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But access and affordability, while incredibly important, are not the whole story. We have to ask ourselves what it is we’re giving people access to. We need to make sure that as we improve the expanse of our system to include the uninsured and the under-insured—that we aren’t about to sacrifice the quality care we’ve come to expect in America.

And that’s where you come in. Actually, you’re doing fine, really, that’s where I come in. America’s nurses are an incredible asset, and it’s my colleagues and I, and the next Administration, who need to make sure you have the resources, numbers, conditions, benefits, and education, education, education necessary to keep up the good work.

I am a proud member of the Congressional Nursing Caucus. We’re a group of Representatives who believe that nurses are the backbone of health care system, the linchpin of that quality we all expect, and we believe that there are important reforms that need to be made.

The Caucus holds regular briefings on matters such as the nursing shortage, bioterrorism preparedness, Medicare, and health care workplace safety issues among others. We also take responsibility for ensuring Congress understands the critical role the nurses play in our society, what needs to be done to bring in more capable well-trained men and women to the field, and the dangers of not acting.

The ratio of nurses to patients is already dangerously low, and you know that when I say ‘dangerously,’ I am not speaking in hyperbole; this is literally deadly. People will recover, many should-be patients will not. 47 million Americans have no health insurance. 85,000 of them are right here in Louisville and there are 80,000 Kentucky children who qualify for SCHIP, and only a fraction of them are actually covered by it. As you know all to well, a lack of insurance isn’t going to keep many of them right here in Louisville. There are 80,000 Kentucky children who qualify for SCHIP, and only a fraction of them are actually covered by it. As you know all to well, a lack of insurance isn’t going to keep many of them right here in Louisville. But we need you now more than ever.

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Congressman John Yarmuth—Keynote Address
Kentucky Nurses Association Convention 2008

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INFORMATION FOR AUTHORS

- **Kentucky Nurse** Editorial Board welcomes submissions articles to be reviewed and considered for publication in Kentucky Nurse.
- Articles may be submitted in one of three categories:
  - Personal opinion/experience, anecdotal (Editorial Review)
  - Research/scholarship/clinical/professional issue (Classic Peer Review)
  - Research Review (Editorial Review)
- **Research Review (Editorial Review)**
  - All articles, except research abstracts, must be accompanied by a signed Kentucky Nurse transfer of copyright form (available from KNA office) when submitted for review.
  - Articles will be reviewed only if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the Kentucky Nurse.
  - Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
- Articles should also be submitted on an IBM compatible 3.5” computer disk or CD in Microsoft Word.
- Articles should include a cover page with the author(s) title(s), affiliation(s), and complete address.
- Monetary payment is not provided for articles.
- Reception of articles will be acknowledged by a letter to the author(s).
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  - Kentucky Nurse IN
  - Research/publication/peer review
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- All articles, except research abstracts, must be accompanied by a transfer of copyright form (available from KNA office) when submitted for review.
- Receipt of articles will be acknowledged by a letter to the author(s).
- Monetary payment is not provided for articles.
- Articles should include a cover page with the author’s name(s), signed transfer of copyright form (available from KNA office) when submitted for review.
- Following review, the author(s) will be notified of acceptance or rejection. Manuscripts that are not used will be returned if accompanied by a self-addressed stamped envelope.
- The Kentucky Nurse editors reserve the right to make final editorial changes to meet publication deadlines.
- Articles should be mailed to:
  - Editor, Kentucky Nurse
  - Kentucky Nurses Association
  - P.O. Box 2616
  - Louisville, KY 40201-2616
  - E-Mail: kentucky-nurse@kctcs.edu
  - PO Box 194
  - Hazard, KY 41739-0194
  - E-Mail: Shannon.Allen@kctcs.edu

District Nurses Associations Presidents 2008-2009

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E-Mail: Shannon.Allen@kctcs.edu

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KNA BOARD OF DIRECTORS—2007-2008

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As KNA does every two years, we celebrated another successful Convention on October 16th & 17th. The Convention started off with a Pre-Convention afternoon on October 15th that offered CE sessions by nursing specialty organizations, as well as a session that launched the KNA Environmental Task Force. The KNA was honored to enjoy the participation of the RCNPNM, LKAOHN, and KYANNA for our Specialty Day.

KNA Convention 2008 began with the traditional Invocation and a Nightingale Tribute to remember nurses who passed away during the last year. It was an opportunity for all those who attended to honor those nurses no longer with us and to share that experience with a community of nurses.

The first day of CE sessions began with an overview of Presidential Candidate John McCain’s health plan and greetings delivered by the Kentucky Coordinator for the Barack Obama campaign. While it was a disappointment that the Obama campaign was unable to provide a speaker to present the Obama health plan, the enthusiastic presentation of the McCain plan by Dr. Michael McFarlane was thorough and informative.

Rep. John Yarmuth was followed by a session on Public Health and Homeland Security that was both informative and entertaining. Ruth Carrico, RN, CIC, PhD, presented with flare and expertise and received rave reviews.

The CE sessions on Friday, although delivered to smaller audiences, were both fantastic. Melinda Joyce, Pharm.D., FAPhA, FACHE presented a very popular session on updates in pharmacology. The audience was fascinated. They were equally wowed by the next session in which KNA lobbyist, Sheila Schuster, PhD, discussed issues that we expect to face in the upcoming General Assembly. Sheila delivered a report on pending issues that impact a wide range of areas in health care and some that directly affect nursing. She also discussed strategies for nursing to build its voice through the KNA in order to make sure that nursing is heard on all health care issues.

The KNA Awards Dinner was a lovely and intimate affair that provided the chance to celebrate the following award winners for 2008:

**KNA Nurse of the Year: Cora Newell-Fletcher**

**Innovative Teacher of the Year: M. Eve Main**

**Nurse Researcher of the Year: Debra Moser**

**Nurse Research Utilization Award: Patricia B. Howard**

In addition, the KNA Business Meetings provided a forum for the KNA membership in attendance to move KNA forward on a couple of significant issues.
KNA Convention 2008
“Choices & Change: Nurses’ Voices Influencing Tomorrow”

KNA Would Like To Thank Our Exhibitors And Sponsors For A Very Successful 2008 Convention

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Kentucky Nurses Association

BIOGRAPHICAL DATA AND CONSENT-TO-SERVE

I am interested in serving on/being elected to ________________________________

Name ___________________________________________ Credentials (RN, MSN, etc.) _____________________

Address ____________________________________________________________________________________

City/State/Zip ________________________________________ District __________________________

Place of Employment ________________________ E-Mail _____________________________________________

Present Position Held/Title _____________________________________________________________________

Telephone: Home ____________________ Work__________________________ FAX _________________________

TYPE OF POSITION HELD:

☐ Administrator ☐ Head Nurse (Manager) ☐ Psychiatric and Mental Health
☐ Clinical Specialist ☐ Home Health ☐ Public Health
☐ (Masters Degree or above) ☐ Nurse Practitioner ☐ Researcher
☐ Consultant ☐ Occupational Health ☐ School Nurse
☐ C. E. Planer ☐ Office Nurse ☐ Staff Nurse
☐ Educational Administrator ☐ Operating Room ☐ Other __________________________
☐ Educator ☐ Private Duty ☐ (Specify) __________________________

SPECIFIC AREA OF EXPERTISE (such as AIDS, cost containment, foot care—please describe briefly)

___________________________________________________________________________________________

PROFESSIONAL EDUCATION

Institution Degree Obtained

___________________________________________________________________________________________

Professional Organizational Activities—KNA Only—(List offices and committees on national, state, or district association level for last five years. Begin with most recent positions).

District __________________________________________________________

State ______________________________________________________________

National ___________________________________________________________

Would you be willing to be a candidate for another position? YES,____ NO,____

If "YES" indicate at least two other areas in which you would be willing to serve:

_________________________________________________________________________________________

You will be contacted prior to your name being placed on the Ballot.

PLEASE COMPLETE A CAMPAIGN STATEMENT (100 words or less). You may include your reasons for interest in this position and/or your goals, to be published in the Kentucky Nurse.

Please attach a small photo to be published in the Kentucky Nurse (Picture is optional and will not be returned).

I understand services to the KNA are not reimbursed. If elected, I agree to fulfill to the best of my ability, the duties and responsibilities of the office for which I am submitting my name.

Signed ___________________________ Date ________________

Please return to: KNA, P.O. Box 2616, Louisville, KY 40201-2616 by May 23, 2009 Phone: (502) 637-2546 FAX: (502) 637-8236.

KNA Open Positions

Elections 2009-2011

Are you interested in a KNA office? Let the Nominating Committee know. Indicate your interest by returning the Biographical Data Form to KNA. Thanks!

Below is a brief description of Open Positions for the 2009 Election. All terms are for 2 years beginning October 2009 to October 2011 unless otherwise stated.

KNA BOARD OF DIRECTORS (Meet Monthly)—The Board of Directors shall be the governing body of KNA.

Vice President—Serves as backup for president as needed

Secretary—Records minutes, keeps records and maintains correspondence with assistance from KNA Administrative Coordinator

Director (2)—Serve with other officers as the KNA policy making body

ANA Delegates (4 and 4 Alternates to be elected)—Delegates represent KNA at ANA meetings; alternates serve as backup

Nominating Committee (4)

(Person with most votes will serve as Chairperson for 2010-2011 year)

Chaired by preparing the KNA ballot for 2010-2011; start working in January with ballot completed by June of each year.

Ethics and Human Rights Committee—Serves as a resource for individuals or groups exploring nursing/health care ethics and related issues in institutions, communities, and political arenas.

Chairperson (1)

Secretary (1)

Members-At-Large (2)

Education & Research Cabinet—Stimulate and promote the professional development of nurses and advance the profession of nursing.

Nurse Faculty (1)

Nurse Planning CE (1)

Nursing Administrator (1)

Nursing Practice Council—Foster high standards of nursing practice and advancement of the profession of nursing and Encompass non-collective bargaining workplace advocacy and professional and economic security.

Clinical Practice Staff Nurse (1)

Clinical Practice (1)

Administrative Role (1)

Education Role (1)

Governmental Affairs Cabinet (4)—The purposes shall be to work for the improvement of health care standards; work for the availability of health care services; and advance the profession of nursing.
January, February, March 2009

KNA Centennial Video
Lest We Forget Kentucky’s POW Nurses

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

Earleen Allen Frances, Bardwell
Sallie Phillips Durrett, Louisville

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

Total Payment ______________

Name ________________ Phone ________________
Address ________________
City ___ State ________ Zip Code ________________
Visa * MasterCard * Discover * American Express ________________
Expiration ________________ Signature (Required) ________________

KNA Centennial Video Order Form

Kentucky Nurses Association
PO Box 2616, Louisville, KY 40201-2616
Phone: (502) 637-2546 Fax: (502) 637-8286

Update From District 8

The District 8 Officers for 2009 are:

President: Russell Brown
President-elect: Shelly Chandler
Recording Secretary: Lisa Gentry
Corresponding Secretary: Charlotte Bratcher
Treasurer: Freda Pagan

Meetings for District 8 have been changed. We are no longer going to meet every other month as done in previous years. In order to meet the needs of members and the number of students that we have attending, we are now going to meet starting February 10th with meeting to begin between 6 and 6:30 PM. The other meeting dates will be: March 10th, April 14th, and May 12th. We will not hold meetings during the summer months and will resume meetings in the fall after school has started.

The first meeting in the fall will be: September 15th, followed by October 13th, and November 10th. The November meeting will be our holiday get-together. All meetings will be held at the Briarpatch Restaurant in Owensboro, Kentucky until further notice. Thank you.

Shelly D. Chandler
Outgoing KNA District 8 President

District #9 Activities

At our final meeting of the year, we installed new officers for 2009 and 2010: Jana Buckles, President, Lawrenceburg; Carolyn Land, Vice-President, Lancaster; Brenda Sherwood, Secretary, Salvisa; Charlene Maddox, Treasurer, Danville; Gwyneth Pyle, Director, Standard; Peggy Dube, Director, Lancaster; and Barbara Sonnen, Past-President, Frankfort.

Members volunteered at the Midway Fall Festival on September 20th and 21st. We manned a valet booth for shoppers so that they could leave packages with us while they did more shopping or browsing. We plan to be there next year.

The Board will meet in early February to set the dates and locations for our 2009 meetings. Our district includes Anderson, Boyle, Casey, Garrard, Lincoln, Marion, Mercer, Rockcastle and Washington counties. We do have members from other counties and welcome all nurses and student nurses to our meetings.

Thank you to all the District #9 members for their interest and support of our association. Please let the officers know how we might serve better you in the coming year.

Barbara E Sonnen, President

Congressman John Yarmuth Keynote Address cont. from page 1

opportunities. And we have to make that education affordable, and make your jobs great jobs so that we can continue to attract the best and brightest men and women into nursing.

Unfortunately, we had some setbacks recently. The President’s Administration has ruled that the Nursing Education Loan Repayment Program only applies to nurses who work for non-profit institutions. Now, you know better than me that there hundreds of thousands of nurses in this country who are serving vital roles. And this will rule out. We aren’t going to be able to bring in more qualified nurses and fix this crisis by nitpicking and trying to do it on the cheap. I’m all for frugality, but I’d like to minimize the stupidity. The good news is, this Administration has in its last 96 days remaining—but who’s counting?—and we’re going to fight to ensure that the next Administration, regardless of who sits in the Oval Office, we’re going to fight to make sure that these programs are fully funded and applicable to all our nurses.

But for right now, as a result of these moves, there’s been some confusion lately about who qualifies for what and what needs to be done to get the most benefit. It seems to me that when an intelligent, dedicated person says they want to serve as a nurse, they shouldn’t have to fear that the money won’t come through. Additionally, you may have heard, there’s a world-wide credit crunch that’s affecting everything, including organizations like KHEAA, which now has to roll back some of its benefit programs.

These are setbacks, as I said; they’re not defeats. Let me tell you about some of the things we’re doing on the federal level. I serve on the House Education and Labor Committee and in the last two years we’ve passed two of the most comprehensive student aid packages in American history. I never dreamed that as a freshman Congressman I’d be able to work on such expansive legislation that was signed into law. But you’d be amazed how much your colleagues value your opinion when you helped put them in the majority.

I authored six provisions in the Higher Education Opportunity Act. One of which provides $2,000 of student loan forgiveness for each of the first five years a graduate spends in public services. That includes nurses, by the way. All nurses, and I will go toe to toe with anyone who tries to argue otherwise; Democrat, Republican, President, whatever.

I also worked on the College Cost Reduction Act, which is the largest investment in college aid since the GI Bill more than 60 years ago. One provision that I am most proud of in that says that public servants—yes, nurses, all nurses—have all their student debt forgiven after 10 years in the field. So these two provisions together will save a nurse $10,000 dollars in the first five years and eliminate the debt entirely after the next five. We’ve also mandated that no graduate has to pay more than 15 percent of his or her annual income toward student loan debt.

This isn’t enough. But it’s a heck of a start. And now we’ve got to build on it.

We’re also going to make sure that nurses have the same right to organize as any other profession. In Kentucky River, we saw eight million workers stripped of their freedom to organize. Got ‘em on a technicality. But we believe the difference between ‘supervisor’ and ‘employee’ shouldn’t be one that allows the withholding of rights. I’ve cosponsored the Re-Empowerment of Skilled and Professional Employees and Construction Tradesworkers— or RESPECT Act to make sure that you all have equal access to benefits, high salary, and work place protections.

As we move forward, we have to make sure that your jobs are among the most desirable in the nation so that the brightest continue to pursue nursing and in record numbers. We have to make sure that the education is attainable and of the best quality. You’re the ones who stay up nights taking care of the critical details that nobody wants to talk about. You’re the ones who hold a sick child’s hand and reassure them that they’re going to be ok. You’re the ones who provide the critical moment-to-moment care that get people back on their feet. It’s you that make our health care system a thing that’s worth buying into. We, as a country, cannot do it without you, and we cannot do it without more of you. I believe it’s time our government started acting like it.

To learn more about the repayment of nursing student loans and how you can impact the implementation of the legislation mentioned by Rep. Yarmuth, visit the KNA website at www.kentucky-nurses.org.
ATTENTION
EMPLOYERS

If you are looking for qualified nurses to fill positions at your facility, please consider using the KNA Career Center to advertise those positions. The KNA Career Center is available on the KNA Website and offers employers the chance to advertise to an even broader audience. The Career Center is accessible by anyone and not limited to KNA members.

For more information, go to www.kentucky-nurses.org and click on the Career Center from the homepage.

KNA Would Like To Thank Our Exhibitors And Sponsors For The Generous Support Of The 2009 Legislative Day In Frankfort On February 4, 2009

Frontier School of Midwifery & Family Nursing
Indiana Wesleyan University
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Low Cost Mobility
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LEGISLATIVE DAY 2009
AGENDA

The Date: February 4, 2009
Location: The Frankfort Convention Center, 405 Mero Street, Frankfort, KY

8:00am – 9:00am: Registration, Continental Breakfast & Exhibitors
9:00am – 9:10am: Welcome
Susan Jones, MSN, BSN, RN, PhD, CNE, KNA President
9:10am – 10:00am: Health Advocacy: An Overview
Joan Bucha, MPH
Program Officer, Foundation for a Healthy Kentucky
How the Legislative Process Works
Shelia Schuster, PhD, KNA Lobbyist
Executive Director, Advocacy Action Network

10:00am – 10:50am: Nurses as Advocates for Policy Change
Ellen Hahn, PhD
UK College of Nursing

10:50am – 11:20am: BREAK & Exhibitors

11:20am – 12:10pm: How Politics Affects Healthcare
Panel of Key Health Care Legislators
Moderated by Jason Shuffitt

12:10pm – 1:20pm: LUNCH & Exhibitors

1:20pm – 2:10pm: Keynote Address:
Health Issues for Veterans & How Nurses Can Help
Heather French Henry
Founder, Heather French Henry Foundation for Veterans

2:10pm – 3:20pm: BREAK & Exhibitors

3:20pm – 3:50pm: Health Care: Legislation to Watch in 2009
Sheila Schuster, PhD and Maureen Keenan, JD

To register:
Print, complete and mail or fax (with credit card #) this form to KNA by 1/31/09

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MARK YOUR CALENDAR
KNA Legislative Day is Back
In 2009

Please join us on Wednesday, February 4, 2009 at the Frankfort Convention Center in Frankfort, Kentucky, for a day-long CE program about nursing and politics in Kentucky. You will have the opportunity to hear from experts about upcoming legislation that affects nurses, KNA's legislative agenda, how the political process works and how you can get involved.

There Is Still Time . . .
To register for the KNA Legislative Day 2009
Join us at one of the KNA's most popular CE Events by going to www.kentucky-nurses.org or mail in the form below.
The Human Touch

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

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Preparing for CNE Certification: A Journey to Excellence

Dawn Garrett, PhD, MSN, RN, CNE
Crista Briggs, EdD, MSN, RN, CNE
Cathy Abell, MSN, RN, CNE
Western Kentucky University Faculty

During the past year, several faculty members at Western Kentucky University have prepared for and obtained the Certified Nurse Educator (CNE) credential. The purpose of this article is to discuss the value and goals of the certification process. In addition, we hope to provide suggestions for preparing for the CNE exam and highlight how the CNE certification process strengthened our practice as educators.

Nurse educators strive to advance the profession through preparation of future generations of nurses. Previously, academic nurse educators were not designated within the advanced practice arena as professionals requiring expertise with a distinctive knowledge base and skill set. Today, we are more adequately recognized for our competence in nursing skills, as well as in facilitating student learning and socialization, assessment and evaluation of learning, use of educational theory, and the design and evaluation of curriculum (Billings & Halstead, 2009). Clinical expertise, innovative teaching and learning methods, scholarship and public service demonstrate our qualities as true professionals. In 2005, the National League for Nursing (NLN) recognized the need for certifying Academic Nurse Educators to distinguish them in the field of nursing. According to the NLN (n.d.), the goals of certification include:

- Distinguish academic nursing education as a specialty area of practice and an advanced practice role within professional nursing
- Recognize the academic nurse educator’s specialized knowledge, skills, and abilities and excellence in practice
- Strengthen the use of core competencies of nurse educator practice
- Contribute to nurse educators’ professional development

For each of us, the certification process became a quest for excellence and the discovery of ways to renew our commitment to the field of nursing education. We soon discovered that preparing for the certification exam was a process, so we each adopted strategies and techniques to facilitate the review of material included on the NLN CNE test blueprint (NLN, 2005).

Our first step included reading the Certified Nurse Educator Handbook. This can be downloaded from the NLN website at no charge. Topics in the handbook included application deadlines, test dates, eligibility requirements, sample questions, and much more. Next, we developed our own personal plan for accomplishing this ambitious goal. If one is highly motivated to study independently and schedules ample time to review the material, s/he may choose not to attend a preparation workshop. Accessibility of a prep-course and expenses are factors to consider when determining if such a course is feasible. Two of us decided to participate in a review course and the other did not. More information about preparation courses can be found at www.nln.org/facultydevelopment/index.htm.

We each purchased the online Self Assessment Exam (SAE) offered by the NLN. This was one way to evaluate our strengths and weaknesses based on the CNE test blueprint. It also provided an opportunity to practice test-taking online, as opposed to a pencil/paper format. After taking the SAE, we each developed an individualized study plan that helped focus our studies. The NLN provided an extensive suggested reading list. Authors listed below were among a few of our favorites:


The CNE exam consisted of 150 multiple-choice questions with a three hour time limit. Of the 150 test items, 130 counted toward the final scoring of the exam, with 20 being further evaluated for validity and reliability (NLN, n.d.). The on-line CNE exam was user-friendly in the fact that backtracking to previous questions was permitted. One question was presented on the screen at a time, and the test-taker was allowed to flag the difficult questions and return to them later. Bathroom breaks were allowed as often as necessary, but the time continued to elapse. We found it beneficial to pace ourselves and assure that at least fifty questions had been answered each hour. Results were immediately available following the exam with feedback provided. Certification is valid for five years, at which time the educator will provide documentation of professional development, or otherwise retest for continued entitlement to the CNE credential. There are over 120 testing centers all over the nation and test dates are available year round. Lexington and Louisville are the two testing locations in Kentucky. For specific details about times and dates, visit the National League for Nursing website at www.nln.org and click on “Certification for Nurse Educators.”

After preparing for and successfully obtaining the CNE designation, we reflected on how this experience affected our work as Academic Nurse Educators. We found that working to obtain certification and the process of studying for the exam influenced our practice in several ways. First of all, it was beneficial to review the educational theories after teaching for several years. It brought back the basics of “why” we do the things we do and reminded us that common teaching and learning principles are guided by deeper philosophies of pedagogy. Secondly, it was helpful to revisit the meanings behind statistical results from multiple choice exams. We tend to perceive things from an experienced nurse’s point of view and believe our test questions measure student learning, when in fact, the item-analysis data could reveal otherwise. Thirdly, we gained new insights into leadership theories that guide our role in the classroom as well as on various departmental, college, and university committees. Finally, this journey reminded us of the multiple facets of scholarship that are an integral part of being a nurse educator.

We recommend that nursing faculty take advantage of the opportunity to obtain this distinctive credential. As noted by the NLN, “Certification in any field is a mark of professionalism. For academic nurse educators, it establishes nursing education as a specialty area of practice and creates a means for faculty to demonstrate their expertise in this role” (NLN, n.d./¶1). Becoming certified as a nurse educator benefits faculty and their schools of nursing; but most importantly, it benefits students who look to us for understanding of content, guidance toward career goals, and inspiration for a successful future in this highly respected and historical profession.

References


Teaching in

January, February, March 2009

Kentucky Nurse • Page 9 •
Welcome New Members

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the October/November/December 2008 issue of the KENTUCKY NURSE.

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Promise for Nursing’s Future

Future Nurse Practitioner, Lily Bretana is the 2½ year old granddaughter of KNA District #2 member, Trish Birchfield.
Professional Nursing in Kentucky
Yesterday Today Tomorrow

The historical narrative, Professional Nursing in Kentucky: Yesterday, Today, Tomorrow, is a KNA Centennial Project. Research and authorship was a collective effort of the KNA Centennial Publication Committee. The content was derived from published and unpublished documents in public and private archives of Kentucky schools of nursing, hospitals, colleges, universities, health agencies, libraries and historical societies. Selected photos and individual anecdotes lend a personal touch.

Proceeds from the sale of this book will benefit the Kentucky Nurses Foundation in forwarding its mission of providing nursing scholarships and funding nursing research.

Price $29.95 Each (Tax Included)
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Home Study Courses include a written booklet, fun activities, and an open-book post-test for CE credit. The test, regular grading, and CE Credit are included in the course price. Tests are hand graded by Susanne Hall Johnson with individual feedback on your test. Course must be completed and returned within 3 months of receipt to receive credit.

Fatigue: Reducing Patient or Nurse Fatigue (PAT) (2) Helps you identify your level of acute fatigue and select strategies to take better care of yourself. (6 contact hours) $48.00

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Preventing Burnout: Reducing Frustrations and Dealing with Stress (PBD) (2) Guides you in identifying the nursing stressors which increase frustration at work and helps you actually develop strategies to reduce burnout. (6 contact hours) $48.00

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

Clinical Nurse Specialist as Revenue Generator (CNS-REV) (2) Communicate the cost-effectiveness of the CNS. (6 contact hours, 3 tapes and booklet: $65.00. Additional $19 for optional test/credit.)

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

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

If your organization is a KNA member and you would like to order, please check the box in front of the Home Study or Audiotape Course(s) you want to purchase, complete the information below, and return with your check, money order or credit card information to: Kentucky Nurses Association
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According to the National Commission on service-learning and [http://servicelearning.org/](http://servicelearning.org/), the general consensus is that service-learning combines service objectives with learning objectives with the intent that the activity change both the recipient and the provider of the service. This is accomplished by combining service tasks with structured opportunities that link the task to self-reflection, self-discovery, and the acquisition and comprehension of values, skills, and knowledge content. At Henderson Community College, we have developed a service-learning activity that we believe meets these criteria and incorporated this teaching strategy into the associate degree nursing curriculum at the College. Recently, we received a service-learning grant to develop disaster preparedness courses. The project will allow us to make these courses available to citizens of our community. We have now incorporated this activity into our previously established service-learning activity, Wellness Day.

Each year at Henderson Community College, the leadership and management level nursing students (Nursing 205) plan, organize, promote, prepare, and offer a free Wellness Day to people residing in our entire College three-county service area (including current H.C.C. students). Fourth semester leadership and management students encourage nursing faculty and students in the other three semesters to select topics discussed in their different nursing courses that are major health care needs for the community. The College serves and create exhibits, activities, or services for these participants. In November 2007, nursing students will add an exhibit on disaster preparedness and provide information they’ve learned about disaster preparedness kits, as well as donate sample kits they’ve created for the home, office and vehicle. Nursing 205 students also invite other disciplines at the College to participate in. In recent years, history students prepared exhibits on the black plague and the process of mummification, microbiology students presented an exhibit on M.R.S.A. (the superbug), dental hygiene students participated with information on proper dental hygiene and, this year, agricultural students are presenting an exhibit on agricultural bioterrorism to coincide with our emphasis on disaster preparedness.

Students will invite community agencies to participate as well if the service they provide meets a need. Matthew 25, for example, provides testing and services to people concerned with H.I.V./A.I.D.S., and the Health Department makes flu vaccine available. Doctors of Chiropractic demonstrate massage techniques and discuss nutrition, and the American Red Cross offers participants an opportunity to donate blood. The annual event is attended by about 200 College students and members of our community, and evaluations collected afterwards indicate a high number of positive responses to the event.

Limitations include the amount of time and human resources necessary to organize and implement the event. Communication both within the nursing program and among other disciplines and departments consumes a vast amount of time. Meetings must be held to coordinate and plan. Scheduling of the event (both time and place) is often difficult due to the busy schedule of our Center. We have not previously had a budget, but this year the nursing department has allocated $500 to support this effort. Donations are solicited by students for our door prizes and food. Publicity and advertising is necessary, and we often rely on student-made flyers and the school newspaper to attract participants. At the conclusion of the day, we meet with our entire group of nursing students and faculty to review, reflect on, and evaluate the event. In general, the students’ comments indicate the event (despite all of the hard work involved) had a very positive impact on their learning. Based on evaluative comments from students, faculty, and participants, the most important implication for nursing education practice is the need to include more opportunities for service-learning in the curriculum to facilitate the students’ learning. Such events provide an opportunity for students to network and collaborate with others in the school and in the community. Acquisition of our service-learning grant has provided additional evidence that Wellness Day is a valuable learning activity for students. Each year we endeavor to make it bigger and better.

### Predicting Success in First-Semester Nursing Courses Using a Critical Thinking Questionnaire

**Crista L. Briggs, Ed.D., MSN, RN, CNE  
Sonya L. House, MSN, RN  
Freda Embry, MSN, RN  
WKU School of Nursing (Admission Testing, Critical Thinking, Academic Success)**

**Purpose:**

The purpose of this project was to determine if the 5-item critical thinking instrument could predict success in first semester nursing courses. It was hypothesized that results on a critical thinking instrument would be correlated with the student's spring GPA and scores on the 5-item critical thinking instrument and Spring 2008 GPA's were analyzed for correlation.

**Method:**

Forty-three (43) students' scores on the 5-item critical thinking instrument and Spring 2008 GPA's were analyzed for correlation. In November 2007, nursing students will add an exhibit on disaster preparedness and provide information they've learned about disaster preparedness kits, as well as donate sample kits they've created for the home, office and vehicle. Nursing 205 students also invite other disciplines at the College to participate in. In recent years, history students prepared exhibits on the black plague and the process of mummification, microbiology students presented an exhibit on M.R.S.A. (the superbug), dental hygiene students participated with information on proper dental hygiene and, this year, agricultural students are presenting an exhibit on agricultural bioterrorism to coincide with our emphasis on disaster preparedness.

Students will invite community agencies to participate as well if the service they provide meets a need. Matthew 25, for example, provides testing and services to people concerned with H.I.V./A.I.D.S., and the Health Department makes flu vaccine available. Doctors of Chiropractic demonstrate massage techniques and discuss nutrition, and the American Red Cross offers participants an opportunity to donate blood. The annual event is attended by about 200 College students and members of our community, and evaluations collected afterwards indicate a high number of positive responses to the event.

Limitations include the amount of time and human resources necessary to organize and implement the event. Communication both within the nursing program and among other disciplines and departments consumes a vast amount of time. Meetings must be held to coordinate and plan. Scheduling of the event (both time and place) is often difficult due to the busy schedule of our Center. We have not previously had a budget, but this year the nursing department has allocated $500 to support this effort. Donations are solicited by students for our door prizes and food. Publicity and advertising is necessary, and we often rely on student-made flyers and the school newspaper to attract participants. At the conclusion of the day, we meet with our entire group of nursing students and faculty to review, reflect on, and evaluate the event. In general, the students’ comments indicate the event (despite all of the hard work involved) had a very positive impact on their learning. Based on evaluative comments from students, faculty, and participants, the most important implication for nursing education practice is the need to include more opportunities for service-learning in the curriculum to facilitate the students’ learning. Such events provide an opportunity for students to network and collaborate with others in the school and in the community. Acquisition of our service-learning grant has provided additional evidence that Wellness Day is a valuable learning activity for students. Each year we endeavor to make it bigger and better.
Follow-Up and Retention
Of Adult Spinal Deformity Patients In Research

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Introduction
The biggest challenge for any research study is not the recruitment of subjects, but retaining subjects and getting subjects to follow up in the appropriate time frames stipulated in the protocol. Successful follow up and retention requires a dedicated research team working in conjunction with the subject to obtain medical treatment; while at the same time meeting the requirements of the study and maintaining date integrity. Physician involvement is instrumental in subject recruitment and retention. Introducing study participation and encouraging follow-up displays a genuine interest and concern in the subjects’ well being. A designated contact person helps keep the channel of communication open between the subject and the physician’s office. Thoroughly explaining all aspects of the study ensures the subject understands what participation in the study entails. The purpose of this study is to evaluate factors that affect subject follow-up and retention.

Method
Adult patients with spinal deformity were enrolled in a multi-center database. There were two subgroups, patients who required surgical correction of their deformity (Surgical subjects) and those that did not require surgical correction (Non-surgical subjects). Surgical subjects were required to follow up and be seen at the clinic at 6 weeks, 1 year, 2 years, 3 years and 5 years after their surgery. Non-surgical subjects were required to follow up be seen at the clinic and at 2 year intervals. A database for Adult Spinal Deformity subjects was used to track subject appointments. Every four to six weeks, subjects due or past due their appointments were mailed mailings and telephone calls serves as a reminder to the subject a sense of familiarity and personalized care. Persistent contact by research staff through mailings and telephone calls serves as a reminder to subjects of their obligation to study participation. Physician involvement reinforces the importance of participation in the study and gives the subject an opportunity to participate in his/her care and treatment.

Result
270 subjects were enrolled at our site. There were 86 Surgical subjects with 75 females and 11 males with an average age of 58.2 years (range: 20 to 84 years). There were 184 Non-surgical subjects with 162 females and 22 males with an average age of 54.9 years (range: 19-92 years). Twenty-nine (10.7%) of the 270 subjects were dis-enrolled. 19 (65.5%) of the 29 were Non-surgical subjects. Reasons for dis-enrollment included 6 for non-compliance, 6 deceased, 5 withdrew and 2 did not meet enrollment criteria. 10 (34.5%) of the 29 subjects were Surgical subjects. Reasons for dis-enrollment included 5 for non-compliance, 2 deceased, and 2 withdrew from the study and 1 did not meet enrollment criteria.

The completion rate for both subject-completed and physician-completed questionnaires for Non-surgical subjects in the Spine Institute is statistically higher than the follow-up rate of the other sites combined.

Discussion
Eighty percent of subjects enrolled in the database had data available at two years. There was no difference in the completion rate of subject-completed surveys between Surgical and Non-surgical subjects. Surgical subjects (77.5%) were more likely to continue follow-up and be seen in the clinic because of the surgical intervention and the presence of spinal instrumentation. Non-surgical subjects (45.6%) were less likely to continue follow up and be seen in the clinic unless symptoms worsened. Although the follow-up rate for subjects at the Spine Institute were higher for both the Surgical and Non-surgical subjects, this was not statistically significant. A straightforward approach with a frank discussion of what is expected from the subject and what the subject can expect from participation in the study is effective in subject retention and follow-up. Having a designated contact person gives the subject a sense of familiarity and personalized care. Persistent contact by research staff through mailings and telephone calls serves as a reminder to subjects of their obligation to study participation. Physician involvement reinforces the importance of participation in the study and gives the subject an opportunity to participate in his/her care and treatment.

Conclusion
Retention for the study was 89.3%. Surgical subjects (77.5%) were more likely to continue follow up medical treatment because of surgical intervention and the presence of spinal instrumentation. Non-surgical subjects (45.6%) were less likely to seek follow up medical treatment unless symptoms worsened. There was no significant difference in completion of 2 year subject follow up questionnaires between surgical (80%) and non-surgical subjects (76.8%).

Follow-Up and Retention Of Adult Spinal Deformity Patients In Research

Non-Surgical Spine Institute Database P Value
Eligible Enrolled 123 866
2 year Follow-up Subject Questionnaires 96(76.8%) 252(29.1%) <.0001
2 year Follow-up Physician Assessment 57(45.6%) 293(27.2%)
Surgical Eligible Enrolled 40 567
2 year Follow-up Subject Questionnaires 32(80%) 339(59.7%) 0.003
2 year Follow-up Physician Assessment 31(77.5%) 327(57.6%)
The American Heart Association reports that over a million people annually undergo some type of percutaneous coronary intervention (PCI) or diagnostic procedure each year; the global total is nearly two million annually. Historically, percutaneous coronary intervention (PCI) has been performed by a cardiologist as an outpatient procedure. PCIs are usually cheaper and safer than more traditional surgical procedures for patients with diagnosed or suspected cardiovascular disease. Arthritis, inherited abnormalities; surgery is only required for major complications. Until prevention or new therapy is developed for arterial closure devices, PCI is here to stay in the developed world.

Cardiologists use a sheath to protect the patient’s common femoral artery. Through an incision, they gain access to the patient’s coronary arteries for the insertion of guide wires, catheters, and PCI instruments. Many physicians routinely use arterial closure devices to speed hemostasis at the puncture site. Serious complications of femoral artery access are a rare but significant problem. Leading to hospital stays, poor outcomes, or even death. The most common complication of femoral artery access today is hematoma at the puncture site. Post-procedure in most American hospitals, nurses in the catheterization lab or recovery room are the ones who routinely perform sheath removal, monitor the patient’s recovery, apply manual compression to achieve wound site hemostasis, guide ambulation, and provide care for the most common complications, e.g., hematomas or a hematoma continues to enlarge, nurses typically request a physician order to use a femoral compression device. While many studies have compared the effectiveness of arterial closure devices, many nurses are not confident in their ability to achieve hemostasis, there is little clinical evidence on best nursing treatment when femoral hematoma do occur.

Ruth Carrico, PhD, RN, CIC, University of Louisville School of Public Health and Information Sciences Center for Health Hazards Preparedness Terri Rebmann, PhD, RN, CIC, Institute for Biosecurity, Saint Louis University School of Public Health Judith F. Kerby, RN, Office of Infection Control, National Naval Medical Center

Background: Each year an estimated 1.7 million healthcare-associated infections occur in U.S. hospitals and result in 99,000 associated deaths. In addition, an infectious disease disaster, such as a SARS outbreak or pandemic, could result in high infection transmission rates, including among nurses. Infection prevention and control is essential to patient safety. In recognition of this, infection prevention and control education for nurses has been non-standardized due to a lack of identified competencies related to infection prevention and control for routine practice or during disasters to guide education development.

Purpose: The purpose of this study was to develop key competencies and terminal objectives for nurses education related to infection prevention and control during routine activities as well as natural and man-made disasters.

Methods: Competencies and terminal objectives related to infection prevention and control were developed utilizing an evidence-based approach consisting of the following steps: (a) review of literature, (b) review of existing competencies and published curricula/training objectives, (c) synthesis of new competencies and terminal objectives, (d) expert panel review and competency refinement using the Delphi Survey process, and (e) development of a formative evaluation tool. Nurses and healthcare workers from the following occupational disciplines were surveyed: RNs and LPNs, nursing assistants, physicians, respiratory therapists, physical and occupational therapists, housekeepers, laboratory professionals, and ancillary staff. Three experts were identified for each of the eight healthcare worker disciplines (24 expert panelists total). The Delphi technique consisted of a series of data collection rounds to gather the opinions and judgments from the panel of infection prevention and control experts. Surveys consisted of competency and terminal objective measurement on a 5 point Likert Scale (Agree/ disagree/ strongly agree/disagree/not important) and editing of the competencies when needed. At the end of each round, responses were analyzed and summarized, then reported back to the Delphi Panel to begin the round with new data. Content validity and face validity of each round, responses were analyzed and summarized, then reported back to the Delphi Panel to begin the round with new data. Content validity and face validity.

Results: Eight hundred forty-three references were identified and reviewed for relevance: 96 articles were deemed relevant and were analyzed in their entirety. Competency and terminal objective categories/topics were identified from the literature review. After the third round of Delphi Panel assessment, there was >90% agreement on all competency statements and terminal objectives. Infection prevention and control competencies consisted of the following: a) Describe the role of microorganisms in disease, b) Describe how microorganisms are transmitted in healthcare settings, c) Demonstrate standard and transmission-based precautions for all patient contact in healthcare settings, d) Describe occupational health practices that protect the healthcare worker from acquiring infection, e) Describe occupational health practices that prevent the healthcare worker from transmitting infection to a patient, f) Demonstrate ability to problem-solve and apply knowledge to recognize, contain, and prevent infection transmission, and g) Describe the importance of healthcare preparedness for natural or man-made infectious disease disasters. Terminal objectives that measure each competency were also identified.

Conclusions: Infection prevention and control is essential to decreasing morbidity and mortality related to healthcare-associated infections, including decreasing nurses’ risk of becoming exposed to infectious agents during practice. The competencies developed through this study provide a means of measuring nurses’ competency related to preventing infection transmission in healthcare settings during routine practice and disasters. Validation in the practice setting followed by incorporation into nursing education are next steps.
Increasing Cultural Competence in Undergraduate Nursing Students

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Intent: The purpose of Increasing Cultural Competence in Undergraduate Nursing Students is to give nursing and other health care students an opportunity to travel to Mexico and learn first hand about the Mexican culture, health care system and health care practices and beliefs while learning the Spanish language. The Hispanic population grew by 43% in the three Northern Kentucky counties from 2000 to 2005 according to the US census Bureau. Southwest Ohio is experiencing a similar surge with a 24% increase over the past 5 years. Because a major portion of this increase is Mexican, it will be of paramount importance for future nurses and other health care professionals to be able to provide culturally competent care to these clients including knowledge of the language, customs and health beliefs.

Description: Increasing Cultural Competence in Undergraduate Healthcare Students is a partnership with the Kentucky Institute for International Studies’ Pre-Professional Program that has taken place in Morelia, Michoacán for 5 weeks during the summers of 2007 and 2008. This program included 2 nursing courses, Traditional Mexican Medicine and Women’s Health in Mexico. Spanish courses on all levels were also offered and taught by native Mexicans. Traditional Mexican Medicine examined curanderismo, the roots of these practices, the variety of techniques used, and how traditional practitioners interface with modern medicine. Women’s Health in Mexico examined women’s health throughout the lifespan, how it is affected by cultural, religious and socioeconomic factors, and the use of traditional healers. Both courses utilized a holistic perspective and were coordinated with visits to hospitals, clinics, and meetings with doctors and nurses and other health professionals in the area of Michoacán. All students lived with Mexican families and were required to communicate only in Spanish while at home. Assignments that included interviews and conversations with “family” members about health care issues were required in the program.

Evaluation: In the summer of 2007, nine students participated in Traditional Mexican Medicine and four in Women’s Health in Mexico. Five students were nursing students from Northern Kentucky University and others were from other universities in Kentucky. One student was from Tennessee and one from California. Eleven students responded to the self rating course survey. The following percentages represent students who felt very or extremely confident about the questioned behavior.

100% were able to define and describe cultural competence.
81% feel comfortable interacting with Mexican people.
100% can describe the meaning of health and illness among Mexican people.
100% can recognize stereotypes they may have had about Mexican people.
90% can describe culture bound syndromes such as empacho or el susto.
100% can describe several Mexican traditional methods of healthcare.
100% can describe the elements of culturally competent care.
90% can describe the government health care system in Mexico.
72% can discuss implication for health care of Mexican immigrants in the U.S.

Statistics for summer 2008 are being compiled.

Summary and applicability:
The results of the survey show that most students rate themselves with a high degree of cultural competence in most categories after participating in the program. The author plans to administer a pre-course survey as well as a post course survey to accurately assess cultural competence gained in this program during the summer of 2008. The results show that valuable information and positive attitudes have developed as a result of this program about the health practices of Mexican people. The results of the evaluation assisted in the planning for summer of 2008.
Parental Perceptions of Body Weight in Toddlers and Preschool Children
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The purpose of this study was to examine relationships between parental perceptions of toddler and preschool child body weight and psychosocial factors such as parental efficacy and health literacy. Specific aims included: 1) examining the association between the accuracy of parental perceptions of body weight for their child and level of parental efficacy and health literacy, 2) examining the association between accuracy of parental perception of the toddler or preschool child’s body weight and concern regarding the child’s weight, and 3) examining the associations between parental efficacy and health literacy and concern regarding the toddler or preschool child’s body weight. Research questions included: 1) what is the parent’s perception of the toddler or preschool child’s body weight? and 2) what factors are associated with the parent’s perception of the toddler or preschool child’s body weight? Participants for this descriptive-correlational study were solicited at a private pediatrician’s office and in a public health department. A power analysis was conducted to determine the sample size needed to achieve acceptable correlations at p<.05. Participants completed four surveys and answered two open-ended questions. Quantitative analyses included descriptive statistics, correlations, and regression analyses. Answers to the open-ended questions were analyzed using content analysis. Findings include a significant relationship between accuracy of parental perception of child body weight and health literacy. Content analysis revealed that parents rely on many subjective cues to determine the appropriateness of child body weight.

Developing Teaching Learning Strategies for Human Simulation Technology: The Professional Learning Community
Mattie Burton, PhD, RN
Shawnee State University

The Institute of Medicine reports have at best cast a shadow across the continuum of healthcare in terms of patient safety. Nursing has responded in part by looking closely at best practices from industries where safety is paramount, and has recently witnessed phenomenal growth of human simulation technology. High fidelity mannequins offer nurses in practice and in education opportunity to perform critical patient care transactions in the safety of the laboratory. However, such technology is costly and presents a steep learning curve which must be negotiated by faculty before effective student outcomes can be achieved. Our nursing education program partnered with the local hospital to build a state-of-the-art Human Simulation Laboratory and through the generous support of the Ohio Learning Network came together in a Professional Learning Community to learn about the technology and to change practices in the academic and in the acute care setting. Managers from both areas worked together to build the infrastructure and purchase mannequins and supporting equipment and then stood back to permit education experts to bring Human Simulation Technology to our rural southeastern Ohio community. Meeting together regularly and bonding nursing lab staff, and staff development educators explored the concept of simulation, developed models to share the space, wrote related policies and procedures, and developed a common template on which to develop scenarios. To date, both academic and acute care approaches have increased; b. if their understanding about the recovery model and other treatment scenarios; c. whether they are more at ease with client’s with mental illness and d. whether they would be interested in working in a mental health setting. The majority of the respondents agreed or strongly agreed that participation at the Recovery Mall increased their understanding of mental health treatment and their understanding of how to conduct a therapy group. Many indicated they felt more at ease with persons with a mental illness since completing the Recovery Mall experience.

Nursing Student’s Perception of Mental Health Treatment
Connie Hubbard MSN, CS
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Associate Degree Nursing
Eastern Kentucky University

A survey was developed in 2006 and has been distributed each semester to ADN and BSN nursing students as they complete their psychiatric mental health clinical at Eastern State Hospital (ESH) Lexington, Kentucky. The purpose of the survey is to obtain students’ perceptions of the benefit of various educational and supportive activities on client’s recovery as observed in the Recovery Mall at ESH. Based on their observation and participation in the Recovery Mall the students anonymously indicated on a likert scale their degree of agreement with the following: a. if their understanding and knowledge of patient safety. Nursing has responded in part by looking closely at best practices from industries where safety is paramount, and has recently witnessed phenomenal growth of human simulation technology. High fidelity mannequins offer nurses in practice and in education opportunity to perform critical patient care transactions in the safety of the laboratory. However, such technology is costly and presents a steep learning curve which must be negotiated by faculty before effective student outcomes can be achieved. Our nursing education program partnered with the local hospital to build a state-of-the-art Human Simulation Laboratory and through the generous support of the Ohio Learning Network came together in a Professional Learning Community to learn about the technology and to change practices in the academic and in the acute care setting. Managers from both areas worked together to build the infrastructure and purchase mannequins and supporting equipment and then stood back to permit education experts to bring Human Simulation Technology to our rural southeastern Ohio community. Meeting together regularly and bonding nursing lab staff, and staff development educators explored the concept of simulation, developed models to share the space, wrote related policies and procedures, and developed a common template on which to develop scenarios. To date, both academic and acute care approaches have increased; b. if their understanding about the recovery model and other treatment scenarios; c. whether they are more at ease with client’s with mental illness and d. whether they would be interested in working in a mental health setting. The majority of the respondents agreed or strongly agreed that participation at the Recovery Mall increased their understanding of mental health treatment and their understanding of how to conduct a therapy group. Many indicated they felt more at ease with persons with a mental illness since completing the Recovery Mall experience.
Service learning is a pedagogy grounded in belief that students learn more by action than by listening to lectures. As a teaching strategy, it builds upon experiential learning (Moore, 2000). According to Poirier (2001), service learning in nursing curricula prepares students for their roles as nurses as well as citizens. At Morehead State University Baccalaureate Nursing program, students learn how to partner with community leaders and agencies to meet the needs of underserved populations and provide care to diverse populations through professional service learning experiences in community based settings. With the current state of declining healthcare resources, collaborative partnerships can serve to reduce health disparities and improve access to care while at the same time prepare students for caring for at risk, and vulnerable populations that they will deal with upon graduation.

Service learning is transformational; not only for the students involved, but the educators, the educational facilities, and the community as well (Miller & Swanson, 2002; Cress, Coller, & Rettenauer, 2005). Students gain the needed skills to become productive citizens and change agents while educators and universities with visionary leadership have the power to change the community and the world one student at at time. Service learning brings community and public works into the center of the educational system. A quote by Concluso around 450 BC summarizes the importance of service learning in students lives in three sentences I hear and I forget. I see and I remember. I do and I understand. (Think exist, n.d.). In terms of service learning, this quote can be changed to read, Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.” By involving students in active learning, real life situations and experiences, learning becomes deeper and transformational. Cress, C.M., Coller, P.J., & Rettenauer, V.L. (2005). Learning through serving: A student guidebook for service-learning across the disciplines. Sterling, VA: Stylus.


Does the Administration of IV Analgesics or Sedatives Within 6 Hours of First Weaning Impact Ventilator Outcomes?

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Purpose of the project:
To examine the relationship between the administration of IV analgesia or sedation medications and the weaning outcomes of mechanically-ventilated patients.

Method of Data Collection:
- Retrospective electronic medical record audit
- All 4 Critical Care Units at St. Joseph Health System

Inclusion Criteria:
- All mechanically-ventilated patients in January 2008
- Examined first weaning attempt only

Exclusion Criteria:
- Withdrawal of care
- Patients who self-extricate
- Patients admitted to SJHS who are long-term ventilator status

Method of Analysis:
- Chi Square—Do patients who receive IV analgesics or sedatives within 6 hours of first weaning have poorer outcomes (failed weaning, reintubation) than patients who do not?
- Independent T-test—Patients who receive IV analgesics or sedatives within 6 hours of first weaning have longer ventilator length of stay than patients who do not?

Summary of Results:
- There is no statistical significance with the administration of IV analgesia within 6 hours of weaning and ventilator outcomes
- The is no statistical significance with the administration of IV sedatives within 6 hours of weaning and ventilator outcomes
- If the patient receives IV Ativan, there is a statistically significant increase in ventilator length of stay

Recommendations for Practice and Future Research:
- Future research should focus on ventilator patients who were admitted for respiratory diagnoses (respiratory failure, pneumonia and code blue)
- Educate nursing staff that administering IV analgesics or sedatives within 6 hours of weaning does not have a negative effect on weaning outcomes
- Use of Ativan is associated with a longer ventilator length of stay than other sedatives or analgesics

Edgar Allen Poe, The Pit and the Pendulum, and Ventricular Assist Devices

Pamela Combs MSN RN
Cheryl Hoyt Zambroski PhD RN
Sherill Nones Cronin PhD RN
Carole Pfeffer PhD

The purpose of this qualitative, descriptive study was to gain a better understanding of the experience of living with a ventricular assist device (VAD). Participants were recruited from a transplant center of a university-affiliated hospital located in the southeast. Six patients (two men and four women) with an average age of 58.8 years (range 42-76 s.d. 11.3) volunteered to participate. Both men were Caucasian; two women were Caucasian and two were African-American. There was wide variation in the length of device implantation (range 28-407 days, mean 181 days, s.d. 147 days). Through the process of open-ended interviewing, a key informant articulated his experience of choosing and living with a VAD through an analogy to Edgar Allen Poe’s The Pit and the Pendulum. As he described his personal experience with the device, it was clear that language of co-informants corresponded closely with several themes emerging from his analogy. Four key themes: Facing the Unknown, Feeling Confined, Living with Fear, and Hope for the Future were explored through literary analyses of The Pit and the Pendulum. Certainly, the comparison of the experience of living with a VAD to the tale of Poe’s Narrator sentenced to death and confined to prison does not provide an easy image for clinicians who care for this population of patients. Yet, diagnosis of heart failure can, in fact, be a sentence of sorts; a sentence to an uncertain future, physical decline, even to death. The findings of this study can help clinicians to target interventions toward reducing the uncertainty associated with living with a VAD, providing opportunities to reduce the sense of confinement particularly in the acute care setting, recognizing and reducing patient fears, and finally providing and supporting hope for the future through either reduction of symptoms and extending life or through providing a peaceful death.
Pilot Project: The Chronic Pain Diary for Nursing Home Residents
Kathy K. Hager, DNP, FNP-BC
Assistant Professor, Bellarmine University
Dorothy Brockopp, RN, PhD
Professor, University of Kentucky
Chronic Pain Diary

Purpose: The purpose of this pilot study was to present a simple diary for self-reporting pain in the nursing home population. Because nursing home direct resident care is provided mainly by nurse aids, it was important to provide an intervention that did not require a professional person to implement, and yet thorough enough that care providers could use the information to guide treatment options. The vision was to provide a pain diary that would improve chronic pain control in the communicative, cognitively intact nursing home resident.

The study questions were:
• Is there a difference between patients before and after participants’ use of a chronic pain diary?
• Is there a difference in the number of pain-related nursing documentation entries before and after participants’ use of the diary?
• Is there a difference in medication usage before and after use of the diary?

Methods: Data collection took 14 days prior to the use of the diary, was compared to data collected 14 days after diary completion. A pre-experimental design, using a control and posttest, and posttest method, was used to determine if use of a pain diary was associated with changes in pain levels, nursing documentation and medication use. Variables addressing the effectiveness of the diary were: pain levels, nursing documentation and medication use.

Findings: Following diary implementation, pain levels, medication use, and “as needed” medication usage increased. There was a statistically significant increase in the number of scheduled medications.

Discussion: Future research, using a randomized design and multiple sites, is needed to examine the effectiveness of self reported pain diaries in assessing chronic pain in the communicative nursing home population. Recommended changes include: Enroll a more diverse group of patients, complete data collection following the diary for 4 weeks, determine the relationship between scheduled and ‘as needed’ medications, and designate the nurse aid to record the resident’s experience with the diary.

Adapted from guidelines of the Southern Nursing Research Society.

Using Positive Social Norms Marketing to Reduce Tobacco Use by Hispanic/Latino Women of Child-Bearing Age
Elizabeth Moran Fitzgerald
RN, PMHCNS-BC, LMFT, EdD
Ellie Schweizer

A national report by the Centers for Disease Control and Prevention (2008) states that Kentucky has the highest rate in the nation of women smokers who are of reproductive age and the lowest rate of such women who have tried to quit. In 2006, 35 percent of Kentucky women ages 18-44 were smokers. Forty three percent of those women who are daily smokers tried to quit during the past year. Experts recommend that women quit smoking three to six months before pregnancy. About 29 percent of pregnant Louisville women smoke and 26.7 percent of pregnant women in the state smoke.

According to the Annie E. Casey Foundation (2008), Kentucky has the 19th highest of 50 states in the number of infants with low birth weight, and ranks 48th in premature births, which can result in long-term health problems or death of infants. Health experts say smoking is the leading preventable cause of both premature birth and low-birth weight babies. Experts suggest these numbers could be improved if more women sought prenatal care and stopped smoking during pregnancy.

According to Dr. Thomas Tabb, a maternal fetal medicine expert “This is a very important time in a woman’s life . . . We are a tobacco state . . . It’s culturally acceptable to do it. Until you change that culture, it’s not going to change.” (Tabb, 2008, p. B2).

An interesting phenomenon occurs among Latino/Hispanic women who are the first generation of their families living in the USA. These women are less likely to use tobacco or smoke during their pregnancies than Caucasian and African American women. The rate of low-birth-weight and early delivery is also lower for first generation Latino/Hispanic women than for the other groups. However, the second generations of Latino/Hispanic women who are living in the USA tend to acculturate to their new country. Thus, they adapt habits of their new country regarding smoking.

This poster session will report findings from a recent survey of members of the Latino/Hispanic community who reside in the Metro Louisville area. The survey was conducted by the International Populations task force of the Tobacco Cessation Program of the Louisville Metro Department for Health and Wellness with the Latino/Hispanic Community in Louisville, KY. Survey results indicated that the majority of Latino/Hispanic persons surveyed were not using tobacco. Findings were then used to develop a positive social norms marketing campaign to encourage Latino/Hispanic persons to stop smoking. This poster will highlight examples of a positive social norms campaigns for prevention and tobacco cessation. The poster will also provide culturally competent assessment and intervention strategies to assist Hispanic/Latino women to resist smoking and to stop smoking if they have started.

Choices and Change: Influencing Tomorrow through the Use of a Nursing Journal Club
Judy Ponder, MSN, RN
Shriners Hospitals for Children—Lexington

Being a small specialty hospital can be a great benefit because of the unique challenges for education that one might see in a larger facility. Issues such as communication, technical skills, and professional development must be addressed in ways that meet the needs of the adult learner working in a variety of nursing departments.

The hospital offers nursing care in four areas: Inpatient, Outpatient, Surgery, and Post Anesthesia Care Unit. Each of these specialties areas have specific educational needs, however several commonalities were evident:
• Down time was not being effectively utilized for keeping up to date with current nursing literature
• Clarification about topics taught at the various points of care was needed
• A need for additional patient teaching materials was identified
• No formalized avenue for sharing knowledge interdepartmentally was enhanced.

Therefore, a nursing journal club was proposed. A journal club is an informal gathering around a table, which encourages review and discussion. The purpose would be to provide a structured process for all nurses, in which to gain and share knowledge.

As a result of the Nursing Journal Club, the following educational improvements were implemented:
• New patient teaching materials were developed
• Additional educational inservice programs were provided
• Staff from the various departments enhanced sharing of knowledge through use of equipment, materials, and other media.
• Interdepartmental communication was enhanced.

Assessing External Factors That Influence College Students’ Food Choices
Megan E. Huellemier, Nursing Student
Donna J. Corley, PhD(C) Mentor
Stephanie Johnson MSN, RN, BC, CNE
Assistant Professor of Nursing
Morehead State University Nursing Department, College of Science and Technology

The effects of diet on health status are well documented. College students represent a population vulnerable to poor eating habits. Adjustment to college life introduces difficult food choices. Economic strains, convenience, and individual preferences influence students’ meal decisions. This study will assess external factors that influence college students’ food choices. Forty-eight junior and senior BSN students will complete a computer based food frequency questionnaire (FFQ) and survey specific to their food choice. This sample is assumed to have a basic frequency questionnaire (FFQ) and survey specific to BSN students will complete a computer based food choice. This sample is assumed to have a basic diet knowledge. This study will assess the following educational improvements were identified:
• Additional educational inservice programs were provided
• Staff from the various departments enhanced sharing of knowledge through use of equipment, materials, and other media.
• Interdepartmental communication was enhanced.

Influencing Tomorrow through the Use of a Nursing Journal Club
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• A need for additional patient teaching materials was identified
• No formalized avenue for sharing knowledge interdepartmentally was enhanced.

Therefore, a nursing journal club was proposed. A journal club is an informal gathering around a table, which encourages review and discussion. The purpose would be to provide a structured process for all nurses, in which to gain and share knowledge.

As a result of the Nursing Journal Club, the following educational improvements were implemented:
• New patient teaching materials were developed
• Additional educational inservice programs were provided
• Staff from the various departments enhanced sharing of knowledge through use of equipment, materials, and other media.
• Interdepartmental communication was enhanced.

Using Positive Social Norms Marketing to Reduce Tobacco Use by Hispanic/Latino Women of Child-Bearing Age
Elizabeth Moran Fitzgerald
RN, PMHCNS-BC, LMFT, EdD
Ellie Schweizer

A national report by the Centers for Disease Control and Prevention (2008) states that Kentucky has the highest rate in the nation of women smokers who are of reproductive age and the lowest rate of such women who have tried to quit. In 2006, 35 percent of Kentucky women ages 18-44 were smokers. Forty three percent of those women who are daily smokers tried to quit during the past year. Experts recommend that women quit smoking three to six months before pregnancy. About 29 percent of pregnant Louisville women smoke and 26.7 percent of pregnant women in the state smoke.

According to the Annie E. Casey Foundation (2008), Kentucky has the 19th highest of 50 states in the number of infants with low birth weight, and ranks 48th in premature births, which can result in long-term health problems or death of infants. Health experts say smoking is the leading preventable cause of both premature birth and low-birth weight babies. Experts suggest these numbers could be improved if more women sought prenatal care and stopped smoking during pregnancy.

According to Dr. Thomas Tabb, a maternal fetal medicine expert “This is a very important time in a woman’s life . . . We are a tobacco state . . . It’s culturally acceptable to do it. Until you change that culture, it’s not going to change.” (Tabb, 2008, p. B2).

An interesting phenomenon occurs among Latino/Hispanic women who are the first generation of their families living in the USA. These women are less likely to use tobacco or smoke during their pregnancies than Caucasian and African American women. The rate of low-birth-weight and early delivery is also lower for first generation Latino/Hispanic women than for the other groups. However, the second generations of Latino/Hispanic women who are living in the USA tend to acculturate to their new country. Thus, they adapt habits of their new country regarding smoking.

This poster session will report findings from a recent survey of members of the Latino/Hispanic community who reside in the Metro Louisville area. The survey was conducted by the International Populations task force of the Tobacco Cessation Program of the Louisville Metro Department for Health and Wellness with the Latino/Hispanic Community in Louisville, KY. Survey results indicated that the majority of Latino/Hispanic persons surveyed were not using tobacco. Findings were then used to develop a positive social norms marketing campaign to encourage Latino/Hispanic persons to stop smoking. This poster will highlight examples of a positive social norms campaigns for prevention and tobacco cessation. The poster will also provide culturally competent assessment and intervention strategies to assist Hispanic/Latino women to resist smoking and to stop smoking if they have started.
An Evaluation of the Effectiveness of the Kentucky Public Health Leadership Institute
Sheila P. Patros, PhD, RN
Mark Garrison, PhD

After the September 11, 2001 terrorist attacks, the need for effective public health leaders was brought to the forefront. The effectiveness of the Kentucky Public Health Leadership Institute (KPHLI) was evaluated in this study. The participants were 130 KPHLI scholars. Some participants were currently attending the program and some were graduates. The participants were given at 20-item survey asking them about their KPHLI experience, including questions about leadership qualities, communication, working in teams, and work roles. Demographic questions were included as well. Fifty-three surveys were returned (return rate 41%). The KPHLI participants rated the overall effectiveness of the program at 6.06 on a graphic rating scale of 1 (least effective) to 7 (very effective). Many participants made positive comments about their experience with KPHLI. The findings are similar to those of other studies evaluating the effectiveness of other state public health leadership institutes. The study recommends that the program be tracked on a regular basis and studied further.

How to “Gerontologize” Nursing Curricula
Nathania Bush, MSN, RN
Baccalaureate Nursing Program
Morehead State University

America is undergoing a significant demographic shift that will change the appearance of the nation. Americans 65 years of age and older, whom we refer to as older adults, are no longer an irrelevant minority. In 2005 there were 36 million Americans over age 65. Within the next 30 years, this number is expected to double. With such a population shift, the need for nurses prepared to care for the aging population is essential.

Americans are living longer than ever before and many elderly are living healthy and productive lives. However, numerous older adults deal with significant health related issues. The Alliance for Aging found that the average 75 year old had three chronic health conditions and regularly used five prescription drugs in addition to over the counter remedies. Are nurses prepared to face the approaching senior increase?

Morehead State University (MSU) Baccalaureate Nursing Program conducted a curriculum audit which revealed that curricular content was not adequately preparing MSU graduates to care for older adults which are the majority of the patients they care for upon graduation. As a result, two MSU faculty members attended the Geriatric Nursing Education Consortium funded by the John Hartford Foundation. This consortium took a train the trainer approach for faculty development in the creation of geriatric focused curricula for baccalaureate nursing programs. Upon return, nursing faculty stepped up to the challenge by incorporating a stand alone Care of the Older Adult course for the junior level undergraduate nursing student.

This course will provide students with relevant theoretical content and engaging clinical experiences which will prepare nursing students to care for older adults across the continuum of aging. In reality older adults represent the core business of health care: therefore a separate course designed to address the specific needs of these older adults is no longer optional, but essential to nursing education.

Nursing Educational Enrichment Project
Betty H. Olinger, BSN, RN, EdD
Kentucky State University

Kentucky State University School of Nursing has implemented the Nursing Education Enhancement Project (NEEP), a three year HRSA Workforce Diversity grant. The project focuses on recruitment, enrichment and retention of racial/ethnic (primarily African American) minority and/or disadvantaged students. To reduce graduation delay and reduce the attrition rate NEEP students are required to participate in educational enrichment strategies.

The project includes a retention program that includes, but not limited to workshops/training sessions to improve test taking, study, time management skills, computer, and critical thinking skills, tutoring, and intrusive advising. The pre-entry program includes, but not limited to, a summer program, Pre-Enrollment Nursing Seminar (PENS), to provide a five day nursing career orientation in preparation for college transition, the use of Assessment Technologies Institute’s (ATI) Test of Essential Academic Skills (TEAS), and academic support for math, science. English and reading through the ATI system as well as through the University’s program for Enhancement and Retention during the academic year. Stipends are provided to prenursing students and scholarships to nursing students to enhance educational opportunities. A cultural competency enrichment program to increase the knowledge and skills regarding cultural competency of faculty and students has been implemented.

Students selected for the project are recruited from selected Kentucky High Schools and from students currently enrolled in the University’s prenursing or nursing program. During 2007-2008, 33 students participated in the NEEP program. Program success is measured by enrollment and retention rates, the ATI Content Mastery scores, NCLEX pass rates, the number of cultural competency activities infused through the curriculum, and the faculty cultural competency professional development activities.
Assessing The Impact Of Co-Bedding And Kangaroo Care

Meg Thompson, Johnna Lowe, Evan Seagraves, Jessica Owen, and Kate Pribonic
Nursing Students
Morehead State University

Junior baccalaureate nursing students will explore the physiological effects of co-bedding and kangaroo care in the neonatal period. Co-bedding, or the practice of placing twins or multiples together in a bed, simulates life in the womb; as they have become accustomed to. Kangaroo care encompasses the practice of strategically placing the infant in direct contact with the mother's skin; immediately following birth. Students will explore the outcomes of this intervention by trending vital signs including heart rate and rhythm, temperature, blood pressure, respirations and oxygen saturation.

The learner will:
1. Reflect and discuss the current practice in the labor and delivery setting.
2. Discuss physiological benefits and consequences of co-bedding and kangaroo care.
3. Identify equipment and personnel that will enhance the practice of co-bedding and kangaroo care.

Investigating Alternatives During The Childbirth Experience And The Positive Impact Of Water Birth

Melinda Humen, Laurie Lacroix, Jessica Wright, Chelsey Sturgill-Fyffe, Amber Greene
Nursing Students
Morehead State University

Junior baccalaureate nursing students will reveal alternatives to the traditional medicine of delivery room birthing experiences. Students hope to improve the public's knowledge and awareness of alternative methods of labor that could potentially lead to an improved birth experience; consequently resulting in a decrease in the experience of pain, complications and need for pharmacological interventions. Many traditional physicians will not offer or accommodate unconventional practices for their patient population. Educating expectant mothers on alternative birthing experiences allows their plan of care to be more personalized to their specific wants and needs throughout the course of their labor process. By helping to identify additional options, we are serving as patient advocates by means of respecting cultural beliefs, customs and individual needs.

The participant will:
1) Identify through discussion the general aspects of both water and land birth procedures
2) Verbalize the benefits of electing for a water birth over a traditional method
3) Be able to use the finding to make an educated decision regarding own personal birthing plan

Investigating The Effectiveness Of Pet Therapy On Terminally Ill Pediatric Patients

Tabitha Stone, Tara Russell, Patricia Meador, Jenni Hurst, Crystal Steele, Kirby Buerkley
Nursing Students
Morehead State University

Students will explore the effectiveness of pet therapy on chronically ill pediatric patients. The practice of pet therapy began in the 1960's with the idea that caring for animals was therapeutic to one's healing process (Chandler, 2001). The prevalence of pet therapy in a patients' plan of care has increased tremendously over the past two decades. This alternative therapy utilizes behavioral trained animals in acute care settings and rehabilitative settings to promote health. Patients who are not immunocompromised are allowed to interact with various pets during treatment and trying times throughout their illness. Patients will verbalize the benefits they receive from pet therapy such as increased relaxation, a decreased pain perception, an increased positive outlook. Students will identify the positive outcomes that arise from the inclusion of pet therapy in their patients' plan of care.

The patient will:
1) Discuss the relaxation effects of pet therapy.
2) Identify a decrease in pain perception related to comfort measures obtained from pet therapy.
3) Reflect on how pet therapy has promoted a positive outlook and feelings of support through companionship.
Please type or print clearly. Please mail your completed application with payment to Kentucky Nurses Association (KNA), P.O. Box 2616, Louisville, KY 40201-2616.

Kentucky for lobbying expenses is not deductible as an ordinary and necessary business expense. KNA reasonable estimates that the non-deductible portion of dues for the 2008 tax year is $98.74.

Under Kentucky Law, that portion of your membership dues used by the State nurses’ association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. KNA reasonable estimates that the non-deductible portion of dues for the 2008 tax year is $98.74.

In an activity licensed RN (check one):  
- Full Membership: $287.00 Annually or $23.92 Per Month  
- Associate Membership: $143.50 Annually or $11.96 Per Month  
- Special Membership: $171.75 Annually or $5.98 Per Month  
- Retired RN who is not currently employed as a nurse due to disability (KNA reserves the right to verify enrollment)  
- RN if enrolled as a full-time student at__________  
- RN who is retired and not actively employed  
- Employed full-time  
- Self  
- Other  

Payment Plan (please check):  
- Full Annual Payment  
- Check (Payable to ANA)  
- Visa  
- MasterCard  
- Payroll Deduction  

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

Payroll Deduction Signature*  

Payment Plan (please check):  
- Epay (Monthly Electronic Payment)*  

This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize ANA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Credit Card*: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

Epay Authorization Signature**  

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

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- RN if enrolled as a full-time student at__________  
- RN who is retired and not actively employed  
- Employed full-time  
- Self  
- Other  

Select your KNA District from the map.  

KANS  

Select the membership dues you would like to receive KNA information relative to nursing and healthcare?  
- Yes  
- No  

Membership c ategory  

Membership dues and services are subject to change. Please type or print clearly. Please mail your completed application with payment to Kentucky Nurses Association (KNA), P.O. Box 2616, Louisville, KY 40201-2616.