Nursing education is critically important as health care moves into the next decade and beyond. In spite of local trends to freeze positions and possibly lay off nurses, there is still a projected shortage of 500,000 nurses by 2025 (1). The nurse educators in academic and clinical settings prepare nurses of the future.

The mission of the Delaware Nurses Association is to advocate for the interest of professional nurses in the state of Delaware. The Delaware Nurses Association is dedicated to serving its membership by defining, developing, promoting and advancing the profession of nursing as an art and science.
Executive Directors Column continued from page 1

The DNA has partnered with InsureEZ to offer our members the best rates in the marketplace for health and dental insurances, term life insurance, auto and homeowners insurance as well as other programs. Please visit www.insureEZ.net/dna or call 1-888-744-2121. The DNA will continue to add to our list of benefits. If there is a product or service you would like the DNA to investigate for a benefit, please give me a call or send an email to sarah@denurses.org.

Congratulations to the Profesional Development and Communcation Education committees! Thanks to the efforts of both committee members, the DNA was re-accredited as an ANCC provider and approver of nursing continuing education for the next four years. Great work!

The DNA has moved forward with partnering other organizations to provide quality continuing education for the nursing community. The Professional Development committee has collaborated with the Delaware Health and Social Services, the Delaware Academy of Family Physicians, the Delaware Academy of Medicine and the National Medical Association to bring you the Cultural Competency Series which runs from March to May. They have also done a great job pulling together the spring APN and DNA conferences into one event with ANA President Becky Patton as the keynote speaker.

The DNA will be working with DTCC-Georgetown campus to develop the Fall DNA conference. Thank you to Kelly Davis, DTCC instructor and DNA delegate for proposing the collaboration and to those DNA members working to make this a fantastic event. Mark your calendars for October 22, 2009.

This is an election year for president-elect, three ANA/DNA delegates, secretary and for members of the nominating committee. Please consider running for office. It is a great way to meet colleagues from around the state and contribute a difference in the direction of the Association. Qualifications and details of each position can be found on the website under the “about” tab. Winners will be announced at the Fall 2009 conference.

The NHOP group also has scheduled two more Medicine Take Back events this year supported by local hospitals. The April 23rd event was held at Christiana Care Hospital and the June 1st event will be held at Bayhealth Medical Center. Thanks to all of the volunteers, the DEA, law enforcement and all those who give their time and resources to make these events possible. A special thanks to Christiana Care Hospital and Bayhealth Medical Center for supporting these events. Without their support these Medicine Take Back events would not be possible.

And lastly, the Delaware Nurses Association license plate. I am hoping that by the time this issue has been printed and distributed, the application will be available for DNA members to apply for the very first Delaware license plate supporting nursing. The first 20 numbers will be retained for a silent auction with proceeds to support the development of the Delaware Nursing Foundation and education scholarships. In order to get this first ever Delaware nursing license plate, you must be a DNA member. Thank you to Chris Poard for his infectious enthusiasm for this project and for helping to make it happen.

Goals: The Delaware Nurses Association will work to:
1. Promote high standards of nursing practice, nursing education, and nursing research.
2. Strengthen the voice of nursing through membership and affiliate organizations.
3. Promote educational opportunities for nurses.
4. Establish collaborative relationships with consumers, health professionals and other advocacy organizations.
5. Safeguard the interests of health care consumers and nurses in the legislative, regulatory, and political arena.
6. Increase consumer understanding of the nursing profession.
7. Serve as an ambassador for the nursing profession.
8. Represent the voice of Delaware nurses in the national arena.
I read a report recently that indicated that even during the current economic downturn nursing jobs are still available. Nursing salaries are improving and there are opportunities in nursing for professional and clinical advancement.

But despite this positive news for Healthcare positions it is still a good time to give your career a "once over". Take these steps to make your career risk proof. Start off by reading this edition of the DNA Reporter carefully and thinking about how you might advance your professional education. I believe it was Florence Nightingale who wrote, "we as nurses are never complete". Don't think of your bachelor's degree as your terminal professional degree. Consider going back to school to add a MSN, DNP or a PhD to your credentials. We are at our best when we are learning and growing; the professional experience that you have gained from your career to this point will add a new level of depth and understanding to your studies you may not have experienced with your earlier degrees. Additionally, your professional practice will change in ways that you cannot even anticipate before you get started.

We celebrated National Certified Nurses Day on March 19th. With this date and Dr. Gretta Style's work in mind, the next career enhancement step I offer is to attain a specialty certification or to help a colleague work to achieve this goal. Even though it takes time, money and effort everyone I talk to readily admits that they understood their nursing specialty better after preparing for a certification exam. Plus it is impossible to quantify the boost in professional confidence that goes along with receiving notification of successfully passing the exam. Start to prepare today, you owe it to yourself and to those who count on you for their care.

Finally think about what you would need to do to be the nurse on your unit that your manager or supervisor could not do without. Start out by imagining that your unit is undergoing some changes and that your personnel file is on your management team's desk. Would your boss fight to keep you on her team? You have control over how you are perceived at work and some ways to ensure it is as an outstanding contributor are to support the goals of your unit and your department, stay on top of your work email, read articles that are pertinent to your specialty, participate in research studies and join committees. Never hesitate to volunteer discretionary effort.

But the most important suggestion I can make is to manage your attitude and your conversations. Try not to bring personal and family problems to work with you and keep your conversations positive and focused on the patients that you are caring for. The words you choose, the level of your conversations and your approach to your work, be it "can do" or "ain't it awful"--are how your peers and your supervisors know you. Making seemingly small changes can result in a big change in your professional image. Your patients, co-workers and management team will thank you for taking these steps to be indispensable.
newly graduated nurses and it pertains to all health care settings that hire new graduates throughout their careers (NCSBN, 2009). Nurse Practice Act, and maintaining their license with information on their scope of practice, the regulation is essential for this model to be successful. Collaboration between education, practice and regulators will be able to provide new graduates with the knowledge and experience necessary for safe nursing practice. The evidence also indicates that effective transition programs reduce costs for employers due to reduced turnover and safer care resulting in more positive patient outcomes.

In March 2009, the progress from the January meeting will be reported at the NCSBN Mid-Year meeting. The Transition to Practice Committee will meet later in March to continue working on this year’s charges. It has been suggested and is anticipated that a pilot of the transition model will be conducted before the project is implemented nationally. Outcomes data will be collected and presented to NCSBN’s membership.

The nurses of Delaware were first introduced to the National Council of State Boards of Nursing (NCSBN) Transition to Practice Program by Dr. Pamela Zickafoose, Nurse Educator Update held at Delaware Technical & Community College-Terry Campus and a relief staff nurse in ICU at Bayhealth Medical Center. She is also President of the Delaware Board of Nursing and a member of the National Council of State Boards of Nursing (NCSBN) Transition to Practice Committee. Dr. Zickafoose can be reached at pzickafo@dtcc.edu or by phone at 302-857-1347.

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The Mission and Administrative Capacity Standard has nine criteria covering issues such as mission, philosophy, program outcomes, communities of interest involvement, partnerships, faculty and student involvement in the department/collaboration, and evaluation of the nursing program administrator; integrity of policies, and the mechanism by which complaints/grievances are handled. There is a requirement that faculty must demonstrate evidence-based teaching and clinical practices. Owens Nursing Department was fortunate to have one of our faculty members, Karen Watts, attend the 2008 Summer Institute on Evidence-Based Practice: Innovation for Quality and Safety in San Antonio. As part of this institute, Ms. Watts was invited to participate in the national consensus-forming expert panel and invitational roundtable whose goal was to define essential evidence-based practice (EBP) competencies to be incorporated into associate degree education. EBP competencies already exist for baccalaureate, masters, and doctoral education and these were used as a starting point. This degree of detail was necessary to define EBP competencies. The associate degree education EBP competencies are expected to be published in 2009. These competencies will help guide the incorporation of EBP into our curriculum. Mrs. Watts has also provided educational programs for the Owens nursing faculty to learn about the basic tenets of EBP. The Standards have seven criteria that encompass policies, student services, student record-keeping, the incorporation of technology and digital information provided to the public; how changes in policies are communicated; how students are oriented to and supported in their initial academic and technical experiences; and the Higher Education Reauthorization Act Title IV which guides financial aid.

The Curriculum Standard has eight criteria covering all aspects of curriculum such as the inclusion of professional standards, guidelines and competencies; the inclusion of clearly articulated student learning outcomes, including the curriculum’s rigor and currency; the inclusion of cultural, ethnic and socially diverse concepts; the evaluation methodologies used; the length of the program; and the appropriateness of clinical experiences to the accomplishment of student learning outcomes. This standard also requires that programs have current best practices and nationally established patient health and safety goals. The Resources Standard has three criteria that assess the fiscal, physical, learning, and technology resources available to faculty and students. These resources are assessed in terms of their adequacy for the completion of program goals.

In 2002, the NLNAC, through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), established the Standards for Accreditation of Nursing Programs. These six criteria, have six criteria that require the measuring and reporting of program outcomes in the areas of NCLEX-RN passage rate, program completion rate, patient satisfaction, and job placement rate. Also in this standard is the requirement for programs to have a comprehensive systematic plan for evaluation of each of the NLNAC standards as well as the student learning and program outcomes. The program must demonstrate that the results of their systematic evaluation plan are used to improve student learning outcomes, and that the results are shared with communities of interest.

The Owens Campus faculty are busy preparing the final draft of their 200-page self study report in response to the 2008 NLNAC Standards. It is an exhaustive process but one that is allowing us the ability to learn from one another and to work together to improve our program.

Submitted by: Tanalla Dykes Paxton, Owens Campus Department Chair/Instructor/Directional

References

Delaware Nurses Association
ANCC Webinars

Last month, ANCC has announced the availability of the new 2009 Accreditation manual. ANCC is planning a series of webinars regarding the changes in the manual and other aspects of the CE ‘business’.

• These webinars will begin on April 29th at 1:00pm (Eastern).
• There will be five webinars of about 90 minutes (each) in length. You may choose to attend each one or only those that are of interest to you.
• The webinars will be presented by MaryMoon Allison, MIHSE, ISN, RN and Pam Dickerson, PhD, RN-BC.

The topics of the webinars are:

• April 29th at 1:00pm EDT: Highlights of 2009 Criteria (lead speaker: MaryMoon Allison)
• May 14th at 1:00pm EDT: Forms and Tools (lead speaker: Pam Dickerson)
• May 28th at 1:00pm EDT: Monitoring Processes/Activities (lead speaker: MaryMoon Allison)
• June 10th at 1:00pm EDT: Retaining CE Business (lead speaker: Pam Dickerson)
• June 29th at 1:00pm EDT: Use of Volunteers in Approver Units (lead speaker: Pam Dickerson)

Registrants for each webinar will receive, via email, the power point slides for the session for which registered. At this time, the registrant will also receive the telephone number and passcode to use for the webinar.

The didactic portion of the presentation will be provided telephonically. Please plan to have computer access at the time you participate in the webinar. Use of cell phones for participation in the webinar is prohibited.

The didactic portion of the webinar will be recorded. It will be accessible for at least 60 days following the webinar. To receive the power point slides and to access the recording, you must contact the ANCC Accreditation Program for the needed information (Slides, telephone number and passcode to use)

There is no cost for these webinars. There is no limit to the number of individuals that may listen in to the webinar.

Please help to ensure these webinars address your questions and concerns. Share your questions/concerns with by April 14th so that appropriate information can incorporate into the presentation. Send comments to sarah@denurses.org.

If you plan to participate, please send your name, phone number and email information along with the session(s) you plan to attend to sarah@denurses.org by April 28, 2009.

Anyone that applies to the DNA for program/organization are strongly encouraged to participate.

Delaware Excellence in Nurse Practice Awards Application

Please remember to review your application in its entirety, as incomplete applications will not be accepted. If you are completing this application electronically, you may use this document as a template for completing the application. Please mark/type where appropriate.

A blind review process will be used for selecting award winners.

Deadline for application submission is June 1, 2009.

Applications may be emailed to nursesexcellence@denurses.org or via US Mail to:
Delaware Nurses Association
5586 Kirkwood Highway
Wilmington, DE 19808

Note: Applications (.doc or pdf format) may be burned to a CD and mailed to the above address. Please keep a copy of your nomination for your records. You will receive a confirmation notice. This confirmation notice ensures that we’ve received your nomination and no further action will be necessary on your part.

A. I am nominating ________________________________ for the category of:

☐ Acute Care-Hospital based
☐ Long Term Care-SNF, Hospice
☐ Community-Based Care-Home
☐ New Nurse Graduate
☐ Advanced Practice Nurse
☐ Nurse Leader/Manager
☐ Nurse Educator

A new nurse graduate is classified as an individual who has successfully passed the NCLEX exam and has been employed in the nursing field for less than twelve (12) months.

The candidate is employed by ________________________________
Unit: ____________________________

Home Address: ______________________
Email: ____________________________

Please provide a brief paragraph under each statement. Your responses should be carefully written and include elements of the scoring criteria listed below.

B. State in your own words how this candidate exhibits Excellence in Nursing. Please do not refer to the nominee or their employer by name in this portion of the nomination.

C. Tell us about a specific situation where this candidate has gone above and beyond in their area of work. Please do not refer to the nominee or their employer by name in this portion of the nomination.

D. If submitting for the Nurse Educator category, please address one of the following:

• Describe the nominee's scholarly activities: this may include the conduct and dissemination of research; presentations at local and regional conferences; or integration and synthesis of past research.

• Describe how the nominee has assessed learning needs of groups or individuals, developed and implemented programs and provided outcome analysis based on established Educational Design Criteria.

E. Identify other professional qualities that the candidate has shown in his/her profession (check all that apply).

☐ Leadership activities
☐ Participation in research activities
☐ Membership in professional organizations
☐ Involvement in continuing education activities, such as presenting lectures and publishing research.
☐ Community service or volunteer activities
☐ Other ______

Please attach any additional information to support each quality selected with comments, awards, media items, and noteworthy events that you would like the selection committee to consider.

F. Your Information

Name: ________________________________

Employed by _________________________________________________________________  Unit: ____________________

Work Phone: (      ) _________________ Home Phone: (      )_________________
Email: _____________________________

Thank you for your nomination. Please visit www.denurses.org for the time and location of the awards ceremony.

Scoring Criteria

Nurse Leader

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Nurse Educator

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New Nurse Graduate

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House of Representatives

**House Bill #75**
This Bill allows each competent adult patient to receive visits in a Hospital, nursing home or nursing facility from any individual from whom the patient desires to receive visits, subject to certain restrictions set forth in a visitation policy related to the patient's medical condition, the number of visitors simultaneously permitted in a patient's room, and visitation hours and/or of a Court. In addition, shall apply to all the Hospitals and home or facility to honor advance health-care directives and any similar documents, subject to certain limitations set forth in the Bill.

**House Bill #69**
This Bill establishes a career training program for direct care staff providing long-term care services to enhance consumer care and satisfaction with improved employee training and retention. This Bill is modeled after a similar act in Pennsylvania.

**House Bill #64**
This Bill enables small businesses in the State, such as school bus contracting businesses, to participate in the State Group Health Insurance Program at no cost to the State, effective July 1, 2009.

**House Bill #44 w/HA 1**
This Act authorizes the State Fire Prevention Commission to incorporate a non-profit, non-stock corporation for the purpose of establishing, administering and operating an overnight camp devoted to helping young people who have suffered severe burns deal with the physical and emotional issues arising from such injuries. (passed)

**House Bill #42**
This Act creates the Delaware Psychiatric Center Authority and removes the Center from the purview of the Department of Health and Social Services.

**House Bill #41**
As the State mental health delivery system evolves from a primarily institutional to a community-based model, it is important to define minimum patient rights in community facilities. This Act establishes a community mental health treatment act with rights paralleling those of patients in the substance abuse treatment system compiled in Chapter 22 of Title 16 of the Delaware Code.

**House Bill #39**
Currently statutory anti-retaliation and protective provisions for patients and others only apply to licensed long-term care (LTC) facilities. Only part of the Delaware Psychiatric Center (DPC) is a licensed LTC facility. This Bill, to protect all patients and employees at DPC, applies such protections to all the DPC facilities.

**House Bill #38**
This Bill requires mental hospitals and residential centers covered by the Mental Health Patients’ Bill of Rights Act to report deaths and critical incidents to the State Protection & Advocacy Agency which is authorized by federal law to investigate such occurrences.

**House Bill #37**
This Bill adds various protections to the Mental Health Patients’ Bill of Rights Act, including safeguards in administration of restraint and requirement of an enhanced patient grievance system for DPC patients.

**House Bill #36**
This Bill clarifies the role of the Community Legal Aid Society, Inc. (CLASI), designated for the past 30 years as Delaware’s Protection and Advocacy Agency pursuant to federal law, in protecting patients and residents in nursing and similar facilities. As a complement to the existing protective system operated by the Department of Health and Social Services, CLASI is authorized to solicit and investigate reports of abuse, neglect, mistreatment and financial exploitation in covered facilities. Finally, the Bill deters interference and retaliation against persons cooperating with such investigations.

**House Bill #34**
This Bill creates a committee to assess deaths of individuals receiving residential mental health services through the Division of Substance Abuse and Mental Health or funded private providers.

**House Concurrent Resolution #2**
This Concurrent Resolution urges Congress and the President of the United States to enact the National Health Insurance Act. The Resolution to be provided to the Delaware Congressional delegation and the President of the United States.

**Environmental Issues**

**House Bill #24**
The purpose of this legislation is to ensure that all hazardous waste generated in this State is treated, stored, or disposed of in a safe manner that is protective of public health and the environment, and according to all existing and future federal standards. The legislation is also designed to prevent hazardous waste generated in this State from being sent outside of the United States to countries where health and environmental standards may not be equal to standards in this country.

**House Bill #70**
This Bill bans the use of covenants or other restrictions to prohibit the installation of wind systems in Delaware and sets minimum requirements for such operations.

**Senate**

**Senate Bill #18**
This Bill removes the provision that participants in the Delaware Healthy Children Program pay a premium to participate, while allowing the Department of Health and Social Services to consider instituting minimal co-payments for health services in order to recover a portion of the revenue that would be lost due to the absence of premium payments. Removing the premium payment may reverse declining enrollment in the Program and increase the number of children in Delaware who have health insurance coverage.

**Federal Level**

**House of Representatives**

**House Bill #17**
This Bill creates a statewide health insurance purchasing pool to allow individuals and small businesses to obtain the most favorable premiums possible from the private insurance market.

**Senate**

**S. CON. RES. 6**
Expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met.

**S. 275**
Children’s Health Insurance Program Reauthorization Act of 2009–Amends title XXI (State Children’s Health Insurance Program) (SCHIP) of the Social Security Act (SSA) to reauthorize the program (referred to in this Act as CHIP) through FY2013 at increased levels. Passed by Both House and Senate

Sources
http://www.house.gov/
http://legis.delaware.gov/
Facing the Challenge of Retention

Kathy Sokola, MS RN CNE

Nursing programs across the country have expanded to address the nursing shortage. At the local level, the expansion of the nursing program at the Stanton campus of Delaware Technical & Community College (DTCC) has also been driven by the demands for more nurses in the health care system. With increasing numbers of students entering nursing many, new challenges have faced faculty and even greater emphasis has been placed on one of the most complex challenges for any nursing program. That challenge is retention. Like all nursing programs, DTCC strives to ensure that as many students as possible remain in the program, successfully graduate, and enter the professional work force. At Stanton, several initiatives have been implemented to assist with attaining this goal. These include the development of a retention coordinator position, a mechanism for identifying students at risk of failure, the institution of a supplemental instruction program, the creation of a nursing education internship program, and the engagement of students in creative learning strategies that address a diverse, multi-generational student body with varied learning styles.

One of the first initiatives to focus on the issue of retention was based on the realization that the highest attrition rates for nursing students occurred in the first level nursing courses. Our Student Issues Committee worked to identify factors predictive of student failure and then adapted an algorithm with permission from the works of Vicki Ann McDonald to guide interventions. At-risk students are identified by the Instructional Coordinator using established criteria as they enter the nursing program. The Instructional Coordinator then notifies the faculty advisor who follows the algorithm for making contacts with the student and selecting appropriate actions to assist the student based on the student’s progress and personal needs. Faculty advisors, Student Issues Committee, and the Retention Coordinator work collaboratively to monitor the progress of these students.

The position of Retention Coordinator was created to provide clinical nursing students with a resource person to assist them when they encounter problems that could affect their ability to successfully complete the nursing program. The Retention Coordinator maintains an active database of all students in the program and collaborates with faculty to monitor academic and clinical progress. In addition, this faculty member assists students with math competency and test taking strategies and provides an open atmosphere for students to discuss personal issues that may impede success. The Retention Coordinator also has the responsibility for overseeing one of the major initiatives to increase retention – the Supplemental Instruction Program in Nursing (SIP-N).

SIP-N was based on the recognition that many nursing students require reinforcement of information to develop the confidence and skills needed to successfully complete the clinical nursing courses. Grant funding received from The Good Samaritan, Inc. Foundation in 2005 provided the stimulus for this program. Through SIP-N students have the opportunity to partake in free supplemental instruction each week. SIP-N sessions are arranged by the Retention Coordinator and are taught by practicing registered nurses, many of whom are graduates of the program. During these voluntary sessions, students bring questions about difficult material, and the instructors facilitate discussion around key concepts, helping students manage and interpret complex information. The sessions are designed to help students develop problem-solving and critical thinking skills that are necessary to successfully complete clinical nursing courses and that are essential in preparing for NCLEX-RN. To obtain the most benefit from SIP-N, students are encouraged to attend sessions on a regular basis. Through frequent participation, students have the opportunity to master class content in a timely manner. Students who attend three or more SIP-N sessions prior to an exam generally score higher than those who do not.

In addition to SIP-N, students may seek assistance and support from the nursing education intern. The Nursing Education Internship program was initially created to address the growing shortage of nursing faculty by generating an early interest in nursing education as a career choice among undergraduate students. The goal was to provide the opportunity for students to explore the teaching career while still a student in the nursing program. However, it serves an additional purpose in the area of retention. Students entering their last semester of nursing are eligible to apply for the internship position with faculty making the final selection. The intern mentors and supports students at the earlier levels through small group sessions that assist with mastery of course content through a structured tutoring program. This program has been very popular. Some students prefer the smaller groups over larger numbers of students attending SIP-N, and other students use both programs as resources to help them be successful. Students relate well to having a peer who has experienced some of the same frustrations and hurdles providing first hand guidance. The interns receive monetary assistance for their participation through DTCC’s Peer Tutoring Program. The interns work closely with the Retention Coordinator and faculty members, who provide oversight for the program and resources for the interns.

The goal of retaining students has led to the development of several support groups to help students address unique issues and to foster networking. A Men in Nursing group, led by a male faculty member who is a former graduate, is an informal group that provides male nursing students with support and encouragement during their pursuit of a nursing career. The group promotes the positive image of men in nursing, offers academic and employment advice, and works collaboratively to promote men’s health in the community. An LPN Support Group was initiated after LPNs entering the program through advanced placement identified a need for assistance with the transition to the program and to the role of the student. A support group for international students is being investigated.

Initiatives to improve retention are also found in the classroom. Faculty has worked hard to address the various learning styles of students. A personal response system has been purchased and will soon be implemented to increase engagement of students in the classroom. The Campus Lab Coordinator has worked diligently to integrate high fidelity simulation into the curriculum, offering students a strategy for developing critical thinking and decision making skills under complex and realistic situations. The Campus Lab Coordinator has made Saturday morning lab hours available with a full time faculty member in attendance to assist students with skill acquisition. This is very popular with first semester students and helps with their socialization into the program. Home Health Care labs, Critical Thinking Simulations and the creative integration of technology offer students multiple modalities for learning according to their individual styles.

Through all of these efforts, the nursing program at DTCC Stanton campus is working to improve the retention of its nursing students. Faculty will continue to seek innovative ways to help students achieve success.
Since 2003, the American Nurses Association (ANA) has been an advocate for the implementation of safe patient handling work environments for all nurses. The position statement titled "The elimination of manual patient handling to prevent work-related musculoskeletal disorders" was approved by the ANA Board of Directors in June 2003. Many evidenced based articles have been published to support the need for widespread adoption of Safe Patient Handling and Movement (SPHM) practices.

Safe patient handling is the "application of evidenced based strategies to reduce the risk(s) associated with manual patient handling." These strategies include the use of equipment, such as ceiling lifts, portable lifts, friction reducing devices, motorized stretchers, etc. as well as the staff education and ongoing support needed to assure that the equipment is used safely and effectively. Nursing staff must also be instructed on patient assessment criteria and the use of decision trees or algorithms to choose the appropriate equipment.

In the state of Delaware, acute care hospitals vary in the degree of formal integration of SPHM practices, staff education and equipment. Long term care facilities have incorporated the use of mobile lift equipment in their facilities for several years.

As recently as 2004, schools of nursing were still teaching proper body mechanics as the safe way to lift, move and transport patients, even though the nursing profession ranked high as an occupation with work related musculoskeletal disorders. In the fall of 2004 an invitation to submit an application to participate in a research study titled "Development and evaluation of a safe patient handling and movement curriculum" was disseminated to schools of nursing throughout the United States. This research study was a joint effort between the ANA, the National Institute of Occupational Safety and Health, and the Veterans Integrated Service Network 8. The faculty of the Department of Nursing at Wesley College submitted an application and Wesley was chosen as one of 26 schools nationwide to participate in this research study.

In March 2005, nursing faculty members from the chosen schools attended the 5th Annual Safe Patient Handling and Movement Conference in Tampa, Florida. They received training during the general educational sessions and specific training on the required activities involved in the research study. In the spring and summer of 2005, Wesley completed the IRB approvals and reviewed the Foundations of Nursing (NR214) course content to allow for the time needed to include the pre-test, SPHM educational module, and post test. Several lifting equipment companies offered to participate in this study and were each assigned to specific schools of nursing. The companies delivered and installed their equipment over the summer.

In November 2005, students in the NR214 course completed the SPHM module. The nursing faculty also completed faculty specific pre-tests and post-tests. Students were enthusiastic about learning how to use the lifting equipment. One consistent comment in the module evaluation, however, was the disconnect between the principles of SPHM and what they were encountering as student nurses in the "real world.

A subsequent study, titled "Faculty perceptions of implementing an evidence-based safe patient handling nursing curriculum module" was completed in 2007. In this study, participating nursing faculty identified two barriers to the inclusion of the SPHM concepts into a nursing curriculum. One barrier reported was "...the difficulty of fitting one more thing into an already crowded curriculum." The other barrier was "the challenge of working with faculty colleagues who did not attend the train the trainer program and insisted on keeping the paradigm of relying on body mechanics as the primary means of preventing injury." These barriers were not encountered at Wesley College.

At the end of the 2005-2006 school year, the Wesley nursing faculty discussed the appropriate placement of the SPHM concepts in the nursing curriculum and decided that a better fit would be to include this topic in the Health Assessment and Health Promotion (NR109) course, since the focus of SPHM is a health promotion/injury prevention activity for nurses. It continues to be included in this course.

The nursing faculty chose to emphasize the importance of patient safety and prevention of musculoskeletal injuries in nurses. Thus, SPHM concepts should be interwoven into each level of the nursing curriculum at Wesley. This is the current plan: Freshmen receive an introduction to the concepts of SPHM and hands on instruction in the safe use of lifting equipment. In the sophomore year, a representative from the Christiana Care's PEEPS program provides a mandatory in-service to students to meet the competency requirements of clinical affiliation with this agency. The junior nursing students have a dedicated skills day each year. Groups of students are assigned a specific skill which they have already mastered. They are required to demonstrate and research this skill with an emphasis on patient safety, current regulatory or accreditation standards, risk management issues, and real world problems related to the actual day to day performance of the skill. Safe patient handling is always one of the skills included. Senior level students also must pass a final skills test and safe patient handling is included in this test.

In addition to course work, the students volunteer each year to offer a Girl Scout Badge in Nursing to brownies, junior, cadets, and senior girl scouts. One of the popular stations included in the badge workshops involves having the scouts learn to use the lifting equipment. In November of 2005, Wesley’s Tau Beta Chapter of Sigma Theta Tau International sponsored a conference on Safe Patient Handling and Movement. Junior and senior students in the undergraduate program and students in the graduate program participated in this conference.

The nursing faculty and students at Wesley College have not only incorporated the SPHM concepts into the nursing curriculum, but have truly embraced these concepts as a critical part of their nursing practice.

References

Mentoring: The Continuation of Professional Development

Michelle L. Collins, MSN, RN, BC

Michelle L. Collins earned her BSN and MSN from the University of Delaware. She is board certified in Nursing Professional Development and has worked as a nursing educator for over 10 years. She is currently the Nursing Orientation Coordinator at Christiana Care Health System and works with nursing educators throughout the organization to provide quality educational content and programming for nurses. She is also responsible for the oversight of all nursing and paramedic student clinical experiences within Christiana Care. Michelle can be reach by email at mcollins@christianacare.org.

The retention of graduate nurses (GNs) is crucial to hospitals’ survival as nursing workforce demands increase and retirement of the baby boomer nursing workforce looms (Altier & Krsek, 2006). Specialized internships or residency programs that extend the length of GN orientation and provide for additional educational classes are important retention tools. However, mentoring is a more universal retention tool as healthcare agencies that provide mentoring can potentially influence every nurse’s professional development as well as every GN’s transition to nursing practice. Parse (2002) described mentoring as “a moment-to-moment process that arises... when two or more presences engage in a dialogue about a scholarly opportunity or a career choice” (p. 97). Both of these definitions rely on nurses willingly supporting each other with long-term measurable outcomes in mind.

Hurst and Koplin-Baucum (2003) described the mentoring program at Banner Good Samaritan Medical Center as an 18-month support system for new registered nurses (RNs). A mentor was selected by the new RN upon completion of the three month precept orientation. Mentors attended a six hour workshop during which the phases of the mentor relationship, program tools, and an overview on dealing with difficult situations were provided. Mentees were aided in their professional development by their mentors through facilitation of decision making, role modeling, behavior evaluation, and skill development. Identification of improvement opportunities, and participation in professional organizations. A database maintained by the program coordinator recorded the contact information for each participant and tracked the evaluation dates of each pair on an six month program interval. The authors did not denote the total number of participants, the mentor selection process, or whether a mentor may be paired with more than one new RN. They indicated a 3.1% reduction in nurse turnover after one year. Anecdotal feedback from mentors revealed their deeper sense of professionalism and mentees reported less social stress during their first year of employment.

Wagner and Seymour (2007) indicated that “when guided by a caring framework of trust, commitment, compassion, and competence, mentoring [is] a caring action [that] builds healthy relationships and energizes environments” (p. 211). The authors described how Emerson Hospital, Fitchburg State College, and Middlesex Community College collaborated to provide a student nurse to RN mentorship program supported by the Nursing Career Ladder Initiative federal grant. The program’s goal was to improve the success rate of students at risk of failing through the influence of seasoned direct care nurses. It was marketed to the hospital’s nursing leadership team and its nursing councils. The program consisted of a workshop, mentoring activities for the student-nurse pairs, and monthly group meetings. Vocal mentor application forms were circulated by the hospital’s nurse managers; however, no professional criteria for acceptance were denoted by the authors. Selected mentors received an unspecifed stipend and paid workshop time. The college and hospital coordinators matched the mentor-mentee pairs based on their profile forms which indicated their personal interests and experience level. Each pair was required to have weekly personal contact and electronic or telephone contact weekly. These communications were documented on a tracking tool that calculated the time spent and the status of the mentor-mentee relationship. Eleven of fifteen students successfully completed the one year program.

Latham, Hogan, and Ringl (2008) described a three year relationship between one academic institution and two non-affiliated hospitals. The partnership focused on improving the nurse workforce environment through development of a mentoring program which was not specifically geared towards GNs. A steering committee identified the criteria for mentor and mentee applications and created a website for monitoring the mentor-mentee teams which also contained a discussion forum, personal web pages, and mentoring newsletters. Two eight-hour education sessions were provided to emphasize mentoring as a minimum one year commitment for the mentor and mentee, practice interpersonal skills, select pairs through review of personal web pages, review the partnership agreement, and develop mutual mentor-mentee goals. Mentors were provided paid class time with continuing education credits and they were invited to a two-hour nursing leadership meeting quarterly to share their concerns and recommendations for the program. A total of 92 pairs completed the program over the three years of the project. Program mentors were successful in supporting their fellow nurses and also improved the work environment as a secondary benefit.

Christiana Care Health System (CCHS) has recently revitalized its RN mentorship program which many nurses need to continue their professional development as well as many nurses need to continue their professional development in assuming advanced roles in nursing practice, education, administration, or research. Higher job satisfaction, personal and professional growth, and improved socialization to hospital culture are some of the many benefits of mentoring (Dyer, 2008).


Wagner, AL, & Seymour, ME. A model of caring mentorship for nursing. JNSD. 2007; 23: 201-211.

Visit us on the web anytime at www.denurses.org.
As with many national initiatives, the call for standardization of colored wristbands has its detractors. The Patient Safety Advisory argued that the use of color-coded patient wristbands created unnecessary risk. When wristbands are used to convey medical information erroneously or accidentally, clinicians may not notice wristbands and may provide treatment inconsistent with the patient’s condition or preferences. Additionally, wristbands may be temporarily removed during medical procedures and not be replaced. Wristbands may be applied in error such as in Pennsylvania’s landmark case. Suggestions made to minimize error, should colored-wristbands be adopted by a healthcare facility, include:1

- Limit the number of colors in use on patient wristbands.
- Standardize the meanings of specific colors among health care facilities.
- Use only primary and secondary colors.
- Use brief, pre-printed descriptive text on the wristband to provide clarification to clinicians.
- Emboss or pre-print text. Handwriting on wristbands should only be done in an emergency.
- If your facility uses wristbands for pediatric patients that relate to the Broselow color-coding system for pediatric resuscitation charts, consider color standardization for the Broselow bands, most likely used in the Emergency Departments, Pediatrics, and Neonatal Intensive Care, and the other colored-wristbands your facility uses.
- Explain to the patient and/or families the purpose of all wristbands. This provides an opportunity for errors to be identified. This also reinforces the facilities commitment to promoting a culture of safety by encouraging patients and their families to participate in efforts to prevent errors.
- Ask patients to remove the social-cause bracelets that are popular today by explaining the confusion to staff and unsafe situations for patients who refuse to remove the social-cause bracelets.
- Staff should periodically reconfirm with the patient and family the meaning of the colored wristbands and the goal for creating a safe patient environment.
- Consider making wristband verification part of the nursing assessment during shift change.
- Write clear and concise polices and procedures that outline who has the responsibility and authority to place and remove all wristbands on patients and that all staff have a role in making sure any errors or omissions are quickly corrected.

Of course, these statements can be viewed as barriers to why you should beware of moving forward with this safety initiative. However, they could also be interpreted as pitfalls to avoid when defining your facility’s location in comparison to your peer organizations. Does your facility share borders with several states? Facilities that reside in close proximity should consider if their patient population is likely to transfer between Delaware, New Jersey, Pennsylvania, or Maryland as your care delivery processes might benefit from this safety initiative. Next, consider the position statements and recommendations from the national associations that govern your practice. The American Organization of Nurses Executives (AONE), a subsidiary of the American Hospital Association (AHA), affirms that America’s hospitals are committed to delivering patient safety. As the national advocate for America’s hospitals, the AHA is asking all hospitals to consider using three-standardized colors for patient alert wristbands. The colors, which have been adopted as a consensus in numerous states are: red for patient allergies; yellow for risk to fall; and purple for do-not-resuscitate patient preferences.

The AHA also reminds hospitals that the colored wristband is an alert and the patient status should always be verified with information from the patient’s chart. Communication with the patient and the patient’s family is critical for the success of your safety initiative. Designated staff should be informed of the reason behind the color, the meaning behind the standard colors for patient alert wristbands. The importance of a nurse who can act as the teacher and discuss the risk associated with the patient’s wearing of social-causes bracelets while an inpatient cannot be minimized. Finally, the organization must be willing to commit both time and fiscal support for the education of all employees who participate in patient care activities. This includes the Environmental Service worker who spies a yellow wristband and understands that this patient is at risk to fall or the anaphylaxis reaction that is averted because the technician participating in a procedure has identified the green wristband and knows to provide a latex free environment for this patient.

References:
3. FDA patient safety news. 2006. 7-8
5. Wristband color standardization. Colorado Foundation for Medical Care. AHRQ. Identification of Inpatient Do Not Resuscitate Status; a safety hazard begging for standardization.
If Nursing is a Sea of Possibilities, Why Am I Still Adrift?

Tracy Patrick-Panchelli, BSN, RN-BC, CPN

TracyPatrick-Panchelli

If what one doesn't know might hurt them, we should all be worried. And so it is with nursing and the need to assimilate rapid, ongoing change. Fortunately, our profession offers an infinite array of possibilities to help us both insulate and advance with the Philadelphia Chapter Board of Directors. AALNC is a mark of professionalism and leads to opportunities to apply them to income-generating work while decreasing my hospital work hours in order to care for young children at home. Legal nursing consulting seemed a natural fit and I pursued distance education in this specialty, eventually earning a diploma in 2001. I have now been a nurse for fifteen years. My commitment to improving care and systems. I have been afforded the opportunity to develop in the face of the nursing shortage in general, the aging of our nursing workforce— particularly the nurse educator workforce, the lack of training in research and evidence-based practice arenas, the need to assimilate rapid, ongoing change. The top reason that thousands of qualified applicants are not being admitted to 4 year programs is the lack of faculty (62% of schools, responding) to prepare them (AACN, 2009). If the nursing shortage is not being resolved as well. The time has come; the time is now. Consider the nurse educator role.

In Delaware, the commitment to enhance the nurse educator role and to contribute to resolving the shortage of nurse faculty is evident in the efforts made by the Delaware Nurses Association. Lucille recently completed her term as President of the Delaware Board of Nursing and is a former vice-president and president of the Delaware Nurses Association. She is an accreditation visitor for the NLN and currently serves on the American Association of Colleges of Nursing (AACN) for Nursing Learning Excellence in your Institution. (AACN, 2008) Lucille has been a leader in the development of nursing education programs and is a co-founder and president of the Delaware Association of Legal Nurse Consultants and the Academy of Nursing Education. The fellows chosen for this honor are nurse faculty leaders who have contributed to nursing education in a sustained and significant manner (NLN, 2008). The Academy selected its third class of fellows this past September. The NLN has likewise made significant effort to elevate the status of the nurse educator role. Its comprehensive web-based program called the Education Scholar (www.educationscholar.org) is an opportunity to advance one's teaching skills, professional scholarship, and improve instructional capability (AACN, 2008). Modules in the program span topics that include, for example, Facilitating Learning in the Classroom, Teaching the Experiential Setting, and Promoting Teaching and Learning Excellence in your Institution. (AACN, 2008) The NLN began the certification process for nurse educators in 2001. Starting my own business was a skill set I did not have when I first started, but as I took more courses in health policy and leadership strategies, I was able to build my skill set and become a nurse expert quickly became my niche and I in turn, realized that I had a passion for patient advocacy. I was thrilled when I was recognized as an expert in the specialty field and that my view of nursing as a profession and its integral role in the healthcare environment was broadening, evoking new opportunities for professional colleagues.

I have one final suggestion for those who are considering nursing as a career. Build your network. It is a valuable skill to help you with job hunting and interviewing for a new position. It is also helpful to have a network of professional colleagues.
Purpose

The population of the United States is becoming increasingly diverse. By the year 2050, the majority of the nation’s residents will be minority. Because healthcare organizations and providers are challenged with responding to the needs of individuals with culturally diverse values, beliefs, and behaviors, a series of workshops will be scheduled for the purpose of building a culturally competent healthcare system in Delaware.

Goal

This series of workshops will increase the cultural competence of health care professionals and organizations by raising awareness of cultural issues that impact the delivery of health services and providing strategies that improve health outcomes.

Learning Objectives

At the conclusion of each session, participants will:

- Understand the central role of cultural competence in the provision of quality health care to diverse populations
- Learn effective cultural communication strategies that enhance trust between patient and health care provider
- Understand how cultural differences between patient and provider affect the patient-provider relationship
- Learn practical methods to address cultural challenges faced when caring for diverse patients

Who Should Attend:

Physicians  Skilled and service workers
Nurses  Community Health Centers
Social workers  Students
Community-based/Non profit workers

Upcoming Session Dates:

May 7, 2009—Georgetown (8:00am–10:00am)
Registration begins at 7:30am

Topic: Cultural Competence in Health & Social Services
Del Tech & Community College (Owens Campus)
Seashore Highway, Rt. 18, Georgetown, DE

Speakers:
Horace M. DeLisser, MD, University of PA
Marlene Saunders, DSW, MSW DSU, College of Health & Public Policy

*Continental breakfast served

May 19, 2009—Newark (8:00am–10:00am)
Registration begins at 7:30am

Topic: Creating a Culturally Sensitive Health Care Environment
John Ammon Education Center
Christiana Care Health Systems
4765 Ogletown-Stanton Road, Newark, DE

Speakers:
Ana E. Núñez, MD Drexel University College of Medicine
Marcos Pesquera, RPh, MPH Adventist HealthCare, Inc.

*Continental breakfast served

The Cultural Competency Education Series is being developed by the Delaware Division of Public Health in partnership with the Delaware Nurses Association and the Delaware Academy of Family Physicians.

Supporting Agencies:
Chi Eta Phi Nursing Sorority
DSU, College of Health and Public Policy
Del Tech School of Nursing
National Social Workers Association, DE Chapter

For More Information, please contact:
Event Coordinator
Social Solutions LLC
(302) 239-4666
socialsolutions1@gmail.com

ACCREDITATION STATEMENT

Application has been filed with the American Academy of Family Physicians. Determination of credit is pending. The Delaware Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. CME/CEU credit hours available.

ENROLLMENT FORM - DELAWARE CULTURAL COMPETENCY EDUCATION SERIES

Pre-Registration Required

Name ____________________________________________
Address ____________________________________________
Phone# ____________________________________________ E-mail __________________________

Individual sessions $15.00 General Public
$5.00 for residents & students
DAPF / DNA / NMA Members (Complimentary)

Total fee enclosed $ __________________________
Dates (if signing up for individual sessions) __________________________

Mail to: Delaware Nurses Association
5586 Kirkwood Highway • Wilmington, DE 19808
(800) 381-0939 • (302) 998-3141 (Phone) • (302) 998-3143 (Fax)

Visit www.denurses.org to register online.
Eligibility Requirements for Candidates

Each candidate must be a member of the Delaware Nurses Association in good standing. Interested members should have some experience participating in the organization. Full Members as defined in the Association bylaws is described as:

1. A person who has been granted a license to practice as a registered nurse in at least one state, territory, possession or the District of Columbia in the United States, and who does not have a license under suspension or revocation in any state, territory, possession or District of Columbia in the United States.

2. A person who has completed a nursing education program that qualifies the applicant to take a DNA-accepted nursing board examination for registered nurse licensure as a first time writer.

3. Membership is unrestricted by consideration of age, creed, disability, gender, health status, lifestyle, race, nationality, religion, or sexual orientation.

4. Provide for implementation of action and directive of DNA membership.

5. Establish policies and provide for the transaction of business and coordination of association activities in the interim between the general membership meetings.

6. Provide for adoption of financial policies.

President-Elect — This position serves concurrently as an elected ANA Delegate. The President-Elect works in close collaboration with the President and actively participates in committees of the DNA. This is a one (1) year term until the president position is assumed. The president’s term is for two (2) years with an additional one (1) year as past-president.

Vice-President — In the absence of the President, assumes the duties of the President. This person is responsible for any duties assigned by the Board of Directors and/or President. This is a two-year term.

Treasurer — The Treasurer is required to monitor and report on the finances of the association to the Board. The treasurer also reports on the finances at the general membership meetings. This is a two-year term.

At Large Director/Alternate ANA Delegate (2 positions) The Alternate assumes the duties of the delegate in the event that the delegate is unable to attend board meetings as called by the president, general membership meetings, and national meetings (as applicable for the position). Special meetings and ad-hoc committee assignments would be in addition to those commitments. Added time commitments vary depending on the depth to which individual issues are pursued.

Nomination Procedure

Nominations are open for nominations for the following positions on the Board of Directors for the Delaware Nurses Association:

1. The President is elected to a two-year term and cannot attend the national House of Delegates.

2. The nomination form includes the candidate’s name, his/her consent to run.

3. Candidate information is completed as instructed on the pages provided.

4. The completed nomination form is received by the Delaware Nurses Association 5586 Kirkwood Highway, Wilmington, Delaware 19808, by 4:00 p.m. on Friday, October 16, 2009. Forms received after that date will not be considered.

Signature _______________________________________________________________

Date ____________________________

Name (please print) ________________________________________________

Address ____________________________________________________________

Phone (work) ____________________________

Phone (home) ____________________________

Please supply the following information to be printed and distributed to the membership prior to the elections. Please include an electronic photo that will be printed with your brief biography.

Educational Preparation:

Current Employer: ____________________________

Current Position: ____________________________

Employment background in nursing:

Current or previous DNA involvement:

Position statement (75 words or less):

Please contact the Delaware Nurses Association with any questions at (302) 998-3141.
Nurses are both obligated and privileged to educate themselves and their constituents. As educators, nurses must continuously be curious— to raise questions about their practice, profession, interests, and prospects. Nurses must be active and proactive to be aware, find, employ, and communicate a variety of methods and resources to fulfill knowledge and education needs. Nurses must also serve as writers, reviewers, editors, researchers, etc. In order to contribute to and advance nursing information and resources. Nursing is dynamic; thus nurses as educators must precede and supersede those dynamics so that we can be superlative role models in our profession.

This column features a variety of resources that we can use to first educate ourselves. Then, nurses have quintessential obligations to ignite a spark of natural and necessary curiosity at many levels (i.e., among ourselves, clients, families, colleagues, students, organizations, and local and global communities). We can fuel that spark and perpetuate lifelong learning as we enact our obligations and privileges as nurse educators.

LISTSERVS—electronic subscriptions that automatically deliver to your e-mail

American Nurses Association (ANA) @ http://www.nursingworld.org/ members can subscribe to The Daily "SmartBrief" listserv which summarizes daily news reports. Supportive verbs such as primary care, manage, care, mental health, patient safety & quality. Minority health, child/adolescent health, women's health, preventive health, chronic disease, costs & financing.

AIHRG’s Health Care Innovations Exchange @ http://www.innovations.ahrq.gov/ profiles new ideas to improve patient care delivery. The innovations are carefully described and evidence-rated.

Learn and Network connects users to literature, guest perspectives, Webinars, and podcasts.

MULTIPLE INFORMATION MEDIA—reports, newsletters, audits, training guides, health information, clinical trials, professional organization resources.

Robert Wood Johnson Foundation (RWJF) @ http://www.rwjf.org/ Program areas: building human capital, childhood obesity, healthcare coverage, public health, vulnerable populations, quality/equality, pioneer/innovative solutions.

(1) Newsroom releases audio, video, articles, and commentaries. For example, Feb 2009—report about how tobacco companies have increased marketing report on projects & progress), Content Alerts about projects & progress, Synthesis report on projects & progress), Content Alerts about projects & progress, Synthesis report on projects & progress), Content Alerts about projects & progress, Synthesis report on projects & progress), Content Alerts about projects & progress, Synthesis report on projects & progress), Content Alerts about projects & progress, Synthesis report on projects & progress).

American Association for Longterm Care Nursing @ http://www.ltcnursing.org/—Education resources @ http://www.ltcnursing.org/education/educationalresources.html

For example, nurse guide for longterm care educators, patient safety resources, fall risk reduction toolkit, results of longterm care leader survey

Mayo Clinic home page and link to subscribe to a newsletter @ http://www.mayoclinic.org/ 

Johns Hopkins Health Information Publications @ http://www.jhshopkinshealthalerters.com/alerts/

Critical Trials.gov—search for clinical trials, obtain investigator instructions and background & links to other consumer health information the National Institutes of Health @ http://clinicaltrials.gov/

Medline Plus®—search for information about health topics, drugs & supplements, news. Features interactive tutorials, surgery videos, senior health, focus topics such as children’s dental health month and eating disorders @ http://medlineplus.gov/

Occupational & Safety Health Administration (OSHA)—features hospital e-tool with safety modules in multiple areas (e.g., administration, clinical services, emergency, housekeeping, ICU, pharmacy, surgical suite, healthcare wide hazards) @ http://www.osha.gov/SILC/etools/hospital/index.html

Nursing Center.com @ http://www.nursingcenter.com/home/index.asp offers numerous resources such as news updates, readings, learning center, webcasts, and continuing education.

AIHRG—list of health services research @ http://www.ahrq.gov/news/pubcat-e_barc.htm


American Association of Colleges of Nursing’s “Cultural Competence in Baccalaureate Nursing Education” @ http://www.aacn.nche.edu/Education/culturalcompetence

Clinical Nursing Education Center for health professionals @ http://www.leaguelivehealth.org/body/edu/?id=1022

SPECIALIZED EDUCATION—American Association of Colleges of Nursing’s “Cultural Competence in Baccalaureate Nursing Education” @ http://www.aacn.nche.edu/Education/culturalcompetence

Health Resources and Services Administration (HRSA) (2008) numerous tools, standards, information about Cultural Competence Resources for Health Care Professionals @ http://www.hrsa.gov/culturalcompetence/

City of Hope oncology @ http://www.cityofhope.org/education/health/professional-education/nursing-education/Pages/default.aspx


Professional & Resource Organizations offer education via newsletters, reports, position & white papers, programs, services, interactive tools, continuing education, & listservs. Examples include:

Illustration

Mayo Clinic Home page and link to subscribe to a newsletter at http://www.mayoclinic.org/

Johns Hopkins Health Information Publications at http://www.jhshopkinshealthalerters.com/alerts/

Critical Trials.gov—search for clinical trials, obtain investigator instructions and background & links to other consumer health information the National Institutes of Health at http://clinicaltrials.gov/

Medline Plus®—search for information about health topics, drugs & supplements, news. Features interactive tutorials, surgery videos, senior health.
In November 2003, The Centers for Medicaid and Medicare Services (CMS) and Joint Commission (JC) began working together on unified measures to improve patient safety called the National Patient Safety Goals (NPSG). In subsequent years, these agencies continued to enhance their requirements and standards of care, which can directly effect the level of reimbursement received. It can no longer be assumed that hospitals will be reimbursed for hospital acquired infections, bedsores, or other conditions and "never events" that can and should be prevented. With these national initiatives, educating team members became even more imperative to the safety of our patients and the financial stability of the organization.

In the past, our ongoing education was generally through members of the leadership team out among the staff asking questions and inspecting for compliance. The staff referred to these leaders as “suits”. This tactic resulted in staff hiding and becoming nervous or unable to think clearly to answer correctly.

Beebe Medical Center in Lewes, Delaware wanted to make the educational experience fun and rewarding while achieving success with the NPSGs. One of the main initiatives, “Beebe Bucks”, came out of the Periodic Performance Review (PPR) team formed in 2007.

These coupons or “bucks” were created so staff could earn rewards for being informed. One buck was given for each correct answer. Free “bucks” could be redeemed for a small prize or snack coupon. Not only did the staff respond, they quickly realized they could answer five questions at a time and receive their prize or coupon that day.

Kickoff Event
One of the first PPR educational initiatives in 2007 was held in the winter months and was comprised of tables with displays for the NPSGs. Some examples of the education provided are:

• The Infection Control Practitioner and Lab staff collected thumb print samples and grew organisms from both clean and dirty hands to show how important proper hand hygiene is to prevent infections. The slides were very visual and made a lasting impression.
• The Patient Access Department and Lab staff worked together to illustrate the importance of accuracy and checking the two identifiers (name and date-of-birth) when comparing the patient to the requisition form. Some tricky examples were provided to prove the point of how easily mistakes can be made.
• The Risk Management Department had a display to help all staff understand the Falls Prevention policy and visual materials such as color-coded arm bands used to easily identify patients at risk for falls.
• Nurses from the OR and Patient Care Units discussed each element of Universal Protocol and how important they are to patient safety.

Over 150 team members joined in the fun to learn about Joint Commission and Medicare initiatives to make our patients safer.

As the team became more experienced, other initiatives were held including special days when the PPR team disguised as “Cash Cab” look-alikes, would ride the elevators and walk the stairwells encouraging the team members to double their coupons by answering tougher questions. Over 300 questions were asked in a one-hour time frame with many team members taking the chance to double their winnings.

In an effort to reach out to our many satellite

In an effort to reach out to our many satellite
locations; members of the PPR team ventured out with questions, candy, prizes, popcorn and peanuts to make sure every member of the Beebe family could participate.

With the great success of the “Beebe Bucks” the team then decided to take a quantum leap and hold a fun fair we called the “Backyard Bash” in July, 2008. The surveyor was held in our “backyard” and included various stations which represented a different National Patient Safety Goal and problem-prone standards within the Environment of Care and Emergency Management plans. We also reinforced our initiatives for the Core Measures. Dunking tanks, moon walk, duck pond, popcorn and peanuts were added to the fun for family.

These individual stations were designed to be quick and educational. On this day, ten Beebe Bucks could be won for three balls to dunk the President, Chief Operating Officer, Vice Presidents of Patient Care and Medical Affairs, along with several directors and members of the Medical Executive Committee. Of course, for those of us who could not throw a ball, we were able to cash in our coupons for prizes.

The response and turn out was amazing. Over 200 team members from both clinical and non-clinical departments answered over 1200 questions. The questions were colored coded so that appropriate questions were asked for each group and some questions could be answered by anyone. The most popular prize was of course the three balls for the dunking tank. Our largest satellite location held a movie, Backyard Bash as well as dunk tanks, prizes, fun and games to ensure everyone had the same opportunity to participate in the learning experience.

The need is very real for every member of the Beebe staff, physicians and volunteers to support our culture of safety and have a thorough knowledge of the patient safety goals, core measures, and the environment of care.

The newest 2009 initiative by our PPR team is conducting mini-tracers. These tracers take approximately 15 minutes and provide us with valuable statistics on compliance. In addition, the data collected serves as the basis for the annual periodic performance review scores and allows us to continuously make improvements in our educational programs.

In the spring, we will be holding a “Room of Horror” filled with lots of errors to help staff visually identify issues and have fun while learning. We are also continuing the Backyard Bash as well with dunk tanks, prizes, popcorn and peanuts to ensure we are making the learning fun.

The success of the initiatives at Beebe Medical Center is due to the creativity and personal commitment of the PPR team members, the receptiveness of the entire Beebe family to be a learning organization, and the support we have received. We have been given the opportunity to continue our Beebe Bucks and prizes during a time when cost containment is so important. We truly appreciate all of the support to keep the Beebe family informed, and to keep learning every day at the Medical Center.
### Delaware Nurses Association/American Nurses Association Membership Application

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<td>Delaware State-Only Membership</td>
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<td>American Nurses Association Only Membership</td>
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#### Full DNA/ANA Membership
- Save up to 45% on conference registration
- Save on ANCC certification fees
- Save 10% on professional liability insurance with Marsh*
- Free and discounted online continuing education
- Save 10% on personal accounting fees
- Discounts to insurance programs such as life, disability, job loss
- Email alerts
- Online networking-DNA Facebook page and ANA Nurse Space
- Publishing opportunities and discounts
- National and State leadership opportunities
- Much more!
- Must hold certification from ANCC; one-time savings.

#### Delaware State-Only Membership
- Save up to 45% on conference registration
- Free and discounted online continuing education
- Save 10% on personal accounting fees
- Discounts to personal insurance such as life, disability, job loss
- Email alerts
- Online networking-DNA Facebook page
- Publishing opportunities and discounts
- State leadership opportunities
- Much more!

#### American Nurses Association Only Membership
- ANA Smart Brief
- ANA Nurse Space
- Federal lobbying
- Discount to national conferences
- Save on ANCC certification
- Free and discounted publications
- Much more!

#### Coming soon!
Delaware license plates for registered nurses.
Only available to full and state-only members.
DNA has partnered with the following organizations for member discounts and programs.

#### Membership Benefits
- Much more!
- Free and discounted publications
- Save on ANCC certification
- Discount to national conferences
- Federal lobbying
- ANA Nurse Space
- ANA Smart Brief
- Electronic Withdrawal: Monthly electronic withdrawal from checking account (Authorization form on enclosed)
- Full Annual Payment: Cash, Bank Card or Check made payable to the American Nurses Association
- Dual Membership Due:
  - RN holding membership in ANA through another state: proof of membership required

#### Methods of Payment
- Full Annual Payment: Cash, Bank Card or Check made payable to the American Nurses Association
- Electronic Withdrawal: Monthly electronic withdrawal from checking account (Authorization form on ANA application—includes 86 service charge)

#### Authorization
This is to authorize ANA to withdraw 1/12 of my annual dues from my checking account each month on or after the 15th day of each month, which is designated and maintained as shown by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersign thirty (30) days written notice. The undersign may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as designated above.

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#### Permission to print name in the Reporter as a new member?
- Yes
- No

#### School

#### Highest level of education

#### Return form to:
Delaware Nurses Association
Orchard Commons Complex
5586 Kirkwood Highway
Wilmington, DE 19808

#### Methods of Payment

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#### Join DNA Today!

Apply online at www.denurses.org