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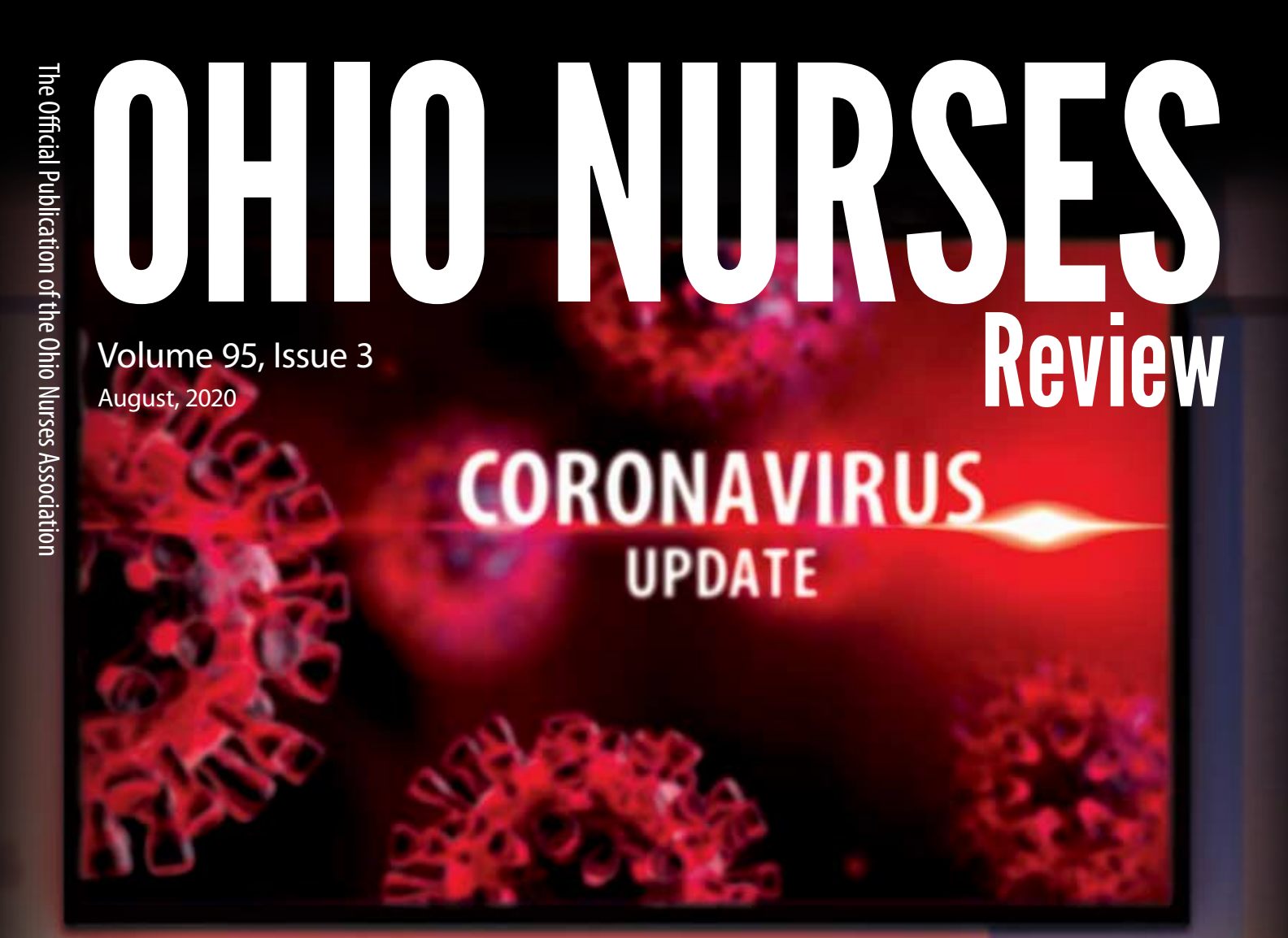

We Return You to Your Regularly Scheduled Lives Already in Progress

OHIO NURSES ASSOCIATION

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OHIO NURSES Review

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PRESIDENT'S MESSAGE

By Deborah Arms, PhD, RN

For this President message I have decided to do something different. As I stay at home keeping myself busy with projects around the house, more zoom meetings than I care to admit, and less interaction with friends and family than I ever thought possible, I have had much time to think about what this virus has done to the way we as American's live our lives. It has also greatly affected our colleagues across the health care continuum. Some of us have weathered the storm that continues to rage in our hospitals and communities, some of us sadly have not survived. I wonder if we had been more prepared, and had a united national strategy would it have changed things for how we kept ourselves safe and changed the outcomes for many of our patients. There are many lessons to be learned from this pandemic. To that end I have had the good fortune of hearing from many of you about your concerns for nurses, our students and the communities we live in. I recently received an email from our past president and current president of our nursing foundation Sue Stocker. She has provided to me some thoughts about the Coronavirus that I believe are worth passing on to you, therefore in lieu of my president message I offer you her very timely thoughts on this subject.

All my Best

Deb Arms

Random Thoughts on the Coronavirus

By Susan J. Stocker, Ph.D., MSN, RN

I've been working long hours and I'm dying for a vacation. Did I say "dying?" I meant that figuratively but today it could be taken literally. The only vacation I will take right now is a staycation floating in my back-yard pool. I see the number of Covid-19 cases rising rapidly all over the country. I see the pictures of crowded bars and beaches with no one practicing physical distancing and few wearing masks.

I've heard people say, they are "over it," referring to the pandemic. Tell that to the nurses who continue to risk their lives and the lives of their family members each day by caring for Covid patients. Tell that to my friend and colleague Sandy Sposito whose beloved husband Al succumbed to the virus.

Have you been to a grocery store lately? I rotate my shopping between two stores. In one, I noticed the workers behind counters without masks, vendors stacking shelves with no masks and grocery carts not being routinely cleaned. Physical distancing is not being enforced. The store seems to be "over it." At the other, everyone is wearing a mask and the carts are being cleaned as you enter, and staff members prompt you if you violate the rules of safe distancing. The difference between the two stores says something about what they think of their customers. They don't respect their customers enough to follow the recommendations that will help keep them safe. You can guess which store I'm shopping at now.

I'm the Dean of a campus in a rural community. We are working feverishly to prepare the campus for students to return this Fall. We've put protocols into place and communicated plans to keep our students, staff and faculty safe. Plexiglas has been installed and masks with the University logo are ready to distribute. I already know some of the faculty have asked to teach remotely.

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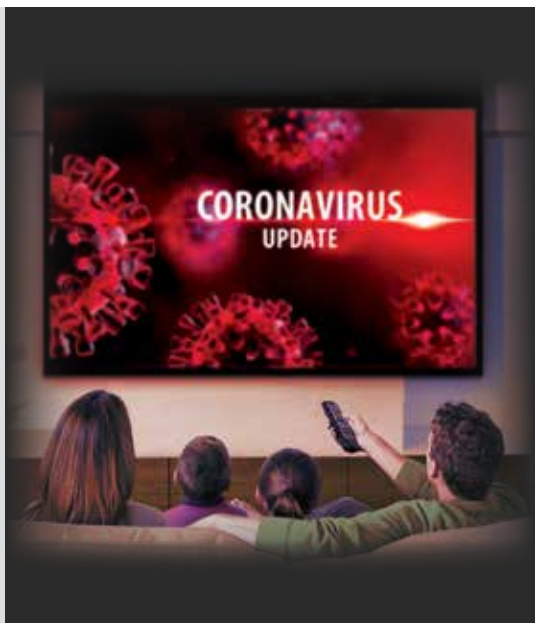

ONA Moves Forward During Challenging Times

By Lisa Ochs, CEO

Dear Members,
As we enter the fourth month of managing our new way of life in this pandemic, I commend each of you for the amazing work you are doing during these challenging times. Whether you are providing direct care to patients at the bedside, teaching in colleges, working in our schools, correctional facilities, long-term care facilities, or in other positions, we have all been deeply affected by COVID-19. Like all of you, our association has also felt the impact of this pandemic.

While we are operating a bit differently in a work environment where nearly everything is conducted virtually, we continue to move forward positively as an organization by addressing meaningful issues and challenges in the nursing profession. Our ONA Board and E&GW Commission continue to focus on important issues that have been illuminated in this pandemic and that impact and threaten our profession and the safest possible patient care. Our councils and caucuses continue to meet virtually as well, while planning to take on new challenges in this ever-changing world in which we live.

Early in the pandemic, our bedside nurses quickly identified severe PPE shortages that would make the safety of their work all the more challenging. ONA and ONF worked with Columbus clothier, Homage, to raise money for our frontline nurses so we could procure items necessary to assemble and distribute more than 200 care packages to nurses who could not safely return to their homes as a result of quarantine requirements. Thanks to the sales of t-shirts through Homage as well as other generous donations, more than $45,000 was raised. This amount was boosted as the Ohio Nurses Foundation also gave $10,000 for the sole purpose of helping nurses on the frontline. Thanks to the OSUNO leaders, 5,000 face shields were acquired through the generous donation from Alene Candles, PPE that has since been distributed to our members throughout Ohio. ONA was also fortunate to receive from the AFT a portion of a $3 million PPE purchase of face shields and surgical masks that are also being distributed throughout Ohio.

ONA has also made some significant changes with our Continuing Education by offering CEs on our CE4NURSES.ORG site. Members can now go onto the site where almost all CE is free to our members. We have also enriched the site with many new topics. Our CE team is also offering virtual events to our providers and members in the upcoming months.

While many of our events were cancelled this year, I am pleased to say that we are also finding new, creative ways to continue our work. I hope you will look forward with me as the ONF holds a virtual fun run later this fall. The ONF will also begin focused work on moral injury and its impact on nurses. As always you will also be hearing more about the strides we are making to advance our legislative priorities and about opportunities to engage in the upcoming elections.

Yes, this "2020 Year of the Nurse" has been challenging, and we're not through the year yet. But I believe that 2020 is also an opportunity for nurses to elevate their voices so that the expertise, professionalism, and compassion of nurses can help bring into focus a world where healthcare is accessible, affordable, and equitable for all. The gifts that nurses bring to our communities has never been on display quite like now – in a global pandemic – and our vision for a better world is worth fighting for.

Random Thoughts on the Coronavirus continued from page 3

I wonder if students will return to the campus. I worry if our students will be able to get back safely into our clinical sites. Mostly, I lose sleep wondering if the pandemic is pushing those who wanted to be nurses into the profession or away from it.

I'm the chair of the Ohio Nurses Foundation and I just finished writing thank you notes to some very generous donors who contributed to our fund for nurses working on the frontline during the pandemic. We used that money to make care packages for the nurses and purchased personal protective equipment (PPE) for them to use. While I am very grateful to those generous donors, I'm angry that there is even a need for a fund for others to purchase PPE to protect our colleagues. Shouldn't employers be supplying the equipment necessary to keep their most valuable asset safe?

This crisis has highlighted the strengths of our workplaces and systems, while at the same time exposing the clear weaknesses of said systems. Clearly, Covid-19 has exposed the failure of the health care system. As we navigate through this crisis, these broken systems must be addressed and re-established to better serve our community and ourselves!

Susan J. Stocker, Ph.D., MSN, RN, is an Associate Professor at Kent State University and the Dean at the Kent State in Ashtabula campus and the Interim Dean of the Kent State University College of Applied and Technical Studies. She is the current Chair of the Ohio Nurses Foundation and a past President of the Ohio Nurses Association.

ONA Paving the Way – Legislative Happenings

By Tiffany Bukoffsky, MHA, BSN, RN – ONA Director of Health Policy

The Ohio Nurses Association (ONA) Board of Directors, Health Policy Council, and staff have been working tirelessly on behalf of nurses across the state. While many of the bills ONA's policy team and leaders have been tracking include COVID-19 specific language, the legislature has continued to move forward, well into what would typically be summer recess and "election season." The following bills are not a comprehensive list of what ONA is monitoring, but provides insight into what ONA has weighed in on recently. The following legislation is up-to-date as of July, 21st, 2020.

Carol Roe, ONA 1st Vice President provided proponent testimony on Senate Concurrent Resolution 14 (SCR 14), which would declare racism as a public health crisis and asks the Governor to form a taskforce to look at health outcomes as it relates to minority populations. Ms. Roe testified in the Senate Health, Human Services & Medicaid Committee on June 9th, 2020 and she provided information regarding ONA's structure as it relates to the Legislative Platform approved by the ONA House of Delegates, as well as the improvement of health standards and access to quality health care for all Ohioans. Additionally, Ms. Roe spoke about health equality, equity, and justice:

> *"The ethics of caring, as expressed in our code of ethics, drive the practice of nursing, guiding nurses to practice with compassion and respect for the inherent dignity, worth and unique attributes of every person. Race, background, or gender does not define the worth of a person. Every day, nurses provide care to everyone in need, without judgment or hesitation. Care without discrimination isn't just the right thing to do; it is what all humans deserve. From early on in our nursing school education, we are educated on the differences between inequality, equality, equity, and justice. We all know that inequality, by definition, is unequal access to opportunities. Equality is evenly distributed tools and assistance. Equity is customizing tools that identify and address inequality. We cannot provide the same tools and assistance for everyone to address systemic racism and the health inequities in our state. Instead, we must address the underlying root cause and customize the tools we have at our disposal to meet our citizens' health care needs and address the health disparities for all Ohioans. Justice is fixing the system to offer equal access to both tools and opportunities. ONA supports efforts that achieve both health equity and justice and we believe SCR 14 is a step in the right direction to meet those goals. If we can stand together to identify all health disparity gaps within our state, we believe we can achieve true equity that allows all Ohioans to reach their full health potential."*

SCR was offered on June 2nd, 2020 and was referred to the Senate Health, Human Services & Medicaid Committee on June 3rd, 2020. The resolution has received two hearings to date and over 150 Ohio citizens and organizations have provided support for the resolution.

The legislature has been in the midst of what feels like a mini Lame Duck session, with bills quickly moving through the legislative process. ONA has been heavily involved in House Bill 673 (HB 673), a bill aimed to extend the temporary nursing license for new graduates through July 1, 2021. Because of the political climate and the looming November elections, there was a push to get this bill voted out of the House prior to summer recess. The ONA policy team began working with the bill's sponsor, the Speaker of the House's policy staff and the Ohio Board of Nursing (who was also not supportive of the bill's language) to amend the nursing-specific language. In less than three weeks' time, the bill was favorably reported out of committee and was scheduled for a House floor vote.

ONA was made aware the evening before the House floor vote and swiftly took action, pulling together an official opposition letter based on comments from ONA's Health Policy Council and sent it to the House leadership immediately prior to the House session starting. HB 673 was scheduled to be the second bill heard on the House floor and ONA continued to advocate for an amendment to address concerns. The policy team spent the afternoon on the phone and in conversations with the House Democrats and Republicans and because of the strong opposition from ONA, the Speaker stopped House session and went into recess for two hours. ONA quickly drafted an amendment with Representative Jamie Callender and the Ohio Legislative Commission. The amendment was not only accepted by the Speaker and the House leadership, but passed with full majority support on the House floor. The amendment language ensures that in order to get a temporary nursing license one cannot have failed the exam, been convicted of a felony, or failed a drug test. If a license is issued and any of the above has occurred, that license is to be suspended. It's unheard of to stop the House session, but ONA was successfully able to do so for two hours! This goes to show the true power of ONA and the relationships the organization has built with colleagues in the House. ONA will continue working on the bill with the Board of Nursing in the Senate to address additional concerns.

ONA continues to work with the Senate Transportation, Commerce & Workforce Committee Chair McColley to urge additional committee hearings for House Bill 144 (HB 144). HB 144 is a bill aimed to prohibit hospitals from mandating nurses to work overtime. The bill passed the House of Representatives back in December and the late Representative Don Manning provided sponsor testimony in the Senate Transportation, Commerce & Workforce Committee on March 4th, 2020. ONA is hopeful the bill will pass the Senate before the legislative session ends on December 31st, 2020.

Focusing on Mental Health

By Barbara Brunt, MA, MN, RN, NPD-BC, NE-BC

Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN, psychiatric nurse and educator, makes a difference every day in the field of mental health. She uses her skills in counseling patients, teaching, and leading community initiatives to improve the lives of those dealing with mental health problems. A simple piece of advice came from her first day of her first class in psychiatric nursing, when the professor said: "The best therapeutic tool you have in this field is yourself." That led to a lifetime of service to the mental health community.

She has been a nurse for 61 years and a member of ONA since 1981. She currently is an Associate Professor Emeritus at Ohio State University (OSU) and a part-time clinical psychotherapist with Orleans Psychological Services. At 81 years of age, she is starting to think about slowing down, selling her house in Ohio, and spending more time at her homes in Florida and Pennsylvania. One of her colleagues stated that "Jeanne has retired from teaching at OSU but it is clear that she is really a RNIO (Retired in Name Only)."

Dr. Clement, who has been working as a therapist since 1978, retired from OSU ten years ago. She has been providing solution-focused strength-based cognitive therapy for her patients. As her practice has moved to virtual visits during the pandemic, she noted that there has been an increase in patients with anxiety in the overall practice.

Well known for her work in interdisciplinary conflict resolution and mediation training, Dr. Clement is an adjunct professor at Capital University School of Law. For the past 25 years she has collaborated with College of Law faculty at Ohio State in mediation skills training for law and graduate nursing students. When she was Director of the Psychiatric Nursing Program, she made it a requirement for graduate students to take this course through the law school.

Her involvement with ONA, as well as many national associations, spans her lifetime. She served on the board of directors of ONA and served as treasurer for the Mid-Ohio district. She has done numerous presentations for ONA, including a session on crucial conversations at the Retired Nurses Assembly. She served as president of the Society for Education and Research in Psychiatric/Mental Health Nursing and president of the Foundation of the International Society for Mental Health Nursing. She was inducted as a fellow of the Academy of Nursing in 1995 and served as president of the American Psychiatric Nurses Association (APNA). She received the 2015 award for Distinguished Service from APNA in 2005.

She loves to travel and has done presentations in Turkey, Brazil, France, and Somalia. She met with a team of international psychiatric nurses in Italy to identify common issues for educators and to develop transnational curricula. She has gone on several cruises and loves to read. She also enjoys spending time with her five grandchildren. Her one daughter has sons that are adults now, at 25 and 27 years, living in Florida and Columbus. Her son, living in the Washington DC area, has two boys and one girl, ages 9, 7 and 4, respectively.

Bylaws Committee Report

By Barb Brunt, Bylaws Committee Chair

Since the ONA Board of Directors voted to postpone the Special House of Delegates (HOD) which was scheduled for October 2020, the bylaws proposals that were submitted for the Special HOD will be considered at the regular House of Delegates meeting at the ONA Convention in 2021.

There were seven proposals submitted for the Special HOD meeting, and all seven of these will be included at the 2021 HOD. There were three proposals specifically relating to the structure of ONA and the Bylaws Committee is working on a comparison chart to provide for all delegates attending the 2021 convention.

We Return You to Your Regularly Scheduled Lives Already in Progress

By David Foley, PhD, MSN, RN-BC, CNE, MPA

Watching TV in our cozy suburban bungalow was a nightly ritual for our family in the early 1970s. We owned a single glorious black-and-white Sears Silvertone set and clustered around it every evening, picking a show from the six channel lineup (and that included the local PBS station). When it came to TV viewing, compromise and courtesy prevailed with simple majority rule. Always outnumbered, my parents sometimes didn't like the program us kids selected. Nevertheless, my mom brought her sewing and my dad a magazine and joined us anyway, watching their favorite drama after we went to bed.

Such simple times…

Occasionally a stark, shrill, discordant sound blared from our TV set and we snapped to attention as the announcer said in a captivating voice "please stand by…we interrupt your regularly scheduled program to bring you this important message!" What followed was a warning about inclement weather or a major news event, but once it was over the announcer said in a slightly softer and more hopeful tone "we return you to your regularly scheduled program already in progress." The tension dissipated and we tried to guess what happened during the announcement, as there was no digital playback in those pre-internet, pre-cable, pre-*everything* times.

Per the title of my previous article "May I Have Your Attention Please…We Interrupt Your Regularly Scheduled Lives to Bring You This Global Pandemic!" an unseen omnipotent announcer has similarly roused us from the slumber of our carefully-contrived existences. Tension and uncertainty occupy nearly every aspect of the world around us, leaving us longing to return to the structure and predictability of our lives as we knew them. As I reflected at the end of that article written in April and published in June, the moment I hit the save and send buttons I realized the content would become obsolete, a time capsule of a tenuous, uncertain reality in the not-soon-to-be-forgotten spring of 2020.

As an optimist, I confess I had hoped that a cohesive, sensible COVID-19 plan would emerge and by the time of this mid-summer's writing that same ubiquitous announcer would say "we return you to your regularly schedules lives already in progress." Shaken, wiser and a bit more pragmatic, I'm sure we've all hoped by now we could relax and turn our attention back to our families, friends, jobs, schools, places of worship, stores, gyms, theaters, concerts, museums, amusement parks, restaurants, and leisure activities.

Not so.

No such announcement has been made and it seems as of late July a return to rampant normalcy is nowhere in sight. In fact, our challenge has been further clouded by ambiguity, fear, and misunderstanding growing at a rate much faster than the COVID-19 data presented on the nightly news. Even sensible action like wearing face masks and maintaining social distancing, two key strategies recommended by highly credible sources like the National Institute of Allergy and Infectious Disease and the Centers for Disease Control and Prevention, lack consistent implementation and await a national, state or even county-wide mandate.

In confirmation, a recent visit to a nearby grocery store revealed 1/3 of shoppers without masks and many ignoring the one-way aisle signs intended to promote social distancing. Just yesterday a neighbor in my development hosted a graduation party, with cars lining the streets far into the distance, resulting in a yard packed with guests shoulder-to-shoulder without masks. If this is in part representative of occurrences across the State, it seems that despite the wealth of information available, a sense of 'pandemic fatigue' has enshrouded the community at large in a dangerous false sense of security. Those of us who work in healthcare, however, nervously eye the world around us and wonder what lies just ahead as we creep closer toward the fall.

Such worries are not unfounded.

In fact, Dr. Robert Redfield, Director for the Centers for Disease Control and Prevention (CDC), recently stated in an address to the Journal of the American Medical Association that he is highly concerned about the co-occurrence of the flu and COVID-19 this fall and winter. "I do think the fall and the winter of 2020 and 2021 are going to be probably one of the most difficult times that we've experienced in American public health." This assessment is very disappointing, as just two months ago it seemed Ohio was moving in the right direction in a logical, calculated manner. Despite the national recognition granted to Governor Dewine and former Ohio Department of Health Director Dr. Amy Acton for their sensible approach to the pandemic, political and social forces have resulted in a troubling course correction. The informative daily "Wine with Dewine" sessions have all but disappeared and unbelievably, Dr. Acton has resigned for reasons that are not still fully clear.

What a difference three short months can make.

After a cautiously phased state-wide 'reopening' in May, Governor Dewine seemed rather fatigued and almost eager to transition pandemic operations to individual counties and local municipalities. Incredibly, the headline from the Sunday July 19th Cleveland Plain Dealer blared "The COVID-19 Outbreak Analysis: The Leader Appears to Have Strayed." Governor Dewine is now under fire for his reopening plan and subsequent surge in COVID-19 cases. With unemployment at record highs, he has understandably also divided his efforts with needed attention to the economy and other pressing matters. Finally breaking the silence on COVID-19, Governor Dewine prophetically declared last week that Ohio is in the same space as Florida two months ago and predicted difficult times ahead as we head into the fall season if drastic measures are not taken. With concurrence from Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, who also predicted that the fall and winter of 2020-2021 could present the worst health crisis in this nation's history, a very unsettling feeling has descended on our state during this hazy, unseasonably warm summer.

Following her abrupt exit, Dr. Acton's elegant, yet robust leadership has been sorely missed. Her presence was soothing as she calmly de-mystified data and shared sensible approaches to fighting COVID-19. She seemed to be the perfect co-presence for Governor Dewine, and even as he received national attention for his COVID-19 plan, there were whisperings that Dr. Acton (or Dr. "Action") might be awarded with her own talk show once things settled down. A sense of strong purpose and meaningful action greeted us each day during their briefings with Ohio in the spotlight, in part due to their comforting and empowering partnership. With Dr. Acton in absentia and Governor Dewine's decision to decentralize pandemic efforts, I personally feel much less connected and informed about our State's battle plan. I recently asked several RN colleagues if they could even *name* the new Director of the Ohio Department of Health and they could not. Both Governor Dewine and Dr. Fauci say we need to take action quickly, but what sort of action? We need to begin preparedness activities as we approach the fall, but in my own circle of family, friends, neighbors and co-workers, many are asking *what sort of preparations should we make?*

Across the nation Americans seem to be in an ideological war with ourselves and without effective leadership to help sort out the consequences for non-compliance and lack of preparedness. Our entire culture has been largely defined by the notions of personal freedom and rugged individualism, concepts that helped our country win independence, conquer the Wild West, and land an astronaut on the moon. While all of this was exciting and inspiring, it would seem we have been inoculated with a sense of personal freedom that somehow makes us resist rapidly adopting group norms and behaviors that can lead us forward in addressing this pandemic.

Somehow a fear of 'Big Brother' keeps us from seeing that short term sacrifices can reap long term benefits. Counter to our American culture, collective, not individual action is badly needed to fight this microscopic menace and that was in part the message presented daily by Governor Dewine and Dr. Acton. "Flattening the curve" was the mantra, with acknowledgement that doing so would require a concerted state-wide team effort. Unfortunately, the individualists among us seem to have taken center stage, perhaps not through outright defiance but rather through a strong sense of cultural inertia. As of July it seems to be every individual and family for themselves, while scientists, government officials, educators, civic leaders, healthcare workers, and members of the religious community struggle to convince us of the need to lay ideological differences aside and show unity of purpose. The road ahead seems frighteningly uncertain, a vast terrain yet to be conquered.

Enter responsible, purposeful action from nursing and a whole host of other health care professions across the state and nation.

Although we are just one of many classifications of such "essential workers, our profession in particular has been cited as one of the most trustworthy, if not the most trustworthy of professions in Gallup Polls year after year. People simply look up to us and it seems this is an extremely opportune moment to leverage that reservoir of public trust in our homes, workplaces, and communities. So many relatives, friends, and acquaintances have contacted me asking questions that almost universally begin with "is it safe to…?" As I respond to their questions I feel a strong sense of responsibility not to wax philosophically or provide emotional or politically-charged responses. Rather, I believe as we move forward with preparedness activities for the fall and winter it first necessary to consult literature and science to provide information and logical, sensible, and realistic responses.

As I speak with them, I am aware how social mores have quickly evolved, perhaps even in tacit acknowledgement of scientific data. Most of us don't shake hands, hug, or sit close to each other anymore. A sardonic, but credible thought, most nurses I know now view everyone as a potential carrier. Such perspective has prevented me from dining out until recently, when a group of friends coaxed me into joining them for dinner on a restaurant's patio. I observed carefully and saw a number of hopeful measures in place: plastic partitions suspended from the ceiling to separate booths, hand sanitizer at the entrance, disposable menus, and reusable items like ketchup bottles removed from the tables. Unfortunately, however, I saw a number of practices that disturbed me like our server's mask only covering her mouth and not her nose. Worse yet, as I left the restaurant the kitchen door swung open and I saw neither the cook nor busboy were wearing masks. About 10 days later word swept through the community that one of the restaurant employees had been hospitalized for COVID-19 and the restaurant's social media page announced they were temporarily closed. A long-time patron of that restaurant, the nurse in me simply took over and I wrote a politely-worded letter to the owners with my observations and evidence-based suggestions about properly donning facial masks for all employees, including those working in the kitchen. I received a warm thank-you from the owner, who invited me back to see the positive changes for myself. I haven't returned, but noticed the restaurant has since reopened and seems busier than ever. I can only hope a personal note from a patron—who identified himself as a nurse— had some positive effect. As we move forward into uncertainty, nurses and other health professionals can act as discrete, polite vanguards for the health of our communities and provide helpful information to business, dining, entertainment and other establishments.

Unfortunately, however, it is this nurse's opinion is that such opportunities may be limited given we may be headed for another state-wide closure. From an economic perspective, that is a worst-case scenario, but according to Drs. Redfield and Fauci, the worst may be yet to come and it is best to prepare now. As we do so—and it is again the nurse in me speaking—the most vulnerable populations should be given first consideration. Our children's education has already been compromised, and concerns abound whether they will fall further behind if schools remain closed as the new school year begins. If schools do reopen, how can teachers and administrators facilitate learning while maintaining social distancing and other safety measures? If pre-school and day care centers close or operate at reduced capacity, single parents and families will need to decide how they can maintain their livelihoods without childcare. Perhaps it is best to begin preparations to work from home or make alternative childcare arrangements if at all possible.

For one family within my circle of acquaintances, one parent was lucky enough to work from home but also had to assume day care responsibilities. The stress within their home has been palpable and they shared with me the need to maintain open lines of communication by holding regular family meetings. During these conversations they discuss their thoughts and feelings on how the pandemic has affected their lives as well as ideas how to make their lives as 'normal' as possible.

Charmingly, one of their small children suggested they turn their deck into a restaurant while the other suggested they camp out in their back yard. Seeing the joy on my colleague's face as she spoke, I realized a vacation was not in the works for 2020 and suddenly my own backyard seems so alluring.

I have used the space to maintain my physical and emotional health by spending more time outside and doing my own lawn care this season. During the nearly three-month closure of my local health club, I also took up walking in my neighborhood and local park, although I do take a mask with me in just in case. I have further discovered free work-out videos on social media and am making plans to purchase a treadmill just in the event the health clubs become unavailable. We started a weigh-in challenge at work and share in-home exercise tips with each other. Of course I sought advice from my physician before I started my new "COVID" workout regimen.

Speaking of healthcare, making arrangements for at-home and tele-visits is also important heading into the fall season. My elderly parents' physician was outstanding in terms of his willingness to not only schedule their routine office visits via telehealth, but also placing orders for visiting nurses, in-home ancillary therapy, and a portable monitor for in-home anticoagulant monitoring. He also advised them to schedule their appointments with their dentists and optometrists now in the event those services might not be available this fall. Lastly, he reminded them of the importance of keeping an adequate supply of medications and other supplies (i.e. glucometer lancets and strips) on hand and provided them with enough refills to last several months.

Another key area to monitor carefully is our mental health and stress response. Given that our individual and collective locus of control was rather suddenly and traumatically externalized this spring, many of us have battled feelings of anxiety, depression and isolation. In response, I installed two online meeting platforms that allow me to spend time "face-to-face" with relatives and friends as often as I can. We have shared our anger, disbelief, and even tears but the social connections have stiffened our resolve and helped us cope. All of us would be wise to monitor ourselves and those we love for signs of depression (decreased mood, decrease in energy/motivation, or altered sleep patterns) or anxiety (vague, undefinable feelings of stress, altered sleep patterns or irritability) and offer to lend an ear or word of encouragement. Of course professional help is also available if the depression or anxiety becomes acute and especially during these times, no one should be the least bit ashamed of asking for help. The Centers for Disease Control and Prevention's website www.cdc.gov contains many helpful resources for promoting mental health and combating stress during the COVID-19 crisis.

Of course good old fashioned telephone calls are always in order, especially for our elderly neighbors and friends who might not be tech-savvy. Recognizing isolation is a co-occurring plague during this pandemic, another nurse colleague reminded us of the importance of maintaining community health as she works within her church to insure her elderly parishioners receive not only phone calls, but cards, care packages and meals (all with no-contact delivery). I took her lead and recently contacted a local assisted living facility and after two calls with their administrator, began mailing cards to no one in particular, asking that they be distributed to those without families. Other nursing friends are conducting their Girl Scout Troop meetings via electronic platforms, volunteering in food banks, doing porch visits for shut-in neighbors, and even dropping off a "meal of gratitude" (again with no-contact delivery) to their local fire department. As we move forward, we should support and nurture vulnerable populations and essential workers through direct acts of kindness as well as keeping them safe through social distancing, wearing face masks, and proper handwashing. These acts of civic engagement and kindness can be so uplifting and as a former nursing instructor said, "do something! It certainly beats doing nothing! The collective acts of many can really add up quickly and add to feelings of healing and empowerment!"

Next, our own homes will need attention as we engage in preparedness for the fall and winter seasons. Shortages are something that we often think happen in other countries, but yet many of us watch nervously for signs that stores may close or shortages will reappear. Perhaps now, during times of adequate supplies, is the time to stock up for the difficult months ahead. A nursing friend recently repeated for all of us what she heard on the news: "imagine if another shelter in place was issued. Would you have enough supplies in your home to last at least one month? Go home and look around and if you don't, it's time to get started." The US Department of Agriculture's (USDA) Website recommends having at least a two week's supply of groceries on hand. In my social circles, many of us are maintaining at least a month's food supply, keeping in mind the importance of non-perishable items. Please visit the USDA's website https://www.choosemyplate.gov/coronavirus for further information, including creative meal planning using non-perishable items. Hygiene items, cleaning goods, laundry supplies, and paper products are also important to store in the event stores are closed or supplies are limited. It's important not to forget about our pets and be sure to have adequate pet supplies on hand to meet their needs as well. Since the supply chain has stabilized, stocking up now on personal protective equipment for our families and homes makes a lot of sense. Such supplies include masks, hand sanitizer, and disinfecting wipes. Consult the CDC's website for specific information on in-home COVID-19 infection control tips. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html

For those who believe, addressing spiritual health is also vitally important. So many friends and colleagues have reported how much they missed feeling connected with their places of worship this spring. Churches, synagogues, temples, and mosques are extremely important social institutions in our community and can be invaluable in nurturing spirituality, social cohesion, comfort and healing. Many places of worship have responded with having services broadcast via social media and offering drive through counseling, drive-in worship services, and no-contact food distribution. I can only speak for myself, but at the pandemic's outset my faith was first challenged, but then strengthened as I reached out to members of my congregation. Together we turned to the God as we know him for sustenance, and I felt comforted and ready to face the challenges ahead.

And what of nursing's role in or weighing in on the matter of individual rights vs. the intrusion of public mandates? I could be wrong, but it seems we fought this battle many other times in recent decades over things like seat belts, mandatory car insurance, and anti-smoking laws. With a deadly virus among

us, is this really the time to stoke the fires of this ideological war once again? I work with a group of nurses and like many of you, have frequent discussions about the origins of COVID-19 and how best to right it. Spirited debates about conspiracy theories, individual rights, and who's to blame for inaction have been the subject of interesting and sobering lunchtime discussion, but in the end we all agree it's time to take action. Contacting political figures at all levels to express concern and recommendations for sensible action is so highly important at this time. I contacted my local council person and mayor and expressed my concerns about lack of social distancing in local stores and restaurants. I was impressed by their response and was then inspired to similarly contact legislators at the state and national levels. Networking through ONA Connect to explore opportunities for collective action is always a good idea.

In summary, I can only offer tips from my own cache of ideas, the expanse of which has been heavily influenced by associates ranging from libertarians espousing freedom of choice to 'preppers' advocating we should hoard supplies, hunker down and hide until next spring. I once again hesitate to save this file and send for publication, again cognizant that once I do so, it will immediately become obsolete…a time capsule of another snapshot of a terrible, protracted crisis. With no victory in sight, the players in my world—my family, friends, and nursing colleagues—long for a reprieve. With none on the immediate horizon, these lazy summer days offer ample opportunities for preparedness through responsible action.

Since the pandemic began, my immediate family has gathered at my home for dinner and television at least twice per week. It seems odd wearing masks, socially distancing, and observing strict handwashing in my own home, but I know it's the right thing to do given my elderly loved parents. Blessed with a home larger than our cozy post-war bungalow, we've easily adapted and gather around the 60 inch digital TV, seemingly unware of the 200+ channel lineup as we turn directly to the nightly news. We willingly invite the news anchor's booming voice into the family room as he delivers sobering statistics of the surge in COVID-19 cases with little hope of immediate reprieve. Although we long for the announcer to "return us to our regularly scheduled lives already in progress," we know that's not going to happen anytime soon. Confronted with the sobering reality of the fall and winter, nurses and other healthcare workers know it's time to act as role models, educators, and advocates to protect not only the health of our own families, but the community at large.

Report of ANA Membership Assembly

By Barbara Brunt, MA, MN, RN, NPD-BC, NE-BC

After the ANA Membership Assembly delegates voted on a special proviso to allow having a virtual assembly meeting, the virtual Membership Assembly was held on June 19, 2020. Over 400 ANA members attended the virtual meeting. Voting for candidates for ANA offices and the dues escalator proposal was done after the virtual meeting.

Ernest Grant, PhD, RN, FAAN, ANA President, reviewed the rules for the conduct of business and the chair of the Nominations and Election Committee presented the ballot. Dr. Grant gave an inspiring president's address, and then there was discussion about COVID-19. Three presenters discussed two key points about the impact on the future of nursing and two key points about the impact on the future of their organization. After the presentations, there was opportunity for members to share any comments or thoughts. This information will be used for the next Leadership Summit.

There was a Nightingale Tribute for those nurses who have died since June of 2019. Duane Jaeger read a poem he wrote titled "She/He Was There." The poem, as well as the names of the members who have died can be found on the ANA website as https://www.nursingworld.org/ana/about-ana/nightingale-tribute/

The ANA treasurer provided a report of the ANA finances. 2019 was a good year for investment income and net profits. She talked about the impact of COVID on ANA. Even though there has been a surge in members, some of their most profitable conventions (e.g. Magnet) were canceled or postponed, so they are estimating a loss for 2020. ANA staff were asked to take temporary pay cuts starting in June through the beginning of October.

Debbie Hatmaker, the acting chief executive officer, gave a report on the goals and achievement of ANA over the past year. She presented feedback on the work from the dialogue forums at last year's membership assembly meeting. Information submitted for dialogue proposals for 2020 will be moved to 2021.

The Professional Policy Committee submitted an emergency proposal from the ANA Board of Directors on "Racial Justice for Communities of Color." This issue was brought forward by the board given the national protests occurring across the United States following the death of George Floyd at the hands of four police officers of the Minneapolis Police Department on May 25, 2020. The Membership Assembly approved this proposal, which can be found on the ANA website. The resolution can be found on the ANA website at https://www.nursingworld.org/news/news-releases/2020/ana-calls-for-racial-justice-for-communities-of-color/

Instruction for voting were provided and Dr. Grant provided some concluding remarks. What typically occurs during a two-day meeting in Washington DC was condensed into an abbreviated three hour virtual meeting.

How Nurse Education Had Changed Vis-À-Vis COVID-19

By Jeri A. Milstead, PhD, RN, NEA-BC, FAAN

"We were thrown for a loop" "We were caught flatfooted." "We switched all classes to online in 1 to ½ weeks." "…less than 5 days…" "…7 days to convert all courses to online." "We had little time to plan for not having students on campus." "We thought it would be easy [to move from F2F to online], but it was a ton of work" "It was a time of chaotic transition."

Have you thought about the impact of COVID-19 on nurse education programs? This article presents information from interviews with 12 current educators and administrators of Ohio college and university traditional nurse education programs (NEPs). Programs were public and private, large and small and geographically represented across the state. Informal interviews were conducted in May, June, and July 2020. All programs offer entry-level BSN, entry-level MSN, BSN-completion, master's and/or doctoral (PhD and/or DNP) degrees. This was not a formal research study; rather, it was an informal sampling of randomly selected nurses. Students were not included; the focus was on educators and programs. Names of interviewees and specific programs are not identified due to privacy concerns. In addition, I spoke with one educator of an online-only proprietary program that is discussed at the end of this article. This article does not reflect all issues that NEPs confronted but is a true picture of what the respondents reported from their personal perspectives.

If you have been out of school for a few years, you might be surprised at some of the challenges that face our educators and students, especially since the emergence of the coronavirus. Here is what they told me:

Classrooms

The suddenness with which faculty had to completely change the way they taught was the issue most commonly reported. Before COVID-19 (that is, before February or March 2020), how did NEPs operate? All programs had been using some form of online or distance learning for several years. Some courses used traditional (face-to-face or F2F) classrooms for lectures and other situations in which a group of students and a professor sit in a single classroom together. Nearly all programs were using some form of 'hybrid' courses—a combination of F2F and online electronic teaching/learning. Some programs already had more than half of their courses totally online (without F2F options).

All programs were caught in a time crunch. That is, they had little advance warning that their NEPs were going to be shut down or curtailed. As the virus progressed throughout the country in the early months of 2020, leadership fell to state governors to determine policies that would keep residents safe and prevent the spread of the virus. Ohio's Governor was one of the 'early adopters' of policies that recommended 'shelter-in-place,' personal safety measures (e.g., frequent handwashing for two minutes, social distancing of six feet between people, and wearing face masks), and, eventually, mandated closing of 'non-essential' businesses. The Governor worked with the Ohio Department of Health (ODH) and the U.S. Centers for Disease Control and Prevention (CDC) to build a scientific foundation for many policy decisions. He held daily televised press conferences with the Lieutenant Governor and the Director of ODH. These kept the public apprised of the status of the pandemic and the policies either recommended or mandated. In this article, we focus on policy relevant to education, especially the February 2020 recommendation to not allow gatherings of more than 50 people. Educational institutions are integrally attached to politics and policy makers.

If you haven't been in a classroom lately, you might be surprised to know that most students do not take paper-and-pencil notes—today's learners are technologically savvy and use electronic tablets and phones! Online teaching requires that students use computers, electronic tablets, or smart phones to send and receive communication. Do you realize that a student cannot bring just any electronic device of choice to a program? Some educational institutions use specific platforms throughout the campus in order to assure that students can access information and communication in a common format. These universities provide electronic devices for their students. That means that if the institution uses a particular vendor, such as Apple, all students will have Mac computers or i-phones or i-pads that can be used across the institution, regardless of the major or course. Other institutions allow students to bring their own electronic devices, but have policies that direct which applications (apps) students must use in order to assure compatibility with the university formats. One NEP gave out 400 laptops and 250 'hot spots' (devices that connect phones or computers to the Internet). A member of the Board of Trustees heard that the Federal Reserve had many old devices that were not being used; the NEP was able to obtain them. The program had to refurbish them (old batteries replaced, hard drives re-imaged to be compatible with the program's network), but at a total cost much less than buying new ones.

One respondent noted that in late February, a Pandemic Response Team was convened at his university with representatives from academic affairs, housing, facilities, athletics, etc. to discuss plans in anticipation of a shut down. Most colleges offered 'spring break' in March and viewed this as an opportune time to announce shutting down before students returned. Institutions went into "high gear." Administrators had to move quickly to maintain programs in a way that preserved academic integrity but also respected the health of the students and employees. For NEPs, this meant expanding what they had in place that was working well and taking risks to try innovative methods with which they had little or no experience. A few programs offered "rolling attendance" or holding F2F classes two days a week, but with a rapid increase in the number of people with the disease, all classes soon went online.

Faculty had little time to prepare syllabi and handouts for students who were not going to be in a physical classroom. As you recall, a syllabus is an overview of a course that contains the

title, course number, term or year, number of credit and clock hours (especially for clinical courses), prerequisites, course description, objectives, faculty name and contact information, learning activities, content outline, assignments, time line, evaluation strategies or rubrics, test dates, and required and recommended textbooks and other readings and resources. A syllabus can be seen as a contract that lays out what a student can expect in a course. Objectives and other specific items cannot be changed without going through a rigorous process that involves review and decisions on several levels (such as department, college, or university curriculum committees), depending on the size and complexity of the institution. Needless to say, updating a syllabus takes time and effort and faculty felt stressed to make changes that reflected moving to distance learning formats. Courses that involved clinical components had to be re-written carefully to assure that time allotted for 'clinical' hours and credits was equivalent to simulations and other teaching methods.

Remember that faculty no longer had their offices with resources easily at-hand. Many had taken a few books with them to their 'new' home offices but said they missed having direct access to references they might have used occasionally during a term. Neither faculty nor students could get into a library to study or look up material they needed. All had to develop competence in using electronic resources quickly. Librarians were invaluable in teaching both faculty and students how to become more proficient. "The content stayed the same but the method of delivery changed," noted one teacher. All found out early that simply loading taped lectures or PowerPoint slides online didn't work. One respondent referred to this approach as "crappy teaching." Research has reported for years that lecturing–the old-style 'sage on stage' in which a professor stood at a podium and lectured to students–was *passe* and did not contribute to actual learning. So, the race was on to create alternative learning activities. One respondent reported that her students videotaped themselves on their phones and sent to faculty for evaluation. Videos included demonstration of psychomotor skills as well as interviewing techniques. Some faculty were surprised to learn that DVDs are considered old-fashioned—everything today is stored in the 'Cloud.' "They had to learn to relax about not knowing everything about technology; students were eager to share their knowledge." Respondents noted that faculty used SKYPE and Zoom technology to convene 'live' students individually or in groups to assure continued communication. Faculty were very alert to making students not feel alienated—as if they had lost contact with their teachers and each other. Respondents emphasized that there are written standards for online teaching. Students are responsible for reviewing course objectives, discussion questions, and other learning activities and are expected to be prepared to participate actively in group sessions.

Faculty also searched for credible case studies, educational games, and simulations. Videos downloaded from Internet sites or uploaded from former classes became worthy alternatives—and involved more interactivity. There are businesses that sell case studies and others that teach how to write effective case studies. A case study is a scenario that focuses on a patient within a social situation. Physical symptoms, family data, and other contextual variables are presented in video form and students are required to pick out what is pertinent and why. One respondent noted that trust and compassion are missing but the exercise helped students sharpen their critical thinking skills and begin to "think like a nurse." One respondent noted that the university joined with a business to make portable devices to allow for fetal monitoring. The devices were hooked up to manikins and were made to accelerate or decelerate fetal heart rates and other vital signs. This made a virtual situation as real-life as possible. This joint effort is continuing.

All respondents reported "amazing" encouragement and collaboration between faculty with expertise and the novices. Knowledge and skills were exchanged at first out of desperation, but soon fostered confidence and camaraderie and became the norm. Some faculty had never taught online and underwent a rapid learning curve. Practical tips were shared. One program paused for three days before going fully remote in order to help faculty transition. Many programs had Instructional Designers (IDs) who taught and guided faculty as they re-conceived their courses. The IDs also made sure that the technology actually worked. As faculty and IDs searched for technology they had not used in the past, it was important to assess the appropriateness of devices to nurse education. For example, many had never used hand-held devices by which students could vote or be polled. Faculty used these devices to track student understanding of specific content and repeat or supplement material to make a point. So, technology that may have been used often in other disciplines was quickly integrated into nurse curricula.

One respondent noted that CDC's guidelines list those hi-risk persons who should not be in close contact with others. Hi-risk included age (over 65) and chronic disease. Since many faculty fit these criteria, there was a question as to whether they should continue to teach in F2F situations. One university conducted voluntary retirement but did not solicit many faculty. Respondents noted that losing the knowledge and wisdom of experienced faculty was not taken lightly.

Testing

Testing was a concern—how can you be sure that students are who they say they are if they are at a computer at home instead of in a classroom where faculty can see them? How can you tell if a student is cheating at a remote site? There are several companies that sell testing systems; most NEPs already had those systems in place. Some vendors offer off-site (i.e., off-campus) proctored exams that assure a level of security. There are cameras that capture students throughout the testing period and flag any behavior that is 'suspicious' or aberrant.

Clinicals

Loss of clinical experiences caused the most angst among students and faculty. Nursing is a practice profession and NEPs are diligent about providing sites in which students can apply what they learn in class to direct and indirect patient care. As you know, it is one thing to talk about how to function in an emergency situation and another to actually participate in a Code Blue. NEPs have contracts with a wide realm of agencies that provide clinical education sites for faculty-guided students and also serve as preceptored sites for graduate students. Many hospitals, long-term care facilities, schools, clinics, missions, and other facilities suddenly would not allow any personnel other than employees into the facilities. Hospitals, especially, were being overwhelmed with COVID patients. Nurses in many

Intensive care units (ICUs) and Emergency Departments (ED) had to move quickly to quarantine status.

We remember the old isolation precautions of not-so-long-ago that were taken with a few patients who had communicable diseases or whose immunity was compromised. But this was different—whole ICUs and overflow ED beds were being used for critically ill patients, many of whom were on ventilators. Little was known at first about how the virus spread, the incubation period, risk factors for family members, and effective treatments; physicians, nurses, and respiratory therapists immediately became precious resources. Personal Protective Equipment (PPE) became a new term that had serious meaning, especially if agencies did not have enough for the employees providing direct care. Face masks at first were scoffed at as having little protection value, but soon became the 'next best thing' for personal safety. 'Flattening the curve' (slowing the spread) entered the general vernacular and became the number one public health goal.

Decisions by hospitals and other healthcare agencies to abruptly restrict families, visitors, and anyone other than employees, impacted students on several levels. First, clinical sites were shut down to students in addition to classroom learning. Some students who had part- or full-time jobs in these facilities could not continue with school because they lost their source of income. Education was put on hold. Some students who held RN licenses who worked in intensive, direct care areas were asked to work long hours often because of an increased census and greater numbers of intensive care (ICU) patients. There simply were not enough nurses to accommodate the flood of patients. Some agencies suffered a shortage of CDC-approved PPE. As child care facilities shut down, children were staying home. Many nurses had to help their children switch to online curricula; others started home-schooling. Students who did have jobs also had families at home and worried that they would bring home the virus to their children or parents or elderly grandparents—people who were at-risk for developing COVID. Several colleagues were reported to have children at home who were suddenly being home-schooled. Others had young children at home after child-care facilities were not operating. Students faced many of the same stressors. Many healthcare agencies, especially hospitals, wanted students to work extra hours. One respondent reported that one hospital offered to pay students during their clinicals and use them as patient care technicians. However, the NEP rejected this offer—the NEP was adamant that clinical experiences meet educational, not employment objectives.

All respondents reported that their clinical partners were amazing," "wonderful," and "collaborative." Some NEPs 'front-loaded' clinical hours. That is, the student completed the required number of hours at clinical sites before they had classroom instruction. This may seem backward, but it worked on two levels. First, faculty knew that students could not graduate if they did not complete all components of a program—and that included clinical. While classes could be handled in a distance-learning format, clinicals could not. Faculty helped students link practice with theory during post-clinical conferences. Second, graduate students in an Advanced Practice Registered Nurse (APRN) major (nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist), were required to complete a specified number of clinical hours in order to sit for national certification exams. So, cooperation with clinical partners was crucial.

Community and public health courses quickly partnered with local departments of health. In lieu of usual community experience, students conducted contact tracing on people who tested positive for COVID-19 and made follow-up phone calls to check on a patient's status. Graduate students, who needed 1,000 clock hours of clinical experience to sit for national certification exams, "embraced" telehealth within the limits of Ohio Board of Nursing (OBON) regulations. OBON relaxed regulations to allow lab and simulation time in lieu of F2F with patients.

Simulation

Simulations have taken up the slack where clinical sites have been put on hold. Simulation today is so much more than the Resusci-Annies of the past. NEPs took a "deep dive" into technology to evaluate useful applications, not just trendy gadgets. As one respondent said, simulations have become "turbo-charged." Today's high-fidelity manikins can be programmed to mimic heart and breath sounds, changing pulse rates, color, and other vital signs. Whole syndromes can be reproduced so that students can experience clinical problems and make decisions about how to respond. Sessions can be saved and rerun. Sim labs provide safe places for students to make errors in judgment and treatment so that they can review their decisions and re-play scenarios. Sim labs also provide excellent opportunities for interprofessional situations that foster greater respect for the roles of other health care professionals. Working with pharmacists, physicians, respiratory technicians, EMTs, and others provides a rich environment for realizing the value and contributions of each other.

All respondents noted that the programs had to evaluate quickly a variety of simulations so that they could choose items that were appropriate for the learning objectives and affordable. Some had Internet Technology (IT) departments or experts who assisted provided advice. Some NEPs shared simulation resources with other programs and disciplines such as medicine or pharmacy. Many colleges and NEPs adjusted budgets to accommodate new purchases. Most of those programs stopped using standardized patients (real, live people who are hired to imitate patients with symptoms) due to social distancing limitations.

NEP deans had many discussions with nurse staff at the Ohio Board of Nursing (OBON), nursing accreditation bodies (Commission on Collegiate Nursing Education and the Accreditation Commission for Nursing Education), and the Higher Learning Commission that accredits colleges and universities to clarify and assure adherence to their rules.

Graduation

Some respondents reported that all students graduated on time; one NEP graduated students a week early. Others noted that 'Incomplete' grades were given and students completed courses during the summer term. A few universities modified the original policy that an "I" must be completed within a specified number of days during the immediately-following term by allowing time extensions. Several respondents reported that APRN student graduations have been delayed because clinical agencies have not allowed students back as of their interviews. Graduating undergraduate seniors were given priority to make

sure they could complete their studies and be eligible to sit for National Council Licensing Exam-RN (NCLEX-RN, commonly referred to as "boards"). All agreed they "did the best we could." Virtual commencement exercises were shown on YouTube or other streaming sites. Faculty were in traditional academic regalia. Students were pictured individually, some in cap and gown, others not.

Nearly all NEPs either canceled or postponed commencement exercises or created virtual events. One held an online baccalaureate service with videoed speakers, but canceled pinning. Another is discussing whether pinning and a white-coat ceremony can be conducted online. All noted that students could access the Internet sites in perpetuity or had videotapes that they could keep—unlike a traditional one-time-only ceremony. One educator noted that the program director traveled to every graduating student to wish him or her congratulations!

Ohio Board of Nursing

In conjunction with societal shutdowns, all NCLEX test sites closed. The National Council of State Boards of Nursing (NCSBN) offered each state and jurisdiction to propose a temporary license since the NCLEX was not accessible. The Ohio General Assembly passed legislation that specified conditions for this license. At the writing of this article, these rules are still in place, although there is negotiation occurring about language for a bill as to whether or not to continue to offer this license. Respondents report that test sites are now open but there is a question as to what will happen if there is a surge in COVID in the future. Also, all respondents agreed that COVID-19 definitely "jump-started" a move to legitimize telehealth practice and are eager to work with the Ohio Board of Nursing (OBON) to update regulations.hio

Ethical Issues

Privacy always involves ethical considerations. With the advent of a pandemic, contract tracing confronts the issue of privacy such as under what circumstances is keeping information about others harmful to the greater public good. Who collects, owns, and shares data? One respondent noted a current joke: If you're ordering pizza through a Google app, and you're asked what you want you want on it (pepperoni, mushrooms, onions, etc.), you don't have to say because Google already knows!

What is the relationship between quarantine and social distancing to feelings of depression and isolation? In what way are mental health issues exacerbated with the length of time, intensity of close quarters, and fear of job furlough/loss? To what extent is it appropriate for an academic setting to offer an important educational experience (e.g., taking care of COVID-19 patients) that may be a potentially harmful situation? Are coping skills changing? How does one balance work, education (teaching or learning), family responsibility, and other pressures?

Research

Much research was put on hold. F2F interviews could not take place. Some DNP projects such, as those examining the opioid epidemic, were stalled. Local Institutional Review Boards did not convene because of social distancing rules and university shut-downs, which meant that proposals could not be accepted, reviewed, rejected, or approved.

What About Non-Traditional Universities?

In an effort to not limit the perspective of this article to only traditional colleges and universities, I interviewed one respondent who has taught for over a decade in a totally asynchronous, online university. She reported that there was little disruption for faculty and students with the advent of COVID. Her particular institution had professional teams that develop curriculum and specific courses. A team comprises a content expert, a web designer, a person who insures that content is consistent with accreditation standards, and an overall manager. She noted that it usually takes one year to develop a course. Faculty are vetted for appropriate educational credentials and teaching and clinical experience. She said that faculty honored any student's request to an extension (to submit papers, projects, etc.) without question.

The Future

As more than one respondent said, "COVID" has forever changed higher education." "There has been a major shirt in the future of education." "We will never go back to traditional education." "COVID is not going away—there will be unprecedented surges and spikes." One administrator noted that the 'doubling factor' (i.e., how long it takes the virus to spread) has moved from 30 days in April to 7 days in May and has become 8 days by June! However, there still is much ambiguity. Scientists are still learning about the virus. As of this writing, there is hope of having a vaccine by early 2021 but there are questions as to whether or not there will be great enough supply.

One respondent noted: "We have our marching orders: prepare for F2F and online and a mixture." State policies will evolve as conditions change in the public health and economic sectors. Many respondents fear huge budget cuts when they already have faced unexpected costs. These policies will have serious implications for public and private institutions. Return-to-campus policies and distance learning are intertwined. Administrators agree universities are reconsidering the concept of a campus and what a "minimum footprint" would mean. One noted that "anything that should be done online, do online; anything that should be done onsite, do onsite…be ready to pivot."

All administrators believed that their institutions had "led the way" on distance learning relative to other disciplines. Respondents noted that students come to a college or university to get an education and a degree. However, they also noted that there is a very social component. That is, the interaction with other people and cultures. They spoke of the importance of maintaining an emotional component during the change to distance learning, especially in what may become an old-fashioned idea of campus life. Many reported that faculty demonstrated personal concern for students through deliberate, thoughtful tactics.

At this writing, respondents differ as to whether they believe that students will return to campus for the Fall term. All think that campuses will have social distancing policies about classrooms and dorms, but have concerns about the extent to which the policies will be implemented. Clinical contracts may be re-negotiated to assure safety and relevance of clinical learning. Institutional policies about testing, vaccination and tracking are be reviewed. For example, what happens if a

student or faculty member converts from negative to positive for COVID-19? Can they 'attend' online classes and substitute simulations and other lab experiences for clinical during quarantine? For how long? One educator commented on the "many layers" of difficulty faced by both administrators and students.

Many noted a sense of being "weary" of the pandemic and all of the fast changes that were necessary. "It's a lot" and "We've become a lot more flexible, but…" They don't want to be caught in a short turn-around time frame again.

A 'silver lining' in this pandemic might be that educators affirmed different ways to educate. Teachers questioned if some old boundaries or limitations could be replaced, such as a move to competence rather than a focus on number of credits or class hours or clinical time. For example, does it matter how long it takes a student to learn? How is competence measured? At the same time, the American Association of Colleges of Nursing (the national organization for deans of baccalaureate and higher degree nurse education programs) had begun making major revisions to their "Essentials" documents. These documents guide content for all programs and are moving toward demonstrating competence. On a final note, in the past few weeks I have received several email notices of continuing education programs that offer programs on how to teach in a distance education format. While I am not advertising these CE programs as helpful or not, there is a need for developing expertise in this area.

CONCLUSION

I hope that after reading this article, you have a better understanding of the impact that COVID-19 has had on Ohio college and university nurse education programs. We cannot thank enough the faculty, administrators and staff, and students for maintaining the integrity of their programs. If you know any of these nurses, send them a note or given them a call or find a way to acknowledge their awe-inspiring effort on behalf of our profession.

Ohio Nurses Association Events 2020

Event Dates

Please visit CE4Nurses.org for recently added CE programs.

Thursday, September 10th

Provider Update - Fall 2020
8:30 AM - 3:15 PM
$110.00 ONA members & non-members
5.0 Contact Hours Live Virtual Event
Presenters: Kelli Schweitzer, MSN, RN, NPD-BC, Jessica Dzubak, MSN, RN, and Brittany Turner, MSN, RN
CE4Nurses.org

Friday, September 11th

15th Annual Nursing Professional Development Conference
8:45 AM - 3:45 PM
$99 members, $110 non-members
5.0 contact hours Live Virtual Conference Event with optional recorded sessions for additional contact hours included.
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Elevate Your Professional Practice: Professional Development Opportunities for Nurses

By Jessica Dzubak, MSN, RN

Criteria for successful completion: Read entire article and complete the evaluation to earn a certificate for 0.6 contact hour.

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There is no conflict of interest for anyone with the ability to control content of this activity.

The Ohio Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

What do you think of when you hear the words 'professional development'? Are you thinking of continuing education? Taking a class at work for charge nurse training? Maybe you're imagining attending a conference. This study is intended to provide an overview of several options for nurses to take charge of their own professional development, beyond mandatory continuing education.

Overview – Professional Development

Professional development is defined as, "training that is given to managers and people working in professions to increase their knowledge and skills" (Cambridge University Press, 2020). To professional development practitioners and specialists, the definition is much more broad and comprehensive. In fact, nursing professional development (NPD) is a specialty nursing practice. The Nursing Professional Development Scope & Standards define nursing professional development as "a specialized nursing practice that facilitates the professional role development and growth of nurses and other healthcare personnel along the continuum from novice to expert" (Harper & Maloney, 2016, p. 6). NPD practitioners are there to assist nurses in meeting their professional development goals as well as continuously scanning the health care environment for emerging trends.

Professional development is more than just technical training. It is anything that helps you expand your knowledge, grow as a professional, and enhance your abilities – all of which ultimately elevate your practice. Some nurses are surprised at how much qualifies as nursing continuing professional development; for example, conferences centered around educating nurses on wellness and self-care, fiscal responsibility, education, etc. The truth is that all of these topics assist the nurse in improving his or her quality of life, which ultimately can improve practice.

Continuing Education

A common form of nursing continuing professional development is continuing education. In Ohio, nurses are required to have a minimum of 24 contact hours of continuing education every two years to renew their license (Ohio Administrative Code, 4723-14-03, 1998 & rev. 2018). Some states do not require mandatory continuing education for nurses. Regardless of whether or not it is mandatory, all nurses should make taking meaningful continuing education a part of their practice. Continuing education comes in many forms, from written online studies (such as this one), webinars, in-person events and conferences. The education you take should be relevant to your practice and address an identified gap, whether it is knowledge or skill. Every nurse may have different professional development goals or preferences. The key is to identify your own goals, practice gaps, and preferences.

Not all continuing education is created equal. ONA is accredited as a provider of nursing continuing professional development (NCPD) through ANCC – the same organization that awards many certifications. By taking education from an approved or accredited provider, you can be sure the education meets the highest quality standards and is free from bias or commercial influence. Planning and developing quality continuing education for nurses is an organized process designed to meet quality criteria and address key components such as learner engagement, best available evidence and a measureable learning outcome. This means that the education will be engaging, informative with the most current research or guidelines, and will have a clearly identified learning goal.

Reflection: Write down one topic you would like to learn more about via continuing education.

Professional Associations

A great way to discover and engage in professional development opportunities is to join your professional nursing association. These organizations exist to serve their members through advocacy, education, professional development and more. Nursing professional associations often have member-driven councils and committees focused on various nursing and health care issues. Through professional associations you can get involved with an issue you are passionate about and network with other nurses who share that passion. By working together, real change can begin to take place.

For example, ONA has the following Councils, caucuses and committees:

- Board of Directors
- Council on Practice
- Council on Continuing Education
- Health Policy Council
- Environmental and Community Health Caucus
- Caucus on Advancing Nursing Education
- Publications Committee
- Heritage Committee
- Legislative Ambassador program and more.

Professional associations have an impact at both the state and national levels. By being a member of ONA, for example, you are also a member of the American Nurses Association (ANA) allowing you to become involved and informed locally and nationally. Collective bargaining nurses who join ONA also become members of the American Federation of Teachers (AFT). Many nursing specialties have their own specialty organizations, as well. Additionally, professional associations may offer free or discounted continuing education, conferences, networking events and more (ONA offers all of these).

If one of your professional development goals is to find or become a mentor, getting involved in your professional association is the perfect way to start. Some associations offer free tools or programs to connect mentors and mentees. Mentorship is part of the nursing professional development Scope and Standards of Practice because of its immense value to both mentors and mentees (Harper & Maloney, 2016).

Advancing Your Education

One of the great things about nursing is the variety of career options available. Advancing your education is one step you can take to open the door for new opportunities. There are a variety of job options at each degree level.

While many jobs are available for nurses with Associate or Bachelor's degrees, having a graduate degree may qualify you for more specialized positions in your specialty, such as education or professional development. If you are interested in becoming a nurse practitioner or clinical nurse specialist, Advanced Practice RNs (APRNs) are required to have a minimum of a Master's degree. Additionally, having a doctorate degree (DNP, PhD) allows you to work in advanced roles in areas such as academia, nurse scientist/research, Evidence-Based Practice (EBP) mentor, and executive leadership.

Not only do advanced degrees provide personal satisfaction and professional opportunities, but patient outcomes are impacted as well. The literature shows the significant impact on patient outcomes when nurses have a BSN degree or higher (American Association of Colleges of Nursing, 2019). Studies have shown "…that baccalaureate-prepared RNs reported being significantly better prepared than associate degree nurses on 12 out of 16 areas related to quality and safety, including evidence-based practice, data analysis, and project implementation" (American Association of Colleges of Nursing, 2019, para. 21). Based on the evidence, the ONA's Caucus on Advancing Nursing Education authored a Position Statement supporting the BSN-in-10 initiative, which advocates for every nurse obtaining a BSN degree within 10 years of starting their practice (Ohio Nurses Association, 2016). In the state of New York, legislation has been passed that now requires RNs to obtain a BSN within 10 years or face suspension of their licensure (Newland, 2018).

Beyond that, the number of nurses going on to obtain Masters and Doctoral degrees is increasing (Buerhaus, Auerbach, & Staiger, 2016). With various specialties, tracks and specializations for graduate degrees, nurses can find a program that meets their learning needs and professional goals. Making the decision to go back to school is a highly personal one. It is important that you find a program that fits your goals and lifestyle, as well as assist you in gaining the skills and competencies you are seeking.

Things to Keep in Mind:

- Be sure the school you are interested in attending is accredited (ex: CCNE, ACEN). Schools typically have their accreditation information on their website or brochures.
- Evaluate your learning style (Tip: take this free self-assessment http://www.educationplanner.org/students/self-assessments/learning-styles-quiz.shtml)
- Determine what kind of program you are looking for and fits your lifestyle (online, in person, synchronous, asynchronous, flexible pace)
- Evaluate the objectives and competencies of the program and the degree and compare with your personal and career goals
- Find out what kind of support and resources are available to students

Reflection: Do you have an advanced degree? How has it impacted your career? If you do not have an advanced degree, do you intend to earn one in the future? Why or why not?

Other Ways to Learn

Keeping up-to-date with the latest research and recommendations is part of nursing practice. The ANA Code of Ethics (2015) Provisions 5.5 and 5.6 speak to the nurse's responsibility for "maintenance of competence and continuation of professional" and "personal growth." Lifelong learning is a way for nurses to further both their professional competence and their personal growth.

Browsing nursing journals is one way to stay current with research, evidence-based practice and guidelines in any specialty and general nursing practice. Journals provide an insight into current health care trends beyond nursing as well. Many nursing journals and websites offer free articles online. To browse articles, you can use search engines like Google Scholar. Making an investment into a subscription to the nursing journal for your specialty is a great way to invest in your own professional development in an affordable way. Some journals offer continuing education contact hours for specific articles. If your organization has a journal club, that is another great way to both learn and discuss with your peers. The Journal for Nurses in Professional Development (2016) cites journal clubs as an effective professional development strategy:

> *"The Journal Club lends formality and structure to these important patient care conversations, supported by literature and guided discussion. Journal Clubs provide an open forum for discussing nursing issues in a friendly environment. They also offer new nurses an opportunity to talk with more seasoned nurses about patient care issues. Journal Clubs bring evidence to the nurses rather than expecting the nurses to seek out new evidence"*
> *(Johnson, 2016, para. 4)*

Resources to Check Out:

Lippincott Nursing Center: https://www.nursingcenter.com/
American Nurses Association (ANA): www.nursingworld.org
Medscape: https://www.medscape.com/nurses/journals

Certification

Obtaining certification in your specialty is an excellent way to demonstrate your competence and expertise (American Nurses Credentialing Center, 2020). Certification not only validates your knowledge, but it increases potential marketability and professional growth. One study of nurse managers found that 86% of managers would choose to hire a certified nurse over a non-certified nurse, citing the fact that certification proves a specialized knowledge and expertise (American Nurses Association, 2014). By obtaining certification, you are also demonstrating your commitment to your own professional growth and development.

To become certified, you must pass an exam. Additionally, most certifications require that you have practiced in the specialty for a certain number of years to be eligible to sit for the exam as well as complete a certain number of hours of continuing education in that specialty.

ANCC offers the most certifications of any accrediting body. To view their certification offerings, click here: https://www.nursingworld.org/our-certifications/ (Tip: ANA Members typically get a discount on ANCC certifications!)

Other specialty certifications are offered through different boards. To view a full list, click here: https://www.nursingcenter.com/career-resources/guide-to-certification

Research is still examining the correlation between nurse certification and patient outcomes. A 2020 literature review found that specifically health care-associated infections and falls were most impacted by nurse certification (Coelho, 2020). Achieving certification is a way for nurses to validate their expertise and contribute to better patient outcomes, in addition to providing a great sense of accomplishment and confidence.

In a 2017 article, Karen S. Kesten, DNP, RN, APRN, CCRN-K, CCNS, CNE was quoted saying,

> *"Earning my certification makes me feel proud of the care that I deliver; it makes me feel more confident and self-assured. Certification enables me to feel more satisfied with my career—that I've provided competent care. It's also opened doors to opportunities that I might not have had otherwise" (Wokciechowski, 2017, para. 7).*

Reflection: Are you certified? Do you intend to get certified? Why or why not? What certification(s) would you obtain?

Conclusion

Professional development in nursing is more than just continuing education. By identifying your learning and career goals, you can take steps to grow professionally in a meaningful way. Finding what interests you and contributes to your overall professional goals and interests can not only improve your practice but may lead to new opportunities. Lifelong learning isn't one size fits all. Activities like journal clubs, achieving certification, attending conferences, and/or going back to school are all ways to contribute to your own professional and personal growth that can be fun, engaging, and impactful. Professional development doesn't look the same for everyone; it is a personal journey unique to you and your practice.

- Visit www.CE4Nurses.org to register for the course titled "Elevate Your Professional Practice: Professional Development Opportunities for Nurses" and complete the evaluation to earn your 0.6 contact hour and obtain your certificate.
- References available within the course in CE4Nurses.

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Sue Johnson, PhD, RN, NPD-BC, NE-BC, FAAN

Keynote Speaker 15th Annual Nursing Professional Development Conference 9/11/2020

Principal of RN Innovations LLC, author of four leadership books, numerous articles in professional journals, contributing author to the "Core Curriculum for Nursing Professional Development 5th Edition"and "Leadership in Nursing Professional Development: An Organizational and System Focus", and co-editor of the Leadership Column for the Journal for Nurses in Professional Development

Barbara Brunt, MA, MN, RN, NPD-BC, NE-BC

15th Annual Nursing Professional Development Conference 9/11/2020

Education consultant at Brunt Consulting, 2015 International Award for Nursing Excellence recipient, Belinda Buetz Award for Excellence in Staff Development recipient, Excellence in Research recipient, author of "Competency for Staff Education", contributing author to the "Core Curriculum for Nursing Professional Development 5th Edition", and author of many published works.

Peggy Berry, PhD, RN, COHN-S, CLE, PLNC

Servant Leadership 9/15/2020

Founding Fellow with the U. S. Academy of Workplace Bullying, Mobbing, and Abuse and a past Graduate Nurse Intern to OSHA and Malcolm Baldrige Examiner, past NIOSH Education and Resource Grant recipient and American Nurses Foundation Scholar, coauthor of a chapter on Workplace Bullying Prevalence in the United States, a two-volume anthology, and a recipient of the Lillian G. Carter Humanitarian Award.

Rhonda Collins, DNP, RN, FAAN

Protect Nurses: Reduce Workplace Violence 9/23/2020

Vice President and Chief Nursing Officer for Vocera Communications, Inc., co-founder of The American Nurse Project, named a Fellow of the American Academy of Nursing in 2019, a "Top 25 Woman Leader in Healthcare Software", a "Woman to Watch in Health IT" by Becker's Hospital, a Women of Influence by Silicon Valley Business Journal and one of the Most Powerful Women in Healthcare IT by Health Data Management. Additionally, she has made Becker's Hospital Review "Woman inMedTech to Know" and "Female Healthcare IT Leaders to Know" lists in 2019, 2018 and 2017.

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Nurses are RUNderful Virtual 5K
Ohio Nurses Foundation

Sunday, November 1st-Saturday, November 14th

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