you build on your knowledge and feel more confident and excited about the next week's courses."

For more information on the Certificate in Nurse Leadership offered by DHGE and Duke CE, visit the website at https://dhge.org/our-programs/nurse-leadership-certificate-duke-ce/

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Mentoring Licensed Practical Nursing Students to Decrease Attrition

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A shortage of licensed nurses is a primary concern due to projected health care needs in the United States (American Association of Colleges of Nursing, 2019). Nursing educational institutions have made great strides to meet the growing demand for nursing professionals (Farahani et al., 2017). However, the number of additional nurses needed throughout the nation and in Oklahoma continues to rise (Wells et al., 2018). The purpose of this paper is to address an approach to meet this burgeoning need.

Context

An increase of 4% of licensed practical nurses (LPNs) and 6% of registered nurses (RNs) is needed over the next five years to meet Oklahoma's needs (Wells et al., 2018). Rural counties that tend to be medically underserved areas may have an even greater requisite (Oklahoma State Department of Health, 2015). The national anticipated demand for RNs is expected to grow 3% annually for the next 10-15 years as Baby Boomers age and advances in research and technology expand (Shelton, 2012). Thus, an exacerbation of a shortage of licensed nurses in Oklahoma is expected.

Preventing the attrition of LPN students may increase available nurses in the workforce and relieve the nursing shortage. Hoeve et al. (2017) define attrition as the difference between the number of nursing students beginning in a program and the number who graduate. LPNs are typically not included in strategies to relieve the nursing shortage; however, the potential exists with this cohort (Stickney, 2008). Opportunities are present to further education through bridge programs, including LPN to RN or LPN to Bachelor of Science in Nursing (BSN) curricula. LPNs can also meet healthcare needs by functioning in a team nursing approach, serving in nursing homes, and providing needed residential health care (Stickney, 2008).

Literature Review

A literature review was conducted using The Cumulative Index to Nursing and Allied Health Literature (CINAHL) database to determine contributing factors for attrition and effective academic remediation programs aimed at increasing retention of practical nursing students. Search terms were attrition, retention, practical nursing student, academic remediation program, and mentorship. Inclusion criteria consisted of peer-reviewed, full-text articles in the English language published between 2010-2020. The search was expanded to include Associate Degree Nursing (ADN) and BSN programs due to limited literature specific to practical nursing programs.

Excluded from the review were duplicate entries, works that focused on graduate students, failed to address possible solutions to increase retention or neglected to emphasize retention of nursing students at risk of departure. A total of 75 journal articles were obtained; 57 were excluded for one of the aforementioned reasons. One article by Tinto (1975) was included in the review due to the significance of Tinto's contribution to the theory of student retention. A total of 19 articles were reviewed for evidence, validity, and reliability for nursing programs to address specific methods to decrease attrition in undergraduate nursing programs.

Current Professional Trends

Coaching or mentoring by faculty was one persistent evidence-based response that emerged throughout the literature review to decrease attrition rates (Benner et al., 2010; Freeman et al., 2017; Glew et al., 2019; Healey, 2012; Hoeve et al., 2017; Jeffreys, 2007; Jeffreys, 2014; McEnroe-Petitte, 2011; Mooring, 2015; Mudaly et al., 2018; Price et al., 2017; Schrum, 2015; Shelton, 2012; Shustack, 2019; Stickney, 2008). Jeffreys's Nursing Undergraduate Retention Success (NURS) model suggests when students' stressors are effectively identified and addressed, faculty can positively impact academic and social integration and improve student retention (Mooring, 2015).

Evidence has suggested that nursing faculty who integrate a proactive, holistic faculty mentorship program may develop students' full potentials, increase retention, and alleviate the nursing shortage (Freeman & All, 2017).

Description of a Mentorship Program to Decrease Attrition

Mid-America Technology Center's Practical Nursing (MATC-PN) program faculty sought to address the nursing shortage by improving student retention through an innovative holistic mentorship program. According to Jeffreys's NURS model, remediation programs may retain more students when using proactive, inclusive enrichment (PIE) rather than exclusive remediation (Jeffreys, 2014). Early identification of students at risk of departure may thwart failure or withdrawal.

PIE empowers students by shifting focus from correcting weaknesses to developing strengths and encourages learners to "reach for the stars" rather than "reach for the life preserver" (Jeffreys, 2014, p. 165). Rather than concentrating on merely passing a course, PIE encourages students to strive to attain their full potential. Additionally, with PIE students' confidence is enhanced, as opposed to exclusive remediation, wherein students enter with low confidence due to a history of poor academic performance (Jeffreys, 2012a).

Mentorship programs guided by PIE may facilitate professional integration and socialization by offering holistic enrichment to students performing at a variety of academic levels. According to Shelton (2012), students who struggle academically or personally may not take the initiative to pursue faculty assistance. Oftentimes, student challenges are non-academic in nature but may impede their progress in nursing programs. The authors' experiences often include issues surrounding childcare, illness of a family member, financial difficulties, and lack of access to reliable transportation.

Faculty need to be proactive in seeking students who are having trouble and offer support through mentorship (Shelton, 2012). This approach contrasts with exclusive remediation, in which students are usually expected to reach out to faculty for help when they feel overwhelmed and need assistance.

Theoretical Teaching Strategies

Knowles Adult Learning Theory provided a theoretical framework used in the mentorship program to meet the students' individual goals and promote active engagement. According to Knowles, adults have valuable life experiences that can support new knowledge. Faculty may guide, coach, and mentor adults to use individuals' experiences to solve problems (Candela, 2016). A variety of evidence-based teaching activities were implemented to engage students participating in the mentorship program including small group discussion, concept mapping, role play, demonstration, imagery and mindfulness, self-learning modules, writing and journal assignments, simulation, case studies, Socratic questioning, and tutoring (Phillips, 2016).

Project Results and Outcomes

The mentorship program was introduced to a group of 25 practical nursing students in the eighth month of a 10-month program. The students' initial verbal responses included "I wish we had this at the beginning of the year" and "This could have helped the students who failed earlier."

Fourteen students participated in the program; five by self-referral and nine by faculty referral. Weekly scheduled meetings were held via the Zoom online platform due to the Coronavirus Disease 2019 (COVID-19) restrictions. The first author served as the sole mentor to the students. She provided verbal support, compassion, and active listening during the meetings and sought to identify areas that supported or inhibited optimal student performance.

Individualized learning activities were assigned to students depending on identified needs. Examples of program activities include completing Assessment Technologies Institute (ATI) case-study modules for students with academic challenges, creating an hourly schedule for students having difficulty with time-management, and reviewing test-taking techniques for those needing improvement on prioritization.

After participating in the program for two weeks, students completed the Mentorship Program Satisfaction Survey (MPSS) anonymously via SurveyMonkey (Jeffreys, 2012b). The results of the survey are provided in Table 1.

Table 1
Mentorship Program Satisfaction Survey Results

Survey question	% Student response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1) I am satisfied with nursing as my career choice.	83.33	16.67	0	0	0
2) The nursing courses completed so far provided me with valuable learning.	83.33	16.67	0	0	0
3) Overall, I am satisfied with learning opportunities at the school.	83.33	8.3	8.3	0	0
4) Overall, I was satisfied with the mentorship program.	66.67	25.0	8.3	0	0
5) The mentor was helpful.	83.33	0	16.67	0	0
6) The learning opportunities were informative.	58.33	25	16.67	0	0
7) Participating in the mentorship program improved my self-confidence.	33.33	50	16.67	0	0
8) The learning activities helped me improve my grades.	25	33.33	41.67	0	0

Note. Adapted from *Nursing Student Retention Toolkit* (p. 13) by M.R. Jeffreys, 2012b, Springer Publishing Company (ISBN 978-0-8261-9955-3). Licensed by Springer Publishing Company LLC on April 13, 2020.

Despite transitioning to online learning due to the COVID-19 restrictions, MATC-PN maintained an 83% pass rate (25 out of 30 students admitted) of graduating students in June of 2020 after implementation of the mentorship program. Historically, pass rates ranged from 80-85%. No students left the nursing program after the necessary rapid changes to online teaching/learning. This is one indicator of short-term success, as normally such an impactful stressor would likely lead to student attrition.

63% of participating students "agreed" or "strongly agreed" that the learning opportunities provided during the mentorship program were informative; 91.67% "agreed" or "strongly agreed" they were satisfied with the mentorship program. Suggestions for the program's improvement included written comments such as "I think the mentorship was an amazing idea and I am so thankful it was implemented for us this year," and "I would focus more on our weakness in the learning material."

The program's short-term outcomes resulted in an increased perception of faculty helpfulness, increased self-confidence, and perceived grade improvement. Projected long-term outcomes include an increase in the number of retained students and a higher number of LPNs available to meet the public's health care needs.

Implementing a faculty mentorship program using Jeffreys's NURS model may extend beyond LPN students and apply to undergraduates at various levels, including diploma, ADN, and RN-BSN programs (Jeffreys, 2012a). Jeffreys states that PIE is an integral component of undergraduate nursing programs to promote retention and integration throughout the educational advancement process (Jeffreys, 2014). Implementing evidence-based strategies such as peer-learning groups, stress management techniques, and simulations may improve professional integration and retention and optimize student success.

Conclusions and Recommendations

Implementing a mentorship program guided by Jeffreys's NURS model in one practical nursing program in Oklahoma supported previous findings that faculty mentorship may support students through nursing school. Further research of mentorship programs, specifically with LPN students, is recommended to ascertain the impact of mentorship on attrition rates over time. Nursing faculty who participate in student mentorship may foster positive and caring student support, improve retention, and ease the shortage of licensed nurses.

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Alternative Pain Assessment: A Tool to Evaluate Pain in Cognitively Impaired Patients

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Patients and families are often asked to rate pain control based on personal experiences in the hospital. Most pain rating scales do not include consideration of patients with functional disabilities. According to the American Nurses Association (ANA) (2015) Code of Ethics, nurses are required to respect the dignity of a patient regardless of functional abilities (p. 1). Some functional disabilities appear quickly upon observation, such as the inability to walk. Other functional disabilities, such as cognitive impairment (CI), do not appear with observation. The person with cognitive impairment continues to feel pain after an injury but may not verbalize them. Nurses often rely on the Numeric Rating Scale (NRS), such as the FACES scale to assess patient pain and evaluate outcomes. Patients with a functional disability may not remember that an injury occurred and may state an NRS of 0 when pain is present. The use of NRS as a pain assessment tool does not meet the unique needs of patients with cognitive impairment. The purpose of this article is to discuss an option for pain assessment tailored to individuals with cognitive impairment.

Context

Pain is subjective and multifaceted (Herr et al., 2019). The authors suggest that patients unable to self-report may experience pain that is undertreated or overtreated. Pain consists of physiological, psychological, cognitive, and emotional components (Herr et al., 2019, p. 404). Burns and McIlfatrick (2015) suggest that the experience of pain increases disorientation, mental confusion, and agitation (p. 401). Research categorizes pain by duration and physiology (Huether, Rodway, & DeFriez, 2014, p. 491). The duration of pain is either acute, which is a sudden onset, or chronic, which lasts longer than three months (Huether et al., 2014). Physiology of pain refers to nociceptive, which occurs from damage to organs/tissue, or neuropathic, which occurs from damage to nerve fibers (Huether et al., 2014). The primary focus of this article is acute nociceptive pain incurred from joint arthroplasty.

Hip fractures account for almost 300,000 yearly injuries in the United States, according to Swart et al. (2016, p. 223). The Centers for Disease Control (2019) reports that 11.1% of United States adults aged 45 years and over report cognitive decline (p. 3). One out of nine adults aged 45 years and over report a cognitive decline in Oklahoma (Centers for Disease Control, 2019, p. 3).

Potential complications from a hip arthroplasty consist of cardiac complications, deep vein thrombosis, and pneumonia (Bohl et al., 2018, p. 1552). A standard intervention to decrease the possibility of these adverse events includes early ambulation with appropriate pain control (Bohl et al., 2018, p. 1555). Patients are reluctant to ambulate without appropriate pain control.

Compared with other risk factors associated with readmission rates, the influence of patient mobility provides another reason to reassess pain assessment techniques. Disability and dementia increased the odds of hospital readmission greater than cardiac complications and smoking, 1.51 and 1.61 versus 1.02, and 0.99, respectively (Kates et al., 2015, p. 143). Researchers used the Katz Activity of Daily Living tool to evaluate patient mobility (Kates et al., 2015, p. 142). The use of the NRS to assess pain places individuals with cognitive impairment at a disadvantage compared to those without cognitive impairment.

Literature Review

Previous evaluation of pain assessment tools

Research before 2015 provides the basis for current research in pain assessment in mild cognitive impairment. Herr et al. (2011) released a position statement on pain assessment in individuals who could not self-report pain. Herr et al. (2011) suggest the use of a hierarchy of pain assessment. First, the nurse attempts to elicit a self-report of pain from the patient (Herr et al., 2011, p. 231). Second, the nurse attempts to search for potential causes of pain if the patient cannot self-report pain (Herr et al., 2011, p. 231). Third, the nurse observes the patient's behaviors, such as changes in patient mobility or activity, to evaluate pain. One of the barriers to assessing patient pain consists of time within the construct of this hierarchy. Nurses on acute-care units lack the time necessary to flow through the algorithm of eliciting self-report, researching possible causes, and observing patient behaviors that indicate pain.

Researchers continued to develop and evaluate pain assessment in patients with mild cognitive impairment. Nurses use multiple pain assessment tools to evaluate patients with mild cognitive impairment. Herr et al. (2019) categorize nonverbal pain assessment tools based on developmental and cognitive stages. Self-reports of pain remain the best practice for persons with mild cognitive impairment (Parks-Chapman & Schub, 2019).

Warden, Hurley, and Volicer (2003) developed the Pain Assessment in Advanced Dementia (PAINAD) scale to assist providers in evaluating pain in nonverbal dementia patients. PAINAD combines elements of the Face, Legs, Activity, Cry, and Consolability (FLACC) scale and Discomfort-Scale Dementia Alzheimer's Type (DS-DAT) (Warden et al., 2003). PAINAD continues to display strong validity and reliability in a recent study (Goebel, Ferolito, & Gorman, 2019).

The current practice of pain assessment in persons with CI

Parks-Chapman and Schub (2019) suggest that the use of NRS presents the best assessment of pain for patients with mild cognitive impairment. Other studies support this practice (Ford et al., 2015; Husebo, Achterberg, & Flo, 2016; Malara et al., 2016; Ngu et al., 2015; Pieper et al., 2018; Ruest et al., 2017; Rostad et al., 2018; Schepker et al., 2016; Tapp et al., 2019; de Vries, Sloot, & Achterberg, 2017). Parks-Chapman and Schub (2019) suggest that observational scales provide a useful assessment of pain in conjunction with a comprehensive pain assessment. Herr et al. (2019) concur with the use of observational scales to assess pain in patients with mild cognitive impairment.

Herr et al. (2019) suggested changes to the hierarchy of pain assessment released in 2011. First, the nurse develops awareness of any conditions that might cause a patient pain (Herr et al., 2019). Second, the nurse attempts to obtain a self-report of pain from the patient (Herr et al., 2019). Third, the nurse observes the patient for behaviors indicating pain, using a developmentally appropriate pain assessment tool (Herr et al., 2019). The nurse may question caregivers regarding patient behaviors if unsuccessful in assessing pain (Herr et al., 2019). The first change from the 2011 position statement consists of the first two steps in pain assessment. The 2011 statement suggests that nurses attempt a self-report of patient pain and then investigate possible causes.

Proposed solution

A pain assessment tool that provides fast, simple, and accurate evaluation benefits patients and nurses in various settings (Aasmul, Husebo, & Flo, 2016). Warden, Hurley, and Volicer (2003) developed PAINAD to be fast, simple, and accurate. The nurse observes patient behavior for approximately five minutes, which might occur during the regular shift assessment. Patient reactions during the shift assessment provide the nurse with information regarding their pain assessment.

Many facilities have no educational intervention in place to train nurses on the use of alternative pain assessments. The lack of training contributes to the neglect of alternative pain assessments. An educational intervention offers nurses the possibility of engaging in alternative pain assessment with confidence.

Education on Alternative Pain Assessment

The primary short-term outcomes consist of increasing awareness about alternative pain assessments and decreasing the influence of the barrier of time. Alternative pain assessments can be combined with a regular shift assessment to evaluate patient pain intensity. The long-term outcome consists of nurses using alternative pain assessments in their practice.

Conclusion and Recommendations

Nurses are open to using alternative pain assessments. Nurses view time as a barrier when considering charting patient assessments, administering medications, and other duties included in a regular shift. The primary barrier to using alternative pain assessments consists of a lack of knowledge of policy, education on the appropriate use of alternative pain assessments, and confidence in the ability to evaluate patient pain.

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Quiz

1. What are the common complications of untreated pain after hip arthroplasty in an individual without prior medical history? Select all that apply.

A. Deep vein thrombosis
B. Confusion
C. Dementia
D. Pneumonia
E. Myocardial Infarction

Rationale:
These are all possible outcomes of a patient undertreated for pain.

2. Ms. T fell three days ago and is post-operative day two after hip arthroplasty. She denies complaints of pain and is resting in bed. Her mobility goal is to eat all meals up in a chair. The nurse enters the room to assist Ms. T up to the chair for her lunch. While ambulating, Ms. T grabs at her left hip and says that her hip "hurts really bad." When they get to the chair, Ms. T says she is scared to sit down. Ms. T sits in the chair and begins to cry. What is the next best action?

A. Check Ms. T's chart to find out the last pain medication given.
B. Ask Ms. T to rate her pain using the Numeric Rating Scale.
C. Rate Ms. T's pain at a 7 on the PAINAD scale and medicate her for pain.
D. Call the physician about providing Ms. T with better pain control.

Rationale:
Evidence-based practice suggests that the nurse attempt to elicit a patient report of pain intensity.

3. Mr. X is a 50-year-old male with a history of a traumatic brain injury, type 2 diabetes mellitus, and hypertension. He is in the hospital after total hip arthroplasty. Which behavior is consistent for someone with mild cognitive impairment?

A. Mr. X refuses visitors except his wife and pastor.
B. Mr. X repeats a story about a trip he took several years ago.
C. Mr. X complains of pain at a 10 on the Numeric Rating Scale.
D. Mr. X asks when his pain medication "is due."

Rationale:
Signs of cognitive impairment include memory loss, inability to recognize familiar places/people, and repeating questions/stories.

4. Ms. Y is a 77-year-old female with a history of dementia. She is post-operative day four after open reduction internal fixation of the right hip. Ms. Y cries when ambulating to the chair. Ms. Y's respirations are 24 breaths per minute. She grimaces and pushes the nurse away. The nurse is unable to console Ms. Y. What is Ms. Y's pain intensity? Use the copy of PAINAD below to determine the answer.

	0	1	2	Score
Breathing Independent of vocalisation	Normal	Occasional laboured breathing. Short period of hyperventilation	Noisy laboured breathing. Long period of hyperventilation. Cheyne-stokes respirations	
Negative Vocalisation	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial Expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched, knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
TOTAL				

A. 6
B. 8
C. 9
D. 10

Rationale:
Ms. Y displays behaviors consistent with a 2 on each of the sections of the PAINAD scale.

4 - D
3 - B
2 - B
1 - A,B,D

Your care makes a difference.

Your advice can, too.

Encourage your patients to reach out to the Oklahoma Tobacco Helpline for:

- At least a two-week supply of NRT.
- Access to Quit Coaching, text, email support and more.
- Additional medications when prescribed by a doctor for those enrolled in SoonerCare.

Ask your patients about tobacco use and refer them to the **Oklahoma Tobacco Helpline.** For free promotional materials and information, visit **OKhelpline.com**.

Need help for patients younger than 18? **My Life, My Quit** offers cessation services for ages 13-17 through live text, phone or web chat. It's free and confidential at **MyLifeMyQuit.com** or text "Start My Quit" to 855-891-9989.

SoonerCare TSET
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MY LIFE MY QUIT Brought to you by TSET

EDUCATORS CORNER

Educators Getting out of the Classroom and Finding the Experts!

Recently, I contacted a *Public Health Nurse* in an effort to get further education out to student nurses that will soon be in practice. The issues are screening, patient/client education, and medication administration for the treatment of Syphilis. As educators, this subject may be less comfortable than other areas of sexual and reproductive content but as nurses, we are problem solvers and seek evidence-based nursing practice to improve outcomes.

The Oklahoma department of health statistics reveal that our state has "experienced a 283% increase in the number of congenital syphilis cases among women since 2014 and a 92% increase in the infectious disease since last year" (U.S. News, 2019). Helping students learn to have the difficult conversations with patients/clients may increase the number of screenings, recognition of the disease, and treatment education (CDC, 2017).

The Oklahoma Health Department administers Penicillin G Benzathine (Bicillin) for treatment of syphilis for adults. The National Center for Biotechnology Information reports that Bicillin is indicated for acute glomerulonephritis, respiratory tract infections, Rheumatic fever, Chorea, Rheumatic heart disease, and Syphilis. Bicillin should be administered as a deep intramuscular injection only with the best anatomical choice as the upper, outer quadrant of the buttock dorsogluteal. Unintentional injection into an artery or nerve may result in permanent neurological involvement or damage (https://www.ncbi.nlm.nih.gov/books/NBK507723/).

The parting words, from the Public Health Professional, were "As nurses we must remember to maintain and elevate nursing standards, do no harm, project no judgement, dedicate our profession to ourselves and those we care for, share knowledge, and encourage colleagues. Let us remember the basics of nursing care" (*Joan Brecher, RN, MSN,* personal communication, March 3, 2020).

Center for Disease Control. (2017). Retrieved from https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

National Center for Biotechnology https://www.ncbi.nlm.nih.gov/books/NBK507723/

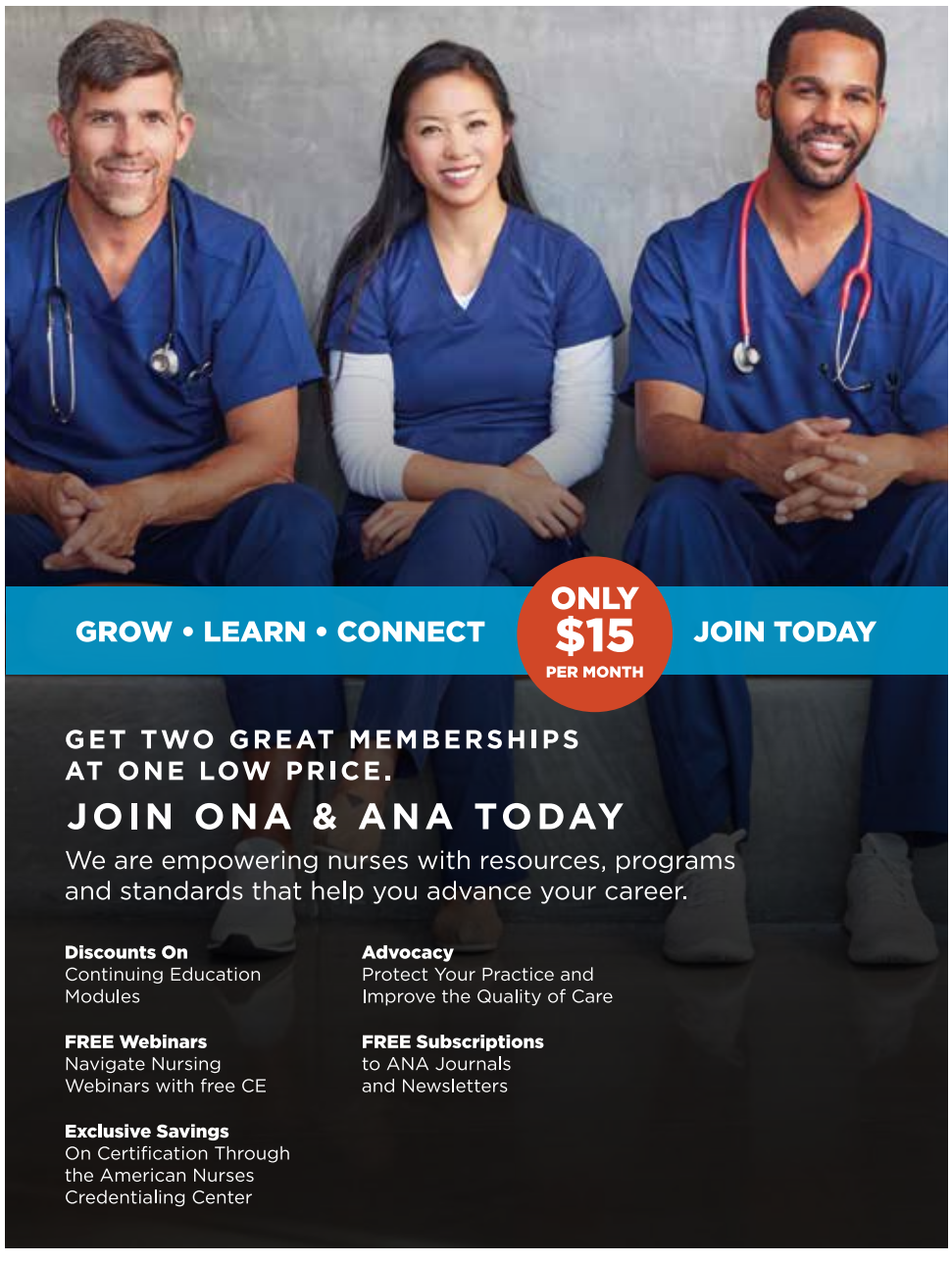
https://www.usnews.com/news/best-states/oklahoma/articles/2019-10-29/cases-of-congenital-syphilis-increasing-in-oklahoma

Marla Peixotto-Smith, Ph.D., RN, CNE, is an Associate Professor and coordinates the RN to BSN program at Rogers State University. Marla ***invites you*** to contribute to the "***Educators Corner.***" Please send your thoughts, experiences, or strategies to: marlasmith@rsu.edu.

Joining and Creating an ONA Chapter...continued from page 12

Chapter chair name and chapter contact information including an email; Chapter name; Chapter purpose; Chapter roster.

9. The application will then go to the Membership Development Director, who will discuss with the Region Leader and forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.



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