Revising Transition-to-Practice Issues

by Mattie Burton, PhD, RN, NEA-BC

Although it was nearly 40 years ago, I remember vividly my first days, my first weeks in my first job as a nurse. Those are wonderful memories of learning so much, so fast at the Veteran’s Administration Medical Center in Lexington and I am eternally grateful for that experience. My new colleagues were sensitive to my needs and fears as a new graduate and nursing leadership carefully planned and carried out an individualized program to guarantee my needs were met and my fears assuaged. I was fortunate; back then that was not how the story played out for all new graduates, and it not always the case today.

But things are truly different today in this age of technology. Given the use of Computer Adaptive Testing for administration of NCLEX and widespread use of electronic communication, new grads no longer suffer the unbearable wait for results. The end product while greatly easing the fear and pain also results in an exponentially shortened period of time between graduation and licensure so that the new graduate becomes a nurse theoretically in a matter of weeks versus months. In the practice setting, it is simpler and faster to test new graduate competencies using online and simulation technologies so that the assessment phase of orientation is greatly shortened.

Thus it is tempting especially in times of shortage to push out nurse graduates quickly, before the proverbial ink has dried on the new license. Assimilation into the practice setting is an expensive endeavor in any setting and lengthy orientation periods certainly do the practice setting is an expensive endeavor in any

...ing Transition-to-Practice issues. Particularly, the high cost of turnover rates for new graduates in terms of quality care and patient safety was noted with the subsequent need for widespread residency programs to bridge the gap between school and practice. And, given the range of practice settings available to new graduates, residency programs must go beyond the acute care setting.

The National Council of State Boards of Nursing has also recognized the need for residency programs and recently released plans to test their Transition to Practice Model under development since 2007. The pilot study will be conducted in several states, cross educational settings, and include collection of actual patient outcome data in testing the model. This multi-institutional, randomized study is planned in several stages and expected to end in 2014 with a report at the NCESBN annual meeting.

Transition-to-practice issues are recognized across practice settings, but also pose challenges geographically. Specifically, meeting needs of new graduates is a costly endeavor in rural settings where resources tend to be less than in urban areas. A project recently funded by The Robert Wood Johnson Executive Nurse Fellows Alumni Association will develop, pilot, and evaluate various components of a residency program in hospitals across Kentucky with less than 150 beds which serve rural populations.

Leadership in the Kentucky Nurses Association have listened to nurses on the frontline of service and heard their concerns for transition-to-practice issues. A program has been planned to meet immediate needs of new graduates and will be presented for the first time March 4, 2011 in Bowling Green. The all-day program, “Surviving Your First Year,” includes topics relevant to new graduates according to their feedback to KNA and the hope is for follow-up programming in local practice settings.

Depending on whom you are quoting, it seems that one fourth of our new nurses will leave their position within the first year of practice. We have also known for some time that new graduates care for sicker patients and that nearly one third of them report making medication errors early in their practice. Given the uncertainty that pervades our daily lives in general, it is clear today’s graduates will find entry into the practice world more stressful than many of us knew it to be. Of course, stress is a major factor in errors care which we cannot afford. Nurse leaders must finally solve the transition-to-practice problem and I am indeed pleased with the progress we are making towards that goal.
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DATA BITS
Please Get Your Dirty Hands Off Me!

Hand hygiene using soap and alcohol-based sanitizers is the most effective way to decrease the risk of health care-associated infections (HAIs), by reducing hand-to-hand and hand-to-skin contamination. However, hand hygiene compliance by health care providers (HCPs) is often less than optimal and HAIs continue to affect millions of patients, resulting in increased complications, increased costs of care, and increased mortality. Nurses have the opportunity to change long-term behaviors among other health care providers by increasing proper hand hygiene compliance. The purpose of this study was to explore factors that affect hand hygiene compliance.

The hand hygiene study was conducted at a south Florida university oncology hospital. Data were collected on forty-seven employees, working in inpatient and outpatient settings, during all three shifts, over a sixteen-week period. Three research assistants shadowed HCPs during the sixteen-weeks and unbeknownst to the HCPs, their hand-hygiene compliance habits were recorded. Two questionnaires were also given. The first questionnaire was designed to obtain demographic information on the research subjects. The second questionnaire consisted of seven closed-ended questions that the research assistant completed during visual observation of hand washing, and included the HCP’s risk of exposure to blood-borne pathogens during a clinical procedure, lengths and types of patient care procedures, and the HCP’s hand-hygiene practices throughout each procedure.

Of the 47 participants, 83% (39) were female, and 83% of the participants worked full-time. Registered nurses (RNs) and respiratory therapists (RTs) comprised 51% of the participants; the remaining 49% were patient care technicians and phlebotomists. The average age was 44.5 (SD = 9.5) with 16.5 (SD = 9.47) years of experience, with an average hand washing per day of 5.45 (SD = 2.83) times throughout the study.

A total of 622 observations were recorded. The data collected indicated hand hygiene compliance rate was 41.7 % (255 of 622 observations) pre-patient care and 72.1 % (441 of 622) post-patient care. Total pre- and post- patient care compliance was 34.3% (210). Low risk patient care comprised 77.5% (474) of all patient care procedures, whereas 138 (22.5%) were high risk. Further analysis indicated that HCPs complied with the standards of hand hygiene in 210 (34.3%) procedures total; 133 (21.7%) were low risk and 77 (12.6%) were high risk. Hand hygiene compliance increased in the presence of blood (n=116 or 19.0%); however, non-compliance occurred despite exposure to blood (n=131 or 21.4%), urine (n=64 or 10.5%), saliva (n=167 or 27.3%), and feces (n=23 or 3.8%), respectively. Hand hygiene compliance was 1.7 times higher in the medical surgical oncology unit than in the hemato-oncology unit.

In summary, the study concludes that overall compliance, both pre- and post-patient care, was low; however, HCPs complied more often during post-patient care than pre-patient care. The data suggest that HCPs were more concerned about their own exposure to potentially infectious material than with patients’ exposure. Strikingly, all participants completed their annual mandatory review for blood-borne pathogen exposure training 1 month prior to the study and had received the Centers for Disease Control and Prevention hand hygiene guidelines. Hospitals are aware of the staggering numbers of HAIs. These researchers recommend that additional and more innovative follow-up training be provided to HCPs in order to promote hand hygiene compliance. To overcome poor hand hygiene habits, they also suggest that hospital management strengthen current education practices, reinforce disciplinary action, consider video surveillance technology, and explore new hand hygiene technology in hospitals.


Submitted By: Adam C. Jackson, Brian M. Klamker, Oluwasegun A. Abe and Peter M. Page, BSN Students, and Joan Masters, EdD, RN, nursing faculty at Lansing School of Nursing and Health Sciences, Bellarmine University, Louisville, KY.

Data Bits is a regular feature of Kentucky Nurse. Sherill Nones Cronin, PhD, RN, BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.
How the Health Care Reform Law Affects APRNs

by Lisa Summers, DrPH, CNM

Now that the health care reform bill has been signed into law, it is a good time to review ANA’s advocacy for health system reform and take a look at how advanced practice registered nurses (APRNs) were recognized in and incorporated into the “Patient Protection and Affordable Care Act” (PPACA).

PPACA was the culmination of many years of policy and advocacy work on the part of ANA and its members. Prior to the 2008 elections, ANA published a Health System Reform Agenda that updated principles first disseminated in the early 1990s, calling for guaranteed access to high-quality, affordable health care for everyone. In addition, ANA worked in concert with the nursing community to develop Commitment to Quality Healthcare Reform: A Consensus Statement from the Nursing Community, which included many recommendations specific to APRNs. ANA members held elected officials to their promise of universal health coverage by joining ANA’s health reform team and contacting members of Congress, testifying at hearings, sharing personal stories, and attending rallies and events. And in the process, APRNs educated members of Congress and their staffs about the value of APRNs.

There are many important provisions of interest to APRNs in the new law relating to education, new models for patient care delivery, and reimbursement. Some of the highlights include the following:

- $50 million a year to establish graduate nurse education (GNE), including programs for each of the four APRN roles.
- A mandatory funding stream for Title VIII programs, which include advanced nursing education grants that prepare nurse practitioners (NPs), clinical nurse specialists (CNSS), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).
- A demonstration grant to create a one-year residency program for NPs in federally qualified health centers and nurse managed health centers (NMHCs).
- $50 million in grants for NMHCs.
- A grant program for school-based health centers.
- The recognition of NPs and CNSSs as “Accountable Care Organization (ACO) Professionals.”
- A 10 percent bonus payment under Medicare for primary care practitioners, including NPs and CNSSs.

ANA joins with our newest organizational affiliate, the American College of Nurse-Midwives, in its celebration of success in a long-fought battle for payment equity. Since the original recognition of CNMs under Medicare in 1988, CNMs were reimbursed at 65 percent of the rate paid a physician for the same services. Effective January 2011, the reimbursement rate for CNMs for covered services will be 100 percent, increasing access to midwifery care for disabled and senior women in need of reproductive health services and maternity care.

Many important details are not spelled out in the legislation, but will be left to the regulatory process, during which various agencies will be responsible for issuing rules. Some of those details, such as the formulation of the interdisciplinary team in the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

This “rule making” is a complicated and often a long process (typically as long as 18 months), although the administration is moving forward quickly. ANA is following the process closely and will provide updates to members. Likewise, we are following the formulation of various commissions and will work to ensure that the interests of nursing are represented.

While there is much to be celebrated, not all our legislative priorities for APRNs were addressed in PPACA, notably the certification of home health services and Medicaid reimbursement.

For more information, refer to the Health Care Reform Toolkit on www.nursingworld.org, which includes summaries and detailed coverage of PPACA, a timeline for implementation, and the key provisions related to nursing, including APRNs. If you have questions relating to ANA’s work on behalf of APRNs, contact Lisa Summers, DrPH, CNM, senior policy fellow, department of Nursing Practice and Policy, at lisa.summers@ana.org.

Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.
Reflections on Haiti and Its Resilient People
Matthew P. Peech RN
RN-to-BSN Student
Western Kentucky University

What you are about to read is a reflection of my journey into earthquake devastated Haiti. I guess I should start from the beginning...On January 12, 2010, I was asked to participate in this trip. My wife's aunt and uncle, Bob and Betty Johnson, have run a floral shop in Haiti for over 40 years. They are founders of Missions of Love. All through nursing school they would talk about the mission and the clinic in Haiti and I had agreed that when I completed school and had worked long enough to feel comfortable in my skills that I would join them. This opportunity came in September of 2008 after working in an ICU for a year and a half. I spent 10 days in Haiti serving its people and loved every minute of it. I knew from that point that my heart was in Haiti and that it would be a part of my life forever.

On January 12, 2010 a 7.0 magnitude earthquake hit Haiti destroying the capital Port Au Prince and killing over 100,000 Haitians. The sick and wounded were in the hundreds of thousands and I knew that I needed to go. I called and found that Bob and Betty already had a group of 15 missionaries going into Jovibert on January 31. I tried multiple other paths of getting in that all lead to a road block of some sort. On January 31, my uncle John from Missions of Love called me and said that they were changing the focus of the group going on the 31 and that we were limiting the group to strictly medical. She asked me if I still wanted to go and informed me that they would depart in one week, destination...Port Au Prince!

After a busy week of getting the trip cleared by my teachers, management, and the hospital I was set to go. I would be going in with a co-worker and 9 other medical staff. We each had 2 pre-packed medical bags that we had to use as our checked bag and were told that we needed to put enough food and clothing in our backpack to survive for a week in tents. We flew out of Nashville, Tennessee and into Miami, Florida. From there we caught a flight into the Dominican Republic because all flights into Haiti had been suspended. After 4 hours of waiting for our baggage to arrive on a separate flight, we took a bus to a missionary's house in Santa Domingo where we would be staying the night. The Haitian border is closed after dark for security reasons which prevented us from bousing in that area. We were told to get some rest to prepare for the next day but we all found that near impossible. The bus that would be taking us across the border arrived at 2:00 am and I prepared for the 10 hour bus ride by trying to make it all in. The breeze was blowing, the stars were beautiful, and the Haitian people were singing hymns. The next day we were allowed to board the bus and every little they had was taken away forcing them to sleep on the streets and yet they found the courage and hope to sing and pray for God as they had to. It was the most humbling experience of my life. At that point, my co-worker and I decided that the first thing on our trip we would sleep under the stars with the Haitians.

The day began early. It was about 5:30 and we awoke to the sounds of the local Haitian kids playing in the streets. We climbed down from the rooftop that we were in and walked to the streets to prepare for our day. After a quick banana for breakfast, we were on our way to the general hospital. Before the earthquake the general hospital was one of the largest in Haiti. The quake made the hospital virtually uninhabitable except for one strip of buildings converted into a surgery room. The rest of the hospital was large tents set up throughout the streets. It was a war zone for our team and we were caught up in all the chaos. By that point, the tents had been separated into "departments." There were ER, medical, ICU, ortho, pediatrics, mother baby, post op, and labor and delivery. There were no gurneys or anything...we had to move people. Most tents could hold between 30 to 50 patients. As mentioned earlier, the surgery department was set up in a small concrete building. Inside, surgeons were performing complicated procedures all at the same time in the same room. Sometimes up to 5 surgeries would be performed at the same time. All instruments were being cleaned by hand using as much sterile technique as possible for autoclaves were nonexistent. It was like stepping back in time. No machines were used for life support or sedation and all sedation drugs were pushed and rarely were patients intubated. The ones who had to be bagged until sedation were off. All patients were moved by transporters on whatever they could find. Most were back boards and some even used old linoleum chair. Every tent was provided with an interpreter and most tents had a doctor that made rounds and wrote orders. The beds were nothing more than a cot and you had to roll to the ends for orders. The doctor would place orders on the paper and the nurses would complete them and draw up the medications. It was very primitive nursing and I hated it. At times we would have one nurse for 50 critically ill patients.

My co-worker and I were placed in the ER after arrival. We only had the small instrument cart and we were limited to fifteen items. We had no walls and only dirt for floors. I had followed the earthquake on television from day one, but nothing prepared me for the real thing. I had seen the images but the two tents and placed 10 chairs in about a 12 foot area for patients. We each had our own interpreters and the ‘walking wounded’ were sent to us. Between the two of us, we would see about 100 patients each day. We would try to make each other laugh and it became the best way to get through the day. We played cards with the kids, stories, and other things to keep the patients from getting in that all lead to a road block of some sort. Although I'm glad to be at home with my family and back to the amenities of American life, I find myself constantly thinking about Haiti and its resilient people. I believe that I have found my calling in life and I long for the next chance...
It was still dark and the morning was cool as I pulled into the parking lot of the Juvenile Detention Center. I had made arrangements to spend the day with their resident nurse. Corrections’ nursing is something I knew nothing about so I was excited to see what the day held. Everything there was a new experience. From the time I got to the front door and had to buzz the intercom and wait for admittance inside the facility, I was somewhat taken aback. It was almost a surreal experience. The name Juvenile Detention Center seems to soften the edge a bit of what this facility actually is: a jail for juveniles. As I entered the facility my senses seemed to be acutely aware of the different environment I was in. One of the first things I noticed was the large steel doors with long narrow windows. The echoing sound made by them as they opened and closed seemed to shout at me. I noticed the shuffling, marching sound made by the “residents” wearing flip flops as they were escorted through the halls, hands held behind their back, gazes fixed. The place had a coldness about it, a very clean, sterile feeling environment. I arrived at 6 am, and the nurse gave me a quick tour of the layout of the facility. Looking through the narrow window into the cafeteria I could see teenagers eating, with guards standing around the room watching their every move. No communication was noted, each juvenile sitting alone looking down at his plate. I followed the nurse to her office and sat with her for a while. She began telling me about her day and routine. After the residents had their lunch, the staff then went and ate in the cafeteria. It seemed odd watching the residents eat their meal, very quiet and orderly without talking or even looking at each other. They would take their trays one at a time to empty them, and turn them in. When the staff gathered, the mood was light. There was much talking and laughing going on among the staff. The nurse stated that many of the staff had worked there for many years and there was a very tight bond between them. Among the staff I met in the cafeteria, were school teachers there covering all the bases, reading, writing, and arithmetic. The residents are given assignments and the teachers seem to have a deep respect for what they do for these children. Those with only minor infractions are not allowed to fall behind in school because of the educational program offered at the detention center. Talking with one teacher, he said it is sad that these youth are here. He said that many of them are here because they are simply a product of their environment. He felt like many of the residents are good kids who have not had a good, stable home life to provide them with the discipline and moral teaching they need. Many are sexually abused, exposed to drugs, come from broken homes, etc. He stated, “Many of these kids never had a chance.”

After the lunch time, I returned with the nurse to her office where she began filing her daily reports. Since the residents change on a daily basis, the nurse files reports on each individual, documenting their arrival, current status and projected or estimated discharge date and upon that discharge, where and with whom that individual is to be discharged. It may be with family, another detention center, or a rehab center. I was struck by the sadness of the situation of these teenagers. Regardless of what they had done to be here, I learned that so many, as the teacher stated, are here because they are a product of their environment. Broken homes and abuse have led them to a life of crime. The road they were on that led them here. In many situations, the system has simply failed them. In the Journal of Correctional Health Care, an article on young prisoners emphasized their environments and substance misuse as contributing factors (Dooren, Kinner, Butler, 2010). I know that they must be reprimanded for what they have done to be put here, and many must serve harsher sentences for harsher crimes, but for many of these youth the best form of treatment would be a good home with loving parents to show them the way. Sadly, we know that for many this will not be the case. It makes me have a new respect for organizations that are here to help mentor youth that come from such environments that do not nurture. Organizations such as Big Brothers and Big Sisters are such organizations. The Juvenile Detention Center has made me think of another side of nursing, a side that not only applies a band aid to an external wound, but the need for those band aids that help the soul.

KNA Celebrates a Successful 2010 Convention

In keeping with its theme of “Every Nurse A Leader,” the KNA was pleased to celebrate a strong turnout of RNs and nursing students to hear distinguished speakers on a host of subjects related to how nurses can have an impact as leaders on subjects ranging from healthcare reform and the healthcare industry in general to childhood obesity. Hundreds of nurses and students had the opportunity to network, learn and engage in learning experiences that will help them in becoming the nurse they want to be.

“Every Nurse A Leader” also set the tone for the KNA Awards Luncheon that provided an opportunity to recognize leaders among educators and researchers, nursing students, and the KNA Nurses of the Year (Jane Kirschling & Beth Partin) and Citizen of the Year (Sheila Schuster).

Sigma Theta Tau Brings 2 Nurses From Mexico To Present Posters At Convention 2010

Special thanks to the following universities for collaborating with Lambda Psi, Bellarmine University, in sponsoring and providing a $1000 stipend to two nurses, Esther Gallagos and Morayma Gonzalez, from Tau Alpha, Mexico, Region 9 Chapter of Sigma Theta Tau, Honor Society of Nursing.

Delta Epsilon, Murray State University
Delta Psi Chapter, University of Kentucky
Iota Gamma, Spalding University
Kappa Theta Chapter, Western Kentucky University
Theta Nu, Eastern Kentucky University
A Lean “5S” Six Sigma Project to Improve Patient Safety and Organization

Authors: Annette Speaks RN, OCN, CRNI, Director Outpatient Oncology, Central Baptist Hospital, Lexington, Ky, Kay Ross RN, MSN, AOCN, VP Central Baptist Hospital, Lexington Ky, Jamie Jenkins, Premier Performance Engineer, Central Baptist Hospital, Lexington, Ky.

Focus Area: Administration/Leadership Development

Significance & Background: The Outpatient Oncology department treats approximately 400 patients monthly. This busy department underwent an unannounced Joint Commission Survey which resulted in a Requirement for Improvement (RFI) related to expired medications and supplies. Overstocked supplies, mixed types and size supplies were found stored together, counter tops used for storage resulted in decreased work space. Expired medications and supplies were found in numerous places.

Purpose: The Oncology Administrator initiated the process of the Lean 5S in order to improve patient safety, achieve compliance with standards and maintain state of readiness for inspection. A team including Outpatient Oncology Staff, Materials Management, Pharmacy and Performance Engineering was developed to lead this initiative.

Intervention: The 5S process of Lean Six Sigma was used to guide this initiative. The five steps included Sort, Set in Order, Shine, Standardize, and Sustain. The 5S process identified potential problems and solutions. Before and after pictures of the entire area were taken to document the findings and eventual improvement. Coordination with Materials Management and Pharmacy was done to reduce PAR levels and establish proper placement and inventory responsibility.

Evaluation: The team collected data after the intervention and noted cost savings on the PAR level for medications were $1935.00 and savings on the PAR level for supplies were $4600.00. Patient safety was improved by elimination of expired medications/supplies. Staff satisfaction was improved because supplies were easier to find, creating a safer, more efficient work environment. An added benefit was satisfaction of the RFI.

Discussion: Safe and efficient work environment are essential for nurses in order to provide quality care to patients. The Outpatient Oncology staff is able to use the information and skills obtained from this project to keep the area organized. Providing the staff with tools to improve the work environment and identify solutions greatly improved staff satisfaction. In turn, they can provide safe, efficient quality care for their patients.

BSN Admission Group Interviews: Perceptions of Students, Faculty and Community Nurses

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Western Kentucky University School of Nursing
Bowling Green, Kentucky

Background and Purpose: Nursing Schools have used varying practices for selecting qualified students. The use of Grade Point Average (GPA) is the most commonly used criteria for admission to nursing programs because it is an efficient and objective method for selection. Recently, Nursing School admission committees have sought to increase the emphasis on admission criteria classes and decrease attrition due to stress and/or misunderstandings regarding the rigor of the nursing major while maintaining high academic standards. The School of Nursing (SON) at WKU instituted a group interview process in Fall 2008 as part of the selection criteria for students seeking admission to the undergraduate prelicensure BSN program. Students seeking admission to the program in both Spring 2009 and Fall 2009 participated in group interviews the semester prior to admission. A panel of SON faculty and community nursing leaders scored the prospective students on their responses to a standardized set of interview questions. The purpose of the study is to describe student, faculty, and community nurses’ perceptions of the admission interview process.

Specific Aims: The specific aims of the project were twofold. First, the researchers wanted to capture the perceptions about the interview process from both the interviewer and interviewee perspective. In addition, the researchers plan to use the data to improve the admission interview process in future semesters.

Methods: An exploratory qualitative design was utilized in the current study. Approval for the study was obtained from the WKU Human Subjects Review Board prior to data collection. All BSN prelicensure faculty members who participated in the interview process were asked to complete the survey at the end of a BSN Prelicensure faculty meeting in Spring 2010. BSN prelicensure students in their first and second semesters of nursing school were asked to complete an anonymous survey in class during the second week of school in Fall 2009. The purpose of the study and consent process were explained to the students by a member of the research team who was not a member of the BSN Prelicensure faculty. Community nurses who participated in the interview process were mailed a copy of the consent form and the anonymous survey to complete. Postage paid envelopes were provided for the participants to return their surveys. Interview data were analyzed using Miles and Huberman’s (1994) method which includes data reduction, data display, and conclusion drawing.

Results and Conclusions: The data analysis reveals that the traditional faculty, and community nurses enjoyed participating in the process and found it to be beneficial. Positive aspects of the interview process included the students getting to present themselves and be seen as more than just a grade point average. In addition, students reported enjoying meeting current faculty and students, as well as learning more about the WKU School of Nursing. Negative aspects included the stress of being interviewed, difficulty in giving original answers in a group interview setting, and the desire for all students to be interviewed by the same nursing faculty and community nurses. The Academic Standards Committee is taking into consideration suggestions from the researchers for planning the next BSN Admission Group Interviews.

C.A.R.E.S.
(Creative Approaches Reap Enduring Success)

Freds Sharp, R.N., M.S.N.
Associate Professor
Academic Support Specialist
C.A.R.E.S. Coordinator
Department of Associate Degree Nursing
Eastern Kentucky University

The transition into the role of student of nursing and the subsequent journey through systems of nursing education present stressors and challenges unique to the experience. From a narrative perspective, this journey has the potential to be positively transformative and thus mirrors the “Hero’s Journey” of mythology thus representing a rite of passage for those students who have successfully met the challenges with which they were faced.

Faculty, having successfully completed the journey, are uniquely positioned to guide, direct and support students toward the destination. In addition to the traditional faculty role, Eastern Kentucky University’s Department of Associate Degree Nursing has supported the designation of a full time faculty position to fulfill the role of Academic Support Specialist. The primary function of the position is to direct/coordinate the Department’s C.A.R.E.S. (Creative Approaches Reap Enduring Success) Program. The mission of the Program is: “to support the intellectual growth, personal and academic success, and personal health and well-being for student participants. Administrative responsibilities include ongoing and evidence based program development, implementation, evaluation and revision.”

This poster is designed with the goals of sharing our journey relative to the development and implementation of our program; and stimulating dialogue amongst colleagues relative to issues of student learning and success.

Poster Abstracts continued on page 9
De-stressing the Pediatric Clinical “The Baby Won’t Break”  
Vicki Grubbs, MSN, RN, CPN  
Associate Professor  
Eastern Kentucky University

Abstract  
The nursing clinical experience for students has been shown to be a stressful experience. The pediatric nursing clinical experience has been shown to be even more so. The nursing student is expected to care for pediatric patients which can encompass all age ranges—from 5 days to 18 years of age and at different stages of growth and development. The student must interact with each child and their family. The child may be the traditional family, grandparents, or foster parent. The nurse must also learn new pediatric skills—weight based dosing and intravenous administration through special devices.

Today’s nursing students are diverse. Many are fresh out of high school and have never experienced being around young children. Others have families and have spent time around children yet cannot separate their role as a nurse from the emotion of parenting.

This presentation will present examples of how the clinical experience can help decrease the stress for the nursing student and enhance learning in the pediatric clinical experience.

In Their Shoes: A Simulation Experience of Older Age  
by Vanessa Sammons, MSN, APRN, BC, CNE  
Morehead State University

The need for experienced gerontological nurses are at the forefront of the minds of nursing schools worldwide. At Morehead State University, the Baccalaureate Nursing program has incorporated a stand alone Care of the Older Adult course for the Junior level undergraduate nursing student. The purpose of this course is to use the nursing process to provide nursing care to older adults from diverse cultures. In the provision of nursing care, emphasis is on health promotion and health maintenance strategies in the physical, developmental and psychosocial dimensions of the older adult from diverse cultures.

What better way to introduce nursing students to the world of older adults than by immersing them into the challenges and joys of growing old? Only by allowing them to walk “In their shoes” will the nursing student truly appreciate how it feels to lose their eyesight or ability to ambulate. A laboratory simulation was developed, implemented, and evaluated within a gerontological nursing course which allowed the students to travel station to station to experience the multiple changes that come with aging. The students were asked to wear gloves and glasses that mimic cataracts and try to thread the needle. This allowed the students to travel station to station to experience the multiple changes that come with aging. The students were asked to wear gloves and glasses that mimic cataracts and try to thread the needle. This allowed the students to experience the psychosocial dimensions of the older adult from diverse cultures.

Concepts related to fluid volume shifts and fluid balance are foundational in understanding complex pathophysiology and nursing interventions. Initially, students often try to memorize lists of signs and symptoms rather than understand the processes behind fluid volume excess and fluid volume deficit. If students have a basic understanding of osmosis, hydrostatic and oncotic pressure, as well as, renal and hormonal influences, they will be able to critically evaluate a situation and understand the physiology behind fluid volume status in clients. Consequently, they can generate a list of signs and symptoms from their understanding of the processes instead of simply memorizing a list given to them through their text or classroom. This reasoning may be applied to more complex renal, pulmonary and cardiac pathophysiology as they progress through their curriculum.

This poster presentation presents creative ways to teach principles related to fluid balance. Mnemonic, visual aids, illustrations, and physical movement are used to teach these principles to second semester students in an associate degree program. These tips can be used with students in both associate and baccalaureate nursing programs to help students understand complex processes. Students graduate and become registered nurses who need to understand fluid shifts and balances everyday in their practice.
At the end of each huddle, discuss admissions, transfers, and important updates as a team. Identify who needs assistance and who is able to help out. Charge nurse may change assignments as necessary.

Results: Using descriptive statistics showed an apparent positive outcome. Although, the number of participants were few, the staff verbalized great strides in teamwork and communication. After final review, huddles were also found to reduce staff overtime for the unit.

Implications: Quick evaluations each shift can improve workdays for the staff. When the huddle guidelines are followed, stress can be eliminated. The unit is continuing to use nursing huddles to improve patient care.

References:

Morehead State University
Baccalaureate Nursing Student Abstracts

Development of an evidence-based practice protocol for prevention of central-line associated bloodstream infections
Charla Burochett, Jamie Joseph, Brittany Kellum, Andrew Slone, Michelle McClave, MSN, RN, Mentor, Morehead State University Baccalaureate Nursing Program.

The goal of this project was to design an evidence-based practice protocol that can be implemented to prevent central line-associated bloodstream infections in the hospital setting. Investigation was performed using a variety of evidence-based literature as well as guidelines currently in use by three local medical centers. The resulting protocol was designed to be utilized in the Morehead State University’s Department of Nursing STAT Nursing Center to provide guidance for nursing and other students during laboratory and simulation practice. The objective of this project was to investigate evidence-based practice mechanisms that can be utilized in the reporting of critical test and diagnostic procedure results. In order to gather best practices, a variety of literature was reviewed, as well as current clinical protocols from three clinical facilities in the Morehead State University service area. Following review of these practices, an evidence-based practice protocol to meet the requirements of the JCAHO National Patient Safety Goal addressing the improvement of effectiveness of communication among caregivers was developed. This protocol will be implemented in the Morehead State University’s Department of Nursing STAT Nursing Center.

Development of an evidence-based practice protocol for prevention of Injury related to anticoagulation therapies
Destiny Fife, Britney Johnson, Kelly Lyons, Jennifer Talley, Michelle McClave, MSN, RN, Mentor, Morehead State University Baccalaureate Nursing Program

The purpose of this project was to develop a mechanism to reliably identify patients in an inpatient medical facility, as well as to match the appropriate healthcare service to the correct individual. Baccalaureate nursing students perform their clinical experiences in a variety of medical facilities in the Morehead State University service area; three of these facilities’ current protocols were reviewed. These were compared and contrasted with a review of a variety of literature and a practice protocol was developed utilizing evidence-based practice findings. This protocol will assist nursing and other clinical students in the Morehead State University’s Department of Nursing STAT Nursing Center in meeting the JCAHO National Patient Safety Goal regarding reduction of patient harm during clinical laboratory and simulation activities.

Development of an evidence-based practice protocol to improve the accuracy of patient identification
Joseph Caldwell, Kayla Kouns, Tracey Sizemore, Nora Tipton, Michelle McClave, MSN, RN, Mentor, Morehead State University Baccalaureate Nursing Program

The purpose of this project was to develop a mechanism to reliably identify patients in an inpatient medical facility, as well as to match the appropriate healthcare service to the correct individual. Baccalaureate nursing students perform their clinical experiences in a variety of medical facilities in the Morehead State University service area; three of these facilities’ current protocols were reviewed. These were compared and contrasted with a review of a variety of literature and a practice protocol was developed utilizing evidence-based practice findings. This protocol will assist nursing and other clinical students in the Morehead State University’s Department of Nursing STAT Nursing Center in meeting the JCAHO National Patient Safety Goal regarding reduction of patient harm during clinical laboratory and simulation activities.
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The Human Touch

Poem by Beckie Stewart

The pain in my heart growing

The burden heavy

I need the support of a friend

I am not alone

The heart is big and the soul

is small.

I am an old woman at the end of my life

At the end of my journey.

I need the support of another

Who will be by my side.

She is a young woman at the beginning of her life

But she is already an expert in caring.

Beckie Stewart

Edmonds, Washington 1994

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Professional Nursing in Kentucky — Yesterday * Today * Tomorrow


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The Editors have collected pictures, documents, articles, and stories of nurses, nursing schools, hospitals, and health agencies to tell the story of Professional Nursing in Kentucky from 1906 to the present.
Assessment of the Families at Risk: high Exp. Date [6 contact hours, 3 tapes and booklet: Zip Code Use the management by objectives Reviews family assessment (MON) (9) Use the management by objectives technique in your nursing practice to manage a project, group, or professional growth. (6 contact hours) $48.00

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FACULTY
Suzanne Hall Johnson, MN, RNC, CNS is the Director of Hall Johnson Consulting and the Editor of Nurse Author & Editor. She is a Clinical Nurse Specialist, UCLA graduate with honors, and a Distinguished Alumna from Duke University. (Copyright 2003 Suzanne Hall Johnson)

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Ruth ‘Topsy’ Staten, PhD, ARNP-CS, associate professor, retired from the UK College of Nursing in May 2010 after 30 years of service. During her tenure she made substantive contributions to the College, University and greater community as a psychiatric nurse, educator, researcher, and clinician. She has given back to her profession through long-standing leadership and service to the Kentucky Nurses Association, Sigma Theta Tau International Honor Society for Nurses (Delta Psi Chapter), and the American Psychiatric Nurses Association. Staten was proactive in improving the mental health of all students campus-wide through her clinical work with University Health Service and through high involvement with Stepping Up-Stepping Out, Alcohol Prevention Program, CAUSE, and as co-chair of the Presidents’ Campus Community Coalition on Reduction of High Risk Drinking among College Students. She was a board member for the Kentucky Agency for Substance Abuse Policy-Fayette County and served many years on the Mayor’s Alliance on Substance Abuse. Her work in preventing substance abuse on campus, particularly high risk drinking, was done in partnership with University Health Service, the Office of the Dean of Students, the Testing Center, the Athletics Department, and many other entities at the University.

Congratulations to the University of Kentucky College of Nursing faculty for their first place, award winning posters presented at the American Psychiatric Nurses Association (APNA) annual conference held in Louisville, Ky., in October 2010. In the Education Poster category, Ruth ‘Topsy’ Staten PhD ARNP-CS, Leslie Beebe MSN, RN, Bettye Cheves MSN, RN, Joanne Matthews MSN, ARNP-CS, and Jeanne Rohr MSN, RN received first place honors for A Community Mental Health Clinical Project to Promote Mental Health, Engage Undergraduate Students and Serve the Community. Their study focused on findings of a four-week community mental health intervention designed to build on undergraduate student’s public health-psychiatric nursing clinical experience. Students who participated in the study used evidence-based interventions in a group process to address needs of the population with which they were working.

First Lady Michelle Obama welcomed a group of nurses and nurse practitioners to the White House and joined a conference call with more than 5,000 nurse practitioners and nurses from across the country to discuss the Affordable Care Act and the benefits of health reform. During a related roundtable discussion, one of two representative NPs was American Academy of Nurse Practitioners state representative Susan Matthews (Kentucky). Matthews is a 2008 graduate of the University of Kentucky College of Nursing PhD Program. She is a family nurse practitioner and the owner of Bluegrass Regional HealthCare, Inc., in Beaver Dam, Ky.

Patricia B. Howard, PhD, RN. FAAN (UK MSN 1980 and UK PhD 1992), was inducted as a fellow of the American Academy of Nursing in November 2010. She is a professor and associate dean of the MSN and DNP Programs at the University of Kentucky College of Nursing.
Surviving Your First Year
A DAY-LONG PROGRAM THAT ADDRESSES SOME OF THE BIGGEST
CHALLENGES FACED BY NEW RNs

DATE: Friday, March 4, 2011
LOCATION: The Knicely Center, 2355 Nashville Road, Bowling Green, Kentucky 42104

AGENDA
All Times Are Central Standard Time

8:00-8:30 AM Registration
8:30-8:40 AM Welcome
8:40-9:30 AM Session 1: CLINICAL: Meds. Pumps & Drips: A Primer on the Things that Challenge the New RN—Jo Anne Tinsley, RN, BSN, CRNI, ET, CWCN, Go Med Care
9:30-10:20 AM Session 2: HUMAN RELATIONSHIPS: How to Communicate with Patients and Families, Particularly With Difficult News—Yolanda Terry, RN, CHPN, Director of Clinical Services, Hospice of Southern Kentucky
10:20-10:40 AM Break
10:40-11:30 AM Session 3: TIME MANAGEMENT: How To Prioritize With So Many Responsibilities—Julia H. Fultz, Skills Lab/Student Coordinator, Central Baptist Hospital
11:30-12:20 PM Lunch
12:30-1:10 PM Session 4: LEGAL: Kentucky Board of Nursing & The New RN—Sharon Mercer, MSN, RN, CNAA, BC, Practice Consultant, Kentucky Board of Nursing
1:10-2:35 PM Session 5: PANEL REVIEW: Session Speakers Make Sense of It All
2:35-3:00 PM Program Evaluations

COST:
Students/Recent Grads (within one year of graduation): $25
KNA members: $35
Nurse Non-KNA members: $50

Prices include continental breakfast & box lunch.

TO REGISTER: Go to www.kentucky-nurses.org and visit Coming Events on the right column. On-line Registration will be closed on Thursday, March 3, 2011 at 1:00 PM. No on-site registration will be accepted.

KBN Approval: These offerings for contact hours are provided by the Kentucky Nurses Association (KNA), Kentucky Board of Nursing (KBIN), #1-00051-7-013-040. The KNA is an approved provider of continuing education in nursing by the KBIN. KBIN approval of an individual nursing continuing education provider does not constitute endorsement of offering content.

Attendance Requirement: Must stay for duration of program to be awarded contact hours for continuing nursing education, provide license number or social security number upon registration and complete an evaluation for the program. Partial credit will not be awarded for any session.
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by Scott Gilbertson

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January, February, March 2011

WELCOME NEW MEMBERS

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the October/November/December 2010 issue of the KENTUCKY NURSE.