There are currently 14,290 licensed practical nurses (LPNs), 54,597 registered nurses (RNs), and 3,769 advanced registered nurse practitioners (ARNPs) licensed in Kentucky. That is quite a voting block! Taken as a whole, nurses could have a significant impact on legislation, if they pooled their collective power as constituents and health care experts…but are they doing it?

The first step in becoming an advocate for the profession and for improved health care and expanded access is to become knowledgeable about the legislative process and the issues being considered. Each session of the Kentucky General Assembly—"the legislative session"—sees a large number of bills filed, many of which have to do with health. The Kentucky General Assembly convenes every year in early January. In the even-numbered years, the session lasts 60 legislative days and is required to pass a biennial budget for the state. In the odd-numbered years, the session lasts 30 legislative days.

Any Senator or Representative may file a bill in order to become law, every bill must be passed in both chambers before it can go to the Governor to be enacted. If a Representative files a bill in the House, the bill (HB ___) must first be passed by a House committee. If passed by the House committee, the bill then goes to the full House for a vote of its 100 members. The bill then passes to the Senate, where the process is repeated. If a bill is introduced in the Senate, it (SB ___) goes through the same process, needing passage by a Senate committee and then passage by a majority of the Senate’s 38 members before it can go to the House to repeat the process. There are many places along the way where a bill can be stopped or amended. It is much, much easier to kill a bill than it is to pass one!

As of this writing, the legislative session is a little more than half over. There have been 186 bills introduced in the Senate and 547 bills introduced in the House—and we have yet to see the proposed budget. A number of bills have been filed that, if passed, will directly affect nurses. Other bills have been introduced that will impact health care and because of that, are of interest to nurses. Here are some bills to watch and to take action on:

HB 52 Requires physical activity in the schools to reduce obesity and improve body mass index in children.

HB 72 Appropriates funding for the Colon Cancer Screening Program.

HB 157 Establishes minimum staffing requirements for long-term care facilities.

HB 179 Changes the title of advanced practice nurses from ARNP to APRN, making the title more consistent with that used in the majority of other states.

HB 252 Requires physiatrists and nurses to obtain continuing education every 10 years on reflex sympathetic dystrophy.

HB 246/SB 86 Requires chain restaurants to display caloric information for menu items.

HB 285 Requires nurses and physicians to receive one-time continuing education on recognizing signs of pediatric abusive head trauma. Other professionals listed in the bill would be required to obtain continuing education every 5-6 years.

HB 350 Deletes the requirement for continuing education on human immunodeficiency virus and acquired immunodeficiency syndrome.
INFORMATION FOR AUTHORS

- **Kentucky Nurse** Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse. Articles may be submitted in one of three categories:
  - *Personal opinion/experience, anecdotal (Editorial Review)*
  - *Research/scholarship/clinical/professional issue (Classic Peer Review)*
  - *Research abstracts (Editorial Review)*

- **Articles** may be submitted in one of three categories:
  - *INFORMATION FOR AUTHORS*
  - *The articles will be reviewed and considered for publication in this issue or at the Annual Convention.
  - *Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.*

- **Acceptance of advertising does not imply endorsement or approval by the Kentucky Nurses Association of products advertised, or that the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the product manufacturer lacks integrity, or that this association disapproves of the product or its use. KNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of KNA or those of the national or local associations.**

- **The purpose of the Kentucky Nurse shall be to convey information relevant to KNA members and the profession of nursing and practice of nursing in Kentucky.”**

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As we go to press, a revised version of SB 75 is under consideration in the Senate. The Committee Substitute retains the CSFDC, but makes its recommendations advisory to the Board of Nursing. The legislation would delete the collaborative prescribing agreement for nonscheduled drugs, but would retain it for controlled substances. The legislation also amends nine specific statutes which would allow ARNPs to sign, report, order or certify such things as a child’s immunization record, ordering and reporting HIV tests and results, certifying a family child care home provider’s good health, the need for a telephone for the deaf, and reporting communicable diseases.

Kentucky ARNPs are considered licensed independent providers and have never been required to practice under the supervision of a physician. However, they are required to have a collaborative prescribing agreement with a physician. This agreement applies only to collaboration for prescribing of medications and is not oversight or supervision. Kentucky ARNPs have been prescribing nonscheduled drugs for 14 years and have demonstrated that they are very capable and safe prescribers of medications.

Access to health care is a major problem for Kentuckians. Unfortunately, Kentucky has some of the highest rates of heart disease, diabetes, lung disease, infant mortality, and cancer in the nation. Nurse practitioners, nurse midwives and clinical nurse specialists are educated to manage these and other health problems and can improve access to health care services for Kentuckians, particularly in rural areas of our Commonwealth. Over forty years of research and scrutiny have demonstrated that nurse practitioners provide quality, cost-effective care and that patient satisfaction with NP services is high.

One of the barriers impeding improved access to care is the collaborative agreement for prescribing. Some ARNPs own and manage their practices. The ARNPs face problems in trying to establish practices that are incurred in the course of a cancer clinical trial. When a physician withdraws from the agreement at any time, once the NP’s practice is established. ARNPs are responsible for the care they provide. When a physician withdraws from an agreement, the ARNP can no longer prescribe medication for patients under their care, yet the ARNP remains responsible for the care of these patients. There are reported instances where nurse practitioners have paid physicians $6,000.00 per year, or $1,500.00 per month, or in other situations, 7% or 10% of the net income of the practice just to sign the collaborative prescribing agreement. The fate of SB 75 is uncertain as of this writing. If passed, this bill will have a very significant impact on access to health care services for many, especially in underserved areas of the Commonwealth. If the bill is defeated, nurses should be concerned because of the unwarranted and unsubstantiated accusations being made by KMA and some pharmacists about NP practice—particularly NP prescribing—being unsafe.

What is the lesson to be learned? Nurses certainly have the numbers in Kentucky, but are not using them in an organized, cohesive way to improve health policy and healthcare in the Commonwealth. Nurses need to speak with unity about the need for improved patient care and access to health care services, and to assert the excellent training and expertise of nurses at all levels to help meet the health needs of Kentuckians.

What can you do? Get active in nursing organizations. Get educated about the issues. Learn to use the tools readily available to you, such as the LRC website www.lrc.ky.gov to read and track legislation and to learn more about your legislators. Get active during the legislation session by calling your legislators and those on key committees; use the toll-free Legislative Message Line: 1-800-372-7181 to make your voice heard. Look at the line-up of candidates (www.sos.ky.gov) for state and Congressional seats and get active in supporting your candidate of choice. Most of all, remember that as a nurse, you have a well-educated and experienced voice on health care that is invaluable... so use it!
Greetings to my nursing friends and colleagues! I must say I was a bit taken back when asked to share why I chose to become a KNA leader. The truth is, I am not sure I had thought of myself in that way. Guess it goes to show that once again “Mama is right,” you are known by the company you keep. As a member of the KNA Board I have certainly been in the company of some great nursing leaders. Strong, influential women such as Marge Glaser, Maggie Miller, Paulette Adams, Susan Jones, Barbara Aynes and so many others who have been important to this state and to me personally.

But let me start “at the beginning” to answer that question. I was fortunate to be raised in a small rural community by loving parents who instilled in me a strong work ethic, a sense of responsibility and Christian values. I was also fortunate that I did not have to go through the struggle of deciding what I wanted to be when I grew up. I was only four when a life threatening accident afforded me a window into the world of nursing. I learned first hand how a nurse could make things better. I knew from that time on I wanted to be “one of them”...A NURSE! One of those people who could make you better when you were sick or hurt and who could make you feel safe when you were scared!

Sixteen years later I graduated from the Owensboro Daviess County Hospital School of Nursing. There, I was influenced by true nursing leaders such as Mae Porter, Martha Lyons and Arnetta Dunn. They made it clear to me that being a nurse also meant being a professional. And as a professional, one had the responsibility of supporting his/her professional association. It had always been my desire to be the very best nurse I could be, so I followed their instruction and joined the Kentucky Nurses Association. I attended the conventions and participated in some heated debates on important issues that affected my career like “entry into practice” and “mandatory continuing education.” I found it both interesting and exciting to be able to express my opinions on these important issues. It was exhilarating to realize that these nurses, who I had considered almost “bigger than life,” were actually listening and taking into consideration my thoughts on the matter. Of course, I readily accepted when asked if I would run for a KNA position. I knew that I could become a better nurse just by being around the same table with these nurses I had grown to respect so much.

I am appreciative to the Ohio County Hospital who has always supported my roles in the Kentucky Nurses Association. They seemed to understand that my experience through KNA would be helpful in developing leadership skills I could apply at our hospital. This has been substantiated in the almost 40 years I have been with them. Being a KNA leader means staying informed, and actually having an impact on issues that are important to you and your profession. A personal example of this is how proud I was when KNA stood along with the KCNPNM to fight for my prescriptive authority as a Nurse Practitioner. They continue to wage battles on our behalf to reduce restrictions on NP practice and improve patient access to healthcare across the state. These are just some of the reasons I have remained active in KNA and chose to commit time and energy to my professional association. You will have your own reasons that are important to you, but for me, these reasons top the list.

• It is the responsible thing to do.
• It helps me be the best nurse I can be.
• It helps others be the best nurses they can be.
• I can take personal pride that I play an active role in keeping my profession the most respected profession in the world.

Like myself, I hope you choose to accept this rewarding nursing responsibility. Please join your nursing colleagues around the state who have a wide variety of nursing experiences and nursing needs. We must pull together toward one solitary goal: making a great profession even better! Trust me! You’ll be glad you did!
Nominate Yourself Or Someone Else For A KNA Leadership Position

All KNA members are encouraged to self-nominate or nominate another KNA member to run for a KNA leadership position when the ballot and new candidates are published in the KY NURSE in July. See the list of terms, open positions and the deadline for submissions on this page, as well as a message from Charlotte Bratcher, ARNP, CFNP about her experience as a long-time KNA leader.

KNA welcomes and encourages members who have not been in leadership before to get involved and run for leadership in any area that interests you and to bring new perspective and ideas to the KNA.

Open Positions Elections 2010-2012

Below is a listing of Open Positions for the 2010 Election. All terms are for 2 years beginning October 2010 to October 2011 unless otherwise stated. The Consent to Serve Form Must Be completed and returned to the KNA Office by May 23, 2010 to be listed on the ballot. Biographical Forms will be published in the July/August/September 2010 Issue of the Kentucky Nurse.

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<th>Board of Directors</th>
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<td>[Position with most votes will serve as the Chairperson for the Committee for the 2011-2012 year]</td>
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<td>Members at Large (6)</td>
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<td>Lay Members (1)</td>
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Please visit our website at www.kentucky-nurses.org to download the Biographical Data and Consent to Serve Form. Must be returned by May 24, 2010.

KNA Centennial Video

Lest We Forget Kentucky’s POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES

Earleen Allen Frances, Bardwell
Mary Jo Oberst, Owensboro
Sallie Phillips Durrett, Louisville
Edith Shacklette, Cedarflat

Video Price: $25.00 Each
DVD Price: $25.00 Each

[Form for payment]
Mary R. Begley, RN Is Named The Inspector General For The Cabinet For Health Services

In January 2009, Begley joined CHFS from Ephraim McDowell Health where she served as vice president of customer and physician relations since 2006. She most recently served as CHFS ombudsman.

A registered nurse, Begley was a staff nurse with Ephraim McDowell beginning in 1976 and held various other positions with the organization, including director of marketing and community relations, education coordinator and director of critical care. Begley received a bachelor of science degree in nursing from Eastern Kentucky University.

"Begley’s broad experience as a health care professional and her knowledge of facility operations will serve the Cabinet well in her new role," said CHFS Secretary Janie Miller.

"The responsibility this office has of providing quality regulatory services for the licensing of health care facilities, day care, long-term care and child caring agencies in the commonwealth is of vital importance," Begley said.

The Office of Inspector General regulates more than 2,200 day care facilities, almost 500 long-term care facilities and 2,550 other health facilities.

The Office of Inspector General is Kentucky’s regulatory agency for licensing all health care, day care and long-term care facilities and child adoption/placement agencies in the commonwealth.

We are responsible for the prevention, detection and investigation of fraud, abuse, waste, mismanagement and misconduct by the cabinet’s clients, employees, medical providers, vendors, contractors and subcontractors.

The Office of Inspector General also conducts special investigations into matters related to the cabinet or its programs as requested by the cabinet secretary, commissioners or office heads.

Ethical Dilemma Vignettes’

FACING DAILY DILEMMAS

The Ethics and Human Rights Committee recognizes that every day nurses face dilemmas in the care-giving arena. This quarter the committee begins a series focusing on those situations. As you read the vignette and the questions posed, consider how you feel and think. Read the Nurses Code of Ethics in light of the dilemma. Discuss it with your colleagues. Reflect on the dilemma in light of your belief system. Consider similar past experiences and your response to them.

SITUATION:

Deborah, age 87, was admitted to your unit following a fall at home. She suffered a fracture of the right humerus with multiple bruising including skin tears on both lower legs. She moans constantly, refuses to eat or drink. She has dementia with declining cognition. One daughter, the POA, insists on the use of alternative pain alleviation. The other daughter who does not have the POA is not in agreement with her sister’s methods and just “wants to see Mother comfortable.’ The alternative methods have made no discernible easing of the pain as the moaning and anxiety continues. The doctor has written orders for Ativan and Darvocet to be given prn but the medical POA insists that neither be given. Due to her poor cognition, the patient does not understand what is happening and why she is still in pain. The advance directive does not mention the use of pain relievers. The staff is concerned because there seems to be no change in her condition.

QUESTIONS TO CONSIDER:

What ethical issues, if any, can be identified?

How could the conflict between the sisters be resolved?

Do you think the sister with the POA has the “right” to impose her beliefs on her mother’s care given there is no relief of the patient’s pain?

How would you manage Deborah’s care?

How would you counsel the staff?

If you have faced a dilemma that was especially challenging please send us your example (with names/other identifying information removed) and we can use it in future columns. Send any comments or reactions to carleneg@kentucky-nurses.org who will forward it to the committee.
The Effects of an Educational Program on Faculty Stages of Concern Regarding the Use of Interactive Video Services (IVS) in Undergraduate Nursing Education

Cathy H. Abell, PhD, MSN, MS, RN, CNE
School of Nursing
Bowling Green, KY

The reliability coefficients range from .65 to .86 and to faculty members as a post-test to examine changes in the SoC, indicating an awareness of the technology (awareness, 66.7%) or 1 (information, 22.2%) using a longitudinal design to examine stages of concern over time.

This study should be replicated using a larger, more heterogeneous sample. It would also be of interest to examine the concerns of faculty teaching in other types of nursing programs, including practical nursing, associate degree nursing, RN completion, and graduate nursing programs. The researchers also recommend the study be expanded using a longitudinal design to examine stages of concern over time.

Results of the current study support that all nursing faculty members may not be prepared to utilize technology, such as IVS, even if they have had previous preparation in nursing education. Also, faculty members have concerns regarding the use of IVS to deliver undergraduate education. This study demonstrates that basic education and practice with the IVS technology can help faculty move past their fears and become more prepared to deliver content using alternative technologies such as IVS. Such alternative delivery modes may serve as one effective strategy to address the nursing shortage; therefore, it is imperative that further research be conducted to examine the use of IVS as a delivery mode.

The SoC is a 35-item, self-report questionnaire measuring faculty stages of concern regarding the innovation. It is imperative that further research be conducted to examine the use of IVS as a delivery mode.

The educational intervention took place in the IVS classroom setting with a connection to one additional site 30 miles from the main campus. The workshop began with a presentation regarding the history, benefits, and challenges of IVS use in nursing education. The presenters were nurse educators who had experience teaching in an IVS setting. This was followed by a demonstration of equipment set up and features by the university’s Instructional Technology Department. Time was then allowed for hands-on practice with the IVS equipment.

Data were analyzed using SPSS v. 16. The sample was comprised of all Caucasian females. The age of the subjects ranged from 30 to 64. The years of experience in nursing ranged from 6 to 34. Teaching experience varied from one semester to 23 years. The researchers found that 88.9% of participants reported having some formal training related to IVS prior to the decision to adopt this technology. In addition, only three faculty members in the study had actually implemented IVS as a teaching modality in another course, program or at another institution. Data regarding stages of concern was examined by analyzing first and second stages of peak concern.

Prior to the educational session, 89.9% of participants rated their first concern at a level of 0 (inconcern or involvement with the innovation). The researchers also recommend the study be expanded using a longitudinal design to examine stages of concern over time.

The purpose of this project was two-fold. First, the researchers identified the degree of concern of faculty members in a BSN prelicensure program regarding the use of IVS as a delivery mode for undergraduate nursing education. Secondly, the researchers examined how individual faculty members stage of concern was affected by providing education and practice with the IVS technology.

The quasi-experimental design with a pre/post test was utilized for this pilot study. Researchers obtained human subjects approval from the institutional review board. The sample was composed of faculty members teaching in the School of Nursing and participating in an IVS workshop. Nine faculty members made up the convenience sample. Inclusion criteria included being employed as a full-time faculty member in the School of Nursing during the fall of 2006.

After the study was explained to the faculty members participating in the workshop and informed consent was signed, each participant completed a demographic questionnaire and the Stages of Concern Questionnaire (SoC). Subjects were then engaged in a 2-hour interactive educational session. Following the intervention, the SoC was administered to faculty members as a post-test to examine changes in their stage of concern regarding the use of IVS.

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The purpose of this project was two-fold. First, the researchers identified the degree of concern of faculty members in a BSN prelicensure program regarding the use of IVS as a delivery method to one additional site 30 miles from the main campus. The workshop began with a presentation regarding the history, benefits, and challenges of IVS use in nursing education. The presenters were nurse educators who had experience teaching in an IVS setting. This was followed by a demonstration of equipment set up and features by the university’s Instructional Technology Department. Time was then allowed for hands-on practice with the IVS equipment.

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When stress levels were compared by gender, a significant difference was noted, with female subjects having higher stress levels than male subjects. These findings were not consistent with Jones and coworkers (1997) findings. However, few studies have examined gender differences regarding stress (Evans & Kelly, 2004; Maville et al., 2004).

When the stress levels of male and female baccalaureate nursing students were compared, it was found that the subjects selected most often were active and emotion-focused, such as exercising, socializing, listening to music, and practicing relaxation techniques, compared to males, who sometimes used stress management skills less often. This suggests that subjects are more likely to choose active and emotion-focused stress management skills than stress management skills that are more internal and reflective.

Suggestions for Further Research
Further research should be conducted to help to identify more specifically the sources of stress. In addition, future research could also examine the various stress management skills used by baccalaureate nursing students. This would allow for incoming baccalaureate nursing students to become aware of stressors ahead of them and to begin developing additional stress management skills as the students become more aware of the expectations of nursing education. Priority setting and problem solving could also be taught at this time so that the students would be equipped to handle the work-load and study hours required for the program (Beck & Srivastava, 1991).

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References
The Power of a “Word Cloud” in Marketing a Nursing Program

Cathy H. Abell, PhD, MSN, MS, RN, CNE
M. Susan Jones, PhD, RN, CNE
Western Kentucky University
School of Nursing
Bowling Green, KY

There are different routes one may take to obtain the educational preparation required to become a registered nurse (RN). The more traditional options include completion of a diploma, associate, or baccalaureate program of nursing. Once completing the specific program, graduates sit for the NCLEX-RN® licensure examination (National Council of State Boards of Nursing [NCSBN], 2009). Change has occurred in the educational preparation of nurses. The percentage of nurses with basic educational preparation in diploma programs has decreased from 63.2% in 1980 to 25.2% in 2004. For the same time period, the percentage of nurses receiving basic educational preparation in associate programs increased from 18.6% to 42.2%. Additionally, the percentage receiving basic preparation at the baccalaureate or higher level increased from 17.4% to 31.0% (Health Resources and Services Administration [HRSA], 2006).

The School of Nursing (SON) at WKU began with the Associate Degree program in the late 1960s and has since expanded to include baccalaureate nursing programs (prelicense RN and RN to BSN programs) along with a master’s degree in nursing. Multiple strategies have been used to sustain and grow the RN to BSN program of nursing with noted success. Enrollment in this educational program has grown from 10 students to over 160 students currently enrolled in the program. The delivery of this educational program provides a means for local as well as place-bound, rural, working RNs the opportunity to advance their education. The majority of the students enrolled in the program attempt to balance the demands of family, work and their studies. The entire nursing curriculum is accessible through interactive video systems and/or online. While the curriculum can be completed in one academic year, most students elect part-time academic studies. The increase in enrollment reflects accessibility of the program, flexibility in scheduling, diverse methods of delivery, and planned recruitment and marketing efforts. The purpose of this article is to describe the development of an innovative marketing strategy that is adaptable to other programs of nursing.

During the Fall 2008 semester, the faculty evaluated many aspects of the program, including curriculum, delivery method, and marketing material. The curriculum review and evaluation of the content was conducted using two frameworks: the revised Essentials of Baccalaureate Education for Professional Nursing Practice (2008) published by the American Association of Colleges of Nursing and Nursing Scope & Standards of Practice (2004) published by the American Nursing Association. Another aspect of review was the mode of delivery. The courses were primarily being taught using the delivery methods of on-line and interactive video services. After discussion, a plan was designed to offer the complete nursing curriculum using the online delivery method. When evaluating the marketing material, faculty quickly realized that such material was limited to a one-page flyer that is distributed to provide an overview of the program. The faculty had included a photograph of students in an interactive video classroom in an attempt to provide a visual image of the program. Upon reviewing the flyer, one question that the faculty continued to ask was “What does the visual picture say about the program?”

Since the flyer is often the first written information the prospective students see, the faculty wanted this to be the beginning of the socialization of the students into the baccalaureate nursing program. With this in mind, the faculty decided they needed to critically examine what was included in the flyer. They reviewed/revised the general information including such items as the contact information, program description, and curriculum. The faculty took a closer look at the photograph and determined a change was needed.

The faculty engaged in a brainstorming session to address what was important for prospective students to know about the program. They believed it was important that potential students understand that the education they would receive was different than what they had received in the Associate or Diploma nursing programs. Faculty in the RN to BSN program make assumptions that students come with a solid foundation in basic nursing principles with excellent psychomotor skills required for practice as a registered nurse. In the RN to BSN, they gain an additional set of skills to enhance their professional nursing practice.

The faculty wanted the prospective students to realize that their individual experiences and knowledge was valued and the goal of the RN to BSN courses is to provide them with additional knowledge and skills. The faculty reviewed the program outcomes and courses and developed a word cloud to inform the prospective student about the valuable educational content to which they would be exposed. Once this was decided on, they had a desire to include something that would be specific to the School of Nursing. It was determined they would use a diagram of the School’s nursing pin displayed as a watermark behind the words. The final product was placed at the top of the flyer and serves as visual picture of the program. (Figure 1)

The School of Nursing’s pin was designed by a group of nursing students in the first traditional baccalaureate prelicensure nursing program. By including the School’s pin a historical symbol representing the values and beliefs of the School of Nursing was evident and the socialization process to the School of Nursing could begin. Additionally, the program outcomes and courses which reflect the roles and knowledge of a professional nurse were used to begin the socialization of students to professional nursing practice.

The faculty are pleased with the development of the word cloud. They believe this creative visual image emphasizes important threads and content in the baccalaureate nursing curriculum, fosters the initial socialization process of baccalaureate nursing education and serves as a powerful tool when marketing a RN to BSN nursing program.

References
The Human Touch

The Human Touch is an original oil painting 12" x 16" on canvas which was the titled painting of Marge's first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

The Human Touch

Her step is heavy
Her spirit is high
Her gait is slow
Her breath is quick
Her stature is small
Her heart is big.

She is an old woman
At the end of her life
She needs support and strength
from another.
The other woman offers her hand
She supports her arm
She walks at her pace
She listens intently
She looks at her face.
She is a young woman at the
beginning of her life,
But she is already an expert in caring.

RN Poet
Beckie Stewart*

* I wrote this poem to describe the painting, The Human Touch by Marge.

FOR MAIL ORDERS

I would like to order an art print of The Human Touch©

___ Signed Prints @ $20.00
___ Package of Note Cards @ 5 for $6.50
___ Framed Signed Print @ $160.00
___ Gold Frame
___ Cherry Frame

___ Total Purchases

___ Shipping & Handling

___ Subtotal

___ 6% KY Sales Tax on Subtotal

___ TOTAL

Make check payable to and send order to Kentucky Nurses Association, 200 Whittington Parkway, Suite 101, Louisville, KY 40223-6000 or fax order with credit card payment information to (502) 637-8236. For more information, please call (502) 637-2546 ext. 12 or (800) 348-5411.

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Visa/MasterCard/Discover: _______ Expiration Date: _______

Signature (Required): __________________________

Shipping and Handling

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*Express delivery will be charged at cost and will be charged to a credit card after the shipment is sent.
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**Student Spotlight**

**Nursing Students Team up with Louisville Firefighters**

University of Louisville School of Nursing  
Angela Jenkins  
Lynn Presley  
Sarah Wissemeier  
Carfee Lehna, PhD, ARNP*  
*Corresponding author

In 2008, four children died in house fires and 220 children with burn related injuries from Jefferson County were treated at Kosair Children’s Hospital (Kosair Children's Hospital, 2009). Nationally, an estimated 1.4 million children are treated in hospital emergency rooms for burn-related injuries (National SAFE KIDS Campaign (NSKC), 2004). Of these injuries, approximately 58,100 were thermal burns, 22,600 were scald burns. 7,200 were chemical burns and 2,100 were electrical burns (NSKC). In 2001, 533 children ages 14 and under died due to residential fires, and burn-related injury (NSKC). There are approximately 500,000 people with burn injuries receiving medical treatment every year [American Burn Association (ABA), 2007]. Approximately 4,000 of these injuries end in death; 3,500 from residential fires and 500 from motor vehicle related fires (residents). Many of the residential fires can be prevented if people had information about how to make their homes safer, especially with small children in the house.

Young children have thinner skin than older children and adults: their skin burns at lower temperatures and more deeply. A child exposed to hot tap water at 140 degrees Fahrenheit for three seconds will sustain a third-degree burn, an injury requiring hospitalization and skin grafts. Children, especially those ages four and under, may not perceive danger, have less control of their environment, may lack the ability to escape a life-threatening burn situation and may not be able to tolerate the physical stress of a burn injury. (NSKC, 2004)

During the fall of 2009, 18 University of Louisville (UofL) registered nursing students teamed up with Louisville Firefighters to teach a fire prevention class at J. F. Kennedy Montessori Elementary School to Louisville Firefighters to teach a fire prevention class at J. F. Kennedy Montessori Elementary School to J. F. Kennedy Montessori Elementary School. The students were very excited and eager to learn about fire prevention and participated in the education by answering questions asked of them by the nursing students. After the presentation a post-test was administered and the children were given information to take home and share with their caregivers about fire safety. The children were also asked to go home and talk about fire safety to their caregivers and try to spot and correct any hazards that they find around their home. The message of the presentation given by the students was that the best treatment for burns is to prevent them.

The children had the opportunity to attend a demonstration given by the Louisville Fire Department. The demonstration explained each step. The general message from the firefighters was “Even though we look and sound really scary, we are here to save you so you should never hide from us. If you see us call out to us so we can find you.”

This evaluation of a standardized program, Hazard House, was University of Louisville Internal Review Boards and Jefferson County Public Schools approved. The effectiveness of the fire prevention teaching was evaluated by administering a pre-test and then a post-test. The results of the test scores showed that the children learned the information that was taught during the presentation.

**References**


**Acknowledgements to:**  
Safe Kids Louisville and Jefferson County Coalition members Erika Janes, R.N., (Coordinator and child advocate from Kosair Children’s Hospital), Jackie Graviss, Sergeant (Fire Prevention Inspector, 1. Louisville Fire Department) and Sharon Benger, R.N (child advocate from Kosair Children’s Hospital) and J. F. Kennedy Montessori Elementary personnel Gwen McGregor (Physical Education), and Deborah Amsuin (Guidance Counselor).

**Handout. Home Fire Safety Rules and Checklist**

- Never play with matches, lighters, or candles; always have an adult present when there is an open flame.
- In case of a fire: GET OUT! Stay below smoke; crawl to exit. Before opening a door check for heat with the back of your hand. If you are on fire, STOP, DROP and ROLL. Call 9111.
- Candles: Only adults should light candles. Put candles out before going to bed. Keep burning candles away from clutter.
- Check smoke detectors/alarms monthly.
- If trapped inside during a fire, don’t hide, go to a window and wave and call for help.
- Know your family’s emergency plan and safe meeting place.
- If someone in your home smokes they should always use a deep, sturdy ashtray and put out all cigarettes completely.

**Fire Safety Checklist**

- Stairways and escape routes clear and accessible.
- Lint trap on dryer is clean.
- Smoke alarm is on each floor of the house, located in hallways.
- Fire extinguisher should be in the kitchen and in the utility room.
- Outlets are uncluttered.
- Power strips are used for multiple plugs.
- Electrical cords are not damaged.
- Identify two exit routes out of each room of your house.
- Space heaters are placed at least 3 feet away from objects that can catch fire.
- Fireplace has a fireguard and chimney is clean and working.
- Furnace is a safe distance from boxes, paper and chemicals.
- Stove top and oven are clean, uncluttered, and only used with adult supervision.

Home Study Courses Offered by the Kentucky Nurses Association

Home Study Courses include a written booklet, fun activities, and an open-book post-test for CE credit. The test, regular grading, and CE Credit are included in the course price. Tests are hand graded by Susanne Hall Johnson with individual feedback on your test. Course must be completed and returned within 3 months of receipt to receive credit.

- **Assessment of the Families at Risk: High Risk Parenting (AFR)** (3) Reviews family assessment and strategies for helping families when child or parent is at medical risk. (6 contact hours) $59.00
- **Management by Objectives for Nurses (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
- **Marketing Nursing at the Bedside (MN)** (9) Increasing the image, respect, and reputation of the nurse, your unit, and your agency by marketing yourself as a nurse directly to the patient, family, client, physician or management. (6 contact hours) $48.00

**Audiotape Courses**
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.

- **Increasing Nurses’ Time in Direct Care (DIR)** (2) (6 contact hours, 3 tapes and booklet: $65.00. Additional $19 for optional test/credit.)

**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 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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(Required)
The University of Louisville School of Nursing celebrated its 35th anniversary Jan. 28th with an event that included tours of renovated classrooms, labs and offices and a state of the school address from Dean Marcia Hern.

UofL began to educate nurses in 1974-75 when it offered a two-year associate degree program. By the decade’s end, nursing was its own school and it offered a Bachelor of Science degree for registered nurses as well as a master’s degree program to, among other things, prepare nurse practitioners to help deliver primary and specialty care.

In recent years, the school has begun the only distance education nursing program in Kentucky, has partnered with Owensboro (Ky.) Medical Health Systems to provide nursing education to that region, and has created accelerated programs to fast-track people into a field that faces a shortage of workers.

In 2005, the School of Nursing started to tackle the nurse shortage from another angle when it began a PhD program to educate nursing faculty.

“Nursing schools across the country turn away qualified undergraduate nursing applicants each year because of the nursing faculty shortage,” Hern said. “In its short existence, the doctoral program has had three graduates, and another 23 students are working on their degrees.”

Research also is a critical component of the school’s educational activities. Faculty collaborate with their colleagues in medicine, public health, engineering, education and social work. They study, among other things, nursing interventions in such areas as diabetes management, obesity, hypertension, depression and oncology care.

Research participation doesn’t stop at the faculty level. Both undergraduate and graduate student participation in research also is a school goal, and many students work on faculty research and present posters at professional meetings.

Given the school’s record of the past 35 years, Hern said she is confident about the next 35 years, emphasizing the desire to imagine new ways to deliver nursing education to the state of Kentucky.
### KENTUCKY NURSES ASSOCIATION

#### CALENDAR OF EVENTS

<table>
<thead>
<tr>
<th>2010-2011</th>
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<tr>
<td><strong>April 2010</strong></td>
<td><strong>September 2010</strong></td>
</tr>
<tr>
<td>3    Kentucky Nurse Mailed to Members</td>
<td>6    Labor Day Holiday—KNA Office is Closed</td>
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<tr>
<td>13   6:00 PM District 8 Meeting Sullivan Building, Henderson Community College</td>
<td>24-25 Kentucky Association of Nursing Students (KANS) Convention The Center for Courageous Kids, Scottsville, KY</td>
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<tr>
<td>26   9:00 AM Events Planning Committee</td>
<td>27   9:00 AM Events Planning Committee</td>
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<tr>
<td><strong>May 2010</strong></td>
<td><strong>October 2010</strong></td>
</tr>
<tr>
<td>17   Materials due for July / August / September 2010 Issue of Kentucky Nurse</td>
<td>13-26 American Psychiatric Nurses Association Annual Meeting, Louisville</td>
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<tr>
<td>10:00 AM KNA Board of Directors</td>
<td>20   Specialty Day at KNA Convention, Louisville, Kentucky</td>
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<tr>
<td>24   9:00 AM Events Planning Committee</td>
<td>21-22 KNA Convention, Louisville, Kentucky (Holiday Inn, Hurstbourne Parkway)</td>
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<tr>
<td>31   Memorial Day Holiday—KNA Office is Closed</td>
<td><strong>November 2010</strong></td>
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<tr>
<td><strong>June 2010</strong></td>
<td><strong>December 2010</strong></td>
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<tr>
<td>30   Deadline for Submissions for the Call to Convention 2010 ANA House of Delegates</td>
<td>15   Materials due for January / February / March 2011 Issue of Kentucky Nurse</td>
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<tr>
<td>28   9:00 AM Events Planning Committee</td>
<td>25-26 Thanksgiving Day Holiday—KNA Office is Closed</td>
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<td><strong>July 2010</strong></td>
<td><strong>January 2011</strong></td>
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<tr>
<td>3    Fourth of July Holiday—KNA Office is Closed</td>
<td>1-2   New Years Day Holiday—KNA Office is Closed</td>
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<td>26   9:00 AM Events Planning Committee</td>
<td>3    KNA Office Reopens</td>
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<td><strong>August 2010</strong></td>
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<tr>
<td>16   Materials due for October / November / December 2010 Issue of Kentucky Nurse</td>
<td>2-5 National American Holistic Nurses Association Conference, Louisville</td>
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<td>23   9:00 AM Events Planning Committee</td>
<td><strong>November 2010</strong></td>
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**WELCOME NEW MEMBERS**

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the January / February / March 2010 issue of the KENTUCKY NURSE.

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<th>Recruited By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacy A. Head</td>
<td>Colleen E. Ambrose</td>
</tr>
<tr>
<td>Amy P. Higdon</td>
<td>Anne M. Baumgartner</td>
</tr>
<tr>
<td>Amy S. Ross</td>
<td>Colleen E. Ambrose</td>
</tr>
<tr>
<td>Denise Michelle Stoll</td>
<td>Anne M. Baumgartner</td>
</tr>
<tr>
<td>Debbie Whitaker</td>
<td>Kathleen Ann Halcomb</td>
</tr>
<tr>
<td>Shelly Chandler</td>
<td>Keywords:</td>
</tr>
</tbody>
</table>
# KENTUCKY NURSES ASSOCIATION MEMBERSHIP APPLICATION

Please type or print clearly. Please mail your completed application with payment to the Kentucky Nurses Association

(KNA), P.O. Box 2616, Louisville, KY 40201-2616

Date ___________________________

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April, May, June 2010

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Full Membership: $287.00 Annually or $23.92 Per Month</th>
<th>Associate Membership: $143.50 Annually or $11.96 Per Month</th>
<th>Special Membership: $71.75 Annually or $5.98 Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❏ Full Annual Payment of $287.00</td>
<td>❏ Check (payable to KNA)</td>
<td>❏ Payroll Deduction</td>
</tr>
<tr>
<td></td>
<td>❏ Check (payable to ANA)</td>
<td>❏ Visa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>❏ Payroll Deduction</td>
<td>❏ MasterCard</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

Under Kentucky Law, that portion of your membership dues used by Kentucky for lobbying expenses is not deductible as an ordinary and necessary business expense. KDA reasonable estimates that the non-deductible portion of dues for the 2008 tax year is $58.74.

In am an actively licensed RN

- ❏ Full Membership: $287.00 Annually or $23.92 Per Month
- ❏ Associate Membership: $143.50 Annually or $11.96 Per Month
- ❏ Special Membership: $71.75 Annually or $5.98 Per Month

Select your KNA District from the map. District # ______________________

- ❏ District 1
- ❏ District 2
- ❏ District 3
- ❏ District 4
- ❏ District 5

 RK who is not currently employed as a nurse due to disability

- ❏ RN who is retired and not actively employed

- ❏ New graduate from basic nursing education program within six months of graduation (first membership year only)

- ❏ RN if enrolled as a full-time student at ____________________

- ❏ Employed part-time
- ❏ Employed full-time

- ❏ RN if enrolled as a full-time student at ____________________

- ❏ Associate Membership: $143.50 Annually or $11.96 Per Month
- ❏ Special Membership: $71.75 Annually or $5.98 Per Month

- ❏ Check (payable to KNA)
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- ❏ Full Annual Payment of $287.00
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- ❏ Visa
- ❏ MasterCard

- ❏ Payroll Deduction

- ❏ This payment plan is available only where there is an agreement between your employer and KNA to make such deduction.

- ❏ Payroll Deduction Signature**

**By signing the Epay or Annual Credit Card authorizations, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this plan by giving thirty (30) days advance written notice. ANA will charge a $5 fee for any returned drafts of checks/disbursements.

- ❏ Monthly epay includes $.50 service charge (effective 1/2004)

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