Retired Nurse Recalls the Woodward Tornado
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Christine Weigel, RN, BN, MBA, President

Before I got married, there was one very important man in my life, my father. Even though I only had my father for the first 17 years of my life, he has remained the strongest influence throughout my professional career. Over time, he taught me that relationships were one of the most valuable assets in our lives. To develop an emotional connection with someone guarantees a friend for life. He was one of those incredible people that led by example and was never worried about who was following his lead. There was a level of confidence in his demeanor that was admired by many.

There were several lessons I learned from my father, including making people feel that he was always “being present” as he called it. I would watch him in the presence of others and he would concentrate on their every word, lean forward and pay close attention. His behavior displayed a respect for everyone’s values and beliefs. Lastly, he provided encouragement and support to family, friends and co-workers alike to take risks and opportunities as they arose. He lived life with an exuberance which was contagious.

Often over the past several years, I ask nurses that I come in contact with who has influenced them in their lives and how. The stories are always compelling and heart felt. I encourage them to extend those same influential traits in their professional careers.

Every individual nurse can effectively influence health care decisions for their patients and communities as well as in their work environments. Get involved in your professional organizations, know and contact your local politicians, and get connected to your workplace by sitting on committees and councils.

My father influenced me to avoid assumptions about people and situations, maintain a positive attitude, value everyone’s contributions and take risks. Remember this: that to be more effective in what nursing does means that we can be more influential in health care decisions to improve patient outcomes. You can do this: lead by example, become involved, and ask someone to join you.

Executive Director’s Report

Jane Nelson, CAE
ONA Executive Director

What’s Next for ONA...

Just recently a couple of nurses in Texas were criminally charged for reporting a physician to the Texas Medical Board over their concerns about the physician’s standard of practice at the hospital where they worked. ANA and Texas Nurses Association joined forces and have been vocal about the criminal charges as well as other retaliation leveled on theses nurses by the physician and hospital.

Several years ago, the 2004 ONA House of Delegates approved a resolution on this very issue—Protection for Required Reporting. As a result of the events in Texas, ONA has developed a position statement on this very issue based on the resolution. ONA’s position is that nurses should be protected from retaliatory efforts by employer organizations, physicians and/or other healthcare providers when reporting alleged violations that put a patient at risk.

In addition, we have also just completed work on two other position statements—Nurse Residency/Transition for Newly Licensed Nurses and on Nurses’ Scope and Practice. Both are as a result of resolutions passed by the ONA House of Delegates in the last couple of years. To read the full text of these and other ONA position statements go to our website, oklahomanurses.org and click on position statements.

BSN in Ten—In the next couple of weeks a task force will be meeting to discuss Advancement in Education or BSN in Ten. ONA has worked to invite representatives from a number of groups ensuring rural and urban representation that would be affected by Registered Nurses having to obtain their BSN within 10 years of initial licensure. This is a result of action by the ONA House of Delegates last October when they considered a resolution on this topic. As a result of the discussion, the ONA House of Delegates referred the resolution to a task force for discussion, consideration and input. During this meeting the attendees will be divided into groups to develop pro and con arguments that will be the basis of a report to the ONA HOD. The ONA resolution and other background materials are available on our website as will be a report from this task force.

Nurses have an unprecedented opportunity right now with ANA to be involved in the health care reform debate. While I know many of you may not agree with what you’re hearing we must all remember that nursing is at the table and has a voice! ANA’s major tenet in this debate is universal access to affordable and high-quality health care services. They are also focused on inverting the current care model focusing on preventive care. ANA has proudly been representing the nursing profession at healthcare summits and forums, and working with nurses, lawmakers, the Obama Administration, healthcare coalitions, the media...
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International Nursing Index and Cumulative Index to Nursing and Allied Health Literature.

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Oklahoma Nurse Editorial Guidelines and Due Dates Submittal Information

Materials Due Oklahoma Nurse Date to Editor: Issue Date: October 7, 2009 December 2009 Issue
1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at ona@oklahomanurses.org.
   - Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
   - The Oklahoma Nurse reserves the right to edit manuscripts to meet style and space limitations.
   - Manuscripts may be reviewed by the Editorial Staff.
2. Photographs should be of clear quality. Black & white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Julie Clermont Editor, The Oklahoma Nurse 6414 N. Santa Fe, Ste. A Oklahoma City, Oklahoma 73116
3. E-mail all narrative to ona@oklahomanurses.com

ONSA Mission Statement
The ONA is a professional organization representing a community of nurses across all specialties and practice settings.

Contact the ONA
Phone: 405.840.3476 Toll Free: 1.800.580.3476 E-mail: ona@oklahomanurses.org
Web site: www.oklahomanurses.org Mail: 6414 N. Santa Fe, Ste. A Oklahoma City, OK 73116

ON Core Values
ONA believes that organizations are value driven and therefore has adopted the following core values:
- Code of Ethics for Nurses
- Cultural Diversity
- Health Parity
- Professional Competence
- Embrace Career Mobility and Professional Development
- Human Dignity and Ethical Care
- Professional Integrity
- Quality and Safe Patient Care
- Committed to the Public Health of the Citizens of Oklahoma

Oklahoma Nurse September, October, November 2009

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Manuscript Submission Guidelines
1. The manuscript must be an original, scholarly work addressing topics of interest to readers of The Oklahoma Nurse. Examples of topics: Integrative literature reviews, clinical topics, evolving/emerging professional issues, and analysis of trends influencing nurses and nursing in Oklahoma.
2. Manuscripts must not exceed 15 double spaced pages and must conform to APA guidelines.
3. Manuscripts must be received in an email or diskette as Word Documents by September 1, 2009 to be considered. A cover sheet listing author(s) name, credentials, address, and work and residence telephone numbers and email address must be included. The author(s) name must not appear anywhere else on the submission.
4. The topic must be relevant to nurses/nursing in Oklahoma and provide new insights and/or a contrarian view to promote debate and discussion.
5. Ideas must be supported with sound rationale and adequate documentation.
6. If the manuscript describes a research project, quality initiative, or organizational change process, methods must be appropriate and participant confidentiality protected (as indicated).
7. The manuscript must be grammatically correct, organized, and submitted according to guidelines to be considered.

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

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

by Crystal Jones-Gandy

Mental Gymnastics... isn’t that the perfect name for a column in a nursing newsletter? It is a fun metaphor, and the idea behind it applies to so many aspects of life, especially nursing. I heard about Mental Gymnastics quite frequently throughout nursing school from Suzan Radcliffe, a professor at the University of Oklahoma’s College of Nursing.

Professor Radcliffe is a brilliant thinker and offers a refreshing perspective for anyone, nurse or other, willing to sit and talk with her. To her, mental gymnastics is “the act of reevaluating a problem, situation, or event from all angles one can actively perceive as they look for a solution or an explanation for the event itself and/or the next step or solution into solving or acting on the problem.” That is why I have chosen it for the title of this column. This column is for nurses out there who not only like to laugh but think as well. I hope this column helps you do both.

My name is Crystal Jones-Gandy. I am a student in the University of Oklahoma College of Nursing Accelerated BSN program. It is a program where those who already have a bachelor’s degree (usually one of those degrees that get you nowhere but sitting at home without a job and a brain full of very interesting, but useless facts) can come and obtain a bachelors degree in nursing in 14 months. The program is a great opportunity, but it is so hectic and crazy. What was I thinking? acquiring a bachelors degree in 14 months? It took me almost four years the first time! Alas, I “just keep swimming” (Finding Nemo) and trusting that I will survive the program. If I do, it will be by the grace of my patient and supportive husband and family. At the pace I am running, I am destined to graduate August 1, 2009.

Now you are probably wondering why I would be taking the time to write to you. I came across this outstanding opportunity to share my adventures while doing an internship at ONA for my community nursing rotations this last spring. I wrote about Nurses Day at the Capital, which was quite an exciting event, so don’t miss out next year—the last Tuesday of February. The Oklahoma Nurses Association then asked me to start a column about starting out as a nurse. This story is truly from the beginning: I am about to graduate; some say that I am now a well-developed seed. Where do I plant myself (find a job)? Will that place give me enough water (support, encouragement, development)? Will they help prune me into a great nurse (experience, continuing education, etc)? I suppose we will find out. I hope you will follow me on this adventure. More than that, I hope that you will not only watch me while I grow, but grow with me in some ways. Let us be lifelong learners together, and we do some mental gymnastics along the way.
Collaboration and Conflict Management: A Brief Review of Current Thought

Paul Vaughn, BS, RN, Clinical Manager
Surgical Oncology, OU Medical Center

Collaboration practice is often a buzz word in nursing leadership circles. It is sort of like motherhood and apple pie: We for both but most don’t want another baby and many of us are at that age when apple pie goes right to our hips! But what exactly is collaboration; what are some current thought about the concept; and what role does effective conflict management play in effective collaboration?

Collaboration involves the bringing together of two or more professional individuals to work on achieving the aims and objectives of a mutual goal. As Fewster-Thuente et al, (2008), referenced to in their review of literature, the American Nurses Association defines collaboration in nursing by looking at four main components:

• A partnership with mutual valuing
• Recognition of separate and combined spheres of responsibility
• Mutual safeguarding of legitimate interests of each party
• Recognized shared goals

A major role of today’s Nurse Leaders is leading interdisciplinary teams, both at the Unit and organizational level. Attributes of collaboration within a multidisciplinary healthcare team include but are not limited to the following attributes.

• Shared power based on knowledge
• Lack of hierarchy
• Open communication
• Cooperation
• Assertiveness
• Negotiation
• Coordination

There are many barriers to collaboration reported in the literature. The most commonly cited barriers to collaboration among members of the healthcare multidisciplinary healthcare team include:

• Patriarchal relationships;
• Lack of time;
• Gender—and generational—based differences;
• Cultural differences; and
• Lack of role clarification of team members.

These same barriers will naturally lead to conflict within the group or team. Conflict within teams is unavoidable. Conflict may be defined as a struggle or contest between people with opposing needs, ideas, beliefs, values, or goals. Conflict might escalate and lead to nonproductive results, or conflict can be beneficially resolved and lead to worthy final products (Siu, 2008). Therefore, learning to manage conflict is integral to the Nurse Leader’s ability to develop a high-performance team.

Factors frequently cited as those factors most likely to impact how we respond to conflict include the following:

• Gender;
• Self-concept;
• Expectations;
• Situational-specific factors;
• Position (Power);
• Communication skills; and
• Life experiences.

Authors note that most people react to conflict using one of the following five modes of behavior: Competing, avoiding, accommodating, compromising, and/or collaborating. Of course, collaborating, the win-win form of addressing conflict, is the most effective howbeit not necessarily the easiest to role model or learn.

Conflict management is the principle that all conflicts cannot necessarily be resolved, but learning how to manage conflicts can decrease the odds of nonproductive escalation. For the Nurse Leaders to be effective “conflict managers”, they must develop and consistently employ the following skills related to:

• Conflict management strategies;
• Self-awareness about conflict modes of self and others;
• Conflict communication skills; and
• Establishing a personal, preferred leadership structure for management of conflict.

As leaders continue to learn more about collaboration, conflict and conflict management, they can become more effective in conflict management and leading collaborative interdisciplinary teams. Through enhanced self-awareness of one’s personal reaction to conflict, the nurse leader can more effectively manage conflicts and therefore their professional and personal relationships. By discussing issues related to conflict management, teams can establish an expected protocol to be followed by team members when in conflict.

Reference:


Responding to a Disaster

Submitted by: Kay Farrell, RN, MSN, American Red Cross
National Nursing Committee member, Professor Emeritus at the University of Oklahoma College of Nursing,
Janet Gallegly, RN, BSN, Oklahoma State Nurse Liaison American Red Cross.

Oklahoma has more than its share of disasters! Each time one happens I know that you ask yourself “what can I do?” On a national level ANA is addressing how nursing needs to respond to President Obama’s initiative—United We Serve. In a June 18, 2009 press release: ANA COMMENDS PRESIDENT OBAMA’S NEW ‘UNITED WE SERVE’ INITIATIVE, URGES U.S. NURSES TO JOIN DISASTER RESPONSE NETWORKS.

SILVER SPRING, MD—The American Nurses Association (ANA) proudly supports President Obama’s United We Serve campaign being launched on June 22, and urges the nation’s 2.9 million registered nurses (RNs) to be “disaster ready” by taking action now and pre-registering with one of the many disaster registries and response organizations that already exist.

Created as part of the “Serve America Act” signed into law in April, the United We Serve campaign calls upon all Americans to make a focused effort to volunteer in their communities over the next three months, culminating in a National Day of Service and Remembrance on September 11, 2009. The United We Serve initiative encourages Americans to play an active role in emergency preparedness. People are immediately available to help. CERT members also are prepared—not when the disaster occurs, but before it strikes.”

As the nation’s front-line health care providers, historically nurses have played a vital, critical role in disaster response during catastrophic events. In the event that an overwhelmed community needs help in mass immunization, mass sheltering or other extraordinary conditions, nurses can be counted on to save lives and provide on-site care.

By joining a disaster response registry, an RN’s license can be pre-verified and validated; he/she will have access to disaster training and drilling; and during a disaster, he/she will be deployed through a recognized system that has been incorporated into the local, state, and national response plans.

Nurses who are interested in pre-registering with a disaster response organization can visit the following links for more information:

• Community Emergency Response Team
• American Red Cross - Volunteer
• Medical Reserve Corps
• National Disaster Medical System
• Emergency System for Advance Registration of Volunteer Health Professionals
• Be Safe. Be Prepared: Emergency System for Advance Registration of Volunteer Health Professionals in Disaster Response

For more information on the United We Serve effort, visit http://www.serve.gov.

CERT

The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

Contact: Brook Arbeitman
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ARC Volunteer—14 chapters in OK
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If you like to help people you have come to the right place. Your local Red Cross unit could have just the opportunity—from training to be and ready to respond to disasters to supporting a blood drive from delivering messages to our US service personnel to connecting families displaced by disasters or conflict.

Ready to Volunteer?
• Find your Local Red Cross or...
• Use VolunteerMatch to locate local Red Cross volunteer opportunities in your community.

Get Started Now!
If you are going to be a Red Cross volunteer, you can begin learning about the organization right now:

• Go through the Online Orientation that will provide an overview of the work that our volunteers do.
• View the Introduction to Disaster Services video that shows you some of the work disaster volunteers perform on site and behind the scenes.

The American Red Cross is one of several community organizations working together to respond to disasters. The Red Cross involves annually matching knowledge, skills, interests and experience of individual’s with opportunities to serve their community. Volunteers constitute 96 percent of our total work force to carry on our humanitarian work:

• Every year the Red Cross responds to more than 70,000 disasters—including approximately 150 house fires every day.
• About 11 million Americans turn to us to learn first aid, CPR, swimming, and other health and

Responding to a Disaster continued on page 7

Submitted by: Kay Farrell, RN, MSN, American Red Cross National Nursing Committee member, Professor Emeritus at the University of Oklahoma College of Nursing, Janet Gallegly, RN, BSN, Oklahoma State Nurse Liaison American Red Cross.

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Responding to a Disaster continued on page 7
Responding to a Disaster continued from page 6

safety skills. Last year, more than 158,000 people volunteered to teach those courses.

- Half the nation’s blood supply—six million pints annually—is collected by more than 155,000 Red Cross volunteers.
- Among our emergency services for the men and women of the armed forces is the delivery of urgent family messages—around the clock and around the globe.
- More than 30,900 volunteers serve as chairs, members of boards of directors, or on advisory boards for local Red Cross units—chapters, Blood Services regions, and military stations.

As part of the International Red Cross and Red Crescent Movement, Red Cross reconnects more than 8,000 families separated by conflicts and disasters around the world through international tracking services and Red Cross messages (American Red Cross, 2009).

Regarding this new initiative, we have plenty of opportunities to serve right here in Oklahoma. Being a volunteer does not mean that anytime there is a disaster you must respond, but only when your family and your working situation will allow the time needed. It is a good idea to let your employer know that you would like to be considered for deployment, when a disaster situation arises.

Two excellent places in Oklahoma to volunteer are the American Red Cross and the Medical Reserve Corp. Both organizations work hand in hand with disaster management in this state. Both organizations offer training to help with personal preparedness as well as local response. This same training can also take you to other places in the United States, if you so desire.

MRC: there are 21 MRC units in Oklahoma, you can find their contact information through the website: www.medicalreservecorps.gov
Research all of the opportunities to see where you will fit in best, before any of these disasters arrive in Oklahoma. Do take time to make your “Family First” plan. Next get the training to make you more effective in the field to assist your neighbors and their families. It is a wonderful way to make new friends as you “give back” by serving when people are really in need of help.

“I was thankful that I knew just where to fit in as we had the hurricane Katrina and Rita citizens come to Oklahoma. I hope I was able to make a difference as we saw people with all kinds of medical needs arrive in our state. Some needed follow up from recent surgeries, some needed follow up from having a lesion noted on a mammogram. Some just needed their braces taken off, some needed pre-natal care. It was a life changing event for me to be able to make a difference in the lives of these people as they arrive, some making their new home in Oklahoma” (Personal testimony, Janet Gallegly, 2005).

Janet recounted some more recent examples of collaborative volunteer efforts in describing the Oklahoma City ice storm of 2007 and the influx of evacuees from hurricane Gustav in 2008. “In the ice storm as this disaster unfolded, it was exciting to see the United Way Agencies come together to open up a community shelter. Red Cross was there to help in the shelter management. Medical Reserve Corp stepped in to assist with the medical needs of those taken from their homes during this cold event. The Southern Baptist Convention (SBC) Men were there to do the cooking, and later it was determined that the SBC Women were needed to assist with child care. Salvation Army was there to assist with providing clothing, as well as

Catholic Charities. Along with local health department over-site, there were no reported disease outbreaks during the week long sheltering event”.

“This process was just a tip of the iceberg as we opened a “small city” when 37 buses arrived from the areas involved in hurricane Gustav. Lessons were learned from hurricane Katrina and Rita that proved to make this evacuation a real success story. We were able to shelter pets for the first time with the assistance of the department of agriculture. About 30 pets were sheltered along with a couple of fish. (I thought the fish could have done fine in the hurricane water, but we took care of them too). All of the agencies worked well together to provide for the approximately 2000 evacuees, who were housed here for about a week”.

More resources:
CE is available on line through Sigma Theta Tau; ANA has an article which has CE: Be Safe, Be Prepared: Emergency System for Advance Registration of Volunteer Health Professionals in Disaster Response: OJIN Vol. 11 - 2006No3Sept06 Cheryl A. Peterson, MSN, RN


HRSA’s bioterrorism and emergency volunteer programs have moved to the U.S. Department of Health and Human Services Office for the Assistant Secretary for Emergency Preparedness and Response. Please visit the programs in their new locations:

- Hospital Preparedness Program
- Bioterrorism Training and Curriculum Development Program
- Emergency System for Advance Registration of Volunteer Health Professionals
Dean L. Prentice, Lt Col, USAF, NC
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Affiliation to the ONA

For those nurses entered the profession of nursing this year, the statement “What have I done?” might very well be what you are saying today when you finished your shift. For those nurses a little more seasoned, you just might have come out of your boss’ office with more work than you can possible finish in this life time. Healthcare today is an ever changing, dynamic work environment which is challenging and demanding to all nurses. Doing more with less, providing care for sicker patients, and working in hostile work environments seem common place to many in the nursing profession. How do you deal with this? Is it normal to feel this way? Am I alone in this? What have I done?

One avenue available to professionals is an opportunity to form healthy mentoring relationships. Mentoring programs which exist in most professions (Darwin & Palmer, 2009) have a focus of encouragement and to personally and professionally educate and develop junior leaders by more senior leaders through interactions, education, and relationship building (Deacon, 2009; Hicks & McCracken, 2009). Senior leaders (mentor), junior leader (protégé), and organizations benefit from mentoring by an increase in commitment to the organization, improved “cultural” and “values” understanding and adoption by employees, and higher job satisfaction from mentors and protégés (Darwin & Palmer; Wing, 2009). Mentoring programs should be based on a relationship between mentor and protégé, it should have specific goals and objectives, and participants in the program should be volunteers and willing to develop themselves both personally and professionally (Breddiger, 2009; Darwin & Palmer; Wing).

A unique approach to mentoring though can be found in a research study completed by Darwin and Palmer, a mentoring program involving teachers of higher education. Mentoring circles take a different approach to mentoring from the “paternalistic” view of the traditional mentoring programs (Darwin and Palmer). Mentoring circles provide a unique mentoring style where a multi-disciplined group of professionals form to participate in mentoring sessions. In Darwin and Palmer, two senior educators provided facilitator duties and direction for the group and were considered the mentors. The protégés of the mentoring circle along with the mentors met every three weeks for two hours to discuss issues of concern which included topics themes of career, collaboration, life and work balance, and mentoring relationships (Darwin & Palmer). Added outcomes to traditional mentoring included the advantages of a group setting, the collaboration of ideas and suggestions from many perspectives, and increasing senior perspective input from one to two senior leaders (Darwin & Palmer). The protégés of mentoring circles believed they had improved relationships in the circles and felt the skills developed by both mentors and other protégés were highly beneficial and a critical benchmark for mentoring circles (Darwin & Palmer). Successful mentoring programs are based on building relationships, on trust and collaboration with professionals, and professionally developing skill sets (Darwin & Palmer; Hicks & McCracken).

Mentoring for both the novice and seasoned nurses should offer a professional and a personally enriching experience. Challenges for nurse leaders in starting a mentoring program are usually the time and energy commitment needed to initiate the program (Wing), I would challenge all nurses that as a profession, we CANNOT afford to NOT initiate mentoring opportunities in our profession. The right senior nurses who become mentors can positively change the environment our new nurses. Don’t be constrained by fear, uncertainty, traditional or organizational limitations. Start with a few nurses and impart on them professional experience and personal wisdom on professional and personal issues for their development.

Mentoring circles or the more traditional mentoring programs offer different avenues to the same goal; helping nurses to become better clinicians, leaders, professionals, and people. Creating a mentoring program which fosters leadership and personal development propels nursing forward towards greater unity, understanding, and professionalism. Nurses at all levels are needed to make mentoring the most it can be to our profession. So, as you answer this question now, “What have I done to help professionally develop myself and other nurses?”, what is your answer? What have you done?

References:
ONA Region 1 Awards Scholarships

Article written by P. Eileen Stephens RN MS

ONA Region 1 offers and membership provided a ‘Graduation Celebration’ for 2009 graduating candidates from Region 1 area nursing programs this past April. Fun, fellowship and food was served to over 60 graduating seniors and several region 1 members. The program included a showing of the ONA Centennial Celebration media presentation, developed by Sheryl Buckner MS, RN-BC, CNE Academic and Staff Developer, Assistant Professor at OU College of Nursing. Also, door prizes and a unique opportunity to apply for continuing education scholarships were offered to the attendees. Several local restaurants and businesses donated door prizes for this event. Many excellent applications were submitted at the Graduation Celebration and the scholarship committee had difficult choices to make. The scholarship committee members were: Lucille Cox, Darlene Barnard-York, Caryl Prati, Anita Gayle Roberts and Eileen Stephens. Four applicants were selected for scholarship awards of $500 each: 2 for RN to BSN program continuation and 2 for BSN/BS to MS in Nursing as their plan for continuing education. In addition to these scholarships for education, the committee selected four graduating seniors to receive a paid first year membership to ONA. The first year is discounted for new Registered Nurses.

The recipients of the RN to BSN scholarships were Lilah Rastakhiz and Shannon Gahagan, both senior students at OSU-OKC. Lilah Rastakhiz graduated this May 2009 and is now an RN (as of 6-10-09). Her plans are to complete an RN to BSN program at either Oklahoma University or Oklahoma City University. She hopes to start this fall 2009 or January 2010 at the latest. Her goals include involvement with medical missions, travel nursing as well as continuing her education with a MS in Nursing Education or Nurse Practitioner. Lilah was an officer and active member of the OSU-OKC Student Nurses Association. Shannon Gahagan is a senior student at OSU-OKC Nurse Science Program and will graduate December 2009. Shannon plans to continue her education at a later date so she declined the scholarship at this time and will reapply next year. She wants to teach nursing in the future to encourage others to be just as passionate as she is about nursing. The Scholarship Committee additionally selected Leslie Robinson, a graduate from OSU-OKC. She was an easy choice with goals to complete a BSN at Oklahoma City University. Leslie was a SNA board member all 4 semesters at OSU-OKC as well as student representative to the faculty curriculum committee. She recently passed the NCLEX-RN and practices cardiac care nursing.

The recipients of the BSN/BS to MS in Nursing are Donna Mosier and Christina Early. Donna Mosier graduated in May 2009 from OSU-OKC and expects to continue her education starting this fall 2009 at Midwestern State University. Donna had completed a B.S. degree before starting the nursing program. Her long range goal is to become a Nurse Practitioner with a focus on well child and uninsured children’s healthcare. Donna was a SNA member 4 semesters and served the OSU-OKC’s student Nurse Association as secretary and President. She served on the spring 2009 pinning ceremony committee and was selected by her class to speak on the topic of ‘Leadership’ at the pinning. Donna is scheduled to take her NCLEX-RN boards this summer. Christina Early RN (congrats!) graduated in May 2009 from OSU-OKC and also holds a B.S. degree which makes her eligible for the BSN/BS to Masters in Nursing program at Oklahoma University or MidWestern State University. She plans to start this fall 2009. Her long range goal is to become a Family Nurse Practitioner, working in a clinic and also providing free health screens at free health clinics in OKC, OK. Christina has been an active SNA member for 4 semesters and held the office of Vice-President. Christina has been a volunteer at the Cross and Crown Ministry, her church and at the Red Bud Oklahoma Memorial Marathon.

The four 2009 nursing graduates that were selected for their first year of ONA membership are: Robyn Acre (RN as of 6-9-09); Ashley Dijanni; Cheryl Foster; and Tami Smith. Once they take/pass their NCLEX-RN exam and submit their application for membership, Region 1 will pay their first year! We hope this will be a beginning for their continued active membership! ONA is the professional association for all registered nurses in Oklahoma. We also encourage membership in American Nurses Association. “The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses (RNs) through its 51 constituent member nurses associations, its 24 specialty nursing and workforce advocacy affiliate organizations that currently connect to ANA as affiliates.” (www.nursingworld.org) Membership can be deducted on a monthly payment schedule from your bank account for either ONA or ANA or both! Join today!

ONA Region 1 would like to take this opportunity to thank the following restaurants and businesses for their donation of door prizes at the Graduation Celebration 2009, held April 30, 2009 at OSU-Oklahoma City Student Center Conference Room North:

Thank you so much to the following businesses for providing dinner or gift door prizes at the Graduation Celebration for our future nurses: Fazoli’s on NW Expressway, OKC; Chili’s—NW Expressway; Seraphio’s—El Reno; and Eischen’s—Okarche.
Mercy Tooled for Possible Evacuations

Oklahoma City—Thanks to a $80,000 grant from the Oklahoma State Department of Health, Emergency Preparedness and Response Division, Mercy now has 17 evacuation stair chairs to get patients down stairs in case of an emergency.

These chairs are a godsend to our patients who are in wheelchairs or physically unable to tackle stairs,” said Kevin Roy, Mercy’s safety officer. “Although Mercy has backup generators in the event of a power outage, we might need to use stairs to evacuate patients rather than elevators and for Mercy that includes our Tower—a 10-story building.”

Every stairwell at Mercy is now equipped with a Stryker evacuation stair chair, designed with a friction breaking track that allows patient to be moved quickly yet safely to the ground floor.

While about $85,000 went to purchase the evacuation chairs, the remaining grant money provides Mercy with ham radio communication and other technology that enhances Mercy’s preparedness and response capabilities.

“In an effort to make sure everyone is trained in using the evacuation chairs, we will incorporate them in all upcoming emergency drills at Mercy,” said Jan Palovik, MSA, CRNA. “We are committed to making sure that we do everything possible to take care of our patients and their families in the event of an emergency.”

Mercy Health Center, the first Magnet hospital in Oklahoma, is a member of Mercy Health System of Oklahoma and the Sisters of Mercy Health System. Magnet-designated facilities: report higher patient satisfaction rates, deliver better patient outcomes, provide more nursing care at the bedside of patients and consistently outperform non-magnet organizations.

Malignant Hyperthermia

Jan Palovik, MSA, CRNA
Duncan Anesthesia Associates
Kristen Webb, RN, BSN, CNOR, NE-BC
Director of Perioperative Services

During a middle of the night laparoscopic appendectomy, Jan Palovik said words she never thought she would have to say: ‘Doctor, we have a Malignant Hyperthermia crisis.’ What happened next was just like we had practiced. Penny Huckriede, RN obtained the emergency MH cart and called Janada Jenkins, RN, the nursing house supervisor for additional help. Jan contacted the MH hotline while several team members began mixing then administering the Dantrolene. Within 30 minutes, the crisis was over, the patient was stable, and was being admitted to the ICU.

Malignant Hyperthermia (MH) is an inherited metabolic disorder. It is a condition triggered by halogenated anesthetic gasses and succinylcholine, a depolarizing muscle relaxant. Patients on average will have been anesthetized on three separate occasions prior to their first experience with MH. The reported incidence varies from 1:5000 to 1:100,000 anesthetics. The mortality rate was greater than 80% before much was understood about MH. However, research in understanding the pathophysiology and the discovery of Dantrolene has reduced the mortality to less than 5% if diagnosed and treated early in the triggering process. This anesthetic nightmare is so rare that most anesthesia and anesthetics. The mortality rate was greater than 80% before much was understood about MH. However, surgical staff will get through their entire careers without ever being involved in a crisis. In the 30 plus year history of Duncan Regional Hospital, it has only occurred twice. The first time was over 25 years ago and the second was November 2008. Thankfully, due to early recognition and a team effort, both patient outcomes were positive.

Following the November episode, we considered what we could have done better and how we could share our experience with others so that if this occurs again those involved would be adequately prepared. We decided to hold a DRH nursing “Grand Rounds” on February 5, 2009. It was a relaxed panel type discussion. We included the surgery staff that had been present during the crisis as well as those who cared for the patient post-operatively. Kay Speer, LPN, talked about the challenges of caring for this patient post-operatively in the ICU. We also included an overview of the pathophysiology, signs and symptoms, and treatment. Pharmacist Cristina Kinkade, PharmD, was also included in the panel to discuss mechanisms of action and administration of Dantrolene.

At DRH, our surgery, recovery, and ICU staffs are educated upon hire and annually regarding MH crisis. We have had MH drills and practiced mixing Dantrolene. However, we had never prepared the ICU and Medical/Surgical nursing staff on how to care for the patient in the days following a crisis. The purpose of the Grand Round was to take the opportunity to increase the knowledge of the staff beyond treating the crisis and to leave a road map for those who may find themselves in an MH situation in the future. It also helped remind us that we do not work in silos. We are a team and every member is important.

Duncan Regional Hospital is continually striving for excellence in professional nursing practice. The Grand Round presentation was a great success. We are holding Nursing Grand Rounds every quarter. This allows our frontline nurses to share their experiences. I have heard it said that a wise man learns from his experience, but a wiser man learns from the experience of others. True teamwork is learning from each other.

A special thanks to Rick Warden, RN, Director of Surgery at Grady Memorial Hospital for loaning us more Dantrolene so we could safely continue with our regularly scheduled surgery cases. Your efforts are a reminder that true teamwork extends beyond organizations.

also found that nurses felt less overwhelmed and less hospital. Besides making the space more efficient, we

highpoints:

• By clearing out clutter—items that no longer were of use—one nursing unit removed three

dumpsters of “stuff.”

• By freeing up space, nurses reconfigured how to store frequently used items in convenient places, providing easy access.

• There’s now a home for everything which takes the guesswork out of finding items when needed.

• By relocating items such as pads and blankets to high-traffic areas, each nursing unit is saving an average of 1.2 miles in daily foot travel (which equates to 159 labor hours annually).

• By placing items in well-thought-out locations, nurses benefit by better body mechanics—less straining, twisting and lifting.

“We took business tools and modified them for healthcare and in the process we empowered nurses to rethink their environments,” said Lewis. “Nurses spend anywhere from eight to 12 or more hours a day at the hospital. Besides making the space more efficient, we also found that nurses felt less overwhelmed and less stressed with a more organized work area.”

Faculty Credentials by Type of Program and Setting

<table>
<thead>
<tr>
<th>Program Type</th>
<th>X (range) % FT With MS/MSN</th>
<th>X (range) % FT With MS/MSN</th>
<th>% FT Enrolled MS/MSN</th>
<th>% PhD/DNS/DNP</th>
<th>% Doctoral</th>
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<tbody>
<tr>
<td>Urban</td>
<td></td>
<td></td>
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<tr>
<td>Practical Nursing (3)</td>
<td>54% (33-70)</td>
<td>25% (50-100)</td>
<td>66% (33-100)</td>
<td>15% (0-30)</td>
<td>4% (0-13)</td>
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<tr>
<td>Associate Degree (4)</td>
<td>96% (87-100)</td>
<td>96% (86-100)</td>
<td>21% (0-33)</td>
<td>12% (3-22)</td>
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<td>99% (96-100)</td>
<td>99% (96-100)</td>
<td>74% (63-92)</td>
<td>17% (2-33)</td>
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<tr>
<td>MS/MSN/DNP/PhD (3)</td>
<td>70% (50-100)</td>
<td>24% (50-100)</td>
<td>22% (33-133)</td>
<td>**</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Practical Nursing (3)</td>
<td>36% (10-67)</td>
<td>* 50%</td>
<td>42% (0-67)</td>
<td>24% (0-50)</td>
<td>24% (0-50)</td>
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<tr>
<td>Associate Degree (3)</td>
<td>76% (500-1000)</td>
<td>24% (50-100)</td>
<td>22% (13-33)</td>
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* Only one PN program reported using part-time faculty
** No data

Source: IONE Accreditation Survey, 2009

Not unexpectedly, data suggest that programs in rural areas have a lower percentage of master’s prepared faculty and yet greater current enrollment to meet demand. In response, as programs report, then it is a sign of progress. Nevertheless, there is much work to be done, and additional efforts must be made. Oklahoma, with a large, flexible graduate study in nursing, both master’s and doctoral levels, is critical for Oklahoma nursing programs to meet and exceed national standards and to the resolution of a worsening nursing workforce shortage that threatens the health of all Oklahomans. The challenge for nursing education and IONE is to develop and employ strategies that will enable nursing educators to pursue their own educational development while continuing to educate the future nursing workforce. In an environment of dwindling financial resources and faculty shortages, the problems are enormous, and the solutions are limited. How can student enrollment be increased at the same time that faculty are in short supply and need to pursue additional degrees themselves? While programs, traditionally, have provided some degree of faculty release time to pursue advanced degrees, the economic downturn has made this an ineffective option. The solution to this so far unanswered conundrum must lie in partnerships and innovation in bringing in new entrants to the nursing profession. It is critical that stagnation in or even cuts to nursing student enrollment will be avoided in Oklahoma.
Retired Nurse Recalls the Woodward Tornado

by Barbara Patterson, EDD, RN, CNE
Southwestern Oklahoma State University

In today’s busy world, we sometimes forget about the nurses who went before us to help set the stage for future nurses. A few years ago, I met one of those nurses—Winona Madison. Her support of nursing has not wavered, even though she celebrated her 89th birthday this year. She is still a member of the Oklahoma Nurses Association, and served as president in 1975-76. She continues to offer scholarships to new nursing graduates who plan to work in western Oklahoma. She also maintains an advisory board position for Southwestern Oklahoma State University School of Nursing.

Madison graduated from Western Oklahoma Charity School of Nursing in Clinton, Oklahoma in 1942. She began her career at the same hospital and worked there for the next 41 years, retiring in 1983. Eighteen of those years were as OI supervisor and fifteen years as director of nurses. When reminiscing with her she shared an experience that probably few nurses today, if any, recall. That is the experience of helping in the aftermath of the Woodward tornado of 1947, the sixth deadliest tornado in the history of the United States. The tornado scored an F5 on the Fujita Scale as it travelled from White Deer, Texas into Oklahoma, leaving in its wake a path of destruction before arriving at Woodward, Oklahoma at 8:24 p.m. on April 9, 1947. Although the tornado finally ended its two-mile swath near Wichita, Kansas, Woodward was the site with the most devastation, leaving 107 dead and over a thousand people injured in and around the Woodward area.

Winona Madison tells the story, she had stayed over on the evening shift at the Clinton hospital to care for a laboring woman when Dr. Redus from Weatherford came in to deliver the baby. He had heard on the radio about the tornado and said he was going to help and asked if any nurses wanted to accompany him. Madison and four other nurses agreed to go.

With Dr. Redus driving his Lincoln Zephyr at breakneck speeds, the group headed towards Woodward. As they left Taloga and crossed the North Canadian River Bridge, the car hit the side of the bridge but Dr. Redus kept going even though the side of the car was damaged. Mrs. Madison said she felt responsible for herself and the other nurses and cautioned him, “Dr. Redus, I don’t know how many casualties there will be when we get to Woodward, but you are going to have a carload here if you don’t slow down.”

They arrived in Woodward and went straight to the hospital. Everything was dark with no lights but they could still see fallen trees and destroyed buildings and homes. They went up some steps at the hospital and she remembered a farmer with a cream can full of water who was trying to get up the steps. He told them the nurses at the hospital said there had no access to water and he was trying to bring them some.

Dr. Redus talked to another physician at the hospital who said they had enough assistance in Woodward but that 10 miles east in the town of Mooreland they desperately needed help. Mooreland had a new hospital that was to be dedicated the night the tornado occurred. Sawhorses with boards on top of them had been set up to hold food, chicken, potato salad, desserts, and other foods that were to be part of the opening celebration. Mrs. Madison stated that instead, they found utter chaos and bodies stacked 2-3 deep on the tables. She reported that people were screaming out, “Where is my mother? My child? My brother, my sister…” She said it was impossible to identify the victims because they were covered in “dirt, mud, filth, and blood.” When the storm hit, the circulation of the tornado literally rolled people in mud and drove it into their noses and mouths. She said the injuries were horrendous with head injuries, facial trauma, and broken limbs, and stated, “So many were dead and one of the first things we did was to try to separate the living from the dead and triage who we could help and who we couldn’t. There were no lights or water and people were screaming out in pain.” She related there were a few lanterns and flashlights that provided meager light and that one of the main causes of chaos was people carrying in bodies with nowhere to put them. They set up a triage area in the admissions office of the new hospital that had a half-door. They finally managed to get the bottom half of the door closed and locked and left the upper half of the door open and that is where bodies where passed through into the triage area.

One man brought in a child about the age of Madison’s 16-month old daughter and handed her through the door to her. She said the child’s nostrils and mouth were filled with mud and that the child had suffered an obvious head injury. She said the child was barely alive and she called out for Dr. Redus, but there was nothing they could do and she thought of her own daughter safe at home.

Mrs. Madison said there was no way to repair lacerations and really no way to even give everyone first aide, although they finally were able to get bandages from the emergency room. She said she started one IV by flashlight. Eventually five victims who could be helped were flown to Oklahoma City. Dr. Redus had some injectable morphine in his medical bag and offered it to her. She injected the patients who were in the most pain, writing MS ½ or MS 1/2 every 8 times it was given on the foreheads of the victims with the lipstick she had in her uniform pocket. A job is never done until it’s documented, after all.

Eventually the numbers of victims coming in dwindled and funeral home personnel arrived and began to care for the dead. She said one of the things she recalled were some of the workers eating the food that had been meant for the celebration of opening of the hospital the night before and instead was being eaten after such a tragic event.

When asked if she ever thinks of the Woodward tornado when Oklahoma weather turns stormy, she replied that she does, then feels most fortunate when storms move on without any loss of life or injuries. If the Oklahoma Medical Reserve Corps had been up and running in her day, you can bet she would have gone to the Nurses Unit. Thanks to those nurses who have gone before, and found an alternate use for that tube of lipstick.

Want to go to convention, but having trouble getting the time off? Did your company reimburse most of your expenses last year, but they don’t know if they can do it this year? Here are some tips on how to sell going to the OKA Convention as the best use of your time.

The OKA Convention is an annual event, unique in its opportunities for the community of nurses it serves. You may know the value of what Convention offers, but how do you tell your employer? How do you convince them to give you the leave and/or the funding? It isn’t as difficult as you might think.

Four Reasons Not to Miss This Year’s Annual Convention

A new reality is rapidly unfolding before you. In these critical times, achieving effective results demands a paradigm shift that can only be realized with exposure to new thoughts and ideas.

Here are four reasons not to miss this year’s Annual Convention:

1. **Value:** No matter how you cut it, the OKA Convention is a great value. The proof? A standard 90-minute Webinar costs $295. Annual Meeting offers 660 minutes of learning and face to face networking. (A value of more than $2,160 for only $170 per member) You do the math, and you’ll earn CE contact hours, too.

2. **Great minds don’t think alike:** You need new ideas, new solutions and new methods to see through these tough times. And the best way to get them is to interact with other nursing professionals and experts facing similar challenges.

3. **It’s all about your connections:** If it’s not clear by now it should be; your connections are the key to getting things done. Whether you’re looking for a new solution to budget cuts, a better angle on staffing issues, clinical best practices, or someone with an “in,” you can be sure you’ll meet the right contact at OKA.

4. **Pressure’s on:** The saying “There’s no time like the present” has never been more true. Prepare for the future now and guide yourself and your organization to greener pastures. Maybe these reasons are still not enough. Maybe you’ve asked, and that answer has been: put it in writing. You can do that. OKA has drafted a template called **Letter to Supervisor to Attend Annual Convention.** Go to the website, surf to the 2009 Convention Page and look for the link!
Red Cross Celebrates 100 Years of Nursing

by April Wilkerson
Media Relations Specialist
American Red Cross of Central Oklahoma

Whether tending to a soldier injured in war, a hurricane victim forced away from home or a homeowner devastated by fire, American Red Cross nurses have provided a century’s worth of care and compassion.

In 1909, a nurse named Jane A. Delano established the Red Cross Nursing Service, an effort that has spanned several wars and many disasters. During World War I, 25,000 Red Cross nurses served with the Army and Navy Nurse Corps. In World War II, the number rose to 77,800. Today, 30,000 American Red Cross nurses continue serving their communities and states in less-than-traditional ways—caring for people in the wake of a disaster, meeting their needs when and where the worst has happened.

In Oklahoma, Red Cross nurses have helped at both man-made and natural disasters, in overnight shelters and in the midst of an emergency. Kay Farrell, longtime Red Cross nurse, said the nurse’s creed guides the way: “Wherever disaster calls there I shall go. I ask not for whom, but only where I am needed.”

Farrell, now professor emeritus for the University of Oklahoma College of Nursing, said she got involved with the Red Cross in 1980, when a friend took her to help at a shelter opened during a flood in Kingfisher. Since then, she’s responded to a multitude of state and national disasters and helped staff the national nurse’s desk in Washington, D.C.

People affected by disasters can suffer from a variety of big and small problems, she said. The Red Cross nurse’s response is to treat not only the medical needs but anything else affecting a person’s road to recovery. “Red Cross nurses try to restore a person back to a normal life as much as possible,” Farrell said. “We address their immediate physical needs and their ongoing needs, but we also look at people holistically and perform case management. We are resources for what people need.”

When disaster strikes, people may suffer from injuries they’ve received, as well as medical needs that were pressing before the emergency occurred. Janet Gallegly, the state nurse liaison for the Red Cross in Oklahoma, said that was apparent when Gulf Coast evacuees came to the state after Hurricane Katrina.

“Some people had undergone surgery right before the hurricane and needed stitches out. Others had just received a phone call that something was detected on their mammogram. Others needed to replace medications that they relied on,” Gallegly said. “People come in all sorts of situations.”

“We also help when the Red Cross opens a shelter—making sure sanitary conditions are there and limiting potential disease transmission of colds, the flu and other concerns.”

In many cases, the Red Cross in Oklahoma partners with other state and community agencies, including health departments and the Oklahoma Medical Reserve Corps, especially when larger disasters strike.

Red Cross nurses also provide medical support to volunteers deployed to national disasters, taking into consideration any underlying medical issues and how that might affect a person at a scene where air quality may be compromised or health care might be less readily available.

“It’s a very important role because we want our volunteers to be healthy and ready to serve,” Farrell said. “It’s also a great way for Red Cross nurses to volunteer if they’re not available to go to a disaster or shelter.”

Student nurses at colleges and universities in central Oklahoma volunteer with the Red Cross in Oklahoma City, helping at community events, health fairs and at disaster scenes. The Red Cross Disaster Health Service Response class is taught in area nursing schools, giving student nurses the training and outlet to serve their communities.

American Red Cross chapters in Oklahoma always need more nurse volunteers. For more information about volunteer opportunities and training, call the Central Oklahoma Red Cross at (405) 228-9500.
Accountability: A Refresher

V. Lynn Waters CNO
Columbia Hospital/Faculty
University of Phoenix

Leaders in today's health care environment must focus on rendering services along the continuum of care for the customers we serve. Simultaneously, leaders must include a strong focus on integrating and arranging an organization that fosters point-of-service accountability and decision-making. It is at point-of-service that most all of the decisions are made and this decision-making is what makes any organization successful. A strong customer focus is the foundation for all activities and job descriptions in the organization.

Therefore in order to be successful, we must examine our workforce, structures and model of care delivery systems to enhance that foundation and build upon it. Managers must focus on resources available to staff while supporting them in their efforts to get the work done.

Accountability is a core standard for leadership and it is imperative that leaders invoke that standard into the standards and expectations of their staff. There must be a shift from the locus of control to accountability and that shift should be directed towards those providing the care. Leaders must take a hard look at the partnership they share with their employees in terms of accountability and be flexible to change in order to partner and support. Staff cannot establish accountability for work that they do not share without direction, control and approval. If accountability and equity are not shared, the system will not support the efforts of the caregivers and staff will never experience ownership to their work. Staff cannot establish accountability for work that they do not share without direction, control and approval. If accountability and equity are not shared, the system will not support the efforts of the caregivers and staff will never experience ownership to their work. Staff cannot establish accountability for work that they do not share without direction, control and approval. If accountability and equity are not shared, the system will not support the efforts of the caregivers and staff will never experience ownership to their work.

Service is so very important to the business of health care which makes it imperative that decision-making and accountability for those decisions is kept at the level they belong. It must not only be clearly understood but clearly owned by the staff or the service delivered will be lacking the substance it deserves. Staff needs empowerment and freedom to serve their customers while the organization should be right there to support their moves. The structures in place for care delivery must reflect the foundation of service as service delivery is built around the customer and not around departments and processes.

Managers need to take the lead in acquiring new rules for their behaviors to ensure that staff is accountable. There should be no mom and dad relationships, no codependency behaviors, no parental checking and no more taking on other people's problems. Managers must be much more serving to their staff and less directing. Managers are challenged to become more relationship-oriented with their staff and less distant. And, in the end all of us are challenged to be accountable for what we say and do. Authors B.J. Gallagher and Steve Ventura (2004) wrote about success through personal accountability titled: Who Are "They" Anyway? Here are their ten most important words of personal responsibility that managers should take hold and be sure to share with their staff:

The 10 most important words:
I won't wait for others to take the first step.
The 9 most important words:
If it is to be, it's up to me.
The 8 most important words:
If not me, who? If not now, when?
The 7 most important words:
Let me take a shot at it.
The 6 most important words:
I will not pass the buck.
The 5 most important words:
You can count on me.
The 4 most important words:
It IS my job!
The 3 most important words:
Just do it!
The 2 most important words:
I will.
The most important word:
Me
I agree.
ONA’s History In Review 1969—1980

Here is the third in our Centennial series. The photographs of ONA Past Presidents featured were to the Oklahoma Nurses Association by the Past Presidents Club and were maintained during its existence. The materials presented here were collected as a result of the efforts of the Centennial Committee: Evelyn Acheson, Sheryl Buckner, Lucille Cox, Terry Cox, Claudine Dickey, Clare Delaney, Eileen Stephens, Karen Tomajan, Joyce VanNostrand, Francene Weatherby, Chris Weigel, Deborah Wipf, and Lisa Watkins. Special thanks to UCO Nursing Students: Krystal Bills, Brandi Bybee, Kathleen Daleke and Ashton Semsch.

**1972**
RN and LPN licenses reach a new record high; 10,022 RNs and 6,244 LPNs 5 schools providing Baccalaureate Degrees, 3 providing Associate Degrees and 5 Diploma schools

**Assessment of Nursing in Oklahoma, 1970, Summary Report and Recommendations** urges the Governor to establish an entity to study nursing and nursing education. The Governor’s Statewide Master Planning Committee for Nursing is appointed and has one meeting—failed to compromise

Oklahoma’s 1st and only Masters in Nursing established at OU College of Nursing. First 4 graduate in 1974

**1973**
Oklahoma State Department of Mental Health provides OSNA a $24,000 grant to fund a project on Alcohol Education which results in the publication *Alcohol Use and Abuse*

Female silhouette removed from Masthead of *Oklahoma Nurse* to reflect OSNA’s position on Equal Rights

Continuing Education Recognition Program (CEARP) for RNs begins as an incentive program to encourage nurses to become involved in learning activities (not tied to licensure)

**1976**
Commission on Graduates of Foreign Schools of Nursing established

ANA endorses National Health Insurance and approves new Code of Ethics

OSSNA passes resolution encouraging the evolution of a Baccalaureate degree as entry to practice as a Professional Nurse. Resolution also encouraged development of pathways for career mobility among Associate Degree and Diploma graduates so that this could be accomplished by 1985

**1977**
ONA Adopts position statement on the future of nursing in Oklahoma. Goals for 1990 to include: BSN as professional entry level(following OSSNA lead); ADN identified as a role focused on Technical aspects; reasonable access to educational level of choice; commitment to life long learning maintenance of competency of practice. Goals for 1985: two levels of nursing education implemented by all educational levels. 1978-1980 Goals include: Working and developing strategies to meet the future goals; Developing communication and political strategies

**1978**
Oklahoma State Nurses Association changes name to the Oklahoma Nurses Association and adopts New ONA Flag in ONA colors of white and green

**1980**
Oklahoma State Medical and ONA issue Joint Statement supporting the Expanded Role of Nurses

Legislation enacted that defines and establishes scope of practice for Nurse Practitioners and Nurse Midwives.

Special House of Delegates adopts Master Plan. Goals included are: provide every patient with a RN; utilize nurse practitioners as providers of primary care; BSN as entry to practice as an RN after 1980 and ADN entry to practice as a LPN after 1990; career mobility; submit evidence for continued competency every 5 years; improve nursing retention by increasing nurse satisfaction in the work situation; review and update Master Plan every 3 years
Dear Beth,

I am a Nurse Manager on a med-surg floor and have been in this position for almost two years. One of the full time nurses who reports to me has employed by the organization for over 20 years and subtly creates tension and negativity on the floor almost every day. She groans, rarely smiles, and makes negative comments regarding other staff and various unit standards/procedures regularly. She shows little to no respect to the management in very careful actions which are hard to pin down. Clinically, she is a really sharp nurse and I learned a lot from her as a staff nurse.

I used to be a co-worker with her and we got along really well. I was one of her favorites then, but since I’ve become a manager I feel like there is constant resentment that shows up in criticism, snide remarks, and a frequent cold shoulder. Due to the way that she operates many people are forced to walk on eggshells, including myself. No matter what approach we seem to take.

As the manager, I feel I should address this with her, but dread the very thought of it. Partly because some of her behaviors are so subtle that I’m not really sure they are things I can substantiate. This issue is wearing on me at work and at home. Many staff members say things about her like—“oh, deep down she has a heart of gold” or “her bark is worse than her bite”.

Another reason that I haven’t addressed this is that my supervisor tolerated her behavior for many years. She tends to be “hands-off” leader and though I have a good relationship with her, I am afraid that she’ll think I can’t work it out on my own and/or may feel like I am telling her that she didn’t do a good job when she was in my role.

I’d appreciate any ideas you have on handling this situation.

Sincerely,

Frustrated Nurse Manager

Thanks for this great albeit difficult situation to discuss. Ultimately, it is your decision how to proceed and I offer the following comments for you to consider as you develop your strategy.

This nurse’s behavior has become a chronic problem and one which seems to be tolerated thereby giving her a right to your feelings regardless of her intention or cleverness in disguising comments/gestures. An example might be, “I feel frustrated when you roll your eyes and make inaudible comments with the tone you just used. It makes me feel like you don’t respect me or what I am saying. I’d appreciate it if you would find a more respectful and constructive way of offering your feedback.”

I wonder if you have honored the shift in your relationship somehow. Changes in power dynamics are tough even in the healthiest of cultures. This doesn’t need to be a big deal. “Sometimes it is hard for me to be in this supervisory role and I miss our former relationship. I am committed to my new role though and I hope we can find a way to have a more respectful dynamic between us. Keep in mind that you cannot insist on her respecting you, but you can expect to be treated respectfully. If this is not successful or you do not feel safe, or she refuses to listen to feedback, then you may want to consider a progressive disciplinary approach.

Addressing the Unit Culture

At the same time, it is important that the unit begin the process of setting clear standards for interpersonal behavior. This would include creating or recreating norms and considering any training required to ensure ALL staff have the skills to practice them. This might include a variety of communication workshops. A plan for enforcing and monitoring new behaviors must be part of the process as well. It is helpful if the organization has consistent norms to fall back on. I think it is critical to touch base with your supervisor somehow. Leadership commitment for any culture change is essential. You don’t need to talk about why she didn’t address the situ, but rather get her consent for you to. If she wants to address it, fine but this is about moving forward and we are ALL learning. Another reason to talk with her about it is to consider what support you might need. You can role model an assertive approach here too. Even if she is ‘hands-off’

Confident Voices

The Q & A column for nurses and healthcare professionals facing difficult issues with communication, conflict and workplace dynamics

September, October, November 2009

Beth

Beth Boynton, RN, MS, is an organizational development consultant and author of Confident Voices: The Nurses’ Guide to Improving Communication & Creating Positive Workplaces. She is an adjunct faculty member with New England College and publishes the free e-newsletter: Confident Voices for Nurses. Please contact her at bbboynton@earthlink.net with any comments, questions, and/or if you would like to have a situation considered for this column. More about Beth at www.bethboynton.com.
Maine to Nepal Nursing

Joe Niemczura, RN, MS

ANA-Maine member goes to Nepal to teach nursing, and becomes locally famous as an expert on snakebite treatment.

In summer 2007 I had three months off from my teaching job, so I decided I would see what nursing in Asia was about, first hand. Many Asian countries are thoroughly westernized, but Nepal seemed appealing so I searched the Web and found the site of a Christian Non-Governmental Organization (NGO) which operates several hospitals and nursing schools. Nepal is the little country between India and China, best known as the home of Mount Everest.

Most Americans know the name of the capital city because it is the title of a Bob Seger rock ’n’ roll song—“Kathmandu.” (I have the idea that Mr. Seger has never actually been there though.) Soon I was accepted to teach in Tansen, a small city ten hours west of the capital.

Nepal is one of the poorest countries on earth. The hospital in Tansen has 160 beds and the Nursing School is set up along the old “hospital school” model, with a three-year program, forty students in each “batch.” Because of the missionary history, the language of instruction is English. The hospital serves a catchment area of about 750,000 people.

When the plane landed in Kathmandu, the initial experience of landing in a city of two million people somehow superior. And yet, after the incident with the snake bite, isn’t it better to face the reality of limits on care in a lesser developed country bring a fantasy of “rescuing” the natives, who will then be grateful. The experienced personnel are careful to bring these expectations back to reality, since it never happens that way in real life. After all, the local personnel are just as intelligent as the foreigners.

On each trip, I bring as many boxes of donated American nursing textbooks as I could manage. The books they used prior to this were thirty years old. In 2008 when I returned to Tansen, I was stationed on the adult Medical ward but also continued to supervise students as we cared for pediatric burn victims. The Medical ward was the place where we admitted most of our infectious disease victims, and it was fascinating to learn more about tropical diseases, along with some other exotic illnesses such as tetanus.

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### Membership Categories (please choose one category)

- **ONA/ANA Full Membership Dues**
  - Employed full or part-time $22.00 per month or $264.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association, and the ONA District Association.

- **ONA/ANA Reduced Membership Dues**
  - Not employed RNs who are full-time students, newly-licensed graduates, or age 62+ and not earning more than Social Security allows $11.25 per month or $135.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

- **ONA/ANA Special Membership Dues**
  - 62+ and not employed, or totally disabled $5.88 per month or $68.56 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

- **ONA Individual Membership Dues**
  - Any licensed registered nurse living and/or working in Oklahoma $19.95 per month or $239.40 annually. Includes membership in and benefits of the Oklahoma Nurses Association and the ONA District Association.

### ONA/ANA Dues

**ONA/ANA Full Membership Dues**—Employed full or part-time $22.00 per month or $264.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

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Exhibitors 2009 ONA Convention

Embassy Suites Norman • 2501 Conference Dr • Norman, OK 73069

What you can expect to find at this year’s convention
• Nationally recognized keynote speakers
• 5 Specialized tracks • 300+ attendees
• 60+ general exhibitors
• Exhibitor Lounge with Refreshments provided
• Improved traffic flow: Snack breaks are planned in your area, & so are the poster presentations

New this year for exhibitors:
• You have choices: Table Top Only or Full Booth pricing
• When you register, you will receive one complimentary registration for the Awards Luncheon (a $30 value!)
• Redesigned Town Meeting Breakfast—You are invited to join us at no charge
• Complimentary Rush Hour Reception—close up your booths & join us & convention attendees
• Become Sponsor or Organizational Affiliate of ONA and Receive a DEEP DISCOUNT on 2009 Convention Booth and Registration Fees

**Convention Registration Fees**

<table>
<thead>
<tr>
<th>Early Bird – by 9/14/2009</th>
<th>Regular – by 10/1/2009</th>
<th>Late or Onsite after 10/1/2009</th>
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<tr>
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<td>$85.00</td>
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For more information visit the website at www.OklahomaNurses.org or call (405) 840-3476.
2009 ONA Convention: October 28-29
Using Momentum to Build the Future!

Special Events
House of Delegates, Wednesday, October 28, 2009

Featuring a special welcoming address
This is why we call it a Convention: Using the Momentum of the last 100 years to build the future. ONA’s convention has been the designated annual meeting when regional nursing leaders “convene” in one place to determine the priorities of the organization. Please join us and strengthen the direction of the Oklahoma Nurses Association.

Whether you are an observer or Delegate, please plan on attending!

Rush Hour Reception: Thursday After Session
Let the traffic tough things out on its own, and join us for a fun reception at the end of the day. In fact, the Convention Committee claims that it is worth staying over Thursday night for all the excitement! Make a night of it! Start with us and end up in the lobby with the live band and more!

- Local Celebrities
- 50/50 Cash Rally for the ONA-PAC
- Great Give-Aways and Raffles
- And more fun with your fellow nurses than you can imagine!

Town Hall Breakfast
Please join us for breakfast and a newly formatted forum on hot topics in the nursing profession!

Awards Luncheon, Thursday
This $30 value is included in the price of your registration! Please join us as we celebrate some of our most accomplished members.

Keynote Presentations

Featuring Keynote Speaker: Connie Merritt, RN, PHN
Dubbed “The Lion Tamer” for improving relationships at work and home. From her twenty-plus years professional speaking, she knows how to add value, fun and excitement to your meeting. Her programs draw upon her experience as a nurse, author, speaker, coach, rehabilitation equestrienne, wife, sales star, volunteer, fundraiser, actress, recuperating overachiever and recovering superwoman.

ONF Plenary Dinner Session
ONF Plenary Dinner Session with Dean Prentice, Lt Col, USAF, NC, BSN, MA, NE-BC
Join us for this Educational Dinner Session to support the ONF: The Oklahoma Nurses Foundation encourages research projects and other scholarly endeavors. The ONF is pleased to present the opening educational session of the 2009 Oklahoma Nurses Association Annual Convention. This year’s ONF keynote speaker is Dean Prentice. Dean presented a concurrent session at the 2008 Convention, and gracefully accepted the request to present this year. A light dinner will be provided, and a cash bar will be available.
Full Booth (approximately 8’ wide by 10’ deep)

Booth Prices:
- Prior to July 31, 2009 $450.00
- Prior to September 18, 2009 $500.00
- After September 18, 2009 $550.00

Exhibit Information:
- Embassy Suites, Norman, Oklahoma
- Move in times:
  Wednesday, 5:00 p.m.-7:00 p.m.;
  Thursday 7:00 a.m.-10:00 a.m.

Exhibit Hours
- Thursday 10:00 a.m.-4:30 p.m.

Rental Fee Includes:
- Back drape & booth dividers
- 1 Skirted table, electricity available
- 2 Folding chairs
- 1 Vendor Identification sign with booth number
- Vendor packet
- 2 Convention Registrations

Table Top (no backing, no floor-model pop-ups)

Table Top Prices:
- Prior to July 31, 2009 $275.00
- Prior to September 18, 2009 $300.00
- After September 18, 2009 $325.00

Exhibit Information:
- Embassy Suites, Norman, Oklahoma
- Move in times:
  Wednesday, 4:00 p.m.-7:00 p.m.;
  Thursday 7:00 a.m.-10:00 a.m.

Exhibit Hours
- Thursday 10:00 a.m.-4:30 p.m.

Rental Fee Includes:
- 1 Skirted table, electricity available
- 1 Folding chair
- 1 Vendor Identification sign with booth number
- Vendor packet
- 1 Convention Registration

PLEASE NOTE THE FOLLOWING:
- ONA reserves the right to change these approximate values.
- Some Convention Sponsorship levels include an exhibit booth and/or discounts to be applied toward the fee.
- Loyalty Discounts will be given to returning vendors ($50 Off).

2009 ONA Convention:
Using Momentum to Build the Future!

Exhibitor Invitation: October 29, 2009, Embassy Suites, Norman, OK

More information, booth reservation, and contract application are available online at www.OklahomaNurses.org

Reservations may be made online.
For more information visit the website, or call (405) 840-3476
2009 ONA Convention: October 28-29
Using Momentum to Build the Future!

2009: Benefits of Sponsorship and Support

Traditionally, the Oklahoma Nurses Association has extended various discounts to its members, sponsors, partners, and supporters. 2009, thanks to advancing technology, will only be better. This year organizations, vendors, and individuals will be able to join as a member, convention sponsor, organizational sponsor, or as an affiliate organization. By joining or renewing, you will have instant access to the discounts and promotions listed below.

If you are an organization, NOT an individual, please print, review, and retain a copy for your records of the Commercial Sponsorship Grant Agreement. At the end of the Membership form below, you will asked to acknowledge receipt and agreement of this form. You do not need to mail the document to ONA. This form is required to maintain the integrity of all educational offerings/activities presented by ONA as an approved provider.

Below the appropriate link below to view a description of benefits, join now, or retrieve the promotion code for your membership/sponsorship type. You must be logged in appropriately. For instance: If you are a member, logged in as an individual, you will not be able to retrieve the code for your organization. Contact us if you have any trouble: 405-840-3476 or ona@oklahomanurses.org.

Affiliate Organization Membership ($500/year)

By becoming an official affiliate of ONA, your company or organization receives the following benefits:

- Huge Exhibitor Discount at the Annual Convention ($175 credit means prices as low as $100/Table Top Booth)
- One Complimentary Registration to the Convention
- 15% credit on additional Convention Registrations
- One, complimentary Registration to ONA’s Legislative Day event
- Sponsorship Recognition at all ONA events
- Direct involvement with legislative issues
- Appointment to ONA Practice Committee
- and more!

Convention Sponsorship Opportunities

Platinum Level—$3,000.00

- complimentary exhibit booth ($500 Value)
- 15% discount on Convention Registrations
- pre-convention recognition on ONA Web site
- signage with company logo at convention
- recognition from podium during special events
- recognition in convention program
- invitation to and recognition at awards luncheon
- recognition in The Oklahoma Nurse (circulation of 47,000)

Gold Level—$2,000.00

- 50% off an exhibit booth ($250 Value)
- pre-convention recognition on ONA Web site
- signage with company logo at convention
- recognition in convention program
- invitation to and recognition at awards luncheon
- recognition in The Oklahoma Nurse

Silver Level—$1,000.00

- pre-convention recognition on ONA Web site
- signage with company logo at convention
- recognition in convention program
- recognition in The Oklahoma Nurse

Bronze Level—$500.00

- pre-convention recognition on ONA Web site
- recognition in The Oklahoma Nurse

Exclusive Sponsorship Opportunities

Convention Discounts will vary depending on the level of sponsorship selected. Please contact ONA directly for information. These are Exclusive sponsorships, so we want to ensure that they are handled correctly. In addition to the exclusive advertising opportunity listed below, you will also receive the “Silver” Level Benefits of Sponsorship.

Unique Event Sponsorship

- Welcome Session/Keynote—$3,000.00
- Closing Session/Endnote—$3,000.00
- Nurse Leadership Session—$2,000.00
- ONA Awards and Officers Installation Luncheon—$2,000.00
- Town Hall Breakfast—$1,000.00
- Tote Sponsor—$1,000.00
- Exhibitor Lounge & Lunch—$1,000.00
- Writing Resource Sponsor—$800.00
- Program Sponsor—$800.00
- Paper Sponsor—$500.00
- 2 Exhibitor Breaks—$250.00/each

New Individual Members ($125-258/year)

Join today and get another 10% discount off your Convention Registration in addition to the standard discount for members.

The ONA Gold Standard of membership – includes membership in the American Nurses Association and ONA, your state nurses association. You receive full benefits from both, including ANCC certification discounts. More importantly, full members influence the decisions made at the national and state level that affect the practice of nursing and the health of Oklahomans.

Nursing Students: Full-time Nursing Students may select the discounted rate shown on the Convention.

2009 Convention discounts and Scholarships

Traditionally, the Oklahoma Nurses Association has extended various discounts to its members, sponsors, partners, and supporters. 2009, thanks to advancing technology, will only be better. This year organizations, vendors, and individuals will be able to join as a member, convention sponsor, organizational sponsor, or as an affiliate organization. By joining or renewing, you will have instant access to the discounts and promotions listed below.

If you need your login, or you are still unable to select the correct pricing, please contact ONA. We may need to update your record manually. Call or email for help: ona@oklahomanurses.org or 405-840-3476. To learn about other benefits available to ONA Members, visit: http://www.oklahomanurses.org/displaycommon.cfm?an=1&subarticlenbr=114.

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Nursing Students: Full-time Nursing Students may select the discounted rate shown on the Convention.

Full Scholarships Available to Qualifying Students:

ONA: ONA Member in good standing prior to August 1, 2008:

- Full-time student status (Undergraduate 15 hours, Graduate 9 hours, Post Graduate 54 hours)
- If you qualify, or have questions please contact ONA: ona@oklahomanurses.org

Keynote Speakers

If selected, Keynote Speakers receive complimentary registration to all Convention Events. Additional compensation will be given as available.

Concurrent Session Presentation

If selected, Concurrent Session Presenters will receive complimentary registration to the Convention.

Poster Presentations

If selected, Poster Presenters will receive a 25% discount to all Convention Events, including general registration.
Keeping the Spirit alive in Nursing

At the conclusion of this session, each participant will be able to:

• Discuss the role of the nurse in a shelter setting
• Review pathways to volunteering in a community setting

In June 2008, the National AHA has put out a “call” to nurses to respond to disasters. This presentation will provide an overview of the role of a nurse in disaster response. Discussion will include integration with Public Health, Federal Response, Federal Agency, and the AHA. This session will focus on interdisciplinary and interagency collaboration. Practical application for actual shelter settings will be included.

Presented by: Mary Anne Stelkenbaum, RN, Master in Pastoral Ministry

Feedback for Life! The Fundamentals for Effective Feedback

At the conclusion of this session, the participant will be able to:

• Identify the steps in becoming involved in disaster response at the local level
• Discuss the role of the nurse in a shelter setting
• Review pathways to volunteering in a community setting

Feedback is the heart of a successful work relationship! It is the basis for a healthy professional relationship and a key to the success of any organization. Feedback helps us to know how we are doing. Negative feedback allows us to correct behavior in organizations. This session will provide the participant with the skills to become an effective feedback provider.

Presented by: DeAnn L. Prentice, Lt Col, USAF, NC

Lessons Learned in Implementation of Nurse Residency Programs

At the conclusion of this session, the participant should be able to:

• Identify the history of residency programs
• Discuss the role of the nurse in a shelter setting
• Review pathways to volunteering in a community setting

Feedback is the heart of a successful work relationship! It is the basis for a healthy professional relationship and a key to the success of any organization. Feedback helps us to know how we are doing. Negative feedback allows us to correct behavior in organizations. This session will provide the participant with the skills to become an effective feedback provider.

Presented by: Gary Parker, PhD, MS, BSN, Linda Fanning, Cathy Dirickson, Kammie Monarch, RN, MSN, JD, Pam Craword, RN, MBA,
### 2009 Concurrent Sessions

**It’s Gotta be the Shoes**

**Clinical Aspects (Track Assignment, session is open to all attendees)**

At the conclusion of this session, each participant will be able to:

- Identify the types of foot problems nurses tend to suffer from
- Review different types of foot wear nurses should be wearing while at the workplace
- Review the FFI and how this tool can be used to identify foot problems within the nurse's workplace

Day in and day out, nurse's feet literally take a beating. The NICU is not an environment (Bearnson & Wiker, 2005) as well as allowing faculty to decrease anxiety, and facilitate clinical judgments in a non-threatening environment (Bearnson & Wiker, 2005) as well as allowing faculty to evaluate their competency. Nursing students have limited ability to perfect complex skills due to clinical practice constraints. Simulation experiences provide students with the opportunity to enhance their knowledge, improve their skills, decrease anxiety, and facilitate clinical judgments in a non-threatening environment. Educators Tools (Track Assignment, session is open to all attendees)

- Identify Simulation as an evaluation method for junior-level nursing students in a Baccalaureate Program
- Describe the Mid-Term Simulation Experience at the University of Oklahoma College of Nursing
- Review the key elements in using simulation as an evaluation method

**Increasing Geriatric Nursing Capacity: A Statewide Model for Faculty in Nursing Education**

Educators Tools (Track Assignment, session is open to all attendees)

At the conclusion of this session, each participant will be able to:

- Describe a model, employed statewide, to increase geriatric nursing capacity for faculty in nursing education
- Discuss OGNEW goals and current initiatives to increase geriatric capacity for faculty in nursing education and enhance geriatric clinical practice of future nurses

Action plan and timeline for developing this innovative model of collaboration, and the successes, challenges, costs, and implications for use across other academic settings are detailed. This statewide faculty network disseminating shared-use educational materials is a cost-effective exemplar for evidence-based education aimed at enhanced geriatric clinical practice of future nurses.

**Simulation: The New Frontier of Evaluation**

Educators Tools (Track Assignment, session is open to all attendees)

At the conclusion of this session, each participant will be able to:

- Identify Simulation as an evaluation method for junior-level nursing students in a Baccalaureate Program
- Describe the Mid-Term Simulation Experience at the University of Oklahoma College of Nursing
- Review the key elements in using simulation as an evaluation method

**Transcultural Nursing: Encounters in Ecuador**

Educators Tools (Track Assignment, session is open to all attendees)

At the conclusion of this session, each participant will be able to:

- Explain how a study-abroad experience can expand the cultural competency of future nurses and nurses
- Identify 5 imperatives for assuring a satisfying cultural experience abroad
- Describe the health practices, health beliefs, and healthcare resources of Ecuadorians in the city and in the rainforest
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- Identify 5 imperatives for assuring a satisfying cultural experience abroad
- Describe the health practices, health beliefs, and healthcare resources of Ecuadorians in the city and in the rainforest

**Cancer Survivorship on the Increase—Challenges and Barriers Faced by the Health Care Profession**

**Creating a Clinical Post Conference Environment Using Online Discussion Forums**

**Educator Tools (Track Assignment, session is open to all attendees)**

At the conclusion of the session, the participant will be able to:

- Identify the purposes of a clinical post conference
- Identify methods of applying learning principles to the online environment
- Apply learning principles to create a post conference environment utilizing discussion forum options
- Discuss methods of evaluation utilized to create an effective learning environment

The clinical post conference experience offers students the opportunity to share their respective learning with peers. The sessions offer a safe environment to problem solve with the support of faculty and fellow students. With clinical opportunities available in varying shifts and specialty areas, the ability to meet physically is limited. Use of the online environment has proved to be a viable and challenging learning experience to meet learning needs for students and faculty. This session will offer methods utilized to implement an effective online environment. Specific examples of evaluation tools and student work will be provided. These methods can be utilized with most online learning systems.

**Cancer Survivorship on the Increase—Challenges and Barriers Faced by the Health Care Profession**

Educators Tools (Track Assignment, session is open to all attendees)

- The opportunity to enhance their knowledge, improve their skills, decrease anxiety, and facilitate clinical judgements in a non-threatening environment
- Action plan and timeline for developing this innovative model of collaboration, and the successes, challenges, costs, and implications for use across other academic settings are detailed. This statewide faculty network disseminating shared-use educational materials is a cost-effective exemplar for evidence-based education aimed at enhanced geriatric clinical practice of future nurses.

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- Describe the health practices, health beliefs, and healthcare resources of Ecuadorians in the city and in the rainforest
- Explain how a study-abroad experience can expand the cultural experience of future nurses and nurses
- Identify 5 imperatives for assuring a satisfying cultural experience abroad
- Describe the health practices, health beliefs, and healthcare resources of Ecuadorians in the city and in the rainforest

**Cancer Survivorship on the Increase—Challenges and Barriers Faced by the Health Care Profession**

**Creating a Clinical Post Conference Environment Using Online Discussion Forums**

**Educator Tools (Track Assignment, session is open to all attendees)**

At the conclusion of the session, the participant will be able to:

- Identify the purposes of a clinical post conference
- Identify methods of applying learning principles to the online environment
- Apply learning principles to create a post conference environment utilizing discussion forum options
- Discuss methods of evaluation utilized to create an effective learning environment

The clinical post conference experience offers students the opportunity to share their respective learning with peers. The sessions offer a safe environment to problem solve with the support of faculty and fellow students. With clinical opportunities available in varying shifts and specialty areas, the ability to meet physically is limited. Use of the online environment has proved to be a viable and challenging learning experience to meet learning needs for students and faculty. This session will offer methods utilized to implement an effective online environment. Specific examples of evaluation tools and student work will be provided. These methods can be utilized with most online learning systems.
Mental Models that Limit Nursing Solutions

**Shifting Paradigms (Track Assignment, session is open to all attendees)**

At the conclusion of this session, the participants will be able to:

- Identify and confront our current mental models related to maturity and the limits they place on individuals who happen to be nurses.
- Surface the current structural barriers that limit contributions from mature nurses in practice, education and the profession.
- Suggest unique applications of the talent, skills and experience that mature nurses can bring to education, practice and the profession.

Mental Models are an internal symbol or representation of external reality. They play a major role in our thinking and decision-making. Mental Models can also create barriers to developing creative and flexible solutions to problems. In today’s complex world, existing mental models regarding aging, maturity, our profession and opportunities to create a functional life-work balance limit creative solutions that may address major problems facing today’s mature nurse. Many of us will have to work longer to reach a secure retirement and physically we are challenged by the work. This session will address some of the mental models or current limits in thinking that have mature nurses leaving the workforce when they have so much to offer in the way of skill, experience and knowledge.

**Presented by:**

Patti MullerSmith, RN, CEO, Pam Price Hoskins

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Creating a State of Health: Social Policy is Health Policy

**Shifting Paradigms (Track Assignment, session is open to all attendees)**

At the conclusion of this session, the participant will be able to:

- Define health equity and social determinates of health;
- Identify conditions, circumstances and policies affecting health outcomes for patients;
- Collaborate with state and local community partners to improve health status of Oklahomans.

As a nation we have the worst disease outcomes of any industrialized nation—and the greatest health inequities. In half a century we’ve fallen from ranking in the top five internationally for life expectancy to 30th. Specifically, Oklahoma ranks near the bottom in multiple key health status when compared to other states. Many of these health outcomes are related to social and economic conditions that our citizens must live with on a daily basis. Researchers define those differing and often confusing conditions as social determinates of health Participants will view and discuss a segment of the video series Unnatural Causes: Is inequity making us sick? titled “Not Just a Paycheck” to illustrate how unemployment and job insecurity affect the struggle against depression, domestic violence and heart disease. Participants will explore differences in social policy that result in healthier populations.

**Presented by:**

Sue Moore, MLS