

The PRAIRIE ROSE



THE OFFICIAL PUBLICATION OF THE NORTH DAKOTA NURSES ASSOCIATION
Circulation 14,000 To All Registered Nurses, LPNs & Student Nurses in North Dakota

Inside

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PRESIDENT'S MESSAGE

Standing Together

Wanda Rose PhD, RN, BC

We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results.

~ Herman Melville

As I write this message I watch how a blanket of volunteers is woven so our state can successfully battle flood waters. Thousands of volunteers from all over the country have responded to people in need. Volunteers with many talents and abilities provide valuable assistance to a community affected by a disaster. The work of volunteers—putting their faith and love into action—helped turn the chaos of disaster into an image of hope. Individuals come together to help fill sandbags, provide food and shelter, and care for those affected by the disaster; families helping families, neighbors helping neighbors and strangers helping strangers. As the community needs increased the invisible threads that connect individuals, as described by Melville, pulled together to create a community fabric for survival. Instead of a self-centered and cynical approach to human suffering, the community extended itself to do whatever necessary within their power to ameliorate the community's tragedy.

As we battle the floods across the state another disaster is evolving. Given the current state of health care and the impending nursing shortage, the health care industry is facing major reform work. As patient advocates, nurses have a *moral obligation* to represent the profession and the public when the decisions for the future of health care are being made. However, the lack of nurses who hold NDNA membership is of concern to me. I am continually amazed and horrified at the number of nurses who do not know about NDNA/ANA or what these associations do for them. There are over 9,000 Registered nurses in North Dakota and sadly, less than 320 registered nurses are NDNA members. I consider this a disaster. This is unacceptable.

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Organizations are measured by what they do, not by what they talk about. Here are a few things ANA has done for you: Set the standards of practice for the profession, maintain the Code of Ethics and promote the profession of nursing to the public. ANA also protects, defends and educates nurses about their rights as employees under the law—by addressing the growing number of occupational hazards that threaten nurses, such as needle stick injuries, latex sensitivity, back injuries and violence. ANA was instrumental in the passing of the Needle Stick Safety and Prevention Act of 2000. NDNA is instrumental in protecting the North Dakota Nurse Practices Act, advancing the rights of advanced practice nurses, providing / approving quality continuing nursing education activities, and is the voice for nurses at the state legislature.

Will the dwindling number of nurses who hold membership in NDNA be able to continue the work of the association? Will nurses continue to have a voice at the state legislature? Will nurses be at the table when standards of practice are being developed? Who will address occupational hazards that threaten nurses? Members are the life blood of NDNA, both as human resources and to maintain fiscal solvency. In fact, our very survival is threatened if the lack of membership continues. We must stand together as nurses, to advocate for patient safety and improve workplaces for nurses. If the nurses of North Dakota are not willing to make a professional commitment to the profession by becoming a member and be the voice for nursing, who will?

There's never been a more critical time to make our voices heard on the issues we care about than this year; safe staffing levels, full and fair funding for our hospitals, nursing homes and health centers, and securing affordable, quality healthcare for all. These are our issues and this is our moment!

In conclusion, let me say to you that the future of nursing and our place in health care is NOT a given. Do not let apathy, heavy schedules, or blind trust lull you into complacency. The stakes are too high. We must weave the strands together. Our actions will return to us results. It is time nurses join together the diverse threads of practice, education, administration, and research to create the fabric of nursing's future in ND.

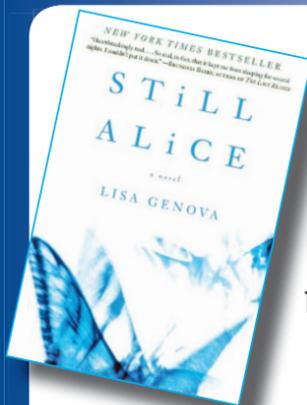


Wanda Rose



New Contact Hour Offering

Pages 7-8



Recommended Reading:
STILL ALICE
by Lisa Genova

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See the NDNA Website at www.ndna.org

☞ Click on Membership

Under how to join

☞ Click on Membership Application (ANA website)

☞ Click on Full Membership

(Be ready to provide your email address)

Full membership is just \$20.50/ month! Less than 70¢ a day!

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

NDNA Member Mary Wakefield Named Administrator for HRSA

SILVER SPRING, MD – The American Nurses Association (ANA) commends President Obama on appointing Dr. Mary Wakefield, PhD, RN, FAAN as Administrator of the Health Resources and Services Administration (HRSA.) Dr. Wakefield is widely acknowledged as an expert on rural health and nursing workforce issues, and has extensive knowledge of the health care system and policy making process. As HRSA Administrator, Dr. Wakefield will lead the agency in improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

“At a time when the country is in need of bold and innovative health system reform, ANA is confident that Dr. Wakefield will be an invaluable asset to the administration’s health care team,”

remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. “We at ANA are thrilled to see such a qualified and respected nurse selected for HRSA Administrator, especially given the Agency’s vital role in delivering much needed care to underserved areas.”

Dr. Wakefield, a longstanding ANA member, was most recently the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Sciences, where she was a tenured professor and Director for the Center for Rural Health. She has distinguished herself as a dedicated nurse, educator and leader within the nursing profession, as well as the health care public policy arena. She has demonstrated that she can serve as a dynamic catalyst for change at the local, state, and national level.

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Writing for Publication in the Prairie Rose

The *Prairie Rose* accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to becky@ndna.org. Please write **Prairie Rose article** in the address line.

Articles submitted for continuing education need a purpose, objectives, and a post-test. You may request the necessary contact hour forms from Becky at becky@ndna.org.

Articles are peer reviewed and edited by the staff and RN volunteers at NDNA.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don't know how or where to start, contact the office at NDNA: 701-223-1385.

The *Prairie Rose* is one communication vehicle for nurses in North Dakota.

Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Impact of Horizontal Violence on New Nurse Retention

**Maelene Schuhmacher, Senior Nursing Student,
Minot State University**

“Bullying and ‘horizontal violence’ pervade nursing culture” (Bradbury-Jones & Sambrook, 2007, p. 342) due in part to the hierarchical structure of the profession. In fact, a majority of nurses, both new and seasoned, have experienced some form of bullying or horizontal violence in their nursing career (Bradbury-Jones & Sambrook, 2007). Studies indicate it is not salaries that are hindering retention and recruiting, it is the toxic atmosphere many nurses experience at their job or clinical assignment (Griffin, 2004).

Common forms of horizontal violence are infighting, sabotage, scapegoating, criticism and breaching confidences and privacy. Horizontal violence may be verbal or nonverbal and manifest in the manner of snide comments, raised eyebrows, backstabbing, or purposeful isolation (Griffin, 2004). A synonymous term is bullying which has been defined by the Center for American Nurses as “an offensive, abusive, intimidating, malicious or insulting behavior, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and may cause them to suffer stress. Bullying is behavior which is generally persistent, systematic and ongoing” (Center for American Nurses, 2008, ¶ 3).

The Joint Commission recently released a Sentinel Event Alert concerning disruptive behavior in the healthcare setting. This document outlines specific disruptive behaviors practiced by healthcare professionals such as refusing to answer questions, using an intimidating tone of voice, utilizing patronizing language and displaying impatience when approached with questions. The Joint Commission further states “all intimidating and disruptive behaviors are unprofessional and should not be tolerated” (Joint Commission, 2008, ¶ 2).

Student nurses are especially vulnerable to lateral violence because of their inexperience and uncertainty in their new professional role. In a study on nursing student empowerment, student nurses reported many forms of horizontal violence such as being excluded, devalued, openly criticized, feeling unwelcomed, and disrespected by their nurse preceptors and nursing staff. Disempowering clinical placements negatively affected the student nurses (SN) outlook on their capabilities and future employment (Bradbury-Jones & Sambrook, 2007). Many nurses begin their professional development with a period of dependency upon the nurse manager, charge nurse or other nurse mentor (Garcia-Vivar, 2006). Horizontal violence hinders this process by discouraging new nurses from asking questions and building their knowledge base (Griffin, 2004).

Workplace violence leads to increased stress and job dissatisfaction for many nurses within their first year of practice. In a recent study on horizontal violence, one in three nurses surveyed indicated they had considered leaving the profession during their first year of practice. Many suffered symptoms synonymous with post-traumatic stress disorder, however, only half of the respondents reported the incidents. Under-reporting can be at least partially attributed to fear of being ostracized and being regarded as a snitch (McKenna, Smith, Poole, & Coverdale, 2002).

The effects of workplace violence result in many nurses contemplating or actually leaving their job position. Ferrell (1997) reports as many as 1 in 3 nurses left their job because of violence or bullying and many of those experiencing aggression stated the most prevalent and distressing type of violence was that experienced between nurses. Winter-Collins & McDaniel (2000) report the percentage of turnover for newly registered nurses was between 55% and 61% across the United States with 60% leaving their job in the first 6 months of practice. Beecroft, Kunzman, & Krozek (2001) reported new graduate nurse turnover rates of 35% to 60% within the first year of employment. By comparison, beyond the first year, practicing nurse's turnover rate is estimated at 33% to 37%. In addition to decreased retention, horizontal

violence results in the use of more sick time, stifled initiative, depression, anxiety, unhealthy habits leading to increased or decreased weight gain, hypertension, palpitations and burnout (Woelfle & McCaffrey, 2007).

Avoidance has been cited as a primary strategy new and seasoned nurses employ when confronted with conflict (Garcia-Vivar, 2006). Nurses must avoid the tendency to passively address conflict or horizontal violence in the workplace. Instead, an effective tactic for conflict resolution is to immediately deal with the person about the unprofessional behavior and resolve the situation before it escalates (Griffin, 2004). If the incident is not resolved with conflict resolution strategies, it may be necessary to advance the issue through the proper chain of command.

The Center for American Nurses (2008) position statement supports a “zero tolerance policy related to disruptive behavior, including professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior” (¶ 1). The Joint Commission has implemented leadership requirements effective January 2009 to address disruptive and inappropriate behaviors in the healthcare setting. (Joint Commission, 2008).

Stressful relations between nursing staff affect the quality of patient care and decreases patient satisfaction. The Joint Commission (2008) states in a recent Sentinel Event Alert, “the presence of intimidating and disruptive behaviors in an organization... erodes professional behavior and creates an unhealthy or even hostile work environment—one that is readily recognized by patients and their families” (¶ 4). Each healthcare professional must accept responsibility for their behavior and be accountable for their own actions. A healthy workplace, free of horizontal violence, will result in a physically and psychologically fit nursing force as well as result in increased retention throughout the ranks by positively impacting job satisfaction.

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- Farrell, G. (1997). Aggression in clinical settings: Nurse's views. *Journal of Advanced Nursing*, 25, 501-508.
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ACTIONS TO STOP LATERAL VIOLENCE

- Personally recognize violent behavior.
- Utilize professional and personal reflection.
- Utilize cognitive rehearsal techniques, this allows nurses to depersonalize lateral violence, ask questions, and continue to learn.
- Defuse anger utilizing relaxation and meditation.
- Release anger rather than allowing it to build up.
- Consult an expert for help with continued workplace violence.

(Compiled from: Griffin, 2004; Sheridan-Leos, 2008; Thomas, 2003)

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Joint Commission. Sentinel Event Alert. Behaviors that Undermine a Culture of Safety. (2008, July 9). Retrieved March 26, 2009, from http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm

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Woelfle, C. & McCaffrey, R. (2007, July-September). Nurse on Nurse. *Nursing Forum*, 42(3).

Recommended Reading:

Briles, J. (2003). *Zapping Conflict in the Health Care Workplace*. Aurora, CO: Mile High Press.

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2005). *Crucial conversations*. New York: McGraw Hill.

Workplace Violence found at the following ANA website <http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/WorkplaceViolence.aspx>

Call to NDNA Members!

Last fall the NDNA Board of Directors and the membership voted to accept new bylaws that govern and guide the association. (See www.ndna.org under membership for the bylaws). It is time to elect members to the positions created under these new bylaws. A "Consent to Serve" form along with a list of positions can be found on our website, www.ndna.org. Members are encouraged to consider these positions and to join the advisory committees established under each Vice-President. Members may volunteer to serve on the advisory committees and you may nominate yourself for any of the elected positions. The advisory committee duties are spelled out in the NDNA bylaws. The over all goal is to operationalize the purposes and functions of NDNA.

Elections are scheduled to be held during the summer. We will be doing these elections electronically. You will need to keep an eye on the NDNA website for directions and to cast your vote. A postcard reminder with instructions will be sent to all members early summer. Please make sure your mailing address is correct/ up to date.

Email test

In a recent test of all available / listed emails in the NDNA/ ANA data base revealed as little as 30% are correct. It is critical you keep your email up to date. Members are asked to supply a functional email address.

✂-----

Name

Address

City, State, Zip

Phone #

Email

Please return the above form to NDNA, 531 Airport Rd., Ste. D, Bismarck, ND 58504 if you would like us to add or correct your information in the ANA data base. Or you may send the correct information to Jennifer@ndna.org

Florence Nightingale Pledge



This modified "Hippocratic Oath" was composed in 1893 by Mrs. Lystra E. Gretter and a Committee for the Farrand Training School for Nurses, Detroit, Michigan. It was called the **Florence Nightingale Pledge** as a token of esteem for the founder of modern nursing.

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

National Nurses Week 2009, "Nurses: Building a Healthy America." National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

"This year's theme reflects the commitment nurses make every day in building a healthy America for the public we serve," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "ANA has long advocated for meaningful health system reform and in 2008 re-released ANA's *Health System Reform Agenda*, (<http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HSR.aspx>) an ANA blueprint for reform that focuses on the basic "core" of essential health care services, which is essential in building a healthy America for everyone."

During National Nurses Week, ANA reaffirms its commitment to improve the quality of health care and the working conditions of nurses. The growing shortage of RNs poses a real threat to the nation's health care system and the public's health, and ANA is dedicated to fighting for a workplace environment that will encourage current nurses to continue in their careers, and inspire young men and women to consider nursing as a profession.

Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

NATIONAL NURSES WEEK

2009 Message from ANA President Rebecca M. Patton, MSN, RN, CNOR



Rebecca Patton

Greetings! As we celebrate **National Nurses Week 2009** (NNW) May 6–12, the American Nurses Association (ANA) and its constituent member associations (CMAs) salute nurses across the country with the theme **Nurses: Building a Healthy America**. Nursing is often described as both an art and a science; this year's theme reflects the commitment nurses make every day for their patients and the compassion and quality of care they provide for their community.

Today's nurses must have the strength to care for patients during times of disaster and crisis; the commitment to remain involved in continuing education throughout their careers; and the compassion to provide hands-on patient care at the bedside—as they have done throughout the centuries. Moreover, at 2.9 million strong, nurses represent the largest group of health care workers in America, and we have the power to achieve much-needed reform in nursing and in health care. That is why it is important to take time out during National Nurses Week to thank nurses for what they do and to remind the public just how vital our nation's nurses are to patients, their families and society.

Of course, giving thanks, recognition and acknowledgement is only part of the reason we celebrate National Nurses Week every year. Another equally important reason is to remind the public of nursing's contributions to the health and well-being of the nation. So, as you celebrate National Nurses Week this year, I hope you will also take a few moments to reflect on some of the challenges that also face nursing today, and the advocacy efforts of ANA in these areas:

- Establishing staffing levels that promote a safe and healthy working environment for nurses and to ensure the highest possible patient care. To support safe staffing, ANA has launched a national campaign to help fight for safe staffing legislation. To find out more about what you can do to advance safe staffing, please visit www.safestaffingsaveslives.org. This Web site serves as a one-stop source of helpful information with user-friendly tools. On the site, you will be able to find ANA's "Principles on Safe Staffing",

background research on safe staffing, federal and state legislation and ANA's legislative and legal action.

- ANA favors a restructured health care system that does the following: Enhances consumer access to services by delivering primary health care in community-based settings; Fosters consumer responsibility for personal health, self care, and informed decision making in selecting health care services; Facilitates utilization of the most cost-effective providers and therapeutic options in the most appropriate settings.
- The American Nurses Association (ANA) announced its endorsement of President Barack Obama and looks forward to working with the new administration and new lawmakers to affect positive change for nurses and the patients we serve. President Obama believes, as ANA does that health care is a basic human right, not a privilege. ANA is ready to work with the new administration to provide safe, affordable quality health care for all.
- Increasing interest and support for addressing educational preparation for the RN workforce. Evidence shows that higher levels of nursing education are linked with lower patient mortality rates, fewer errors and greater job satisfaction among RNs.

As we celebrate NNW, beginning with National Nurses Day on May 6 and concluding with International Nurses Day on May 12, I hope you take time to reflect on how rewarding a nursing career can be, and to share your passion for nursing with others. This week is an opportunity to take stock, and take pride in what you accomplish as nurses, and hopefully to inspire others to choose this challenging and fulfilling profession.

CONTINUING NURSING EDUCATION OFFERINGS

In this edition of the Prairie Rose you will find a **10.0 contact hour** nursing continuing education offering. The staff at NDNA teamed up with author June Fabre to bring you a textbook based independent-study program. NDNA's mission is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy. Ms. Fabre's book (Smart Nursing) provides an overview of common situations in the workplace that impact patients and nursing practice. She provides sensible solutions to these issues in professional nursing.

Information on where you can find, purchase her book along with the self-study course enrollment, test, evaluation materials are found in this edition of the Prairie Rose. Members pay only \$20.00 for 10.0 contact hours! Nonmembers may take the course for \$40.00. (Does not include the cost of the textbook).

Continuing Nursing Education Just for LPNs!

Earn ANCC approved contact hours. Certificates of completion provided upon successful completion of course materials.

Required textbook for all modules:

deWit, Susan C. (2009). *Fundamental concepts and skills for nursing* (3rd ed.). St. Louis, MO: Saunders Elsevier.

Module 1 Introduction to Nursing and the Healthcare System

Module 2 The Nursing Process

Module 3 Communication in Nursing

Module 4 Developmental, Psychosocial, and Cultural Considerations

Module 5 Basic Nursing Skills

Module 6 Meeting Basic Physiologic Needs

Module 7 Medication Administration

Module 8 Care of the Surgical and Immobile Patient

Module 9 Caring for the Elderly

You may purchase the complete set of modules for \$150.00 plus the cost of the textbook or you may purchase individual modules for \$29.95 plus the cost of the textbook.

The required textbook can be found at a variety of online vendors or you may order from the publisher: Saunders Elsevier. **Modules will be sent to your email electronically**, therefore it is critical you supply a functional email address.

These continuing nursing education activities were developed and written with a focus on the education and scope of practice of the LPN/ PN.

Name _____

Address _____

City _____

State _____

Zip _____

Email _____

CIRCLE Module to order

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Module 2	29.95	Module 7	29.95
Module 3	29.95	Module 8	29.95
Module 4	29.95	Module 9	29.95
Module 5	29.95		

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Mail registration with fee to:
CNE-Net/ NDNA ♦ 531 Airport Road, St. D ♦
Bismarck, ND 58504

CNE-Net, the education division of the North Dakota Nurses Association, is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Practical Nurse Continuing Education Series

Purpose: Present a review of common topics that the LPN/PN would encounter in practice.

Module Content

Module 1 (13.33 contact hours)

Introduction to Nursing and the Healthcare System

Module includes Nursing and the Health Care System; Concepts of Health, Illness, and Health Promotion; and Legal and Ethical Aspects of Nursing.

Module 2 (13.66 contact hours)

The Nursing Process

Module includes Nursing Process and Critical Thinking; Assessment, Nursing Diagnoses, and Planning; Implementation and Evaluation; and Documentation.

Module 3 (13.66 contact hours)

Communication in Nursing

Module includes Communication and the Nurse-Patient Relationship; Patient Teaching for Health Promotion; and Delegation, Leadership, and Management.

Module 4 (13.33 contact hours)

Developmental, Psychosocial, and Cultural Considerations

Module includes Growth and Development throughout the Life Span; Cultural and Spiritual Aspects of Patient Care; Loss, Grief, the Dying Patient, and Palliative Care.

Module 5 (14 contact hours)

Basic Nursing Skills

Module includes Infection Prevention and Control; Protective Mechanisms and Asepsis; Infection Prevention and Control in the Hospital and Home; Lifting, Moving, and Positioning Patients; Assisting with Hygiene, Personal Care, Skin Care, and the Prevention of Pressure Ulcers; Patient Environment and Safety; Measuring Vital Signs; Assessing Health Status; Admitting, Transferring, and Discharging Patients; Diagnostic Tests and Specimen Collection.

Module 6 (14.33 contact hours)

Meeting Basic Physiologic Needs

Module includes Fluid, Electrolyte, and Acid-Base Balance; Concepts of Basic Nutrition and Cultural Considerations; Diet Therapy and Assisted Feeding; Assisting with Respiration and Oxygen Delivery; Promoting Urinary Elimination; Promoting Bowel Elimination; Pain, Comfort, and Sleep; Complementary and Alternative Therapies.

Module 7 (17.33 contact hours)

Medication Administration

Module includes Pharmacology and Preparation for Drug Administration; Administering Oral, Topical, and Inhalant Medications; Administering Intradermal, Subcutaneous, and Intramuscular Injections; Administering Intravenous Solutions and Medications.

Module 8 (15 contact hours)

Care of the Surgical and Immobile Patient

Module includes Care of the Surgical Patient; Providing Wound Care and Treating Pressure Ulcers; and Promoting Musculoskeletal Function.

Module 9 (13.66 contact hours)

Caring for the Elderly

Module includes Common Physical Care Problems of the Elderly and Common Psychosocial Care Problems of the Elderly.

Web Reading

The National Quality Forum (NQF) Safe Practices for Better Healthcare—2009 Update is available at http://www.qualityforum.org/publications/reports/safe_practices_2009.asp

NQF presents 34 practices that have been demonstrated to be effective in reducing the occurrence of adverse healthcare events. This revised set of NQF-endorsed safe practices has been updated with current evidence and expanded implementation approaches, and it provides additional measures for assessing the implementation of the practices.

The Center for American Progress offers The Health Care Delivery System: A Blueprint for Reform is available at http://www.americanprogress.org/issues/2008/10/health_care_delivery.html

A copy of the complete book can be downloaded from the website.

The Center for American Progress and the Institute on Medicine as a Profession partnered to develop this book. Nursing has a huge stake in the eventual outcome of the health care reform. Nurses need to learn of the many opinions and ideas that are materializing, they need to lend a voice to what health care will "look like" and what the role nurses will have specifically in the areas of public health, disease prevention, chronic disease management, and prevention/wellness. Nurses have an opportunity to help reduce the tremendous expense of healthcare.

Reforming U.S. Healthcare Delivery (Shi, Lebrun & Tsai, 2008) Harvard Health Policy Review is available at <http://www.hhpr.org/currentissue/>

Written before the elections, this article is an overview of the present state and the issues surrounding our healthcare system.



CNE-Net, the Education Division of the North Dakota Nurses Association

531 Airport Road, Suite D ♦ Bismarck, ND ♦ 58504

Presents:

Issues in Professional Nursing

P2.57

Textbook based

Continuing Nursing Education Independent Study Program

Purpose

Discover a model that seeks to create a positive work environment by exploring core values, key concepts, and strategies that enhance professional development and collaboration for the clinical practice, education, administrative, and research areas of nursing.

Accreditation as a provider refers to recognition of educational activities only and does not imply ANCC Commission on Accreditation or CNE-Net approval or endorsement of any product.

10.0 contact hours

CNE-Net, the education division of the North Dakota Nurses Association, is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Method of Learning:

Self Study.

> Read

- o Fabre, J. (2009). *Smart Nursing: Nurse Retention and Patient Safety Improvement Strategies*. New York: Springer Publishing Company.

Can be purchased at www.springerpub.com promo code FAB9 for limited time discount or through a variety of online vendors.

- > Return enrollment form, answer sheet, and evaluation to CNE-Net. Must achieve 75% on post test for successful completion of course.
- > Certificate of Successful Completion will be provided upon successful completion of course requirements.

Purpose

Discover a model that seeks to create a positive work environment by exploring core values, key concepts, and strategies that enhance professional development and collaboration for the clinical practice, education, administrative, and research areas of nursing.

Objectives:

1. Define characteristics of a staff-friendly culture.
2. Review research related to issues that impact the workplace/ workforce.
3. Explore the core value of respect.
4. Explore the core value of simplicity.
5. Explore the core value of flexibility.
6. Explore the core value of integrity.
7. Explore the concept of positive culture.
8. Explore the concept of communication.
9. Explore the concept of caring.
10. Identify measures to improve recruitment and retention of nurses.
11. Identify characteristics of high performance teams.
12. Define issues that affect safety.
13. Explore the concept of diversity.
14. Explore the concept of leadership.
15. Describe process of using basic problem solving strategies to transform problems into opportunities.

16. Explore strategies to enhance professional development.
17. Explore strategies to make a difference in professional practice.

POST-TEST

Choose the one correct answer

PLEASE RETURN THE ANSWER SHEET FOUND AT THE END OF THIS DOCUMENT

1. A nurse friendly culture adds value to an organization.
 - a. True
 - b. False
2. Sound clinical practices along with ethical business actions produce the safest, most cost effective patient care.
 - a. True
 - b. False
3. Janice has worked in an acute care setting for 4 years. She frequently leaves work feeling tired and frustrated. Her work environment would be described as:
 - a. energy enhancing
 - b. energy draining
 - c. safe and effective
 - d. one that generates revenue
4. All professional nurses need to know how to read and interpret research findings.
 - a. True
 - b. False
5. Nurses play a pivotal role in gathering data that improves the workplace.
 - a. True
 - b. False
6. Mary finds every time she works the supplies are short. To solve this problem she investigates what the real problem is, identifies a solution, and implements a change. This is an example of:
 - a. solving the root problem
 - b. first order problem solving
 - c. delegation
 - d. letting the manager deal with it
7. Respectful interdisciplinary relationships are addressed by several agencies. Which agency has issued a recent directive that lists requirements that became effective January 2009?
 - a. Magnet (ANCC)
 - b. National Institutes of Health
 - c. Joint Commission
 - d. AMA
8. Complex problems always need complex solutions.
 - a. True
 - b. False
9. Simplification of processes can lead to reduction in errors. To achieve this nurses must:
 - a. Take time to duplicate documentation
 - b. Solve the problems by first order
 - c. Keep opinions to yourself
 - d. Take time to reflect on practices
10. The basis of inflexibility is:
 - a. collaboration
 - b. generosity
 - c. culture of appreciation
 - d. fear of the unknown
11. Integrity creates high self respect, which in turn helps create order in your life. It is the one constant you can depend upon in times of chaos.
 - a. True
 - b. False
12. Of the following, which characteristic does not help you develop integrity?
 - a. commitment to values
 - b. patience
 - c. reflective practice
 - d. being judgmental
13. The culture of an organization is nothing to be concerned with when seeking a workplace.
 - a. True
 - b. False
14. When nurses are satisfied at the workplace, patient care improves.
 - a. True
 - b. False
15. Highly productive organizations have all the following standards in common except:
 - a. a set of shared values
 - b. work follows "best practice" standards
 - c. problems are solved by management
 - d. all strive to eliminate waste of resources
16. A behavior that fosters a positive culture is:
 - a. always work alone
 - b. test the new staff to see what they really know
 - c. gossip about other's mistakes
 - d. provide support to other staff members
17. A staff friendly culture empowers nurses to improve their work environment ultimately reducing turnover and decreasing costs.
 - a. True
 - b. False
18. Sincerity and credibility are foundational in successful communication.
 - a. True
 - b. False
19. When developing communication skills, one needs to be aggressive to get your point across.
 - a. True
 - b. False
20. Activities to improve your communication skills include all the following except:
 - a. discover the needs of whom you are interacting
 - b. assess your conversation for tone
 - c. initiate conversations
 - d. disregard your body language
21. Sara finds herself needing to negotiate nearly everyday, good negotiation skills include all the following except:
 - a. research what is important to the other side
 - b. build relationships
 - c. ask questions to clarify initial impressions
 - d. maintain the need to win over the other side over
22. Caring behavior begins with:
 - a. knowing the theories about caring
 - b. working in an environment where caring occurs
 - c. caring for yourself
 - d. fostering a limited number of caring relationships
23. Nurses who must rush through patient care are often victims of burnout.
 - a. True
 - b. False
24. Nurse managers often spend much time dealing with staffing issues. A common staffing issue is:
 - a. stable staffing ratios
 - b. mandatory overtime
 - c. little staff turnover
 - d. positive staff / manager relationship
25. Micromanagement is a duplication of effort which wastes time and money.
 - a. True
 - b. False
26. The process for building high performance teams includes all the following except:
 - a. empower the staff
 - b. remove obstacles
 - c. provide timely feedback
 - d. find members who think the same

Post-Test continued on page 8

Post-Test continued from page 7

- 27. In organizations that maintain a culture of safety, staff understands safety is more important than the ego or inconvenience of anyone.
 - a. True
 - b. False
- 28. Diversity is in direct conflict with
 - a. productivity
 - b. innovation
 - c. standardization
 - d. respect
- 29. Talented leaders should exhibit all the following except:
 - a. coaching skills
 - b. role model behavior
 - c. mentoring skills
 - d. being a unit manager
- 30. Effective managers teach leadership skills, communication, respect, and vision.
 - a. True
 - b. False
- 31. Life long learning is an essential activity in which nurses must engage; it is the best way to manage change and remain employable.
 - a. True
 - b. False
- 32. Nurses can broaden their perspective and add to their value by doing all the following activities except:
 - a. cross train
 - b. learn business principles
 - c. write for publication
 - d. report their managers for not being good leaders

ENROLLMENT FORM POST-TEST EVALUATION FORM

Program Title: *Issues in Professional Nursing*

Program Number: P2.57

Date: Please return by **March 2011** to NDNA 531 Airport Rd, Suite D, Bismarck, ND 58504

I. ENROLLMENT FORM

Name _____ Address _____

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Member Fee \$20.00

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II. EVALUATION (Check Yes or No)

HAVE YOU ACHIEVED EACH OBJECTIVE?	✓Yes	✓No
1. Objectives: <ul style="list-style-type: none"> ➤ Define characteristics of a staff-friendly culture. ➤ Review research related to issues that impact the workplace/workforce. ➤ Explore the core value of respect. ➤ Explore the core value of simplicity. ➤ Explore the core value of flexibility. ➤ Explore the core value of integrity. ➤ Explore the concept of positive culture. ➤ Explore the concept of communication. ➤ Explore the concept of caring. ➤ Identify measures to improve recruitment and retention of nurses. ➤ Identify characteristics of high performance teams. ➤ Define issues that affect safety. ➤ Explore the concept of diversity. ➤ Explore the concept of leadership. ➤ Describe process of using basic problem solving strategies to transform problems into opportunities. ➤ Explore strategies to enhance professional development. ➤ Explore strategies to make a difference in professional practice. 		
2. Did the objectives <i>relate to the overall purpose/goal of the activity?</i> Discover a model that seeks to create a positive work environment by exploring core values, key concepts, and strategies that enhance professional development and collaboration for the clinical practice, education, administrative, and research areas of nursing.		
3. Were the teaching/learning resources appropriate?		
4. How would you rate your knowledge of this content <i>before</i> reading this article? (0-no knowledge to 10-expert knowledge)	Write number ⇄	
5. How would you rate your knowledge of this content <i>after</i> reading this article? (0-no knowledge to 10-expert knowledge)	Write number ⇄	
HOW LONG DID IT TAKE YOU TO COMPLETE THIS ACTIVITY? (Record time in hours and minutes)	Write TIME ⇄	

Please print your name as you would like it to appear on your certificate of successful completion:

COMMENTS FOR IMPROVEMENTS OR FUTURE CONTINUING EDUCATION:

NAME: _____

RETURN THIS ANSWER SHEET ... DO NOT RETURN ENTIRE TEST!

Issues in Professional Nursing: Post test answer sheet: Circle ONE correct answer

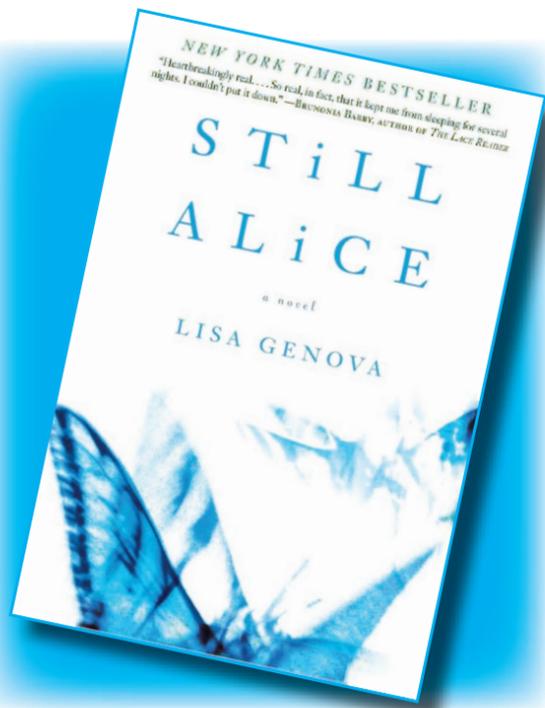
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To receive your certificate of successful completion please return the above answer sheet, the enrollment form and the evaluation form. Thank you!

Recommended Reading:

STiLL ALiCE

by Lisa Genova



Ms. Genova holds a PhD in neuroscience and is an online columnist for the National Alzheimer's Association.

"STiLL ALiCE" is the story of a Alice Howland, PhD, a professor at Harvard who is diagnosed with early onset Alzheimer's disease. Alice is fifty. This is her story of family, loss, healing, and love. A testament to the work that needs to be done for those diagnosed and the families that need to cope and care for those with Alzheimer's. It will scare you, it will make you cry, and it will weave a thread of relief for the freedom that can be found in releasing the known self. Highly recommend this book for all nurses; we have an obligation to bring truth and healing to all those touched by this disease.

Vigilance, Fatigue: Do you have Professional Liability Insurance?

Becky Graner MS, RN

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, Nursing's Social Policy Statement, 2nd Ed., 2003).

Nurses protect the patient, they are ever vigilant. Vigilance consists of: (a) attaching meaning to what is, (b) anticipating what might be, (c) calculating the risk, (d) and staying ready to act (Meyer & Lavin, 2005). The nurse anticipates and recognizes patient risks and the nurse remains ready to act in the event of occurrence. What happens when we are tired?

Empirical research has demonstrated that one's decision making skills decline with fatigue; reaction times lengthen with fatigue; and problem solving is impaired. All of these outcomes of fatigue contribute to decreased safety.

(Issues up close: Too tired to be safe? By Susan Trossman, RN, see link below).

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/AmericanNurseToday/Archive/2007/April/Issues.aspx>

Hans Selye's General Adaptation Syndrome describes the inability to hold on to long term "vigilance" as human beings are not programmed to stay "on guard" for extended periods of time. We need to take breaks, rest, eat, drink and recycle our neurochemicals. In stage one, the alarm reaction describes how the body's systems are activated, much like the nurse on high alert. However, in stage two (resistance) the body tries to return to a state of homeostasis, unfortunately, because the need to stay on high vigilance is perceived as necessary to ensure patient safety, the nurse remains in a state of alarm. In the end exhaustion (stage three) occurs, we no longer are able meet the demands placed upon us. We fail. We fail miserably after extended time without breaks, rest, or food. We become fatigued. We become vulnerable to malpractice claims.

Protecting oneself against claims includes attention to the basics of assessment, communication, timely interventions, and

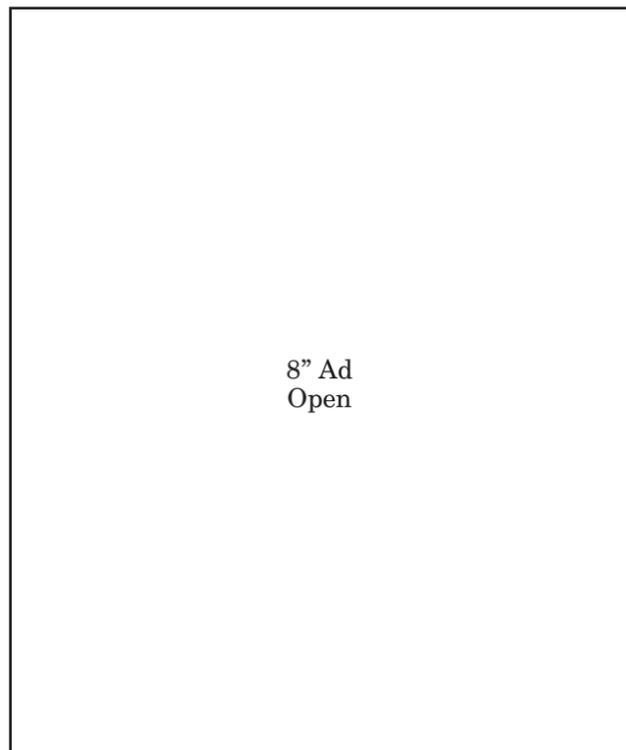
documentation. One of the country's largest professional liability insurance companies released the following information: The majority of claims are against nurses who work in the medical-surgical area, the highest paid out indemnity is against obstetrics/gynecological nurses. The most severe allegations are against nurses working outside the scope of practice. In the category of medication administration errors "wrong route" was the highest paid out indemnity. Since nurses are seen as the most "trusted", plaintiff attorneys note the status as "custodians of care" has changed to "clinician" and the perception is we are responsible for the delivery of safe and effective care. This perception has become reality; as today nurses are widely recognized as a vital member of the health care team. Nurses are seen as the last line of defense against unintentional errors by others and we are expected to be on "high alert", "on guard", and be ever "vigilant" to keep our patients safe.

Evidence has shown after 12.5 hours we are less vigilant, more open to mistakes, yet many nurses and other health care workers continue to accept extended hours as the solution to having a work-life balance, having more days off.

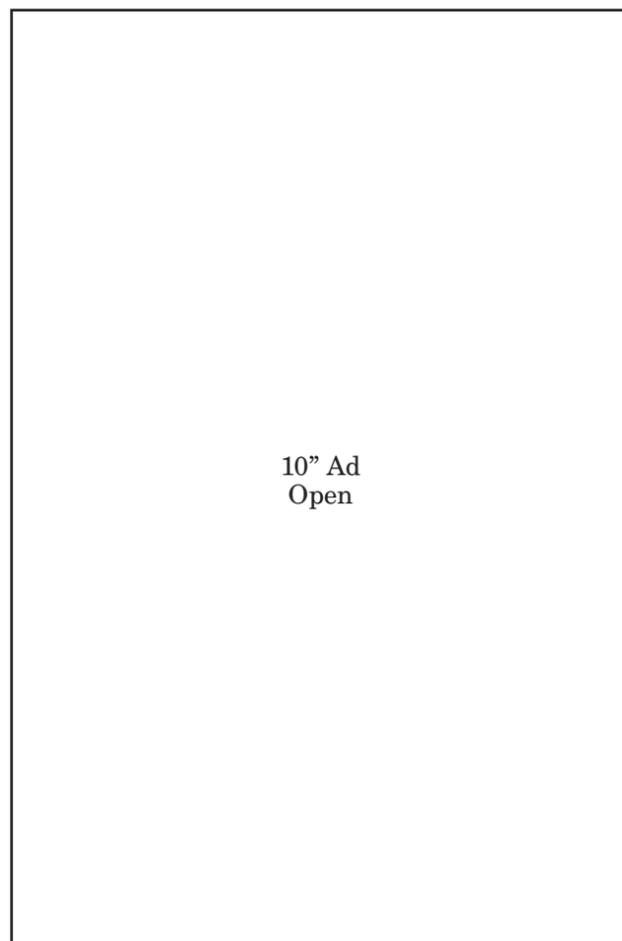
This trade off puts one at risk for increased mistakes, mistakes that could end a career and threaten your future financial security.

This year's National Nurses Week theme is "Nurses: Building a Healthy America", can only be achieved when nurses put their own health first. Vigilance as a state of readiness to act or having the ability to detect and react to danger is only achievable when the nurse is healthy enough to respond appropriately. This will not happen when we are tired, hungry, or already on high alert for our own personal issues/safety. We will exhaust ourselves, putting ourselves at increased risk for litigation and worst of all, putting our patients in jeopardy. As nurses set out to operationalize the theme of this year's Nurses Week, remember **Build a Healthy Nurse First!**

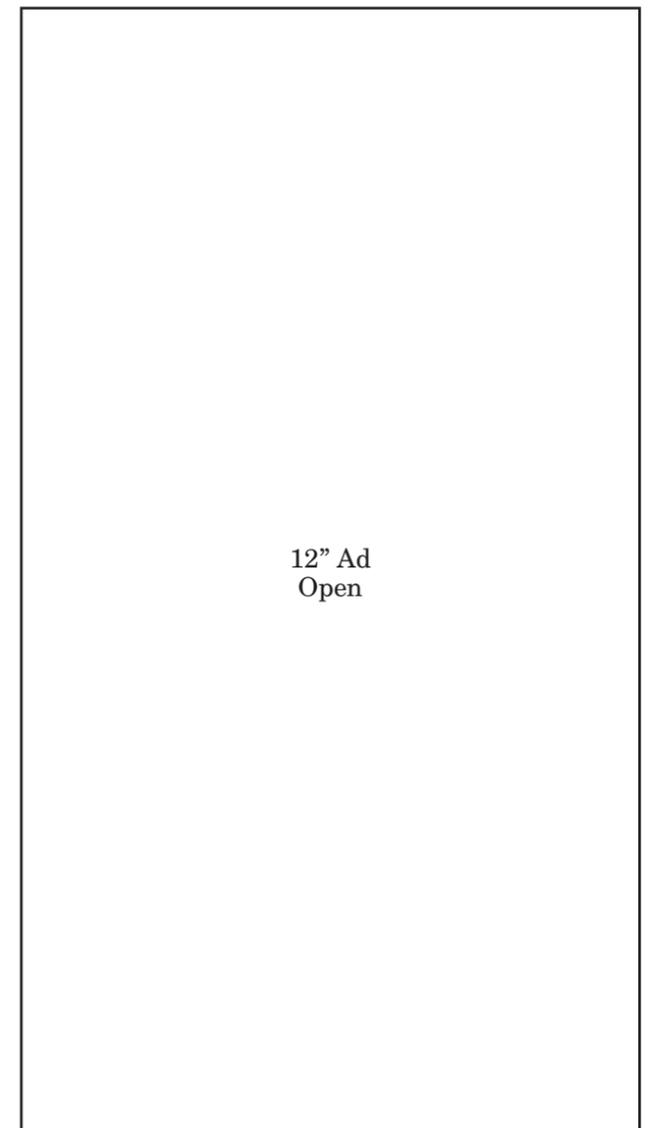
Meyer, G. & Lavin, M. (2005). Vigilance: The Essence of Nursing. *Online Journal of Issues in Nursing*. Retrieved March 22, 2009, <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No3Sept05/ArticlePreviousTopic/VigilanceTheEssenseofNursing.aspx>



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