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at
KNA Legislative Day
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as Specialty Practice
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President's Pen

Nurse Advocates A Patient Voice

by **Mattie Burton, PhD, RN, NEA-BC**



Mattie Burton

Is there anyone among our proud profession that did not enter nursing out of some desire and commitment to protecting the welfare and health of our patients? I cannot imagine a nurse whose first priority is not the health and protection of her/his patients, or of all patients for that matter. Our service and commitment to our patients is perhaps the single most bonding dimension of nursing that truly give us a singular and common priority. But nursing, as a community, is missing its chance to really fulfill that commitment to our patients because we are unwilling to step from our comfort zones and enter the venues where policies and laws are made that directly affect the quality of care provided to our patients, whom we are commissioned to protect.

Nurses are not unlike the rest of the population in our disinterest or even our disdain for things perceived to be "political." Politics can be a dirty business and most of us doubt the sincerity of the process and often of the people involved in politics. But if we are to truly make a difference in the lives and wellness of our patients (and I define our patients as all patients), we must no longer throw our hands up or turn our heads away when laws, regulations, policy and other "political" details

encroach on nursing or health care in general. We work in the most regulated and currently politicized industry in the country, yet we command very little presence in the process that drives our industry. We are the backbone of healthcare, yet we do not show up on the x-ray when health policy is formulated.

As this issue of the *Kentucky Nurse* goes to print, the KNA and the KCNPNM will be advocating for full Medicaid reimbursement for APRNs in Kentucky. As I write, the current plan involves MDs getting 100% reimbursement and APRNs getting 80% reimbursement for services within the scope of their license. There are those formulating Medicaid policy who think that physicians supervise APRNs. There are those who do not realize that primary care will not reach many underserved and vulnerable populations if APRNs are not able to practice to the full extent of their licenses and receive equitable reimbursement. Of course, it is the job of your professional association to advocate for appropriate treatment of RNs, in this case for APRNs. But it is imperative that the individual nurses give voice to their patients and step up to advocate alongside the leadership of the professional associations. Nursing organizations are perceived as the voice for nurses. It is the nurse who must step up to be the voice for patients.

As the 2012 General Assembly approaches, the KNA will be supporting the KCNPNM in an effort to eliminate the statutory requirement for collaborative agreements that APRNs must currently sign with physicians in order to practice within the scope of their own license in the writing of non-schedule drug prescriptions. APRNs must currently sign a contract and typically pay a fee to an MD in order to practice within their license. Clearly, this requirement negatively affects APRNs and is unjust and offensive to nursing. But, more importantly, its impact filters

down to harm patients and only nurses can give voice to those patients.

A nurse does not have to be an APRN to make the case about how the mistreatment of APRNs harms patients. RNs are, across the board, one of the most trusted professions in the world and RNs are more qualified than any other profession to speak to the healing needs of patients. If each of us does not embrace our unique qualifications and inherent credibility to speak to any health care issue that inspires us, we miss the chance to improve conditions for our patients and, in some way, we fail them.

Many folks, RNs included, are intimidated or unsure about how to engage in the dialogue and debate that shapes health policy. Helping you find a place to participate is one of the roles of your professional association and the KNA is more than happy to help. Join us and let's get started. Being an advocate is a part of being a nurse.

Also, the KNA Legislative Day on November 14th in Frankfort will also offer a day of incredible speakers, experience and information that will inspire you to find your voice so that your patients will have a voice too. Go to www.kentucky-nurses.org and look at Coming Events on the homepage.

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Student Spotlight

Research Critique of “Registered nurses’ attitudes towards the role of the healthcare assistant”

by **Alcorn, J & Toppin, AE**
Elizabeth Appling, RN
RN-to-BSN Student
Western Kentucky University

Nursing is continuously striving to improve its patient care and ideas behind its practice. One way evidence based practice is determined is by appraising research studies to examine the quality and dependability of information obtained through research. Burns and Grove describe a critical appraisal or critique as “an examination of the quality or credibility of a study” (2011, p. 419). Although the word critique often carries a negative connotation, in science, critique is viewed more as an evaluation and is often referred to as an intellectual critical appraisal (Burns & Grove, 2011). The article “Registered nurses’ attitudes towards the role of the healthcare assistant” was written by Alcorn and Topping (2009) and was published in *Nursing Standard*. The article was constructed to learn more on the views of the responsibility RNs have to healthcare assistants (HCA) in regard to development, accountability, and delegation. This article will provide an appraisal of the title, abstract, research purpose or problem, research questions and hypothesis, design and framework of the study, variables considered, a review of the literature, the sample provided for the study, the instrument(s) used, the overall methodology, results and conclusion, ethics, implications for nursing, and the limitations of the study.

Title

The title of a study should be precise in describing what the article is about. Parahoo and Reid state the title should not be long and should not validate or invalidate the research (as stated in Ingham-Broomfield, 2008). The title of the article written by Alcorn and Topping is “Registered nurses’ attitudes towards the role of the healthcare assistant” (2009). This title is quite lengthy; however, describes the

study well. It gives an overall idea of the information you will find within the article. By describing the contents of the article in the title, it helps to target a specific audience.

Abstract

An abstract of an article can also be described as a summary. According to Parahoo and Reid, the abstract should include the problem, the hypothesis, and the intent and objectives of the study (as stated in Ingham-Broomfield, 2008). The method(s) used to collect data, whether qualitative, quantitative (or both), the results, conclusion, and the recommendations should all be included in the abstract. However, the abstract length is often limited to 100-200 words (Ingham-Broomfield, 2008). The abstract provided in the article “Registered nurses’ attitudes towards the role of the healthcare assistant” is well organized and contains the aim, method, and results. It also contains information on the authors and important keywords within the article.

Research Problem and Purpose

The problem and purpose of a research study should be clearly stated early in the article in order to eliminate a large amount of unnecessary questions (Ingham-Broomfield, 2008). Parahoo and Reid believe that in order to evaluate the research, the components of the purpose and problem need to be stated without ambiguity (as stated in Ingham-Broomfield, 2008). Alcorn and Topping (2009) state their research problem and purpose under the heading “Aim”. It clearly states the purpose of the study. They also provide a plethora of information within the background that precedes the stated purpose that gives additional information on the purpose of the study.

Research Questions and Hypothesis

Research questions within a quantitative study are worded in the present tense as interrogative

statements focusing on describing the variables and their relationships (Burns & Grove, 2011). The hypothesis is a “formal statement of the expected relationship(s) between two or more variables in a specified population” (Burns & Grove, p. 167, 2011). For the hypothesis to be complete and appropriate it must include the variable, the population to be examined, and the proposed outcome. Alcorn and Grove do not include a specific research question. There are implications as to what the question is located in the purpose of the study. One might conclude the purpose to be gathering views of RNs regarding the delegation, development, and accountability of HCAs; however, there does not appear to be a clear research question noted in this study article.

Design

Burns and Grove (2011) state a research design can also be referred to as a blueprint. The design helps to provide control over the study thus increasing the probability that the outcomes will reflect reality. To provide validity of a study, the type of design must first be recognized and then evaluated for flaws (Burns & Grove, 2011). The validity of a study determines the affect the results will have on evidence based practice in nursing. The design of the study completed by Alcorn and Topping (2009) is a typical descriptive design. It compares the relationship among two variables, the RNs and the HCAs, and the study does not attempt to control or manipulate the sample.

Framework

The framework of a study is an expression of its theory or plan. The framework provides an explanation of what is being tested within the study and provides information regarding the researcher’s planning logic (Burns & Grove, 2011). It also has been described as “a visual tool to stimulate

Research Critique continued on page 4

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Student Spotlight

Research Critique continued from page 3

questions to assist in the assessment of the value of a research paper” (Ingham-Broomfield, 2008, p 107). Although the authors do not reference a specific framework, they describe the importance and utilization of healthcare assistants by registered nurses within the background section of the article. It provides historical facts regarding the previous use of nursing students and healthcare assistance. It also lays the groundwork of the study regarding delegation and accountability by the RN to the HCA.

Variables

Within nursing research, variables should be clearly defined. It is important that they maintain their purpose to promote their measurement and manipulation within the study. Burns and Grove define variables as “qualities, properties, or characteristics of persons, things, or situations that change or vary” (2011, p. 176). There are different types of variables that serve different purposes within research. Due to this study being a descriptive study, there is not a specific independent and dependent variable. The research variable in this study is the registered nurses views regarding the responsibilities and liability of HCAs within the healthcare field. Demographic variables such as age, gender, years of experience, and years since nursing training were also noted (Alcorn & Topping, 2009).

Review of Literature

Burns and Grove describe the review of literature as “providing you with the current theoretical and scientific knowledge about a particular problem, enabling you to synthesize what is known and not known” (2011, p. 189). The literature review within a research article provides a background for the problem being studied and has three components: description of the current knowledge regarding the problem, identification of gaps in knowledge, and the contribution of the current study to the practice problem (Burns & Grove, 2011). It is important that the literature review contain only current information. Alcorn and Topping (2009) do a thorough job of providing a background to the topic being studied. They provide a vast review of literature even back to the time of Florence Nightingale. They reference other works done regarding the use and evolution of the healthcare assistant and how it has been utilized over time (Alcorn & Topping, 2009).

Sample

A research sample is a group representing the population being studied (Burns & Grove, 2011).

Sampling can be random or nonrandom. Both types can be used in quantitative and qualitative studies. Alcorn and Topping’s article provides a nonrandom convenience sample of 219 nurses employed in a surgical directorate of an NHS trust. Questionnaires were sent via email and had a 68% response rate.

Instrument

The instrument used to gain information through a research study is an important tool to provide validity and reliability. It is also imperative the instrument chosen be appropriate to the design. The rationale for choosing the design must recognize the advantages and disadvantages. Within the article “Registered nurses’ attitudes towards the role of the healthcare assistant,” the instruments are described and were created for the specificity of the study. The researchers for this study chose a 24-item questionnaire, using a six-point Likert scale (Alcorn & Topping, 2009). The questionnaire was piloted prior to administration to ensure a comprehensive survey. Ambiguity of responses was a result of a design weakness with the questionnaire; therefore, reliability and/or validity could be perceived as low. The items on the questionnaire were developed on the topics of delegation, HCA development, and RN accountability. Demographic information was also gathered along with free text options to allow response elaboration.

Overall Methodology

Overall methodology is the body of the research article. It provides the design, treatment (if appropriate), instrument(s), sample, ethics, pilot study (if conducted), and the data collection process (Burns & Grove, 2011). Alcorn and Topping provide the sample, tools or instruments used, the ethical considerations, and the procedure used for data collection within the article. The information is very specific and to the point. It provides an explanation of the previously mentioned components that comprise the research itself.

Results and Conclusion

The results section of a research article displays the outcomes of the tests used to analyze the data and their outcomes. This section is organized by the research purpose or objectives, research questions, and the hypotheses of the study (Burns & Groves, 2011). The results of a quantitative study are demonstrated by numbers; however, these numbers have no intrinsic worth unless given meaning by those using them (Ingham-Broomfield, 2008). Qualitative data is expressed in words rather than

numbers. Results may be expressed in actual quotes and discussion information. Burns and Groves describes the conclusion as “a meaningful whole from pieces of information obtained through data analysis and findings from previous studies, remains receptive to subtle clues in the data, and considers alternative explanations of the data” (2011, p 412). The article written by Alcorn and Topping reports the results in a numeric conclusion of the data obtained through the questionnaires. It utilized tables to present the data in an organized fashion. The results reported that the majority of nurses supported HCAs becoming registered with a regulatory body and that if adequately trained HCAs should be held accountable (Alcorn & Topping, 2009).

Ethics

It is important that ethics be considered in a research study based on the principle of beneficence—to do no harm. When conducting a study involving human subjects, the researcher must comply with the Department of Health and Human Services (DHHS), the Federal Drug Administration (FDA), and HIPAA privacy regulations (Burns & Grove, 2011). Information regarding the adherence to these regulations must be included in a research study. Alcorn and Topping demonstrate good ethics in their study by stating they gained permission from the NHS National Research Ethics Service. They also explained that privacy was upheld due to the inability to link demographic data to the identity of the subjects. Also noted was the collection of consent for each subject when the questionnaire was completed and returned.

Implications for Nursing

The ultimate outcome of a nursing research study is to obtain information that would benefit nursing practice and provide trusted knowledge to implement evidence based practice. Implications are specific suggestions for nursing practice that are found in the conclusion of a study (Burns & Grove, 2011). Alcorn and Topping (2009) describe the nursing implications as a result of the study on RNs and HCAs and have listed them in the conclusion section of the article. They found that RNs should be aware of the accountability they have for HCAs and the delegation of roles and tasks to the healthcare assistant. Secondly, the RN should be in control of who they delegate to, taking into consideration the preparation they have received. Lastly, the RN must be appropriately trained and educated to make sound decisions in whom to delegate tasks and to supervise, also making certain these skills are provided during preceptorship to new RNs (Alcorn & Topping, 2009).

Limitations

Unfortunately most studies have some scale of limitations or restrictions that may decrease the accountability and credibility of the research results. Alcorn and Topping (2009) found limitations within their sample. By limiting the sample to only one NHS trust, the generalizability of the results was also limited. Also, some answers to questions were ambiguous possibly due to poorly designed questions. They also felt forced responses had unavoidable limitations. The author attempted to alleviate limitations by inviting the subjects to make additional comments; however, few opted to do so (Alcorn & Topping, 2009).

Reference

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Accent On Research

DATA BITS

Excuse me, I don't mean to interrupt you...

There is much room for error during a nurse's shift. Frequent interruptions and distractions can contribute to the incidence of errors, especially those that occur during medication administration-related activities. A study was recently conducted by a group of researchers to examine the frequency of interruptions during a nurse's work day and the possible relationship to medication errors. Previous research studies have found that the emergency department is the unit within the hospital with the highest rate of preventable adverse events, especially medication errors, so the researchers decided to look at interruptions in three emergency departments.

The study was conducted at three emergency departments of a major academic medical center in the New York metropolitan area. Data were collected from a convenience sample of 30 nurses who were each observed for 120 minutes to determine the number of interruptions per hour, type of interruptions, and the percentage of interruptions that took place during medication-related activities. Shift changes were excluded from this study and both day and night shift RNs were represented equally. During this study, interruptions were defined as 10 seconds or more; interruptions less than 10 seconds were not classified as an interruption. A data collection tool was created and used to document the number of interruptions, type

of interruption, and the task being performed when the interruption occurred. Researchers calculated the instruments inter-rater reliability with a κ of .83.

A surprising 200 interruptions occurred during the 60 hours of observation, with a mean of 3.3 interruptions per hour per nurse. Eleven different types of interruptions were documented ranging from face-to-face communication to alarms and overhead pages. The majority of interruptions (95%) were caused by communication with others in the emergency department. Of those communication interruptions, the most common (43%) was an interruption by another nurse. Physicians were the second most common source of interruptions at 29%. Documenting in the medical record was the most interrupted activity at 37%. Interruptions during medication-related activities came in at a close second with 28%. During this study, more than one in four interruptions occurred during medication-related activities.

In summary, this study concludes that a high percentage of interruptions occurred during medication-related activities. The researchers suggest that broken concentration during these activities may result in medication errors during a shift. These interruptions are typical for an emergency department nurse and may continue to be a problem when patients are admitted to a hospital

unit, as previous studies have found that medication errors occur frequently during nursing medication administration. The ultimate goal should be to not only reduce medication errors, but to eliminate them altogether, starting with non-emergent interruptions. Based on their findings, the authors recommend nurse managers establish both "interruption-free zones" and ways of communicating critical information to the staff without interrupting them.

Source: Kosits, L.M. & Jones, K. (2011). Interruptions experienced by registered nurses working in the emergency department. *Journal of Emergency Nursing*, 37(1), 3-8.

Submitted by: Carmen R. Frede and Maria L. Nelson, BSN students 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.

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Unique Opportunity for Kentucky Nurses to Help Children with Asthma: The Healthy Hoops Kentucky Program

John A. Myers, PhD MSPH
University of Louisville School of Public Health
and Information Sciences
 Louisville, KY 40202

Introduction

Asthma is the most common chronic disease among children aged 7 to 17 years of age in the United States (CDC, 2010); with asthma disproportionately affecting children in Kentucky (American Lung Association, 2010). It is estimated that the prevalence rate of asthma among children in Kentucky is 25% higher than the national average². Establishing new and innovative interventions aimed to prevent or reduce the severity of asthma and to improve the quality of life among children and their families is needed.

Similarly, asthma disproportionately affects children in lower socioeconomic classes. As a result, the Passport Health Plan membership, the Medicaid payer for Louisville and the surrounding 16 counties, is disproportionately affected by asthma. Therefore, the Passport Health Plan routinely and consistently seeks to identify innovative and efficient ways in which to address asthma and its detrimental effects. One such initiative is ensuring that all their members who suffer from asthma have a detailed and tailored asthma action plan. One mechanism that may increase the percentage of their pediatric membership (with asthma) who has an asthma action plan is the Healthy Hoops Kentucky Program. In the current article we aim to introduce the Healthy Hoops Kentucky program. Hoping the discussion will lead to more involvement by Kentucky nurses in (the Louisville) Healthy Hoops Kentucky Program as well as lead to additional Kentucky cities implementing a Healthy Hoops Kentucky Program, since basketball and basketball stars can serve as an invaluable incentive in Kentucky.

An Asthma Action Plan

A detailed asthma action plan has been well established as a mechanism in which to educate children with asthma and their caregivers, which allows for better self management of care. An asthma action plan is a tailored regimen of medication and lifestyle changes that minimizes the effects of asthma. The use of an asthma action plan has been associated with fewer emergency department visits, fewer hospitalizations, and decreased use of emergency/rescue medications (Akinbami, 2006). Therefore, mechanisms, such as Healthy Hoops Kentucky that increases the likelihood children with asthma receive an asthma action plan is needed and warranted.

The Healthy Hoops Program

Healthy Hoops is an innovative health education and management program originally developed by

AmeriHealth Mercy for children and their families. This National Committee for Quality Assurance (NCQA) recognized program uses basketball as a platform to teach kids how to manage asthma more effectively and efficiently (www.healthyhoopsprogram.com). Healthy Hoops uses basketball (and local basketball stars) to address the needs of children with asthma. Under the guidance of celebrity basketball coaches and medical experts, children between the ages of 9 and 13 as well as their families, participate in a full day of health awareness, entertainment, asthma screenings, and basketball drills and skills workshops; with each child leaving with a personalized asthma action plan during the event. The program uses a coalition of local health care providers and community organizations. The program has resulted in improvements in health outcomes for participants and decreased utilization and cost for the health organizations who have implemented the program (e.g. 10% increase in the use of preventive medication, 13% decrease in the use of rescue medication, a 67% decrease in ER visits, improvements in forced expiratory volume and forced vital capacity, a nearly 40% decrease in school absenteeism) (Everhart and Fiese, 2009). However, while the national Healthy Hoops program suggests that the program is successful in achieving these objectives, no empirical evidence of its impact has been demonstrated. Their conclusions are based on anecdotal, unsubstantiated results.

Healthy Hoops Kentucky

Healthy Hoops Kentucky was introduced in 2008 as an innovative program that uses basketball and local basketball stars to help children, as well as their families, successfully manage their disease. In particular, Healthy Hoops Kentucky provides children with asthma with a detailed action plan and allows their caregivers/guardians to receive education; while using basketball drills and basketball stars as an incentive to attend the program. While Healthy Hoops Kentucky was not exclusively designed for or served only Passport members, since the inception of the program, over 96% of attendees have been Passport members.

At this free event held annually, participants register for mandatory health screenings, participate in basketball drills conducted by professional basketball coaches, and learn health prevention and intervention techniques from health care experts including:

- (1) **asthma screenings:** All participants are required to undergo health screenings. The health screenings are used to assess each participant's health status, assess medications, review appropriate medication use, establish a personalized action plan, and evaluate results.
- (2) **caregiver education:** Parental/guardian participation is a vital component of Healthy

Hoops Kentucky. At each event, there are workshops for caregivers that provide management tips, prevention facts, and information about the importance of complying with the treatment plan(s) that their providers prescribe for their children.

- (3) **professional development:** An educational seminar developed by nationally recognized educators and based on national standards provides continuing education units for school nurses, recreational coaches, childcare providers, day care staff, caregivers, community based organizations, and physical education teachers.

Children and their caregivers are informed about the event through mailings, e-mails, TV commercials and print ads and are allowed to pre-register for the event. At the event the children and caregivers officially registered for the event. In the first half of the event the children are evaluated and received an asthma action plan from clinicians and nurses as well as take part in health awareness activities. The health screenings are used to assess each participant's health status, assess medications, review appropriate medication use, establish a personalized action plan, and evaluate results.

In addition, unique to Healthy Hoops Kentucky, the quality of life of the children and their caregivers is assessed using the Pediatric Asthma Quality of Life Questionnaire and the Pediatric Caregiver Asthma Quality of Life Questionnaire. These quality of life measurements were unique to Healthy Hoops Kentucky program. Healthy Hoops Kentucky was the first (and still only) Healthy Hoops event to assess quality of life. Trained graduate students administer the instruments. Caregivers and children are separated while completing the surveys, to minimize the influence a caregiver may have on their child (the caregivers could always see their child). In the afternoon, children participate in basketball drills and skills workshops with local basketball celebrities, while their caregivers participate in workshops about living with and managing their child's asthma.

Call to Action

The Healthy Hoops Kentucky program provides a unique opportunity for Kentucky Nurses to assist children with asthma. As the (Louisville) Healthy Hoops Kentucky program continues to grow, there is a need of more nurses, nursing faculty and nursing students to volunteer/assist with asthma screenings, asthma management education for the children, caregiver education, and profession development for school nurses, recreational coaches, childcare providers, day care staff, caregivers, community based organizations, and physical education teachers. Kentucky nurses who wish or are interested in volunteering for the (Louisville) Healthy Hoops Program should contact (via e-mail) the authors. In addition, since Healthy Hoops Kentucky may be easily and seamlessly implemented in other cities that may benefit from using basketball as an incentive, it is recommended and encouraged that those who are interested in developing a Healthy Hoops Program in their city to contact the authors (via e-mail).

Synopsis

The innovative Healthy Hoops Kentucky program has proven to assist children with asthma and their caregivers better manage their disease. As such, it provides a unique opportunity for Kentucky nurses. With the help of additional Kentucky nurses, this unique initiative can improve the health of countless children.

References

1. Center for Disease Control and Prevention. (2010). Measuring childhood asthma prevalence before and after the 1997 redesign National Health Interview Survey-United States. *MMWR*, 49, 908-911.
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3. Akinbami L.J. (2006). The State of childhood asthma, United States, 1980-2005. *Advance data from vital and health statistics*; no 381, Hyattsville, MD: National Center for Health Statistics.
4. Everhart RS and Fiese BH. (2009). Asthma severity and child quality of life in pediatric asthma: a systematic review. *Patient Education & Counseling*, 75(2), 162-168.

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KEYNOTE SPEAKER: Crit Luallen, Auditor of Public Accounts for the Commonwealth of Kentucky

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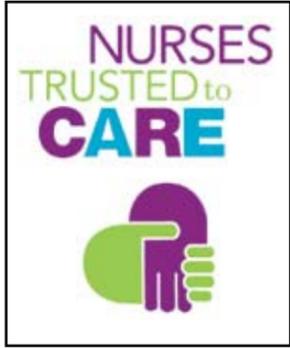
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KNA Members on the Move

A University of Kentucky Commonwealth Collaborative was recently named an Exemplary Project by the Association of Public and Land-Grant Universities (APLU) as part of the association's C. Peter Magrath/W.K. Kellogg Engagement Award program. The Clean Indoor Air Initiative, led by **Ellen Hahn, PhD, RN**, professor with the UK College of Nursing, is a collaborative engagement effort between UK and Kentucky communities, designed to address entrenched problems in the state. Dr. Hahn's project works to prevent lung cancer by reducing exposure to secondhand smoke and radon through research, education, air quality monitoring and policy development.

Jane Kirschling, DNS, RN, FAAN, dean of the University of Kentucky College of Nursing and **Suzanne Prevost, PhD, RN, COI**, associate dean for practice and engagement, were recipients of the prestigious State Awards for Excellence. The award is given annually to a dedicated nurse practitioner advocate who has made a significant contribution to the status of health care delivery and the practice of nurse practitioners. Drs. Kirschling and Prevost were honored during the American Academy of Nurse Practitioners (AANP) 26th National Conference in Las Vegas, Nevada in June.

Debra Moser, DNSc, RN, FAAN, professor, University of Kentucky College of Nursing, was

inducted into the Sigma Theta Tau International (STTI) Nurse Researcher Hall of Fame in July 2011. This prestigious honor recognizes STTI members who are nationally and/or internationally recognized for research and scholarship that have had a positive influence on the nursing profession and the people it serves. Dr. Moser's program of research focuses on enhancing outcomes of people with, or at risk for, cardiovascular disease.

Jacquelyn Chinnock Reid, EdD, BSN, RN, CNE has been promoted to Professor at Indiana University Southeast.

Karen Robinson, PhD, PMHCNS-BC, FAAN, professor at the University of Louisville, presented "Outcomes of the Progressively Lowered Stress Threshold Intervention" at the International Alzheimer's Association 2011 Conference on Alzheimer's Disease meeting held in Paris, France this July. Dr. Robinson was also recently honored during the University of Kentucky College of Nursing convocation as an Outstanding Alumni.

Colleen Swartz, DNP, MSN, MBA, RN, NEA-BC, chief nurse executive at Lexington's UK HealthCare, has been named one of just 21 Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows for 2011. Dr. Swartz joins a select group of nurse leaders from across the country chosen to

participate in this world-class, three-year leadership development program designed to enhance nurse leaders' effectiveness in improving the U.S. health care system.

Diana Weaver, PhD, RN, FAAN, senior nursing advisor for UK HealthCare in Lexington, is the recipient of the Daniel J. Pesut Spirit of Renewal Award by Sigma Theta Tau International for 2011. As senior nursing advisor, she performs executive coaching and mentoring, nurse leader development, strategic and leadership succession planning, and advising on clinical care models. She will receive the award during the STTI 41st Biennial Convention in Grapevine, Texas, in October 2011.

Carolyn Williams, PhD, RN, FAAN, immediate past dean of the University of Kentucky College of Nursing, was awarded an honorary doctorate in public service from the University of Portland (Oregon) in May. Dr. Williams was recognized as visionary, energetic, and a tireless leader in the nursing profession, in which she has served as president of the American Association of Colleges of Nursing, president of the American Academy of Nursing, counselor to the World Health Organization in Geneva, and appointee by President Jimmy Carter to the President's Commission for the Study of Ethical Problems in Medicine (Biomedical and Behavioral Research), among many other efforts.



KENTUCKY NURSES ASSOCIATION CALENDAR OF EVENTS 2011 - 2012

October 2011

- 11 6:00 PM District 8 Meeting, TBA
- 13 10:00 AM Kentucky Nurses Foundation, KNA Office
- 11:30 AM KNF Board Development and Brainstorming Meeting, KNA Office
- 2:00 PM Education & Research Cabinet, KNA Office
- 21-22 Kentucky Association of Nursing Students Annual State Convention, Center for Courageous Kids, Scottsville, KY

November 2011

- 8 6:00 PM District 8 Meeting, TBA
- District 7 Meeting, TBA
- 14 Materials due for January/February/March 2012 Issue of **Kentucky Nurse**
- 15 **KNA Legislative Day, 405 Mero Street, Frankfort Convention Center, Frankfort**
- 24-25 Thanksgiving Day Holidays – KNA Office is Closed

December 2011

- 19-31 Christmas & New Year's Day Holiday – KNA Office is Closed

January 2012

- 1 New Year's Day
- 2 New Year's Day Observed – KNA Office is Closed
- 15 Martin Luther King Jr.'s Birthday – KNA Office is Closed
- 19 10:00 AM Kentucky Nurses Foundation, Location TBD

February 2012

- 13 Materials Due for April/May/June 2012 Issue of **Kentucky Nurse**
- 21 District 7 Meeting, TBA

March 2012

- 2 Surviving Your First Year 2012, Carroll Knicely Conference Center, 2355 Nashville Road, Bowling Green, KY 42104

April 2012

- 17 District 7 Meeting, TBA

May 2012

- 14 Materials Due for July/August/September 2012 Issue of **Kentucky Nurse**
- 28 Memorial Day Holiday – KNA Office is Closed

June 2012

- 11 Materials Due for **Call to Convention 2012**

July 2012

- 4 Fourth of July Holiday – KNA Office is Closed

August 2012

- 13 Materials Due for the October/November/December 2012 Issue of **Kentucky Nurse**

September 2012

- 3 Labor Day Holiday – KNA Office is Closed

October 2012

- 24 5:00 PM **KNA Board of Directors Pre-Convention Board Meeting, Holiday Inn Hurstbourne, 1325 South Hurstbourne Parkway, Louisville, KY 40222**
- 25-26 **KNA Convention 2012, Holiday Inn Hurstbourne, 1325 South Hurstbourne Parkway, Louisville, KY 40222**

November 2012

- 12 Materials Due for the January/February/March 2013 Issue of **Kentucky Nurse**
- 22-23 Thanksgiving Day Holiday – KNA Office is Closed

December 2012

- 17-31 Christmas Holiday – KNA Office Closed

January 2013

- 1 New Year's Day Holiday – KNA Office Closed
- 2 KNA Office Reopens

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*I wrote this poem to describe the painting,
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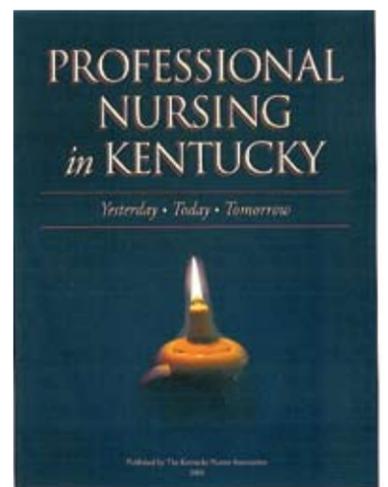
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A letter of interest, resume/CV, and contact information for three professional references including email and phone numbers should be sent electronically to: Dr. Donna Blackburn, (donna.blackburn@wku.edu) Chairperson, School of Nursing Search Committee. Review of applications will begin immediately and continue until positions are filled.

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___ **FULL MEMBER (Select One)**

___ Full Membership/Full Time Employment

___ Full Membership/Part Time Employment

___ **ASSOCIATE MEMBER (Receives Full Benefits) (Select One)**

___ 1) RN enrolled in at least half time study as defined in KNA policies*
* **School**

(KNA reserves the right to verify enrollment)

___ 2) Graduate of prelicensure program within one year of graduation

(KNA reserves the right to verify enrollment)

___ 3) Registered nurse not employed

___ **SPECIAL MEMBER (select one)**

___ 1) Registered nurse who is retired and not actively employed in nursing

___ 2) Registered nurse who is currently unemployed as nurse due to disability

___ 3) Impaired registered nurse with limited membership

NOTE: Your dues include the following annual subscriptions: **The American Nurse, the American Nurse Today, and The Kentucky Nurse**

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___ Annual—\$291.00—Enclose check or pay by credit card

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___ Annual—\$145.50—Enclose check

SPECIAL MEMBER

___ Monthly—\$6.56—Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.* See **monthly bank draft** section)

___ Annual—\$72.75—Enclose check

***MONTHLY BANK DRAFT**

In order to provide for convenient monthly payments to American Nurses Association, Inc (ANA), this is to authorize ANA to withdraw 1/12 of my annual dues from my checking account on the 15th of each month; ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice; the undersigned may cancel this authorization upon written receipt by the 15th of each month

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American Nurses Association



ANA Recognizes Emergency Nursing as Specialty Practice



SILVER SPRING, MD—The American Nurses Association (ANA) has formally recognized emergency nursing as a specialty practice.

Emergency nursing is the care of individuals across the lifespan with perceived or actual physical or emotional alterations of health that are undiagnosed or require further interventions.

Emergency nursing care is episodic, primary, typically short-term, and occurs in a variety of settings.

ANA also approved the Emergency Nursing Association's (ENA) scope of practice statement and acknowledged the standards of practice for emergency nursing. These documents, written by the ENA, form the foundation of emergency nursing and outline the expectations of the professional role within which emergency nurses must practice.

"The criteria for attaining specialty status are rigorous, so the recognition of emergency nursing as a specialty is a significant achievement," said ANA President Karen Daley, PhD, MPH, RN, FAAN. "ANA's role in this process is to protect patients by ensuring high quality in nursing practice and performance. This recognition tells the public that emergency nurses are dedicated to meeting high standards of care and patient safety."

ENA President AnnMarie Papa, DNP, RN, CEN, NE-BC, FAEN, said the recognition acknowledges the unique aspects of emergency nursing, and gives emergency nurses a stronger voice in health care policy debates.

"It allows other health professionals and health care consumers to have a clear understanding of the range of emergency nursing practice and gives a better understanding of the roles emergency nurses fill," Papa said.

Papa added that the designation establishes a common language and understanding within the emergency care field, strengthens the case for ongoing research to apply best practices at stretcher-side, and reinforces "the need of the emergency

nurse to embrace career advancement in leadership, education and advanced practice nursing."

By consensus of specialty nursing groups, ANA became the neutral reviewing body of scope of practice statements and standards of practice for nursing specialties in the late 1990s. Specialty nursing practices must meet certain criteria to gain recognition, a review process intended to ensure consistency in nursing practice.

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high

standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

About the **Emergency Nurses Association:** ENA is the only professional nurses association dedicated to defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership. Founded in 1970, ENA serves as the voice of more than 39,000 members and their patients through research, publications, professional development, injury prevention and patient education. Additional information is available at ENA's Web site www.ena.org.

Member Spotlight: Achievement & Recognition

Exclusively for members of the American Nurses Association (ANA), **Member Spotlight** is a periodic column in the **ANA Nursing Insider** that recognizes members' professional awards and accomplishments.

- At the first American Nurses Credentialing Center (ANCC) Pathway to Excellence Conference in Austin, TX, on July 14, 2011, ANCC President Michael Evans, PhD, RN, NEA-BC, FAAN, honored **Texas Nurses Association (TNA) President Margie Dorman-O'Donnell, MSN, RN, and Executive Director Clair Jordan, MSN, RN**, with a recognition award for TNA's contribution to nursing excellence through the vision and implementation of the Texas Nurse-Friendly™ program. In 2007, ANCC acquired the program, renaming it the Pathway to Excellence® Program and launching it on a national scale.
- Congratulations to **Arkansas Nurses Association member Elaine Peterson, RN**, who won the 2010 "Arkansas Most Compassionate Nurse" award! This award, sponsored by the Arkansas State Board of Nursing magazine, recognizes nurses throughout the state that go above and beyond the call of duty.



If you would like to submit an item for the Member Spotlight column, please contact Stacy Prince, ANA Senior Public Relations Specialist, at stacy.prince@ana.org, along with any relevant materials (i.e. press releases, news articles).

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Murray State University School of Nursing to offer Doctor of Nursing Practice Program beginning Fall 2012

Murray State University School of Nursing received approval from the Kentucky Board of Nursing and the Kentucky Council on Post-Secondary Education to begin a Doctor of Nursing Practice Program. Applications are currently being accepted for the Baccalaureate to DNP and Post-master's to DNP specialties for the fall of 2012. Program specialties include: Clinical Nurse Specialist (CNS), Family Nurse Practitioner (FNP) and Nurse Anesthesia (NA)-pending COA approval. The Nurse Anesthetist program is the only one offered in the Commonwealth of Kentucky. MSU partners in the delivery of the nurse anesthetist program with Trover Health System located in Madisonville, Kentucky. The anesthesia specialty also has a satellite site

at St. Claire Regional Medical Center in Morehead, Kentucky.

Dr. Byers, graduate coordinator, stated that "offering the BSN-DNP is exciting and allows an expedited career path for the baccalaureate prepared nurse." The program is three years of full-time study.

Murray State University has successfully educated advanced practice nurses for the past 15 years; thereby contributing to improved health care for persons in rural areas. The enhanced education received through the DNP degree will better prepare advanced practice nurses to be leaders in health policy development and health care reform.

For additional information contact Dr. Dina Byers, Graduate Coordinator at dina.byers@murraystate.edu or via phone 270-809-6223.



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Editor of Nurse Author & Editor. She is a Clinical Nurse Specialist, UCLA graduate with honors, and a Distinguished Alumni from Duke University. (Copyright 2003 Suzanne Hall Johnson)

To order, please check the box in front of the Home Study or Audiotape Course(s) you want to purchase, complete the information below, and return with your check, money order or credit card information to:

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Audiotape courses are taught by Suzanne Hall Johnson and include a booklet with fun activities and audiotape(s). The post-test and CE credit are optional for the audiotape courses. Select just the course, or the course plus the test / credit below. Tests are hand graded by Susanne Hall Johnson with individual feedback on your test.

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FACULTY

Suzanne Hall Johnson, MN, RNC, CNS is the Director of Hall Johnson Consulting and the

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Department of Baccalaureate and Graduate Nursing



Doctor of Nursing Practice
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