In nursing school you learned about the nurse practice act and how it was important to make sure you practiced within the realm of your nursing practice act. Some resolutions might be related to spending more time with our family and friends, taming the bulge, fitting in fitness, quitting smoking, getting out of debt or maybe just getting organized. Regardless of which resolution you may have chosen it takes commitment to achieve or is not worthwhile. As we set our resolutions we need to remember a few simple tips. Be realistic by setting achievable goals. Winning the lottery is probably not going to happen. Describe your resolutions in specific terms, like exercise 3 times a week. Third, be sure to break down large goals into smaller ones. Unless you participate in the Biggest Loser, you probably won’t lose 20 pounds in a week but 2 to 3 months is probably realistic. Find alternatives to a behavior that you want to change and make them part of the resolution plan. If you smoke as a form of relaxation, then find a relaxing replacement. Last and above all, aim for things that are truly important to you, not what you think you ought to do or what others expect of you. One resolution that I have made myself involves increased involvement in nursing's legislative 2010 priorities. Many times I have heard Vickie White Rankin, ONA lobbyist, discuss ways that individuals and groups can engage in advocacy. One of the most important aspects for groups, such as nursing, is the power of grassroots action. Advocacy is about connectivity and the commitment of each member of our profession becoming involved. As one of the ANA representatives says “if you are not at the table, then you are on the menu.” Nursing needs to stay knowledgeable about the current issues facing our profession. Below is a list of ONA legislative priorities for 2010.

- Preservation of the Board of Nursing and its oversight and regulation of nursing practice.
- Support the RN and APRN scope of practice.
- Support legislation on Oklahoma health status.
- Health insurance coverage for all Oklahomans.
- Support nursing education and faculty.
- Access and maintain funding for Behavioral Health.
- Health and Safety issue support.

Several web sites that can help you stay connected to the issues are www.ok.gov, www.okhouse.gov and www.okSenate.gov. The list web site is especially helpful in relation to bill tracking, the governor’s state of the state as well as the governor’s action on bills. The above listed issues can affect each and every one of us as well as our families and the lives of our patients. Please get involved and come join us at Legislative Day for Nurses at the Capitol on February 23, 2010. Nursing needs your involvement!

ONA works on issues for all nurses including funding for health care, access to health and behavioral health care, nursing workforce, safety issues and many more issues. What if ONA weren’t around because nurses—you included—didn’t join... who would do this for the nursing professions? Who would protect and advance nursing practice? Who would look out legislatively for patients? Think about it. Without your membership, ONA is nothing.

ONA can’t do this alone...it takes the members of the Oklahoma Nurses Association to get involved by contacting legislators, serving as Nurse of the Day and coming to the our day at the Capitol. As a nurse it is your job to practice nursing in whatever setting you have chosen and it is ONA’s job to represent you at Table—be it the Capitol or the other entities. By joining ONA and getting involved in it, you will have a voice to improve health care outcomes in Oklahoma ranging from health care in our schools to safety procedures in our hospitals, nursing homes and other healthcare settings. Now is time to get involved! Involved with your professional organization, your nursing practice and your community.

What are you waiting for!!!


Executive Director's Report

Isn't it Time You Got Involved!

Jane Nelson, CAE Executive Director Oklahoma Nurses Association

In nursing school you learned about the nurse practice act and how it was important to make sure that you practiced within the realm of your nursing license. You probably walked away from the discussion feeling secure about the practice of nursing. You may have thought that nurses own the nurse practice act, and that nurses or the Oklahoma Board of Nursing would be the only ones able to change it. The perception that nurses are the only group to be able to open the nurse practice act is far from reality. Any legislator—individual, or group out there can propose changes to the “nurse practice act.” Ask yourself this: “What individual or organization is out there protecting the nurse practice act?”

The answer is the Oklahoma Nurses Association (ONA). ONA has two registered lobbyists, one on staff and one on contract. Two other nursing groups: Oklahoma Nurse Practitioners and the Oklahoma Association of Nurse Anesthetists contract with lobbyist. These two groups tend to only focus on issues that pertain to practice issues specific to them.

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President's Message

Christine Weigel

Every 365 days we start the New Year off with making a resolution regarding change which varies according to where we are currently in our lives. Some resolutions might be related to spending more time with our family and friends, taming the bulge, fitting in fitness, quitting smoking, getting out of debt or maybe just getting organized. Regardless of which resolution you may have chosen it takes commitment to achieve or is not worthwhile. As we set our resolutions we need to remember a few simple tips. Be realistic by setting achievable goals. Winning the lottery is probably not going to happen. Describe your resolutions in specific terms, like exercise 3 times a week. Third, be sure to break down large goals into smaller ones. Unless you participate in the Biggest Loser, you probably won’t lose 20 pounds in a week but 2 to 3 months is probably realistic. Find alternatives to a behavior that you want to change and make them part of the resolution plan. If you smoke as a form of relaxation, then find a relaxing replacement. Last and above all, aim for things that are truly important to you, not what you think you ought to do or what others expect of you.

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What are you waiting for!!!
Oklahoma Nurse Editorial Guidelines and Due Dates
Submission Information

Materials Due: Oklahoma Nurse
Date to Editor: Issue Date:
April 16, 2010 June 2010 Issue

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at ona@oklahomanurses.com.
   - Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
   - The Oklahoma Nurse reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
   - The Oklahoma Nurse reserves the right to edit manuscripts to meet style and space limitations.
   - Manuscripts may be reviewed by the Editorial Staff.

2. Photographs should be of clear quality. Black & white photographs are preferred but not required. Please write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to:

   Julie Clermont
   Editor, The Oklahoma Nurse
   6414 N. Santa Fe, Ste. A
   Oklahoma City, Oklahoma 73116

3. E-mail all narrative to ona@oklahomanurses.com

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Arthur L. Davis Publishing: Excellence in Publication Award

The Arthur L. Davis Publishing Agency, Inc. proudly announces a $1000 award to be awarded to the ONA Member who submits the most excellent manuscript for publication in The Oklahoma Nurse. This award is offered in celebration of the agency’s 26 successful years in publishing and to affirm nursing. The award will be presented at the Awards Banquet and the manuscript printed in a future issue of The Oklahoma Nurse.

Manuscript Submission Guidelines:
1. The manuscript must be an original, scholarly work addressing topics of interest to readers of The Oklahoma Nurse. Examples of topics: Integrative literature reviews, clinical topics, evolving/emerging professional issues, and analysis of trends influencing nurses and nursing in Oklahoma.
2. Manuscripts must not exceed 15 double spaced pages and must conform to APA guidelines.
3. Manuscripts must be received in an email or diskette as Word Documents by September 1, 2010 to be considered. A cover sheet listing author(s) name, credentials, address, and work and residence telephone numbers and email address must be included. The author(s) name must not appear anywhere else on the submission.
4. The topic must be relevant to nurses/nursing in Oklahoma and provide new insights and/or a contrarian view to promote debate and discussion.
5. Ideas must be supported with sound rationale and adequate documentation.
6. If the manuscript describes a research project, quality initiative, or organizational change process, methods must be appropriate and participant confidentiality protected (as indicated).
7. The manuscript must be grammatically correct, organized, and submitted according to guidelines to be considered.

Manuscripts must be accompanied by a statement signed by each author indicating 1) the manuscript is NOT being considered for publication in any other journal, 2) the manuscript WILL NOT be submitted to another journal until notification of acceptance or rejection is received from the Oklahoma Nurses Association, and 3) willingness to sign a copyright release form upon publication of the manuscript in The Oklahoma Nurse.

Submit Manuscripts to the Oklahoma Nurses Association, 6414 N Santa Fe, Ste. A, Oklahoma City, OK 73119 or via email at ona@oknurses.com.
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OLN News

Submitted by Thea Clark MS, RN
President of the Oklahoma League for Nursing
ONA Member

Oklahoma League for Nursing
An affiliate of the National League for Nursing

2009-10 Oklahoma League for Nursing

The Oklahoma League for Nursing (OLN) is a constituent affiliate of the National League for Nursing, and has continued affiliate status with the Oklahoma Nurses Association. The OLN focuses on nursing education at all levels and practices, e.g., formal and continuing education, and staff development.

Thea Clark, President, represented OLN at the ONA convention and the NLN 2009 Education Summit. As of September 30, 2009 there are 71 educators in Oklahoma that have been awarded the Certified Nurse Educator (CNE) designator. Oklahoma is one of the leaders in numbers of CNE.

Four awards were given to an NLN affiliated school from each level of education. These awards were to be used for faculty development, preferably using NLN services or products. The awards were given to Oklahoma City University Kramer School of Nursing, Graduate Program, The University of Tulsa School of Nursing, Oklahoma City Community College School of Nursing and Central Technology Center School of Practical Nursing.

Elections held in October 2009 resulted in the following: Linda Lyons Coyle was elected President-Elect. Emma Kientz was elected to join Marsha Green, Joyce Van Nostrand and Kim Bruce as a non-officer member at large. Thea Clark continues as President, Marie Ahrens as treasurer and Anne Davis as secretary.

All Oklahoma nurses are invited to join OLN for only $15 per year. Funds directly support the co-sponsored continuing education offerings and educational awards to affiliated schools.

“Have you experienced stress in your LPN training, RN education, or practice as an LPN or RN?

If yes, would you be willing to participate in a research study that provides you an opportunity to share about your stress?

Please take a short survey online:
https://frontpage.okstate.edu/coe/gaylaanderson"
The Magnet Difference

Congratulations to St. John Medical Center, Tulsa, Oklahoma on their recent designation as a Magnet hospital. They are the third to receive the designation in the State of Oklahoma.

Oklahoma Nurses Association

St. John Medical Center Receives Magnet Designation

Jessie Drago
ONA Member

I wanted to be sure I’d heard it right. A call on the afternoon of January 14 from the American Nurses Credentialing Center asked me to pick a date for a special announcement which seemed to confirm that St. John Medical Center in Tulsa would join the rank of hospitals with Magnet designation.

I chose the morning of January 20 and began work to gather nurses for the announcement. But I was nervous. After I selected that date, I called the ANCC back. ‘I’m not gathering my staff and receiving bad news,’ I told them. No, confirmed the voice on the other end. ‘It’s not going to be bad news.’

The Magnet Recognition Program identifies health care organizations that demonstrate sustained nursing care excellence in management, philosophy and nursing practices, among other criteria. Gaining Magnet designation requires tenacity and preparation, with extensive documentation (in St. John’s case, 2,000 electronic file pages, worth), and a four-day site visit by ANCC surveyors. With the announcement, St. John became the only medical center in northeast Oklahoma, and one of three in the state, to hold Magnet status. Nationally, only 353 hospitals—about 6 percent—are Magnet facilities.

The process of making St. John a Magnet facility began in 2004, when I began in earnest to review and plan what it would take to achieve that goal, essentially, changing the culture of the environment and nursing practices, among other criteria. Sixteen nurses are presently working on their master’s degree in nursing.

It wasn’t because we were perfect that St. John became a Magnet hospital. We got the award because they saw where we had been and where we have made improvements, and are still improving. A journey, not a destination. And now, as a Magnet facility, St. John is in a position to pay it forward. It is really our job to help other hospitals become Magnet hospitals. Mercy Health Center in Oklahoma City helped us with our process, and we will do likewise.

That’s part of being a Magnet hospital. You share your journey with others.

Jessie Drago

CNO Mercy Health Center

It was a year of honors at Mercy. We were awarded best medical facility in Oklahoma by The Oklahomaan and The Edmond Sun. We also garnered the consumer choice award for best medical facility from the National Research Corporation, a group who talks directly with consumers in all people we serve. Then that fall we also won the best of the best in Oklahoma for environment excellence from Keep Oklahoma Beautiful, for achievements made with nurses in the lead.

However, the most exciting award we received on December 14. We finally got a phone call from the American Nurses Credentialing Center and they told us we had earned the Magnet award again. After a very rigorous process of collecting all our data, submitting the application and hosting Magnet appraisers for three days, we got the news we were worthy of the award for another four years. Earning the award the first time was quite a feat, but most when the Magnet process began six years ago. Now there are more than 200. Most nursing directors and many managers are advanced certified in nursing administration. Sixteen nurses are presently working on their master’s degree in nursing.

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Linda Fanning
ONA President-Elect
CNO Mercy Health Center

Mercy Health Center

Nurses celebrating the announcement (left to right): Sharon Pollock, Kathryn Mears, Susan Reeder.


It was a year of honors at Mercy. We were awarded best medical facility in Oklahoma by The Oklahomaan and The Edmond Sun. We also garnered the consumer choice award for best medical facility from the National Research Corporation, a group who talks directly with consumers in all hospitals. We are the only remaining hospital in the state to hold Magnet designation.

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Persuasion: An essential Competency for the Nurse Leader

Betty R. Kupperschmidt, EdD, RN, NEA-BC
Director and Faculty
Nursing Administration Pathway
University of Oklahoma College of Nursing
ONA Member

Introduction

Persuasion is an integral part of our lives. Many Nurse Leaders are working in collaboration with the leadership team to persuade nurses to embrace evidence-based practice. In this column, persuasion is presented as an essential competency for Nurse Leaders using Jay Conger's Model.

Conger's Model of Persuasion

Conger (1998), the recognized persuasion guru, views persuasion as a competency, the process of negotiating and learning. It is a process that demands discovery, preparation and dialogue. Thus, four ways NOT to persuade are 1) try to persuade with an up-front hard sell style; 2) resist compromise; 3) think that the secret of persuasion is to get a sense of how they are interpreting past importance of interacting with key staff members who are already feeling or expecting. He stresses the need to work in the best interests of others.

Conger (1998) notes that the competency of persuasion may confuse and even mystify some Nurse Leaders because it is so dangerous when mishandled that many try to avoid it altogether. However, he presents compelling evidence, including many pertinent examples beyond the scope of this column, demonstrating that persuasion is an integral part of our lives. Many Nurse Leaders are working in collaboration with the leadership team to persuade nurses to embrace evidence-based practice. In this column, demonstrating that persuasion is an essential competency for today's Nurse Leaders.

Shirey (2006) supports Conger's contention that persuasion is an important aspect of any change. In a must-read article, Shirey masterfully develops the competency of persuasion in Stage 2 of Roger's Theory of Innovative as essential if Nurse Leaders are to facilitate evidence-based practice. I strongly encourage Nurse Leaders to read both Conger and Shirey's work.

References


Conclusion

The ability to speak with candor and field questions with clarity is essential for effective persuasion. The competency of candor will be discussed in a later OONE Column.

Summary

Conger (1998) notes the competency of persuasion may confuse and even mystify some Nurse Leaders because it is so dangerous when mishandled that many try to avoid it altogether. However, he presents compelling evidence, including many pertinent examples beyond the scope of this column, demonstrating that persuasion is an essential competency for today's Nurse Leaders.

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References


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Learn more online:
www.oklahomanurses.org
Polar Bear Alert!

Sarah Jensen, MS, RN
Faculty, University of Oklahoma-Tulsa
College of Nursing
ONNA Member

Be on the look out for this polar bear, disguised in a heavy white coat. On at least 13 occasions, during the past 4-5 years, I have seen him lurking around very sick hospital patients, whom physicians were unable to determine the cause of their illness. Have you seen the polar bear?

The patient is extremely ill with severe abdominal pain, intractable nausea & vomiting, diarrhea, and a sore, swollen throat. In addition, the patient complains of feeling weak, lethargic with no energy, not being able to eat, and states he, “doesn’t have any appetite for food.” He says “nothing tastes good.” One patient even had a PEG tube placed. Do you see the polar bear?

The patient is unable to sleep through the night. He may cough, complain of not being able to breathe adequately and claim that his nose is stuffy with congestion. The patient presents in the emergency department or in a hospital room with nausea, vomiting, diarrhea, weakness, lethargy, & dehydration, and states that he “can’t go on much longer.” The patient feels like vomiting, but “nothing comes up.” The patient “looks very ill;” in fact, the nurse wonders if the patient will be able to survive. Can you see the polar bear?

The nurse finds that an IV site is difficult to establish. Lab tests show that the patient’s potassium is low, between 2.2 and 3. The CT-scan is normal and all other testing is within normal limits. The physician orders a liter bolus of Normal Saline to run wide open, Zofran or Phenergan for the nausea, vomiting, diarrhea, weakness, lethargy, & dehydration, and states that he “can’t go on much longer.” The patient feels like vomiting, but “nothing comes up.”

On a “gut feeling,” the nurse asks the patient to stick out his tongue and says, “Well, look at that, sure looks like a polar bear to me!” The white coat, yellowing around the edges, is hiding on the patient’s tongue. The patient blames the white tongue on Maalox he’s been taking for his upset stomach, but the alert nurse notifies the physician, suspecting that it’s the Polar Bear tongue. What does the alert nurse suspect?

Literature is well documented with descriptions of this problem, but have you ever seen this polar bear?*

The white coating on the tongue belongs to the Candida albicans family of yeasts. This yeast is commonly found in our digestive system, throat, and vaginal mucosa, and develops following exposure to antibiotics, birth control pills, corticosteroids, prednisone, or anti-depressants. In babies, we recognize this condition as thrush.

Literature indicates possible pathophysiological explanations, including how normal bacterial flora, that reside in our bodies, are eliminated and how the candida organisms flourish as a secondary infection. Growing rapidly, the candida yeast may change into a fungal form, becoming invasive and developing rhizoids, which burrow into the intestinal wall. Microscopic holes surface in the intestinal wall, which allows toxins in the form of undigested food particles, bacteria and yeast to enter into the blood stream.

When this condition occurs, the overgrowth is called Candidiasis or a systemic yeast infection. A common manifestation of a systemic yeast infection is a white coated tongue. Persons at risk for candidiasis include patients who have poor immune systems, cancer, diabetes mellitus, hypothyroidism, hypoadrenalism, Sjogren’s syndrome (reduced saliva). Have you seen a polar bear lately?**

How often do nurses thoroughly assess the tongues of our sickest patients? Oral thrush can be easily diagnosed and treated by excellent assessment technique: swabbing a sample of the affected tissue on the patient’s tongue; and obtaining a physician’s order for oral Fluconazole or Nystatin “swish and swallow” suspension. This treatment may need to be repeated several times to clear the yeast infection and may damage the liver. According to the literature, persistent treatment and follow-up will increase success of the oral anti-fungal medication.

Nurses, while you’re looking at oral cavities, check those dentures. Black coloration on the dentures may indicate that the fungus has attached and become embedded into the denture material, causing the patient to re-infect himself following treatment. Be sure that dentures are being properly cleaned, perhaps with a very weak solution of Chlorox.

Preventative measures, including adequate oral hygiene, limiting high sugar/yeast containing foods, smoking elimination, and visiting a dentist regularly can also be useful. ** Watch for the polar bear tongue! You may save a life.

Online References
* http://www.mayoclinic.com/health/oral-thrush/
** http://www.medicinenet.com/thrush/article.htm

Nurses, while you’re looking at oral cavities, check those dentures. Black coloration on the dentures may indicate that the fungus has attached and become embedded into the denture material, causing the patient to re-infect himself following treatment. Be sure that dentures are being properly cleaned, perhaps with a very weak solution of Chlorox.

Preventative measures, including adequate oral hygiene, limiting high sugar/yeast containing foods, smoking elimination, and visiting a dentist regularly can also be useful. ** Watch for the polar bear tongue! You may save a life.

Purpose of this manuscript is to call attention to a preventable condition, which can be found during assessment, and treated. Without proper prevention, assessment, or treatment, this condition can result in a fatal outcome.
C Humor
Diane Sears, RN, MS, ONC
ONA Member

C is for coping creatively with craziness to combat cancer. I have not experienced cancer myself, yet, however I have lived it with family, friends and patients. Promoting humor, while living with cancer is a very powerful tool to helping conquer cancer. Give someone a funny joke, video, CD, card, drawing, picture, story, phone call, song, or whatever, to support their spirits and immune system. Individualize to their personal style of humor, situations, and hobbies to increase the mirth response level. Recipients will tell you what a difference this "magic" can make in their day to day emotional roller coasters. "Laughter rises out of tragedy when you need it the most and rewards you for your courage." (Erma Bombeck)

A grandma was changing clothes in front of her young granddaughter, when with wide eyes the little one exclaimed, "Grandma, I didn't know you could take your boob off!" She gently explained about her breast cancer. Later while preparing for bed during tooth brushing time, her grandson ran to the door, shouting to his sibling, "Come here quick, she can take her teeth off!!"

Cancer Survivor, Christine Clifford, Cartoons
"I haven't had a mosquito land on me all summer... it's gotta be the 'chemo'!
Looking in a mirror, while hairless, imagining former self with hair: "Gray hair wasn't so bad after all.
I remember when port referred to a type of wine. Not now... I'm having a no hair day!
It's funny how I've gained a greater appreciation for the follicly impaired.
Son pleading to bald mom on behalf of his inquisitive friends: "They wanna' know if they can autograph your head?"

Yes, the doctor did say 'no alcohol 48 hours before cancer surgery',...so what's it going to do, kill me?
There's radiation therapy...chemotherapy...and then there's retail therapy!
Mom...more flowers for your breast.
I've chosen a woman surgeon...a Korean radiologist...a Jewish oncologist...an Afro-American plastic surgeon...if I get a male nurse, I will have achieved total diversity in the 90's!

The Damned Cancer Song (To the tune of "Bye-Bye Love") by Kristie Chilcote
Bye-bye Cytoxan, bye-bye Adriamcin, hello life again, I know that I'll survive.
There goes my cancer, right out the door. It sure is ugly, I sure am sore.
But there's a reason why I'm so free. That fricking cancer is out of me.
Bye-bye Zofran, bye-bye nausea, hello tamoxifen.
I know that I'll survive.
There goes my hair, it feels so odd. Look in the mirror and I am bald.
But there's a reason that I'm so free. My cancer group right with me.
Bye-bye Cytoxan, bye-bye red pee, hello hair again. I know that I'll survive.
I'm through with cancer. I'm through with drugs. I'm still real thankful I've got two jugs.
And there's no reason to feel despair 'cause soon I'll grow body hair.
Bye-bye cancer, bye-bye no appetite, hello world again. Watch as I start to thrive.
Goodbye cancer, goodbye."

Doctor speaking to chicken patient: "I don't think breast implants are such a good idea." (Cartoon, Pete Mueller)

Three elderly women met at the coffee shop every week without fail for coffee, cigarettes, and conversation. One Saturday, Doris announced she was giving up smoking for her health. "I survived cancer of the uterus," she said, "and I'm not taking any more chances." Despite Doris's revelation, Edith lit up a cigarette. "Aren't you afraid of getting cancer of the uterus?" asked Hazel. "Oh no dear," Edith replied, without batting an eye. "I don't inhale that far down." (Nurse's Calendar)

"Smoker's Hindsight...R.I.P. Being 10 pound shevier doesn't seem like a bad alternative anymore." ("Non-Sequitur," cartoon, Wiley)

Slogans that belong on colostomy bags
My other bag's a Prada.
Is your colostomy bag full, or are you just happy to see me?
If you think this bag is full of crap, you should meet my brother-in-law.
The Lord is my ostomy nurse!
Colostomy? Coloso-Y OU! (Nurse's Calendar)

The NT noticed that her patient seemed a little down and asked if there was anything troubling him. "Oh, I've just had abdominal surgery and I have a history of cancer too." "Where was the cancer?" she asked. "In my phosphate," he replied. (Nurse's Calendar)

Prisoner: Look here doctor! You've already removed my spleen, tonsils, adenoids, and one of my kidneys. I only came to see if you could get me out of this place!
Doctor: I am, bit by bit. (Nurse's Calendar)

There is no cancer... of the funny bone.
Welcome everyone to 2010! Hope the New Year has greeted you as well as it has me. Those of you who read my last article know that I was in a whirlwind of anxiety, stress, and general craziness as I prepared for the NCLEX and was on the job hunt. Update, I passed the NCLEX and found a job in the exact field I was hoping for: critical care.

I am truly enjoying my new job. The number one thing that I have realized, though, is that in nursing school, you only learned how to do no harm. You learned the basics, and learned to be able to realize when something is not right. It is in the job where you learn to be a nurse.

I have just completed my 12 weeks of orientation and this last week was my first week on my own. I have to say, out of all the nerve-racking events that occur in nursing school, taking the NCLEX, and starting a new job, that first night by myself truly was the most stressful of all. I did well though and now I am feeling much more comfortable. I simply do my best and don’t hesitate to ask questions.

It has been a total of 14 weeks for me and the only thing I have yet to get used to is the night shift schedule but they say it takes a long time to get used to. I like it though.

I hope everyone has a great year: take each day at a time, make the most of everything, spend more time with your families, and don’t stress the small stuff!

Until next time, do some mental gymnastics! Try to look at it from a different perspective.
Healing a Non-healing 10 Year Diabetic Foot Ulcer with Bilayer Cell Therapy: A Success Story

LeAnne R. McWhirt BSN, RN, CWCA
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MRMC Wound Management and Hyperbaric Medicine, Muskogee, OK 74403

A middle aged female presented to our Wound Management Clinic with a non-healing diabetic foot ulcer that had been present for ten years. Patient history and wound assessment were completed. The initial wound measurements: 3.2cmX3.5cmX1.2cm. Previous wound treatments had included gauze, silver, and alginate dressings. In addition, the patient had been initially treated with an antibiotic and cadexomer iodine to battle infection.

At our Clinic, aggressive debridement of the peri-wound callous was consistently performed throughout her treatment. When the infection was resolved, a total contact cast was applied (from below the knee to just above the toes) to offload the wound bed. After the contact cast was removed, a bilayered cell graft was placed onto the wound bed. At this stage of the wound management treatment, the wound measurement on application date: 2cmX1.5cm with surface depth. Within one week of placement of the cast, wound measurements were: 1.8cmX1.4cm and at two week follow-up 1.1cmX1.1cm. Subsequently another bilayer cell graft was placed. Wound measurements at this time were 0.3cmX0.3cm with new epithelial tissue present.

Subsequently, the patient achieved wound healing within 10 days following the second graft placement. The patient and staff were elated with the success of this fairly new wound treatment!
Metaphorically Speaking:
I am a

by Sandra A. Weiland, M.Sc., ARNP, FNP-C
ONA Member

Introduction

Exploring my own metaphor as a nurse and a teacher was not an easy task. At first I thought to be a gardener with all the ramifications of providing ideal growth conditions, caring, and nurturing. Somehow, though, being a gardener just didn’t seem to say it all for me. So, I took a different position, and decided it wasn’t a metaphor so much that I should be striving to determine, but rather what I wanted to say about me. From my earliest recollections as a child I have questioned everything; and, as a nurse and a teacher I continue to question. Therefore, metaphorically speaking, I have to say—I am a question mark because questions guide me, my clients, and my students to explore further.

According to Wikipedia (2007) a question mark is a punctuation mark that replaces the full stop at the end of an interrogative sentence and is often used in place of unknown or missing data. The question mark, then, functions to question what is known or unknown, to query, and to interrogate. The question mark is also an interesting shape: a half circle straightens to form a line and is balanced at the end of an interrogative sentence and is often used in place of unknown or missing data. The question mark seeks to unhinge infallibility on unknown ground simply by posing the question?

For me personally, questioning has led to the conviction that the power differential of one group over another robs one of dignity and integrity. Hence, questioning unseats the status quo and sheds light on unknown ground simply by posing the question? That build a community of learning by turning the text into a small piece of the puzzle for inquiry. The question mark symbolizes a learning environment engendering a mutual quest of wanting to know more. In such an environment, mutual questioning turns authority into leadership. In such an environment, the question mark symbolizes the learners as looks of puzzlement give way to the looks of understanding. Through these eyes the question mark becomes a mirror image and forms the missing link to complete the Q and things previously unseen are now clearly seen!

My metaphor makes the assumption there is much that is not known, and it could be construed to assume questioning leads to problem solving. However, as a question mark I bring more than problem solving, rather, it is as Palmer (1998) describes: a way of learning so that students (or clients) can see for themselves. I lead others to creating for themselves the whole picture. That is, by bringing into the circle of practice one small piece of information and placing a question mark at the end of the sentence the traditional practice of passive learning (i.e., transferring information from teacher to learner) is transformed into an inquiry wherein learning becomes active. Furthermore, a question mark opens up what both Palmer (1998) and hooks (1994) describe as space, that is, an environment that is open to learning. By asking questions, the question mark also invites further questions. Therefore, imbedded in this space is the freedom to question others.

In conclusion, a question mark symbolizes a challenge to the teacher inside to create an atmosphere of open, unencumbered inquiry, and for the student, or learner, inside not to accept, but to question. Professionally, it challenges the nurse as a provider to deeper understanding, not only of others in the endeavor to help, or to care; but also of the self. Because, after all, questioning the self is requisite to knowing the question? that begs to be known, that begs to be the whole Q?

References

Extermination: Utilizing Risk Management to Quash “Super Bugs”

Toby Butler RN CCRN MSN
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ONA Member

When I purchased my home, I was required to have a termite inspection. Even though it seemed there were no bugs eating away at the beams in my attic, I was surprised to learn that they did live in my home. In places I would have never looked. An unwanted inspection turned out to be an opportunity to improve how I maintained my home and the overall safety for years to come.

Health Care Systems, as well as health care clinicians, should be able to seek and destroy potential sources of infestations like pest exterminators seek and destroy nests of termites in the home. Multi Drug Resistant Organisms (MDRO’s) not only compromise patient outcomes but financially impact organizations. The Department of Health and Human Services (2007) estimates that MDRO treatment can cost $6,000-$30,000 per episode. MDRO’s also lead to complications of care and extended hospital stays. Hospitals must adopt strategies to “exterminate” MDRO’s in their facilities. First, hospitals should employ a risk based approach to preventing MDRO’s. Identifying gaps in care and practice is imperative so that hospitals can quickly eliminate potential portals of entry for MDRO’s. Second, hospitals should develop a plan to address any under performing areas identified in the risk assessment. Finally, hospitals should follow a guided prioritized plan to eliminate the opportunities for MDRO’s to be acquired during a patient’s hospital stay.

The most common and most pervasive MDRO is MRSA. Methicillin resistant staphylococcus aureus (MRSA) is bacteria that lives on that has now resisted antibiotic administration. MRSA was initially identified in 1961 in the United Kingdom and quickly spread throughout the globe. By 1974, 2% of all staph infections in the United States were methicillin resistant (Rubin et al, 2007). MRSA infections increased in lab identified events to 22% in 1995 and by 2004 63% for reported staph infections that were antibiotic resistant (Rubin et al 2007). According to Larson (2010), MRSA because of its ability to be transmitted by direct and indirect contact is a good gauge of how well a hospital has implemented its MDRO program.

Hospitals should utilize MRSA as a good tool to develop their risk management plan. Just like with termites, the best method of reducing these bugs is prevention. Preventing termites or super bugs like MRSA from ever entering your structure is the most effective method of dealing with infestations. It’s a lot harder to get a bug out once it’s in than stopping the bug from invading in the first place. By using MRSA hospital and community acquired rates health care systems can gauge their compliance rate with MDRO best practice. They can find the bugs eating away at the foundation of their structure and quash these superbugs with their proactive plan of prevention!

References:

Is Your Unit Student Ready?
Lisa Lee, MS, RN, Faculty, University of Oklahoma College of Nursing (ONA Region 2)

Every year they invade your unit...some with bright and eager faces and others with faces lined of fear, stress and anxiety. They come in groups of eight with brightly colored scrubs, new stethoscopes and huge books in the new backpack. They bring questions, evidence based practice and helpful hands. By now you should now that I am talking about the nursing student.

The clinical setting is one of the most critical areas of transition from the classroom to nursing at the bedside. It can be very rewarding or it can be one of the most terrifying, anxiety and stress provoking environments. Factors that influence this stress and anxiety include the fact that this may be one of their first clinical experiences; the fear of making mistakes when they perform clinical skills and the lack of support from the nursing staff (Moscaritolo, 2009). Having a clinical environment that is open to student learning is crucial if students are to experience each clinical experience as positive steps toward becoming a professional colleague.

Nursing students often see themselves as more than “just” students: They see themselves as nurses in the process of becoming! So how do you make your unit ready and open to this process of learning and becoming, of transitioning to professional nurses (Duchscher, 2008)? Below are simple yet essential strategies for facilitating an optimal learning environment.

- Experienced, competent professional nurses must be prepared to and willing to be role models.
- Experienced, competent professional nurses must be prepared to and willing to share information with the student about their professional failures and successes.
- Develop strategies to help students bridge “the gap” between how they learn skills taught in the lab and those skills that are practiced at the bedside.
- Affirmation for students when they are using critical thinking and performing skills correctly as they give care and learn.
- Professional socialization and encourage conversation and collaboration with other disciplines.
- Take students to lunch and share breaks with them.
- Assist the student in defining belief systems, values and moral reasoning.

We are all social beings. Experienced nurses as well as students strive to be accepted by our peers, the nursing staff and the facility. Implementing the above strategies should assure the clinical environment is a more positive experience for students.


Healthy Work Environments Make a Difference

The impact of healthy work environments on nurse satisfaction and retention is evident in the literature. In addition, many studies have shown an impact of a positive work environment on patient safety, patient satisfaction and quality care.

Ressources show that nurse work environment greatly influences many factors that affect both the nurse and patient. One key priority in healthcare is the improvement of nurse care. The Institute of Medicine's report (2000) indicated that between 44,000 to 98,000 deaths occur annually due to medical errors. Nurses are an essential component who practice in a complex environment and can impact patient safety through their clinical practice.

At the core of the Pathway to Excellence program is a nursing practice environment that supports shared governance, interdisciplinary collaboration, work-life quality, safety, professional development and work-life balance. The use of these standards in all nursing practice environments will have an impact on predicting nurse burnout.

Each Pathway to Excellence practice standard supports the essential components of a healthy work environment. The evidence indicates that organizations that embrace the elements of a positive nursing practice environment have nurse retention and satisfaction. A key component of a Pathway to Excellence designation is that nurse administrators demonstrated an influence on patient safety and quality care as well. It is evident that a healthy work environment does indeed matter for both nurses and patients.

The Pathway to Excellence Standards

Based on evidence and expert nurse input, the Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are:

1. Nurses Control the Practice of Nursing
2. The Work Environment is Safe and Healthy
3. Systems are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses
5. The Chief Nursing Officer is Qualified and Participates in all Levels
6. Professional Development is Provided and Utilized
7. Competitive Wages/Salaries are in Place
8. Nurse Safety Programs are Established
9. A Balanced Lifestyle is Encouraged
10. Collaborative/Interdisciplinary Relationships are Values and Supported
11. Nurse Managers are Competent and Accountable
12. A Quality Program and Evidence-Based Practices are Utilized

What Makes this Program Unique?

ANCC’s Pathway to Excellence Program® recognizes the critical foundation your organization has established in your practice environment whereas, the Magnet Recognition Program® recognizes excellence in nursing and patient care. Pathway to Excellence standards focus on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses on the job. Written documentation and a confidential, online nurse survey confirm the standards are met.

Is Your Organization Ready?

Use the Pathway to Excellence self-assessment tool at www.nursecredentialing.org to determine if your organization is ready. Please allow 2-3 weeks for application processing.

E-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org if you have questions.

Learn More

Watch for upcoming articles with more information about the Pathway to Excellence program. Topics include:

- The Many Benefits of Pathway to Excellence Designation
- Getting Started: Organizational Assessment and Gap Analysis
- The 12 Practice Standards and Elements of Performance
- How to Apply for Pathway to Excellence Designation
- The Pathway to Excellence Designation Evaluation Process
- Case Study: A Pathway to Excellence Facilitator

About the American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), administers internationally renowned credentialing programs throughout the nursing profession with the resources they need to achieve excellence. ANCC’s internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations that embrace the elements of a positive nursing practice environment; and promote patient safety outcomes. In addition, ANCC’s Institute for Credentialing Innovation provides leading-edge information and education services and products to support its core credentialing programs.

References


March, April-May, 2010
Every year, millions of people around the world witness southern Californian Rose Parade—replete with spectacular floats, marching bands, and equestrian pageantry. But in 2013, a group of nurses is hoping for more: to see a float honoring nurses make its way down the traditional parade route. The Rose Parade is an opportunity to honor nurses worldwide and remind everyone how important nurses are to individual patients and to the health of their communities. For years, the Western States Nurse Network (WSNN), MN, CNOR, an American Nurses Association-California (ANAC) member and treasurer of the non-profit organization, has been campaigning to launch a nurse float.

"We also see the float as a way to recruit people into the profession by highlighting what we do," said Sally Weisbrich, RN, president of Bare Root and a member of the ANAC board of directors. "We encourage nurses in several organizations to get involved and to go to our Web site and contribute to help us meet our goal." Rose Parade floats are extremely complicated structures that cost millions of dollars. They can also be quite expensive. However, Ward added that any monetary requirements would be built into their budget toward scholarships and grants to qualifying organizations.

"Our mission for the float is to honor nurses in a/fabulous opportunity to get nurses and other people excited about the profession," Bixby said. "I'm totally thrilled and honored that my colleagues are proposing nursing during my tenure as tournament president."
Two decades ago, the physicians of the Oklahoma County Medical Society established Hospice of Oklahoma County, Inc. to serve the terminally ill in the local community. In 1996, Hospice of Oklahoma County was serving portions of nine counties in Oklahoma and had an opportunity to grow and develop the hospice program further by affiliating with INTEGRIS Health.

In 1998 Terry Gonsoulin, RN, Executive Director, the hospice board of directors and the hospice leadership team investigated a growing trend across the county, which was to provide hospice care in an inpatient setting. The dream was born to build a hospice house in the Oklahoma City metropolitan area.

After much lobbying, research and work by Terry Gonsoulin, President of the board of directors of the former Oklahoma Hospice Association a law and regulations were written and passed in 2004 by the Oklahoma state legislature that would allow hospice inpatient facilities to be built and regulated in the State of Oklahoma.

Through a generous donation by the INTEGRIS Baptist Medical Center Volunteer Auxiliary they made this dream a reality for the staff of Hospice of Oklahoma County, Inc. in July of 2009 INTEGRIS Health announced that Odyssey Healthcare of Oklahoma, Inc. was being acquired by Hospice of Oklahoma County, an affiliate of INTEGRIS Health. This acquisition provided a unique opportunity to expand the hospice capabilities in a dedicated twelve bed inpatient hospice house.

The INTEGRIS Hospice House is an additional option in end-of-life care when families cannot take care of their loved ones in their own home. When the INTEGRIS Hospice House was first purchased the average daily census was 4 patients and currently the average daily census is 8 patients a day. Depending on the acuity the current staffing ratio is 1 RN to 4 or 5 patients.

Monica Moller, RN, Hospice of Oklahoma County case manager and INTEGRIS Baptist Medical burn center nurse became the clinical manager of the inpatient unit. Ms. Moller brings strong clinical skills in pain and symptom management as well as a compassionate attitude towards her patients and families.

The INTEGRIS Hospice House is located in northwest Oklahoma City at 13920 Quailbrook Drive on the north side of Memorial Road. The 8,500 square foot facility has spacious private suites with cable TV, VCR/DVD players, Wi-Fi connection, bedside reading lights, and private bathrooms along with comfortable seating that converts into a sleeper. A family room is available for our guests with a kitchen and laundry facility. There is also a library, which provides a quiet retreat for families and others who need privacy or simply a place to pray or meditate. Meals are prepared for the patient and one family member.

At Hospice of Oklahoma County, Inc. we recognize the family is an important factor in patient care and the INTEGRIS Hospice House is open twenty-four hours a day for visitors, family and friends. Pets are also recognized as important members of the family and are welcome as scheduled visitors. Pet therapy is also available.

There are primarily two levels of care provided in this facility: inpatient and respite care. Inpatient care is available at the INTEGRIS Hospice House when pain or other distressing symptoms cannot be managed at home, when family situations escalate and the care giving demands of the patient cannot be met or when the terminally ill hospitalized patient needs to transition into end-of-life care. Respite care is short-term inpatient hospice care that provides relief for the caregiver.

Hospice care is covered under Medicare, most private insurance plans, HMO's and other managed care organizations. Hospice of Oklahoma County is a 501 c (3) and also relies on the generosity of others through donations made to the United Way and the Combined Federal Campaign. Funding is also obtained through memorials and grants.

Referrals to the INTEGRIS Hospice House may be initiated by a medical professional, community agent, friend and family member by calling (405) 848-8884. Other hospice agencies may also contract with the INTEGRIS Hospice House to place their patients in the facility for inpatient care.
In resolving conflict forgiveness is the emotional and mental components and reconciliation is the actions as a result of our forgiveness. I believe reconciliation to be all inclusive of the action(s) relating to forgiveness. I think Moore (2003) puts a twist to the idea of reconciliation by moving us to see that forgiveness and reconciliation can be contradictory. For example, if you simply come to terms with what happened, you may have to ask yourself are you able to completely forgive and reconcile or are you simply going through the motions. As a result of thinking through the conflict, one may understand what happened and one may not like it but in order to move forward one must take it internally and decide if they are ready and able to move forward with possible consequences. I believe this is a crucial step that must occur in order to move forward in any relationship, including working relationships. At work some staff simply maneuvers through the motions of forgiving and are not really on board with full forgiveness and reconciliation. My experience with this reaction to conflict tells me that the staff is either not ready or not willing to come to terms with the conflict and what surrounds the conflict. They may choose to go through the motions in lieu of turning internally to evaluate, decipher, forgive and forget. For example, I have seen staff nurses upset with the numbers of nurses working on a given shift that are not the number that the matrix for their unit and that number of patients calls for. Staff become upset, disgruntled and vocalize to each other about their feelings and occasionally do this in inappropriate places and at inappropriate times. They sometimes refuse to help each other, not respond to the another staff member’s needs, and in essence cause more chaos and conflict than if they had just teamed together and got the work done. The following day they may be better able to express their feelings rationally with their supervisor and peers and come to terms that staffing situations are sometimes unavoidable. In their minds I think they believe that the conflict is over and done but I do not think there is real forgiveness. I find that many times nurses internally feel that the staffing shortage is an effort by management to make their lives harder and that no one actually is concerned for their working conditions. Nursing staff can be very confused with power, empowerment and revenge. It is important for leadership to understand conflict, how to work to resolution and the processes considered significant as part of the resolution including forgiveness and reconciliation. The following is quoted from an article in the Times News on July, 2006, forgiveness is the beginning and follows with reconciliation:

The Bible says, “If your enemy is hungry, feed him; if he is thirsty, give him something to drink. In doing this, you will heap burning coals on his head” (Romans 12:20). In other words, by refusing to seek revenge, and treating someone in a way that is opposite to the way they treated us, the cycle can be broken, and peace can begin.

Forgiveness is a process or the result of a process that involves changes in our emotions and attitudes. It is actually what I believe to be the first step in breaking the cycle and precludes reconciliation. According to Abigail & Cahn (2007), forgiveness is an actual letting go of the feelings of retaliation and revenge (p. 232). Forgiveness is characterized by a reduction in the focus and moving from negative to positive feelings. Moore (2003) discusses that forgiveness is actually a change in feelings but certainly does not infer that there will be no consequences as a result of the deed. Moore (2003) believes that forgiveness should likely only occur when there it is merited with good reasons noted. It is actually what I believe to be the first step in breaking the cycle and precludes reconciliation. The following is quoted from an article in the Times News on July, 2006, forgiveness is the beginning and follows with reconciliation:

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Reconciliation as noted by Abigail & Cahn (2007) is a behavioral process where a specific action is taken that follows forgiveness and affords the opportunity to repair a relationship or potentially even create a new one (p. 232). Forgiveness is seen as a mental process that follows conflict where reconciliation is more of the external process or actions associated with our choice to forgive and in my mind to forget. Reconciliation lends us to move forward in our lives and relationships and supports us in regaining the trust and foundation of our relationships with others.
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  Any licensed registered nurse living and/or working in Oklahoma $10.92 per month or $129 annually. Includes membership in and benefits of the American Nurses Association and the ONA District Association.

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I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Oklahoma Nurses Association (and its subsidiaries and affiliates, including its Foundation, District and Political Action Committee) via regular mail, email, telephone, and/or fax.

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  Make check payable to ONA or fill out credit card information below.

- **Charge to My Credit/Debit Card**
  VISA or MasterCard Only.

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  This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA/ONA to withdraw 1/12 of my annual dues and any additional service fees from my account.
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- **Automatic Annual Credit/Debit Card Payment**
  This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize ANA/ONA to charge the credit card listed below for the annual dues on the 1st day of the month when the annual renewal is due.
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Online Registration is available at www.OklahomaNurses.org