Three Pandemics: Coronavirus, Social Justice, Incivility: Bridging the Divide

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The essence of discussing these three pandemics is to give a perspective from two community health nurses. One of the preeminent goals of a community health nurse is to help people visualize a threat, understand the threat, take action against the threat and evaluate if the action taken was effective (Holman, et al., 2019). The purpose of writing this article is to be aware that the three threats not only exist but have impacted our lives. Attention needed to drive the fact that these three pandemics have interrupted our goals toward optimal physical, social and psychosocial health (Holman et al., 2019). The time element and evolution of each pandemic has been different, but their collisions continue to wreak havoc in our small, large and global communities.

The American society is in a pandemic! The pandemic does not just exist in the United States. The pandemic has encompassed the entire world and therefore is a global threat to mankind (Evans, 2020). The characterization of a pandemic is also the understereotype that the United States is facing. (Evans, 2020). The insignia of this gripping pandemic is further epitomized by the World Health Organization (WHO). The World Health Organization, describes a pandemic as, occurring worldwide, covering a very wide area, crossing international boundaries, and usually affecting a large number of people (World Health Organization, 2020). Globally, three pandemics have plagued the United States with a global affront: coronavirus, social injustice, and incivility in nursing.

The Pandemic of the Coronavirus

The most recent pandemic is the Coronavirus which has circled the world and replicated itself. The various parts of the country issued stay-at-home orders and closed the business doors. Protective equipment was given in the form of wearing masks, wash hands, practice social distancing and to initiate a six-feet distance from each other. This national is safety measure issued these guidelines but as time passed individuals became lax and Covid-19 cases started to create virus surges (Fauci, 2020). The discovery that asymptomatic individuals spread the virus just as symptomatic individuals was just as noteworthy. The public health ears learned to listen to the scientists who have given specific information. The public outcry indicated that the government could have been more supportive in testing, equipping hospitals with protective equipment and life-saving medical equipment. The truth that community, local and city front lines reported small successes in caring for Covid-19 patients, expanded the fear among citizens. The statements of actively fighting for our lives became a stark reality (Fauci, 2020).

The COVID -19 research was first described in December 2019 as an unknown origin of pneumonia. The research progressed to a description of a novel coronavirus SARS-CoV-2 which was identified in January 2020. Researchers have published 20,000 articles on COVID-19. According to the National Institutes of Health (NIH) and National Library of Medicine (NLM), the 20,000 articles have been indexed in PubMed, accompanied by 2,000 clinical trials. One of the most important reasons for these articles, is that best-practice guidelines are formulated and often published by professional organizations.

The race to find a treatment or a cure lead the general media to report on a new drug before specialists have appraised the methodology. The drug therapy and clinical care recommendations have not been derived to support the COVID-19 treatment. The supportive management of COVID-19 is lacking, resulting in an overblown interpretation of ineffectiveness to the public with healthcare professionals baffled about what to do.

The good news is that even through there is a delay between data generation and care, recommendations, a cohesive picture formed from emerging clinical outcomes. The Elton B. Stephens Company (EBSCO), (Abbreviations.com, 2020), EBSCO with Innovations and Evidence-Based Medicine Development team is working to adapt technology to support medical decisions. This goal for this the website is for physicians to have the most relevant evidence that is the most useful in developing standards of care. This website is one of the ways to help bridge the evidence divide against the uncertainties that continue to exist.

Additionally, Dr. Anthony S. Fauci, appointed director of the National Institute of Allergy and Infectious Diseases (NIAID). The NIAID is part of the National Institute of Health(NIH). Dr Fauci oversees extensive research to prevent, diagnose and treat established as well as emerging diseases. Dr Fauci and his team is focusing on efforts of countermeasures of diagnostics, therapeutics and vaccines. The data will be beneficial for the current pandemic, and future prevention, methods of diagnosis, and treatment of any future emerging infectious diseases. Dr. Fauci’s emphasis is on a comprehensive strategy, with coordinated efforts of governmental, academic, private and community-based organizations. The governmental agencies are admonished to improve their coordination efforts for COVID-19 research, identification of discovery efforts and the development of all medical countermeasures. These research efforts of EBSCO and Dr. Fauci are bridging the coronavirus divide.

The Pandemic of Social Justice

It must be stated that while the coronavirus is a very real pandemic of healthcare, American citizens are also facing a social justice pandemic (Clayton, 2018). The historic social injustice pandemic stood the test of time and matched the criteria of the World Health Organization (Evans, 2020; Clayton 2018, World Health Organization, 2020). The social injustice pandemic meets the WHO definition of a pandemic and has targeted black people (Stolberg, 2020). Consequently, a virus that does not respect borders while vulnerability is spread unevenly became a paramount burden (Ro, 2020). The largest and most troubling disparities have involved: “Coronavirus and Police Brutality R Oil Black Communities” (Stolberg, 2020).

Social justice is a form of justice that engages in social criticism and social change. Its focus is the analysis, critique, and change of social structures, policies, laws, customs, poor, and privilege that disadvantage or harm vulnerable social groups through marginalization, exclusion, exploitation, and voicelessness. Among its ends are a more equitable distribution of social and economic benefits and burdens, greater personal, social and political dignity, and a deeper moral vision for society. It may refer to a theory, process, or end (ANA, 2015, p. 46). In this article health disparities and social injustices due to race will be discussed. The inequities of black and brown people in health care are ingrained in the healthcare system.
Where Have All the School Nurses Gone?

I have three grandchildren and as I write this, not one of them knows what their school schedule will look like this fall. They don’t know if they are attending in person, remote or a combination of the two. They don’t know if they are “attendin” two days a week or five days a week. My daughter and son-in-law and son and daughter-in-law all work full time. How are they to manage all of this?

While my grandkids have been wearing masks when we are out, they need constant reminders to make sure the mask is covering their nose and mouth and to keep them on. The governor announced that face shields for the teachers will not provide adequate protection. The evening news runs a story every night discussing the pros and cons of children returning to school and share stories of conflicted parents and concerned teachers. A critical voice is missing in all the discussions about how the coronavirus has impacted the K-12 system. Where’s the voice of the school nurse in the discussion and decision making?

School nurses should be acting as advisors to districts developing protocols and teaching tactics for limiting the spread of the virus. School nurses should serve as a resource for parents, teachers and students. The school nurse is the logical liaison to the local public health department. In short, school nurses should be out front in leadership positions, serving as the “voice” for all things COVID in K-12 schools.

But not all schools even have school nurses. According to a study by the National Association of School Nurses, almost 25% of all schools have no nurse at all. According to federal data analyzed by the ACLU, there is one full-time nurse for every 936 students. The school nurses that are in schools are being asked to provide nursing care to a complex population. School nurses are often required to care for medically fragile children with feeding tubes and chronic health issues such as diabetes. In addition, many children today are dealing with behavioral and mental health issues such as anxiety and ADHD.

The Ohio Nurses Foundation has made it a priority to study the concept of “moral injury.” Moral injury can be defined as a pattern of moral challenges affecting the mental health of, in our case, nurses. We often view moral injury within the context of the profit-driven health care system. In the case of the school nurse, we would view moral injury within the context of the school system.

I have no doubt that school nurses face difficult choices daily, choices that are laden with conflict between their moral code and challenges brought on by cuts to school funding. School nurses play a critical role in the health and safety of our children. We need to support and advocate for them. We need to talk to school boards. Better yet, we need to run for seats on school boards and advocate for them. We need to support our legislators about the importance of having at least one school nurse in every school building. Our children’s health depends on it.
"I recently resigned from my job because one of the physicians on my floor said to ignore a procedure protocol and complete a task in a way that I think could be harmful to patients. All the other nurses are going along with it and it is the norm on the floor to do it this way, but I am concerned. What do I do?"

Nurse Jesse: Per the ANA Code of Ethics, Provision 2, the nurse’s primary commitment is to the patient (American Nurses Association, 2015, pg. 5). Additionally, per Ohio nursing law and rule, nurses have the responsibility to protect patients, and part of this includes questioning any order the nurse believes could potentially be harmful to the patient.

Ohio Administrative Code (OAC): 4723-4-03 states:
(E) A registered nurse shall, in a timely manner:
(1) Implement any order for a patient unless the registered nurse believes or should have reason to believe the order is:
   (a) Inaccurate;
   (b) Not properly authorized;
   (c) Not current or valid;
   (d) Harmful, or potentially harmful to a patient; or
   (e) Contraindicated by other documented information; and
(2) Clarify any order for a patient when the registered nurse believes or should have reason to believe the order is:
   (a) Inaccurate;
   (b) Not properly authorized;
   (c) Not current or valid;
   (d) Harmful, or potentially harmful to a patient; or
   (e) Contraindicated by other documented information.

(F) When clarifying an order, the registered nurse shall, in a timely manner:
(1) Consult with an appropriate licensed practitioner;
(2) Notify the ordering practitioner when the registered nurse makes the decision not to follow the order or administer the medication or treatment as prescribed;
(3) Document that the practitioner was notified of the decision not to follow the order or administer the medication or treatment, including the reason for not doing so; and
(4) Take any other action needed to assure the safety of the patient.

OAC 4723-4-06 also states:
(H) A licensed nurse shall implement measures to promote a safe environment for each patient.
If you are concerned about this or any other deviation from standard protocol or your nursing expertise and clinical judgment, and/or believe it could potentially be harmful to a patient – it must be addressed. Per the above rule, follow the chain of command and/or organizational policy to report this issue and document accordingly.


*Please note this information does not constitute legal advice.

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)
ONA is fighting for the obstetrics and birthing unit at Ashtabula County Medical Center. The OB unit closed on August 1st with little time for ER nurses, who will undoubtedly bear the responsibility of emergent situations with pregnant women, to receive training, if any. The OB unit was the only remaining one in the county. The ONA filed an emergency injunction with federal courts to try to stop the closure, citing the risks for pregnant mothers and infants who are forced to travel long distances or who have limited transportation and cannot travel far altogether. The judge denied ONA’s request after the hospital acquiesced to having an OB doctor on call. The closing of OB units appears to be trend across the state – one that is plagued with an infant mortality problem – and ONA is fighting back for the safety of women and babies.

• Mandatory Overtime, Nursing Licensure Compact, Temporary Nurse Licensure – there’s a lot happening at the statehouse and ONA is weighing in and giving voice to Ohio’s registered nurses. Stay tuned for more information, especially as we push for another hearing for House Bill 144 to end nurse mandatory overtime in Ohio.

• As COVID-19 numbers continue to rise, nurses are continuing to have to re-use PPE or go without. ONA is still handing out face shields, surgical masks and more PPE and care packages to nurses in need. Are you an ONA member in need of PPE? Give us a call at 614-969-3800.

• ONA is seeking members for the Health Policy Council. The Health Policy Council and integral to the success of ONA’s legislative efforts by assisting ONA lobbyists, making political contribution recommendations and recommending ONA’s position on legislative matters. Members may apply at the members-only website, connect.ohnurses.org.

• The ONA Board of Directors recently re-affirmed several Position Statements including our stance on the Multi-State Licensure Compact. View all Position Statements and more at ohnurses.org.

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Thank you for partnering with us!
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 August 24th, 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, equity, equality, 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.

The focus 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.
Interview with Wesley Lawson, RN, BSN, LMT

- Why did you become a nurse?
  - I became a nurse to help people, not to judge them. I do not care why this person is here, I am their nurse. That is what matters.

- So, you work in corrections?
  - I did up until July, and now I am at Wexner. I still have corrections patients, just not like I did before. I was at the Ohio Reformatory for Women for a year.

- Describe your job for me. What is a typical day like?
  - I was night shift, so a typical day for me would be I would see about five patients a night, respond to emergencies, prepare for appointments for the next day.

- What kind of health issues did your patients have in that setting?
  - We have dialysis patients, chemo patients, chronic health issues like hypertension and diabetes. Probably not what you typically think about, but they have the same health issues as anybody else in the community, they just happen to be in prison. A lot of mental health issues, which is because we do not have mental health hospitals, so everyone gets sent to prison instead of getting the psychiatric help they need.

- Before COVID, what difficulties did you have in your job?
  - Day to day, the struggle would be determining if patients needed medical attention or if they were exhibiting drug-seeking behavior. This was a huge issue for a lot of us on the medical team. There were a lot of patients with substance abuse issues, that would be one of the top two reasons why people were ending up incarcerated. Either they were there directly because of their substance abuse or something they did because of it.

- Is there treatment for people with substance abuse issues?
  - No, not really. They are incarcerated and then the thought is they will just recover while they are incarcerated. But since the underlying issue is not addressed, they just come right back. Another big issue is pregnancy. It is hard for us because we are not OB. You are throwing OB at people who have no background in OB. When I left, there were 25 pregnant inmates. There were four post-partum in the nursery. They had us watch a video and told us to call OSU if we had questions or concerns. When I first started, all pregnant inmates went to the prison hospital, but they wanted to turn it into a long-term care unit for male inmates. All women would deliver at OSU, which was 15 minutes away. Now they must go an hour away to deliver, which is an issue.

- I imagine there have been a lot of changes due to COVID. What adjustments have you had to make to keep staff and patients safe?
  - Community living is a huge spread for infection. They do not have cells, they have dorms in an open setting, at least 250 women in an open area with less than six feet apart. There is not the ability to distance. The only thing that really changed is wearing the mask was mandatory and then this is where they are now. It is a job that is anywhere. There is a stigma that they are not really law enforcement. Sometimes people make poor choices at all. Not everyone is there for an aggressive crime. Sometimes people make poor choices and then this is where they are now. It is a job where you must be a strong person, though, and have a backbone. You must be assertive and set boundaries.

- What if someone wants hospice care or they are actively dying?
  - They would be transferred to the prison hospital; they can better manage it there. They have long-term care unit for the older inmates who have life sentences. So, if it is something we can manage in the general setting, we will keep them there, but otherwise they will be transferred.

- Is there anything you want to tell people about this type of nursing?
  - I want people to know that I am safer in a prison than I am in a hospital. I have security there, but otherwise they will be transferred. They do not have cells, they have dorms in an open setting, at least 250 women in an open area with less than six feet apart. There is not the ability to distance. The only thing that really changed is wearing the mask was mandatory and then this is where they are now. It is a job that is anywhere. There is a stigma that they are not really law enforcement. Sometimes people make poor choices and then this is where they are now. It is a job where you must be a strong person, though, and have a backbone. You must be assertive and set boundaries.

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of the United States. The health care system is not only a broken system, but in fact it is a system that is built on promulgating poor outcomes for minorities (Evans, 2020). At the inception of the United States birth, Benjamin Rush, physician and famous signer of the Declaration of Independence, believed and reported as a fact, that Africans had innate immunity (Evans, 2020). This biased belief formed the bases for Africans to perform nursing duties and other essential municipal duties. Dr. Rush indicated that African’s had “lighter disease” which substantiated their roles in the epidemic of yellow fever (Evans, 2020). The truth of the matter is that Africans died at the same rate as Whites. This historical account of an inequality sets the stage of the present social justice impetus is focused on: Black Lives Matter, because this group of humanity has been targeted for social injustice (Clayton 2018). Therefore, the longevity of this social injustice has created a pandemic for Black Americans (Clayton, 2018). For example, the names of, George Floyd, Rashad Brooks, Breonna Taylor, Aubrey Ahmad, Deborah Danner, Elean Bumpurs, Sandra Bland, and Emmett Till, are a glimpse of those whose lives were killed because social justice and uncivil toward vulnerable individuals living in the United States of America (Evans, 2020). The protests of Black Lives Matter, have given rise to a global diversity and inclusion of: “Lives Matter.” The humanitarian aspect of life is, if you are human then your life matters. The hierarchy of being human should start with Lives Matter and the inclusion must represent a global initiative (Rao, 2018). The peaceful voices of society have been shouting, protesting, and crying for years, decades and even centuries to social injustice. The reality is if there is no peace then there is no justice, but if policies, laws, and procedures are not changed, the senseless killings will continue to occur and evolve without justice (Evans, 2020). The words of Dr. Martin Luther King said it best, “Justice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality and tied in a single garment of destiny. Whatever affects one directly, affects all indirectly” (King, 1963, p.2).

The protests of Black Lives Matter, have given rise to a global diversity and inclusion of: “Lives Matter.” The humanitarian aspect of life is, if you are human then your life matters. The hierarchy of being human should start with Lives Matter and the inclusion must represent a global initiative (Rao, 2018). The lack of health care availability to vulnerable populations through differences in social and economic levels (Healthy People, 2020). A noted effort are human differences that when expanded at the surrounding demographics that arise to get a better understanding of health of populations, specifically the most vulnerable (Clayton, 2018). The coronavirus pandemic has bought to the forefront the impact of this infectious disease and its relationship with health disparities in the United States. Black Americans have died at vast rates and disproportionately affected by this infectious disease (Evans, 2020). What has started as an epidemic has now become a global pandemic. The present social injustice impetus is focused on: Black Lives Matter, because this group of humanity has been targeted for social injustice (Clayton, 2018). Therefore, the longevity of this social injustice has created a pandemic for Black Americans (Clayton, 2018). For example, the names of, George Floyd, Rashad Brooks, Breonna Taylor, Aubrey Ahmad, Deborah Danner, Elean Bumpurs, Sandra Bland, and Emmett Till, are a glimpse of those whose lives were killed because social justice and uncivil toward vulnerable individuals living in the United States of America (Evans, 2020). The protests of Black Lives Matter, have given rise to a global diversity and inclusion of: “Lives Matter.” The humanitarian aspect of life is, if you are human then your life matters. The hierarchy of being human should start with Lives Matter and the inclusion must represent a global initiative (Rao, 2018). The protests of Black Lives Matter, have given rise to a global diversity and inclusion of: “Lives Matter.” The humanitarian aspect of life is, if you are human then your life matters. The hierarchy of being human should start with Lives Matter and the inclusion must represent a global initiative (Rao, 2018). The protests of Black Lives Matter, have given rise to a global diversity and inclusion of: “Lives Matter.” The humanitarian aspect of life is, if you are human then your life matters. The hierarchy of being human should start with Lives Matter and the inclusion must represent a global initiative (Rao, 2018).
Finally, an enormous proxy that has been used as a fight against racism, are the removal of the Confederate statues (Budds, 2020). The Confederate monuments were historically erected during Reconstruction, the Jim Crow era after the Civil War. These distinguished times in American history highlighted the social justice divide. The removal of these Confederate emblems have paved the road to bridging the social justice divide gap in America (Budds, 2020).

The Pandemic of Incivility
If two pandemics were not enough, nursing faced a pandemic of incivility in nursing. The second pandemic of incivility pandemic meets the definition criteria of the World Health Organization. All three pandemics are a threat to humanity! The nursing profession also has vulnerable individuals that face incivility daily (Armstrong, 2016). For example, considering a dye that has stained a fabric, then an identification of the nature of dye is to spread through the fabric. The more the stain sits the harder it is to separate the dye from the original color of the cloth. In retrospect, the social justice dye has become trapped in our professional fabric with an infusion of incivility (Evans, 2020). Incivility has been labeled as an intent to harm; however, nurses play an important role in turning the healthcare wheel (Akella & Lewis, 2019). Nurses are at the center of being caregivers, coordinating care and in educating nurses (Froneman, du Plessis, & Koen, 2016). The healthcare wheel is successful when the relationships of all disciplines work together in tandem (Froneman, et al., 2016).

Incivility is now a global issue. The reality of concern is present because healthy people cannot grow when people do not care for ethics and etiquette (Rao, 2018). This is a professional concern to pinpoint a root analysis of negative behaviors and offer ways to improve the workplace (Akella & Lewis, 2018).

Whether the relationship is one of caregiver or coordinating care nurse education is very important to improve the workplace. For instance, one important relationship is the student-care relationship. The student-relationship must be clear, faculty-to-faculty must condemn all behaviors that demonstrate bias against or disrespect for any individual (Froneman, et al., 2016). While the incidence of civility is a learned behavior which has been incorporated through repetitive cultivation (Armstrong, 2016). Incivility has been allowed to go unchecked in all aspects of nursing the framework of the professional relationships will suffer (Froneman, et al., 2016).

One year later, the results were obtained through videotaped focus groups (Griffin, 2004). The landmark historical foundation of cognitive rehearsal evolved from a study seeking answers for nurse retention (Griffin & Clark 2014). The negative behavior referred to a lateral violence or incivility represented nurses that direct their dissatisfaction inward toward each other, outward on others or to those less powerful than themselves (Griffin & Clark, 2014). Cognitive rehearsal was then used as an intervention to target these negative behaviors (Griffin, 2004). The cognitive rehearsal technique was used to study nurse retention. A Boston Massachusetts hospital targeted twenty-six nurses, two nurses from each shift were included. The phases were the following: use of case management for rural setting patients, older adults and those with limited ability could be successful form of medical engagement for these types of patients. The telehealth services that have been described can facilitate public health mitigation strategies and maintain a continuity of care services and bridge the divide especially in this pandemic (CDC, 2020).

While the telehealth component is a great alternative health care component the presence of racism and systematic racism cannot be ignored. Racism is now a partisan issue being made more prominent by the phenomenon of racism specific bleed over into systematic racism which refers to “the systems in place that create and maintain racial inequality in nearly every facet of life for people of color” (Yancey-Bragg, 2020). The school systems, universities and health care systems must develop policies to engage with new laws and or upgrade old outdated laws (Yancey-Bragg, 2020). The school systems, universities and health care systems must develop policies to engage with new laws and or upgrade old outdated laws (Yancey-Bragg, 2020).

While an identification of the problem is paramount to identify a viable solution is also paramount! One solution with success to incivility has been described as a technique called cognitive rehearsal. The usage of cognitive rehearsal is pointedly addressed for lateral violence and incivility (Evans, 2020). Cognitive rehearsal is the act of rehearsing responses to scenarios that represent workplace behaviors of incivility. For example, some negative behaviors of incivility are backbiting, raising eyebrows and withholding information. This method prepares nurses not to engage in behavior with communication techniques in the workplace (Armstrong, 2018).

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1. Unspoken insinuation: raising eyebrows/face disgust…response: I see by your facial expression that you may want to say something to me. I’m open to listening.
2. Verbal offense, sarcastic, rude remarks…response: I learn best from clear directions and feedback. Can we discuss this?
3. Ignoring: turning a deaf ear…response: Help me understand how this happened.
4. Restricting information regarding work or a patient…response: If I had more information, my actions and the outcome may have been different.
5. Underestimating (setting up negative situations)…response: Can you and I meet in private to discuss what happened?
6. Division among peers… avoid unprofessional disagreements in public, move to a private area.
7. Being a fail guy (blaming one person for all that goes in a negative way)…Response: no one is the reason for all that goes wrong.
8. Slander someone (avoid gossip about others)… response: Maybe we should discuss the situation when the person is here to defend themselves!
9. Break on privacy…response: Hum, that sounds like a private matter
10. Betray confidences…response: I promised to keep that information confidential.

The use of the tool cognitive rehearsal is a mental plan that helps individuals understand themselves and their nursing environment (Armstrong, 2018). The therapeutic use of cognitive rehearsal is one strategy that can help nurses process negative attacks as a personal affront. The ability to respond...
differently to the potential harmful inferences of incivility can be helpful in using this technique as a tool to shield and protect nurses from negative behavior, then a positive direction is in view (Armstrong, 2018). The goal to investigate cognitive rehearsal and use it to stop the exodus of nurses, improve our working experiences and professional relationships in the maze of healthcare, is worth the effort (Armstrong, 2018). The pandemic of Black Lives Matter is a social injustice occurrence that has been a threat to America’s social justice system since the forming of this nation. The pandemic of the Coronavirus is a recent threat to our health care and health care providers are sporadically working on it (Evans, 2020). The Pandemic of incivility or lateral violence is a threat to the nursing profession (Bambi, et al., 2017). The evidence of any threats are a menace to our culture on a national and global level. Consequently, there, are steps to decrease and

Figure 3: Black Lives Matter and Black Incivility among Nursing Professionals (Armstrong, 2018).

The pandemic of the Coronavirus is a recent threat to our health care and health care providers are sporadically working on it (Evans, 2020). The Pandemic of incivility or lateral violence is a threat to the nursing profession (Bambi, et al., 2017). The evidence of any threats are a menace to our culture on a national and global level. Consequently, there, are steps to decrease and

Three Pandemics continued on page 10
eradicate these national and global threats (Rao, 2018). The recent changes have impacted the state of social justice like never before. The adage: the straw that broke the camel’s back has finally symbolized the forced change in America.

The evidence is clear that three pandemics exist: social injustice of healthcare disparities, the coronavirus, and the silence of incivility in nursing. Nurses need to aggressively take precautions against anything that jeopardizes our safety, including healthcare, our social and nursing order (Evans, 2020). The healthcare disparities pandemic has been addressed with recent surges of infection which are progressing throughout black communities (Evans, 2020). The same impetus of social vulnerability correlates to the same vulnerability of the pandemic of healthcare and corresponds with the same vulnerability of incivility in among nurses (Clayton, 2018). The nursing pandemic has been silent too long and has been riddled with a lack of inclusion of vulnerable nurses. The vulnerability of nurses is caroling negative outcome of greater nursing shortages, burn-out, job retention all amidst cries of incivility (Evans, 2020). In summary, the trio pandemics are at an all-time high. The national and global citizens must survive at a higher playing level of life (Rao, 2018). Humanitarian citizens must fight the good fight for the rights of social justice and rid ourselves of health disparities (Armstrong, 2018). It is paramount that nurses support civility among the nursing profession (Akella & Lewis 2019). As mentioned above, the integration and implementation of cognitive rehearsal strategies may be one solution to proactively unmasked and mitigate. Our success of social justice in nursing in being aware that the problem exists. Therefore, a care plan should be implemented by nurses: identify the problem, diagnosis the issue, plan an action, implement the action, and modify to improve the action continuously. At the heart of nursing care, is the nursing process which was mentioned above, so let’s apply the same robust caring strategy for all of mankind. Further assessment of communities should include community assessments and development of a Community Health Diagnosis to determine still exist (Sommer, et al., 2019). A realistic perception is that personal and professional lives depend on a caring healthcare and a safe environment. Nursing is committed to taking present and future steps against communities in peril (Schriml, et al., 2020).

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**Life of a School Nurse**

Kelli Schweitzer, MSN, RN, NPD-BC

As the schools across the state prepare for various types of reopening, health of students is a main concern. The New York Times article, “As schools reopen, many lack nurses,” confirms what many of us already know. The school nurse is often an overlooked essential to public health. This week, I had the pleasure of interviewing Kelly Wagner, MEd, BSN, RN, NCSN. Kelly is a school nurse for Delaware City Schools and the President of the Ohio Association of School Nurses (OASN). Kelly shared her experience, fears, and hopes as a school nurse in a busy district in Ohio.

Kelly, how long have you been a school nurse?

“I have been a school nurse since 2007, when I began with River Valley Schools in Marion County,” Kelly stated. Kelly shared how when she first became a school nurse, she knew little about the specialty. She attended a school nurse conference by the Ohio Department of Health (ODH), where she learned more about the specialty and sought school nurse licensure by attending a program at the Ohio State University. After pursuing national licensure, she then accepted a job with Delaware City Schools seven years ago.

Where do you work and how many children do you serve?

“I work at Dempsey Middle School in the Delaware City Schools district. My building has about 1200-1300 sixth, seventh, and eighth grade students.”

Before this year, before COVID-19, what was a typical day for you?

“I am the nurse for a middle school of about 1300 students. Each day varies, but I think it would be helpful to share what my days looked like each fall,” said Kelly. She then shared how each fall she has about 30 students who require daily medication administration. Of these 30 students, several are Type 1 Diabetics that require supervision. In addition to medication administration, her day involves the scrapes and bumps of recess, immunization verification, and screenings. Each fall 7th graders in our state are to receive a vision screening. Kelly shared, “I really enjoy doing the vision screening. I love helping students see better and get the glasses they need.” In addition to organizing the vision screenings, she writes health plans and assures documentation for the 7th grade requirement of a Tdap series in our state. Kelly stated, “that process requires a lot of spreadsheets.”

What are the plans for your district this upcoming school year and how will that affect your work?

“We will have both hybrid and virtual students. Currently about 25% of the just under 1300 students in my building will be virtual. A portion of the students who required 1:1 administration with medications will be attending virtually. I will need to have PPE and procedures for distancing while providing vision screenings. In addition, I am updating our guidelines and procedures for the clinic and how students will receive care while at school.”

Kelly also explained that in her district, every building has a nurse. This is often not the case. In the state of Ohio there are 500 school nurses for approximately 1.7 million students. In addition, ODH and the Ohio Department of Education (ODE) are separate entities. During the pandemic it has been especially important that these departments collaborate well. Kelly shared that she has been fortunate to be a part of her building’s planning committee for the pandemic response. As the President of OASN, Kelly has heard stories from school nurses throughout the state that this isn’t always the case. Some districts are making plans for student health and safety without the input of the school nurse. The specialty of nursing practice was not recognized by some districts as an important element of their back to school planning.

Finally, what are you most concerned about when you think of student health and the pandemic?

“I am most concerned about two things. First, I am concerned that there will be an outbreak of cases in a school building. While this is my concern, I am hopeful and do believe that we have planned well in my district. But, I am concerned that an outbreak could occur. Secondly, I am concerned about the social, emotional, and mental health of students. The pandemic has brought extra pressures in an already resource strapped environment for students.”

Thank you, Kelly, for your participation in this interview and for giving Ohio Nurse readers a glimpse into your role as a school nurse! Your expertise in school nursing is apparent, and your enthusiasm for student health and your profession is obvious.

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Strategies for Effective Virtual Education

Disclosures
Learning Outcome:
Learners will identify at least one strategy learned to deliver engaging and effective virtual education.

Criteria for successful completion: Read entire article and complete the evaluation to earn 0.5 contact hour.

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

Expiration Date: 9/1/2022

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

This activity was developed by Jessica Dzubak, MSN, RN and Brittany Turner, MSN, RN.

In today’s world, just about everything is moving virtual. E-learning has become the new norm rather than a fun option or alternative to live, in-person courses or conferences. Both educators and students alike struggle with different aspects of virtual learning. However, as one recent study pointed out, “A digital platform provides opportunities for new ways to collaborate (Vasset, Brynhildsen and Kvilhaugsvik, 2019, para. 9). With proper planning and creativity, virtual education can be an excellent opportunity to bring quality, engaging education to a wider audience. This study is intended to highlight the opportunity to bring quality, engaging education to learners.

Some learners may thrive in an online environment, while others may struggle to stay focused or need additional resources. While not every educational activity or lesson will appeal to every learning style, the different styles should be considered when planning courses and activities. With additional resources and supplements to the course or activity, educators can set their learners up for success.

Here are some tips for developing and presenting effective and engaging virtual activities:

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

Have a Plan to Stay in Control
Planning ahead is critical for having a successful virtual activity. As learning facilitator, you need to keep the goal of the session or activity in mind. Throughout the activity, part of your role is to help guide the discussion and/or re-group throughout the activity to stay on target. Vasset, Brynhildsen and Kvilhaugsvik (2019) wrote, “the facilitator is crucial to ensure a safe atmosphere and include all students in the communication process” (para. 9).

Don’t Over-Do It
It is easy to get over-excited when trying to plan engaging, effective virtual activities. Presentations that are too over-stimulating can be overwhelming to learners. Use “extras” like flashy slides, animations and games wisely. Sometimes “less is more” so learners can focus on the information being presented rather than extras or distractions. For example, gamification for the sake of fun is only a distraction, not truly adding to the learning. Use fun wisely!

Share the Screen
Having more than one speaker or presenter helps keep learners engaged. Hearing multiple voices is often more interesting to listeners, especially for a lengthy presentation. Additionally, having multiple perspectives and discussion will enhance the content shared and will add to the learning experience. Just because a class or presentation is virtual doesn’t mean you cannot have guest speakers, panel discussions, etc. You don’t want every class or presentation to be the same. Inviting multiple speakers to assist with online presentations the same way you would for a live event or class will be more engaging and interesting for learners as well as enhancing learning with multiple perspectives and areas of expertise. Many platforms allow for multiple speakers/presenters – don’t shy away from having great discussions! Consider inviting interprofessional colleagues, or even patients or their families to share their experiences that are relevant to the education.

Keep It Real
Don’t be afraid to share personal experiences and anecdotes. Nurses and other healthcare professionals in particular have a wealth of unique experiences and knowledge from their own careers to share with learners. Use those stories (while keeping confidentiality, of course) to help learners connect with the content and apply the information to “real life.” Stories and anecdotes are inherently interesting and make the presenters more personable, as well.

Keep It Short
Shorter targeted virtual learning sessions and webinars are less draining on both learners and presenters. Additionally, breaking content down into shorter sessions allows learners to easily go back to the recordings (if applicable) and focus on the areas they need re-enforcement on without searching through long videos. Shorter sessions help keep learners engaged and increase the likelihood of holding their attention. If the content does require a longer session or lecture, consider adding in scheduled breaks. (Note: you can pause recording on platforms like Zoom!) You may even consider planning more breaks than you would in the live environment (Parsh & Gardner, 2016).

Plan for Technology Issues
When using technology, issues are inevitable. For a successful virtual learning activity, be prepared for potential issues (Liske & Luiking, 2020). Be sure to include information for learners about how to troubleshoot basic connectivity or access issues, and include who to contact if they need additional assistance.

• Consider using a new technological platform, considering doing a brief “how to” video on the platform prior to the activity or class. This can be a short Loom video – quick, easy and free!

More technology tips:
• Consider using a platform that you can “lock down” with security features if you do not want the presentation to be available publicly.
• During presentation time, keep learners muted to decrease background noise. (But let the learners know!)
• Encourage learners to log-on 15 minutes early and allow a few extra minutes in the beginning of the presentation or class for audio/video or log-in issues.

Involving the learners
Find out what tools are available in the platform(s) you are using, such as raising virtual hands, chat/question boxes, polling, etc.) and integrate them when possible. Encourage learners to share their video to increase engagement and connection. Some platforms even offer virtual break-out rooms that can facilitate targeted discussion among learners.

In a 2019 study on interprofessional virtual meeting learning, students stated the importance of facilitators and/or moderators ensuring that all learners are active in the discussion (Vasset, Brynhildsen, & Kvilhaugsvik, 2019). Being clear on the expectations of participants at the start of the activity can help facilitate meaningful discussion throughout the activity.

Keep It Fun
Don’t be afraid to use current events or pop culture references in your content, when appropriate. Sometimes people lean toward being too formal in virtual education, more than they would live. You still want to appear human and interesting. Just be sure they are appropriate for the topic and audience.

In conclusion, virtual education can be engaging and effective. While there are additional considerations to keep in mind, educators can incorporate many of their favorite teaching strategies and ideas into the virtual environment. In fact, planning virtual education can bring about new and innovative ideas.

• To complete the evaluation and receive your certificate visit CE4Nurses.org and register for the course titled “Strategies for Effective Virtual Education.” You will find this course listed in the catalog.
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Pandemic Continues, Nurses Remain
While the public grows tired of the pandemic, Nurses continue the fight.

Kelli Schweitzer, MSN, RN, NPD-BC
Brittany Turner, MSN, RN

As COVID-19 emerged across the country, sincere appreciation for nurses and other frontline staff surged. Neighbors in New York city were banging pots and pans in thank you at 7pm each evening. The news was reporting on how nurses were bravely going to work each day. Online food delivery apps were asking if customers would like to donate a meal to a local nurse.

Now, this outpouring of support and appreciation seems a thing of the past. Seldom are frontline nurses featured or discussed during the news cycle. Other things, such as school, sports, and the upcoming election, have been the priority. It is important to remember that everyday nurses are continuing to work in hospitals, public health departments, long-term care and various other settings treating and caring for COVID-19 patients.

The pandemic is not over. The issues we had several months ago are still occurring in many parts of the country. Testing remains inadequate, supply of PPE is not guaranteed, contact tracing is difficult, and bed supply is very low. And as the pandemic drags on, concerns for the mental health and well-being of those on the frontlines grows.

Often, those who are not on the frontlines find this all hard to believe. Thankfully, advocates such as Ernest Grant, PhD, RN, FAAN, ANA President continue to speak up. Dr. Grant recently testified to the Senate Finance Committee “to reiterate the urgent need to provide nurses a sufficient supply of personal protective equipment (PPE), safeguard the mental health and well-being of nurses, and address the racial health disparities exacerbated by COVID-19.” https://anacapitolbeat.org/2020/08/05/ana-advocacy-transforming-nursings-voice-on-the-national-stage/

We must continue to advocate for nursing and bring to light the real issues that nurses are continuing to face every day. While a starting point, sentiment and thank you will not be enough. We need true support in order for our colleagues to be safe and effective at delivering care. I urge you, fellow colleagues, don’t forget about our frontline nurses.

Fellow nurses, traditional frontliners and those in other roles, continue to do your immensely valuable work, and know that you are appreciated. Your willingness to press on, while it may seem society has forgotten you, is the hallmark of the true nurse; a ‘missioner of health’ dedicated “to devoted service to human welfare” (Nightingale Pledge, 1935 revision).

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