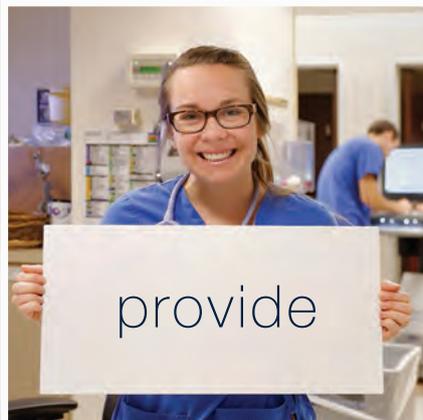
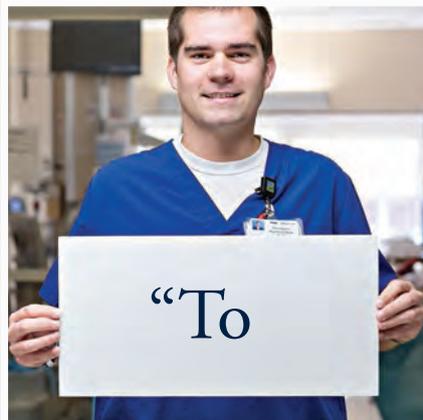


In Step

for the Commonwealth

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

UK HealthCare®



Feature story:

By the Letter

A patient letter sparks the **revitalization of UK HealthCare Nursing's mission, vision, values and professional practice model** to better reflect the role of the nurse at the bedside.

In Step for the Commonwealth



New Dean for the UK College of Nursing!

E. Janie Heath, PhD, APRN, ACNP-BC, FAAN, has accepted the University of Kentucky's offer to become the next dean of the College of Nursing as well as holder of the Warwick Professorship in Nursing.

Dr. Heath, who is currently the associate dean of Academic Programs and the Thomas Saunders III Endowed Professor at the University of Virginia School of Nursing, will take over as dean at UK on Aug. 1, pending the UK Board of Trustee's approval.

As associate dean at UVA's School of Nursing, Dr. Heath is the chief academic officer responsible for the quality and integrity of education of the Commonwealth of Virginia's flagship nursing program. She also has a long and distinguished scholarly record at Virginia and other notable institutions of higher learning in Georgia, South Carolina and Washington over a nearly 40-year career.

She is a widely recognized national leader in nursing education, tobacco control and health care outreach. That emphasis and quality, as well as many other attributes, make her an ideal fit for the college and its continued leadership in health care and service.

Watch for the full story in the next issue of Opportunities magazine, which will be released this fall.

Colleen Swartz,
DNP, MBA, RN, NEA-BC
Chief Nurse Executive,
UK HealthCare
chswar2@email.uky.edu

Patricia B. Howard,
PhD, RN, NEA-BC, FAAN
Professor and Interim Dean,
UK College of Nursing
pbhowa00@email.uky.edu

Thank you for picking up the 2014 issue of In Step magazine, a forum for telling our story of collaboration—both across the health care professions and between the College of Nursing and UK HealthCare Nursing. In the pages that follow you will encounter highlights of collaborative efforts to enhance our mutual goals in advancing research, practice and education. We also emphasize how patients and families have influenced these endeavors.

One of our feature articles describes how a patient turned to the Palliative Care Consult Team at UKHC to access care at home. In another, “a simple, heartfelt letter” from a family member prompted UKHC Nursing to revitalize its overall core values, mission, vision and professional practice model. These efforts at UKHC Nursing had a ripple effect on the college, resulting in a serious evaluation of ways we prepare nursing students to enter the health care field whether at basic or advanced practice levels.

We are incorporating emerging concepts of Interprofessional Education and Practice Collaboration (IPEPC) and designing strategies to enhance both the clinical leadership model at UKHC and curriculum development in the college. Simultaneously, we continue to emphasize evidence-based practice to foster quality care as shown in the partnership efforts that resulted in the development of two College of Nursing

elective courses—perioperative nursing and emergency trauma nursing.

These efforts and others are intentionally selected to prepare us for the future; and what does the future portend? A glimpse of it is found in the Institute of Medicine's (IOM) summary of its work of the past two years (IOM, 2013. *Informing the Future Critical Issues in Health*, 7th ed.; Washington, DC).

The IOM continues to emphasize health reform and its impact on public and private health care systems in the U.S. We understand the premise that the current systems are complex and costly. So we continue to nurture collaboration among providers, as well as use of technology in our efforts to offer safe, accessible, affordable care for a variety of populations of all ages across the Commonwealth. Specific conditions that we address include pre-term birth, childhood obesity, heart disease, cancer and addictions, as well as the impact of environmental conditions on health.

We are optimistic about our future and our continuing collaborative efforts, as well as partnerships with others at UK, including those at the nationally designated Markey Cancer Center, the Center for Clinical and Translational Science and the new Eastern State Hospital, where we are developing a psychiatric nurse intern option.

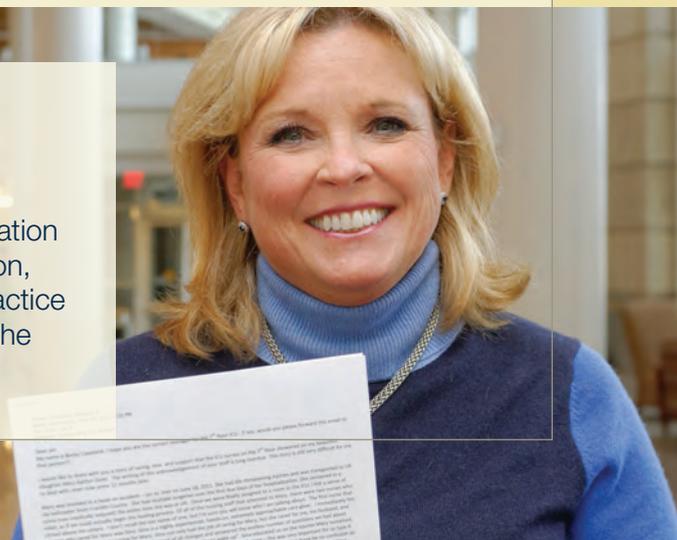


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A patient letter sparks the revitalization of UK HealthCare Nursing's mission, vision, values and professional practice model to better reflect the role of the nurse at the bedside.



A Publishing Support System Helps Nurse Clinicians Share Their Successes

The continuing partnership between the College of Nursing and UK HealthCare has fostered an environment of clinical inquiry and innovation. Numerous practicing nurses, alone or as members of interprofessional teams, are very active in scholarship—asking relevant and contemporary clinical questions—and disseminating that knowledge. We would like to recognize their contributions to the continuing evolution of evidence-based practice and our dynamic leadership model. This is a sampling of their work.

UKHC Department of Nursing Publications

Patricia K. Howard, PhD, RN
Penne Allison, MSOM, BSN, RN
Matthew Proud, BSN, RN
Roger Humphries, MD
Brandy Mathews, MSN, MHA, RN
Hollis Hilty, MD

“The Impact of a Collaborative City-wide No-diversion Trial.” *Journal of Emergency Nursing*. Available online March 21, 2013 www.jenonline.org and search by article title.

Gordon Gillespie, PhD, RN
Sharon Farra

Donna Gates, PhD
Patricia K. Howard, PhD, RN
Kristy Atkinson

“The Qualitative Learning Experience of Health Care Workers Completing a Hybrid Workplace Violence Educational Program.” *Journal of Nursing Education and Practice* 3(11): 54-64, 2013

Patricia K. Howard, PhD, RN
Susan Shapiro, PhD, RN

“What Is Known about Patients with Low Back Pain?” *Advanced Emergency Nursing Journal*, 35(1): 3-7. 2013

Completed Research

Amanda Green, DNP, RN
“Evaluation of Discharge Readiness for Stroke Patients”

Kathy Isaacs, PhD, RN
“Developing the Mother Role While in the Neonatal Intensive Care Unit”

Patricia K. Howard, PhD, RN
Brandy Mathews, MSN, RN
Charles L. Campbell, MD
“Faculty and Staff Attitudes and Beliefs About Family Presence During Resuscitation”

Kenneth Parker BSN, RN
“Improving Patient Satisfaction Through Utilization of Ultrasound-Guided Peripheral Intravenous (USGPV) Access: An Evidence-based Practice Study”

Presentations

Patricia K. Howard PhD, RN
“Working Models for SBIRT in the ED, Effective Approaches to Addressing Patients With Substance Use Disorders in the Emergency Department: A Knowledge Exchange.” American College of Emergency Physicians/National Institute on Drug Abuse, Centers for Disease Control, Seattle

Patricia K. Howard PhD, RN
“Utilizing Data to Improve In-Hospital Codes” American Heart Association Strive to Revive Conference, Lexington, Ky.

Patricia K. Howard PhD, RN
“Advocacy, a Legislative Update” Kentucky Emergency Nurses Association State Conference, Frankfort, Ky.

Patricia K. Howard PhD, RN
“Pain, Perceptions and Perceived Conflicts: An Investigation Into How ED Staff Manage Pain” Kentucky Emergency Nurses Association State Conference, Frankfort, Ky.

Patricia K. Howard PhD, RN
“Keeping Focus on the Front End” Emergency Nurses Association Leadership Conference, Ft. Lauderdale, Fla.

Patricia K. Howard PhD, RN
Proud, Matthew, BSN, RN
“Turning your ED Around: Achieving Excellent Outcomes” Emergency Nurses Association Leadership Conference, Ft. Lauderdale, Fla.

Patricia K. Howard PhD, RN
Matthew Proud, BSN, RN
“Leading to Lantern” Emergency Nurses Association Leadership Conference, Ft. Lauderdale, Fla.

Patricia K. Howard PhD, RN
“What Makes Emergency Nursing Unique?” Emergency Nurses Association Leadership Conference, Ft. Lauderdale, Fla.

Gwen Moreland, MSN, RN
Kerry Bradford
“HPPDE ... Creating a Common Language to Promote Quality” UHC (University HealthSystem Consortium)

Shannon Turbeville Johnson, BSN
“The Impact of Palliative Care Education on End of Life Nursing Care” 2013 UHC Annual Conference, San Diego

Posters

Patricia K. Howard PhD, RN
“Chaos to Collaboration, Creating a Healthy Workplace” Sigma Theta Tau, Indianapolis, 2013

Leslie Cumming-Kinney, BSN, RN
“Decreasing Heart Failure Readmissions: Using a Patient and Family Centered Approach in Teaching Self-management Skills From Admission to Discharge” Nursing Management Conference, Chicago

Scottie B. Day, MD
Philip Bernard, MD
Lori A. Shook, MD
Cheri Landers, MD
Shelly R. Marino, MHA, BSN, RN
“Development of a Quality and Safety Dashboard for Pediatric and Neonatal Transport” American Association of Pediatrics

Vickie H. Mock, ADN, RN
“Mobility. CVT Is on the Move” UKHC Nursing Practice Improvement Poster Day, 2013

Louis Bezold, MD
Suzanne Springate, BSN, RN
Ann Smith, MPA
“Collaborative Administration in a Children’s Hospital Within a Hospital or System” Children’s Hospital Association, Creating Connections Conference Reimagining Care in 2013: Courage Required

BSN Residents’ Posters

Trauma Services Pavilion A
Shannon Turbeville Johnson, BSN
“The Impact of Palliative Care Education on End of Life Nursing Care”

Rebecca Cooksey-Stauber, BSN

Brittany Kellum, BSN

Kelli Curry, BSN

“Disposable Penlights in Neurosciences Intensive Care Units: Implications for Nosocomial Infections”

First-place poster at 2013 UHC Annual Conference, San Diego

UK HealthCare Good Samaritan

Megan Crane, BSN

Allison Danesi, BSN

Katie Fryman, BSN

Victor McGhee, BSN

Kim Stuart, BSN

“Importance of Acuity Tools in Nursing Assignments”

Catherine A. Brozek, BSN, 6 South

Jessi J. Campbell, BSN, 2 MICU

Derek C. Florence, BSN, NS Prog T2

Rachel R. Klaiber, BSN, 2 MICU

Sarah Feldmann, BSN, 1 MICU

Erin D. Lake, BSN, NSICU T1

James N. Morris, BSN, NSICU T1

Ashleigh P. Parker, BSN, T&AACU PRO T2

Mary C. Reed, MSN, Good Samaritan

Laura A. Stewart, BSN, NSICU T2

“Tracheostomy Related Skin Breakdown”

Cardiovascular and Thoracic ICU

Amanda Coffey, BSN

Rachelle Mattingly, BSN

Laura True, BSN

“Early Ambulation”

Justin Davis, BSN

Rick Eckerle, BSN

Matthew Kuhl, BSN

“Post-Op Electrolyte Monitoring in the ICU”

Shelby Dotsey, BSN

Brandt Miller, BSN

Jennifer Ulliman, BSN

“Negative Effects of Soda Consumption”

Katie Burns, BSN

Jimmy Grau, BSN

Julie Reinstatler, BSN

Shannon Tuemler, BSN

Ashley Jeanmougin, BSN

“CTVICU Layout”

Emergency Service Line

Celena Condon, BSN

Bethany Glasgow, BSN

Erin Morris, BSN

Clay Pagan, BSN

“Intra-facility Orientation in the Emergency Department”

Natalie Arrowood, BSN

Emily Duncan, BSN

Mandy Pearce, BSN

“Locating Supplies and its Relationship to Efficiency in the Emergency Department”

Good Samaritan Service Line

Bridget Wisniewski, BSN

Whitney Bauer, BSN

Nikki Cornett, BSN

Sara Hedges, BSN

Kristin Six, BSN

Lauren Wilson, BSN

Christy Smith, BSN

“Burn Out—A Nurse’s Influence on Nicotine Withdrawal”

Medicine and ICU

Rachel Pace, BSN

“Delirium in the ICU”

Katherine Cox, BSN

Scott Flinchum, BSN

Dan Garrison, BSN

Jillian Kouns, BSN

Megan Meador, BSN

Rachel Pace, BSN

Mara Rice, BSN

Patrick Richardson, BSN

Steve Trimble, BSN

“The Benefit of Checklists”

Oncology Service Line

Alex Bowlds, BSN

Kristina Robertson, BSN

Lauren Zutt, BSN

“Battling Compassion Fatigue and Burnout Among Oncology Staff”

Brandon Cook, BSN, 5 Main

Kara Gowan, BSN, MCC2

Jessica Morrison, BSN, MCC 3

Katie Rust, BSN, 5 East

Kylie Jo Virgin, BSN, 5 Main

“Prevention of CLABSIs by Use of Central Line Care Specialist”

Pavilion A Service Line

Anna LeMaser, BSN

Emily Marion, BSN

“Delirium Assessment in the ICU Using CAM”

Lydia Cheeks, BSN

Nikki Watts, BSN

Jeremy Bussey, BSN

“Rapid Admission Trial”

Clinton Bollinger, BSN

“Prevention of Tracheostomy Device Related Pressure Ulcers”

Keegan Stewart, BSN

Annie Hansel, BSN

Blakeley McClellan, BSN

Mary Davenport, BSN

“Got Sleep?”

Mike Compton, BSN

Christa Hauck, BSN

Megan Neal, BSN

Alex Olson, BSN

“Nursing Tasks Checklist”

Montessia Landrum, BSN

Jessica Barnett, BSN

“PIV Labeling and Documentation Audit”

Pavilion A Stroke Progressive

Alex Robinson, BSN

Lauren Manning, BSN

“Peer to Peer Nursing Care Audits”

Pavilion A Trauma/Surgical

Heather Ridgway, BSN

Erin Leedy, BSN

“ICU Readmissions”

James Laber, BSN

Todd Talley, BSN

“IV, Graduates and Dressing Change Audit”

Pediatric Service Line

Meg Hovenkamp, BSN

Melissa McCann, BSN

Cori Morgan, BSN

Karolyn Tye, BSN

Nicole Wilson, BSN

Brittany White, BSN

Erin Kays, BSN

“What is a Pediatric Progressive Care Unit?”

Kylee Greer, BSN

Stephanie McCaw, BSN

Cheryl Cleveland, BSN

Jess Hoehn, BSN

Bridget Shepherd, BSN

“Alcohol Impregnated Caps for Central Lines”

Carrie Burks, BSN

Megan Davis, BSN

“Promoting Breastfeeding in Preterm Infants”

Kristyn Mickley, BSN

Joey Rotundi, BSN

Brandi Woodrum, BSN

Tiffany Kelly, BSN

Jeremy Gayheart, BSN

“Dangers of Second (and third) Hand Smoke”

Katie Burch, BSN

Megan Hedden, BSN

Hiral Patel, BSN

Kevin Pinto, BSN

Katy Richardson, BSN

“Team-Centered Rounds”

Marian Bolton, BSN

Kim Langen, BSN

Ashlee Ponchillia, BSN

Kelley Vandekoppel, BSN

Autumn Witty, BSN

“Best Fed Beginnings at the University of Kentucky Birthing Center”

Peri-Operative Service Line

Jessica Landham, BSN

Claire Piester, BSN

Alex Fisher, BSN

“Handoff Communication: Preop to OR to PACU”

UK HealthCare Nurse Promotions and Transitions to Leadership Positions

June 2012–
June 2013



Anna Adams, BSN, RN
Staff Development Specialist
UK HealthCare Chandler
Nursing Practice Improvement



Verna Allara, BSN, RN
Nurse Coordinator Clinical/
Patient Transfer Facilitator
UK HealthCare
Hospital Command Center



Jitana Benton-Lee, MSN, MBA, MHA, CNML
Patient Care Manager
UK Chandler Hospital
Acute Care Services
(8 West, 8 South and 8 East)



Lara Blake, BSN, RN
Hospital Operations
Administrator
UK HealthCare
Hospital Command Center



Pamela Branson, MSN, CNS, RN
Clinical Nurse Specialist
UK Chandler Hospital and
Pavilion A
Neurosciences Administration



Amy Brassfield, MSN, RN, C-NPT
Clinical Nurse Specialist
Kentucky Children's Hospital
Pediatric Administration



Christina Burton, MSN, RN, CCRN
Patient Care Manager
UK HealthCare Pavilion A
Trauma and Acute Care
Surgical Services



Goldrena Butler, MSN, RN, CCRN
Clinical Nurse Specialist
UK Chandler Hospital
Nursing Administration



Robyn Cheung, PhD, RN, APRN
Director of Nursing
Professional Practice and
Innovation
UK HealthCare Enterprise
Nursing Administration



Lindsey Clark, BA, ADN, RN, CEPN
Nurse Coordinator Clinical/
Pediatric Sedation
Kentucky Children's Hospital
Pediatric Sedation and
Procedures



Monica Cox, BSN, RN
Hospital Operations
Administrator
UK HealthCare
Hospital Command Center



Candy Crawford, ADN, RN
Nurse Coordinator Clinical
UK HealthCare Chandler
Endoscopy



Elizabeth Crossley, BSN, RN
Nurse Coordinator Clinical
UK HealthCare Chandler and
Pavilion A
Perioperative Services



Celia "Nikki" Curtis, BSN, RN
Staff Development Specialist
UK HealthCare Chandler and
Pavilion A
Nursing Practice Improvement



Kelley Elkins, BSN, RN
Nurse Coordinator Clinical/
Stroke Coordinator
UK HealthCare
Neurosciences Administration



Lauren Hay, ADN, RN
Patient Care Manager
UK Chandler Hospital
Progressive Care
(7 East and 6 South)



Shannon Haynes, BSN, RN
Patient Care Manager
Assistant
Kentucky Children's
Hospital
NICU/3 Neonatal



Courtney Howard, MSN, RN, APRN, RNC-OB, ACNS-BC
Nurse Coordinator Clinical
UK HealthCare Chandler
OB Administration



Mary Catherine King, ADN, RN
Nurse Coordinator Clinical
UK HealthCare Good
Samaritan
Good Samaritan Surgery



Amanda Martin, BSN, RN
Nurse Coordinator Clinical
UK HealthCare Pavilion A
Trauma and Acute Care
Surgical Services



Deeanna McCallie, BSN, RN, CCRN
Manager of Nursing
Excellence and Support
UK HealthCare Enterprise
Nursing Practice
Improvement



Heather Morton, ADN, RN
Nurse Coordinator Clinical
UK HealthCare Good
Samaritan
Good Samaritan Nursing
Administration

Academic Partnership Announcement

College of Nursing and Norton Institute for Nursing Academic Partnership Announcement

Mareshah Priddy, BSN, BS, RN
Nurse Coordinator Clinical
UK HealthCare Chandler and
Pavilion A
Perioperative Services (PACU)

Julian Steele, ADN, RN
Informaticist
UK HealthCare Enterprise
UK HealthCare Information
Technology



Jessie Woolley, ADN, RN, CNOR
Nurse Coordinator Clinical
UK HealthCare Chandler and
Pavilion A
Perioperative Services
(Operating Room)



Raymond Young, BSN, BBA, RN, CPAN, CAPA
Patient Care Manager
UK HealthCare Chandler and
Pavilion A
Perioperative Services (PACU)



In April 2013, a highly competitive request for proposal (RFP) for an academic partnership was widely disseminated by the Louisville-based Norton Healthcare (NHC) Institute for Nursing. The RFP called for the preparation of bachelor's-prepared registered nurses at the Doctor of Nursing Practice (DNP) level with eligibility to sit for advanced practice registered nurse (APRN) certifications.

The competitive review process resulted in the selection of the proposal submitted by Patricia B. Howard, PhD, RN, NEA-BC, FAAN, and Sharon Lock, PhD, RN, APRN, of the UK College of Nursing.

Look for the fall 2014 issue of Opportunities to learn more about the \$7.5 million, seven-year partnership plan for enrolling five cohorts (150 total students) of NHC BSN-DNP applicants who meet the college's admission criteria for the existing three-year accredited DNP Program.

**Standing: Dr. Sharon Lock, interim dean
for MSN and DNP Studies**

UK HealthCare and the UK College of Nursing 23rd Annual Nursing Research Papers Day

PHOTOGRAPHS BY
Lee Thomas

November 2013



Dorothy Brockopp Nursing Research Award

This award is given for the most highly judged nursing research proposal. Presented by Dorothy Brockopp, PhD, RN, the winning proposal was by a group of staff nurses with Kentucky Children's Hospital.

PROJECT: Healthy Work Place Communication Improvement Research Project

PRINCIPLE INVESTIGATOR:
Bridget Shepherd, BSN, BA, RN

CO-INVESTIGATORS:
Joey Burke, BSN, RN
Nicole Hobbs, ADN, RN
Donna Horton, BSN, RN

Poster Presentations

Maricon Dans, MSN, RN
Staff nurse, UKHC Good Samaritan Hospital
"Video Monitoring Sitter Pilot"

Abraham Armah, BSN, RN, BS
Staff nurse, UKHC Good Samaritan Hospital
Jenny Miller, RN
Staff nurse and chair, Acute Care Council, UKHC Good Samaritan Hospital
"Skin Care Champions Pulling Evidence to the Bedside"

Demetrius Abshire, MSN, RN, ACNS-BC
Part-time faculty, UK College of Nursing
"Regional Differences in Cardiovascular Disease Risk Factors Among Emerging Adults Attending College in Kentucky"

Bridget Shepherd, BSN, BA, RN
Nicole Hobbs, ADN, RN
Joey Burke, BSN, RN
Horton, Donna, BSN, RN
Tracy Roser, ADN, RN
Jess Washburn, ADN, RN
Staff nurses, Kentucky Children's Hospital
"Healthy Workplace Communications"

Marissa Hibbs, BSN, RN
Staff nurse, UKHC Good Samaritan Hospital
"Pocket Change"

Stefanie Bull, BSN, RN
Staff nurse, UKHC Trauma and Critical Care Services
"An Evaluation of Evidence-based Blood Conservation Education for ICU Nurses"

Megan Butler, BSN, RN
Staff nurse, UKHC Central Monitoring Station
"Health Care in the 21st century: Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Care Issues"

Sami Al-Rawashdeh, MSN, RN, CNS
"Psychometrics of the Zarit Burden Interview in Caregivers of Patients With Heart Failure"

Tracey Vitori, MSN, MS, RN, ACNP
Cardiothoracic Services, Mercy Health, Cincinnati, Ohio
"Hostility Does Not Predict Recurrent Acute Coronary Syndromes or Mortality in Patients With Coronary Heart Disease"



Carrie Nichols, RN, CCRN
Staff nurse, CTVICU
Sally Quigley, BSN, RN
Staff nurse, CTVICU
 “Step Up for Ambulation”

Carrie Nichols, RN, CCRN
Staff nurse, CTVICU
Sally Quigley, BSN, RN
Staff nurse, CTVICU
 “Communication: The Key to Recovery”

Korinne Callihan, BSN, BA, RN
Outcomes manager, UKHC Palliative Care and Hospice, Patient and Family Services
 “Compassion Fatigue: The Cost of Caring”
 Literature Review and Implications for Continued Caring in Nursing Practice

Nora Warshawsky, PhD, RN
Assistant professor, UK College of Nursing
 “Creating Environments to Support Nurse Managers’ Practice”

Amy Brassfield, MSN, C-NPT, CNS
Kentucky Children’s Hospital and UK HealthCare
 “Modeling In-hospital Prevention Strategies to Reduce Sudden Unexpected Infant Death (SUID) and Unintentional Falls in Infants Less Than One Year of Age”

Lisa McGee, MSN, CCNS
Neonatal CNS, UKHC Department of Nursing, Kentucky Children’s Hospital
 “Neonatal Drug Withdrawal and Associated Concerns”

Podium Presentations

Sharon Barton, PhD, PCNS-BC, RN
Assistant Vice President, Nursing
The Children’s Hospital of Philadelphia
 “The Magnet Attraction for Nursing Research and Evidence-Based Practice”

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Operations Manager, Emergency Services, UKHC

“What We Know: Presenting the Option for Family Presence During Resuscitation at UK HealthCare”

Debra Novak, DSN, RN
Senior Service Fellow, CDC/NIOSH/NPPTL
 “Respiratory Protection: How to Best Protect From Workplace Exposures”

Melinda Brizendine, RN-C
Clinical Nurse, Behavioral Health, UKHC Good Samaritan Hospital

Nora Warshawsky, PhD, RN
Associate Professor, UK College of Nursing

Debra Moser, DNSc, RN, FAAN
Professor, UK College of Nursing

Terry Lennie, PhD, RN, FAHA, FAAN
Professor and Associate Dean for PhD Studies, UK College of Nursing

“Getting Your Evidence Published: Novice to Expert”

Amy Herrington, DNP, RN, CEN
Staff Development Specialist, UKHC Good Samaritan Hospital
 “Pre-Admission Assessment of Geriatric Patients Undergoing Elective Total Joint Replacement”

Allison R. Jones, MSN, RN
Graduate Student, UK College of Nursing
 “Increased Mortality in Adult Trauma Patients Transfused With Blood Components Compared With Whole Blood”

Kathy Isaacs, MSN, RNC-NIC
Director of Nursing Professional Development, UKHC
 “A Grounded Theory Model of Mother Role Development While in the Neonatal Intensive Care Unit”

Joanne Matthews, DNP, APRN, PMHCNS-BC
Instructor/Psychiatric Clinical Liaison Nurse
Ken Parker, RN, BSN, CEN, CPEN
Clinical Nurse, Emergency Services, UK Albert B. Chandler Hospital

“Using Cognitive Rehearsal and Crucial Conversations Techniques to Address Workplace Bullying in the Hospital Setting”

Sarah Gabbard, MSN, RN
Clinical Nurse Specialist, UKHC Trauma Surgical Services

“Nursing: Facing the Challenges With Catheter Hospital Acquired Urinary Tract Infections”

Whitney Kurtz-Ogilvie, MFAW
Lecturer, Academic Writing Specialist, UK College of Nursing

Robyn Cheung, PhD, RN
Director of Nursing Professional Practice, UKHC
 “Writing Abstracts”



At the Starting Gate

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas



Left to right: Janine Lindgreen, Carol Noriega and Lissa Pohl

With the promising results of a new pilot study in hand, two nurse leaders are off and running.

The Pilot Study

In 2012, 21 nurses at UK Albert B. Chandler Hospital volunteered for a pioneering pilot study to examine the effectiveness of Equine-Assisted Learning (EAL) activities on the development of emotional intelligence in expert nurses. Led by researchers from the Center for Leadership Development (CLD) in the College of Agriculture, the interdisciplinary study was conducted in collaboration with two clinical nurse specialists from UK HealthCare under the guidance and mentorship of Co-Principal Investigator Robyn Cheung, PhD, RN, director, Nursing Professional Practice and Innovation with UK HealthCare.

The project itself involved expert nurses, each with five or more years of clinical experience in their units at Chandler. Two groups—a control group of 10 expert nurses from the Neuroscience Surgery Service Line and an intervention group of 11 nurse experts from the Trauma and Acute Care Surgical Service Line—took an evidence-based online assessment to gauge the Emotional Intelligence (EQ) of each nurse in the intervention group at the start of the study and again after six months.

Nurses in the intervention group participated in a daylong workshop at a Lexington horse stable for a series of exercises designed to develop four areas of EQ competency: self-awareness, self-management, social awareness and relationship management. Results of the pilot research project were published in the spring 2012. While the study's small sample made it difficult to draw conclusions with statistical accuracy, findings suggested a positive trend and the study provided a promising foundation for continued research in both leadership and nursing development.

Horses helping nurses develop emotional intelligence?

The early evidence looks promising, says Carol Noriega, MSN, RN, CEN, staff development specialist, Emergency Department, UK Albert B. Chandler Hospital and Janine Lindgreen, MSN, RN, APRN, CCRN, clinical nurse specialist, Trauma and Surgical Services at Chandler. The two nurse leaders, both with an interest in nurse leadership development, played a central role in an interdisciplinary research project led by researchers from the Center for Leadership Development (CLD) in the College of Agriculture. "The Effectiveness of Equine Guided Leadership Education to Develop Emotional Intelligence in Expert Nurses," published in the spring of 2012, would become one of the first academic studies, if not the very first, to investigate the development of emotional intelligence in nurses through an equine-assisted education experience.

For Ms. Noriega and Ms. Lindgreen, a collaborative research study of this magnitude was also a first—and it all started with a ropes course. CLD research experts in the College of Agriculture had long been interested in pursuing studies to document the effectiveness of Equine-Guided Leadership Development in building leadership competencies. When they heard about the ropes course developed for the BSN Residency Program and the enterprising nurse leaders behind it, they were intrigued. "The BSN Residency Program is for new nurse graduates transitioning into practice at UK HealthCare and it's very structured," says Ms. Noriega. "We asked if we could cover some of the material in a ropes course activity instead of

having students just sitting and listening in a classroom.” Ms. Noriega and Ms. Lindgreen had been gathering data on the ropes course experience for internal quality assurance/quality improvement purposes. This new pilot study, however, was a horse of a different color.

When CLD research team leaders first approached Ms. Noriega and Ms. Lindgreen about the idea for collaboration, they shared with them the existing evidence on EAL education, as well as learning through an experiential ropes course. Ms. Noriega was surprised to learn that while both were being used nationwide for professional leadership development and training, very little research had been done on their advantage over traditional classroom training.

The pilot study would be small, but it would be a start. CLD researchers, interested in the results from a leadership perspective, would need the expertise of nursing professionals to ensure that the equine-guided learning exercises would be relevant for a health care setting.

Ms. Noriega, a longtime horse lover, jumped at the chance. So did Ms. Lindgreen, but with a few reservations. A self-described “horse novice” with a quiet and gentle personality, Ms. Lindgreen was a little nervous. The moment of truth came early. On her first day at the stable, while working on an exercise, a bold and imposing horse began to bully her. “He could tell I was scared and non-assertive and actually tried to further intimidate me.” The lesson wasn’t lost on her. “Horses let you know right away how they feel about you or the situation.”

Ms. Noriega, a retired military flight nurse, had a difference experience, but it too was one where the horse didn’t hesitate to let her know how he felt about her. One of the gentler horses, a small pony, took an instant dislike to her. “But that little pony just loved Janine,” says Ms. Noriega. “When I came around he’d flip his tail around and run. Ms. Noriega says the horse’s negative reaction was probably in response to Ms. Noriega’s more assertive style. “But that was good to know,” she says. “It showed me I needed to moderate my approach.”

It’s that instant, unedited feedback that makes equine-guided education so perfectly suited to nurse leadership development training, says Ms. Noriega. Being able to read and intuit unspoken cues is a valuable skill for nurses in clinical practice. As an example, she cites Lexington’s high Hispanic population. “What do you do when your patient doesn’t understand the language? Words aren’t the only way people communicate. The ability to read and understand non-verbal cues can help you make someone comfortable with an uncomfortable situation.”

Emotional intelligence competencies are critical for today’s nurse leaders, says UK Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, especially in a major academic medical center like UK HealthCare, where the focus is on managing intraprofessional teams and interdisciplinary collaborations. “Often, it’s the nurse who is coordinating, managing and orchestrating the logistics around the collaboration,” says Dr. Swartz. “It requires relationship and team skills and a situational awareness to know what specialty to bring to bear and when, so it will have the most impact on positive patient experiences and outcomes.” Nurse experts need a new set of skills today, one that can help them read situations, resolve conflicts and handle the countless complexities involved in managing high performing teams. “We need to give our nurses some skills in that area,” says Dr. Swartz on the value of EQ competencies.

The decision to focus on the expert nurse in the pilot study was a conscious one, says Dr. Swartz. At UK HealthCare, and nationwide, the turnover rate for nurses with five to 10 years’ experience is relatively high. “This is an environment that’s not for everyone, but a new practitioner usually figures that out in the first 12 to 24 months,” she says. “Something else is happening at that five-year mark and beyond. Is it the complexity of the relationships? Is it the complexity of the work? What other skills might we give our nurses to help them in today’s practice environment? They may not necessarily be clinically based skills but those that can help them better manage the relationships and the teams.”

Nurse leadership development is a high priority for UK HealthCare, says Dr. Swartz. A number of innovative education and mentoring programs are already in place at UK HealthCare and others, including an EAL program for nurse managers, are in the planning stages. As for Ms. Noriega and Ms. Lindgreen, they’re currently in the process of manuscript development on the results of the study and will be submitting articles based on their data to several nursing journals. Even more exciting, says Ms. Lindgreen, are the possibilities for future studies. The pilot study has opened the door to the whole topic of emotional intelligence in nursing, says Ms. Lindgreen. “That’s already been a positive outflow of the study.”

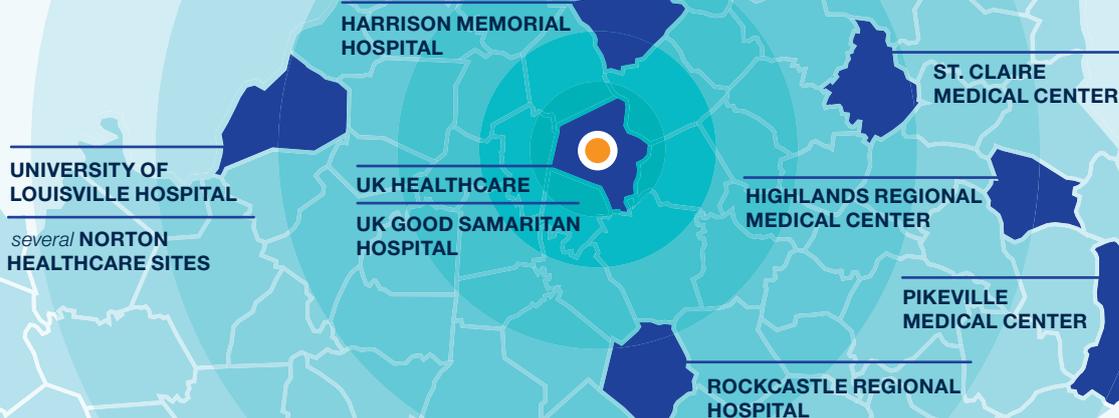
Perhaps the day will come when another group of nurses in another time and place will search the literature for best practices in emotional intelligence skill development or experiential learning programs for nurse leaders. Thanks to the groundwork being laid today by an interdisciplinary team of UK nurse specialists and their collaborators, an innovative approach with evidence to prove its worth will be there. ■



5th Tuesday: A Great Day for Nurse Leaders

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas



Evidence-based practice is not only changing the way quality care is delivered at the bedside. It's also changing the way nurse managers are building quality practice environments.

An innovative journal club called 5th Tuesday is bringing nurse managers from UK HealthCare and their peers from hospitals and medical centers across Kentucky together to share evidence-based knowledge, support and their own experiences as change agents in today's practice settings.

UK HealthCare Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, says the 5th Tuesday Journal Club takes advantage of the advanced videoconferencing technology available at UK HealthCare and the digital links the enterprise already has in place with other Kentucky hospitals and medical centers. "5th Tuesday has become a venue where nurse managers and other leaders can have open discussions about current practice trends and talk about what we can do responsibly as nurse leaders to make sure the evidence is translating into practice."

Nora Warshawsky, PhD, RN, CNE, UK HealthCare and assistant professor and coordinator of the Population and Organizational Systems Leadership Track in the DNP Program in the College of Nursing has been leading 5th Tuesday sessions since they began in 2012. The group meets on a Tuesday four to five times a year, depending on how many months include a fifth Tuesday. Dr. Warshawsky works in concert with other nurse leaders at UK HealthCare to select the journal article on nurse leadership the group will discuss. She then sends the article to participants in advance as well as the session objectives and three discussion questions designed to get the conversation started. As many as 60 nurse managers from across the state have been present at 5th Tuesday sessions and earned continuing education credit for their participation.

Dr. Warshawsky leads the forum from the first-floor administration conference room at Chandler in front of a live audience of nurse managers from the hospital and are joined via video link with nurse managers from

UK Good Samaritan Hospital, Harrison Memorial Hospital, Rockcastle Regional Hospital, Pikeville Medical Center, St. Claire Medical Center, Highlands Regional Medical Center, University of Louisville Hospital and several Norton Healthcare sites. "It took a little getting used to," laughs Dr. Warshawsky about the mechanics of live videoconferencing. "I had to learn to facilitate with a group in front of me and nine other video connections on a jumbo wide screen. It looks a little like a TV game show."

Getting the discussion going isn't a problem, says Dr. Warshawsky; not when the issues are so topical and of such mutual interest. Very often, she says, the experience of one speaks for many. "You see a lot of heads nodding up and down." A recent 5th Tuesday session discussed the evidence around nurse work hours and fatigue and their effect on the quality of patient outcomes. "That was a really lively discussion," says Dr. Warshawsky. At another meeting, the group looked at evidence on leadership styles of nurse managers and their effectiveness in dealing with conflict. "The issues are directly related to the work they're doing—and they're discussing them with others who understand the challenges."

As an academic medical center with the resources to explore the evidence, as well as contribute to it through research, UK HealthCare feels an obligation to share knowledge and resources with other Kentucky health care organizations, says Dr. Swartz.

But make no mistake, she and others say. With 5th Tuesday, the sharing goes both ways. Dr. Warshawsky points to a recent discussion of the bedside "handoff" between a nurse coming off of a shift and the nurse coming on. Historically, this exchange took place in a conference room or somewhere private, but the evidence shows that the better place to do it is at the bedside where nurses can do a comparative assessment of the patient,

conduct important safety checks on IV medications and involve the patient so there's an understanding of the plan for the day. It's been labeled a best practice for safety, says Dr. Warshawsky, but nurses are often resistant to it. UK HealthCare nurse managers struggling to implement the practice in their units received valuable guidance from their 5th Tuesday peers at other hospitals who had successfully integrated it into their own units.

The inspiration for the 5th Tuesday Journal Club and its wider, broader reach goes back to 2004 when then-Director of Emergency/Trauma Services Penne Allison, MSOM, BSN, RN, joined UK HealthCare. "Back then, anyone could be the charge nurse in the ED," she says. Ms. Allison held a leadership retreat for her managers and supervisors where she announced the names of the four staff members she'd appointed as permanent shift supervisors.

And she didn't stop there. She gave her new supervisors opportunities to grow and develop as leaders. She organized a journal club where they would read and discuss books on evidence-based nursing leadership practices. She offered them resources for sharpening their decision-making skills and gave them the support and autonomy to use them. She encouraged them to share their knowledge and participate in conferences and prepare posters for presentations.

"You empower your staff, but really, they empower themselves," she says. "You can educate someone on leadership, but they make the decision to be a leader themselves," Ms. Allison says. Her approach clearly worked. Nine years after that first leadership retreat, three of her shift supervisors are still there.

The success of Ms. Allison's journal club for her supervisors planted the seeds for a popular, in-house book club for nurse managers at UK HealthCare initiated several years ago by Ms. Allison and Senior Nursing Advisor Diana Weaver, PhD, RN, FAAN. Twice a month, on Tuesdays, nurse managers at Chandler meet via videoconferencing with their colleagues at UK Good Samaritan to discuss a book on evidence-based leadership and to share their own successes and challenges as nurse leaders. "One of the serendipitous outcomes of journal club has been team building," says Dr. Weaver. "Managers and directors get a chance to spend time together, just sharing ideas and thoughts, which is very different from work-related time together where there's a set agenda."

The focus on leadership development for nurse managers is particularly important to Dr. Weaver, who has always had a special regard for nurses in that role. "The literature is replete with examples of how key the nurse manager is in encouraging engagement down the line," she says. "The nurse manager sets the tone and defines the culture of a unit." Helping nurse managers develop leadership skills not only gives them the tools they need,

but the support they need to succeed. Mentoring and leadership development are a major focus at UK HealthCare, says Dr. Weaver. "We've been very intentional about that, especially in the last three or four years. We call it 'getting their tool kit packed.'"

The challenge of the work, the complexity of the relationships and the sheer physical exhaustion of keeping up with the demands of a high-stress workplace environment can take their toll, says Dr. Warshawsky. Evidence on nurse turnover, particularly for first- and second-year nurses, is well-documented, but studies on nurse manager turnover are rare. Since coming to Kentucky in 2011, Dr. Warshawsky has collected data from 356 nurse managers in 25 hospitals working in six different states. Her studies on nurse managers and job satisfaction, one of which will be published soon, are revealing. "I've found in my work that nurse managers develop their skills through experience," she says. "Their average length of nursing management experience is nine to 10 years, yet they're on their second jobs. "The evidence suggests they're leaving one highly stressful job for one they're hoping will be more manageable," says Dr. Warshawsky. "The issue isn't the role. It's the job."

"Leadership can be a very lonely job," says Dr. Weaver. "Having a safe place to talk and share is important for everyone but particularly for leaders." Dr. Weaver and Dr. Warshawsky say the comments they've received from 5th Tuesday participants bear this out. Evaluations include glowing comments on the relevance of the articles and the value of the discussions on best practices. "But the overall theme we're getting is about sharing," says Dr. Weaver. "They appreciate having a time and place to meet and share with each other." And the result of that time together is improving patient care, not just on fifth Tuesdays but every day of the week. ■

"Leadership can be a very lonely job. Having a safe place to talk and share is important for everyone but particularly for leaders."

—Diana Weaver, PhD, RN, FAAN, senior nursing advisor

Left to right: Diana Weaver, Nora Warshawsky and Penne Allison



Elective²

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
Lee Thomas
Richie Wireman



Electives in perioperative and emergency nursing now offered

It's been said that the three principles of real estate are: location, location, location. The office windows of Patricia Burkhart, PhD, RN, professor and associate dean of Undergraduate Studies, UK College of Nursing, look out on UK Albert B. Chandler Hospital just across the street. The physical proximity of the two institutions mirrors their close collaborative partnership. One of the most recent examples of this partnership was in the development of two elective courses at the College of Nursing in perioperative nursing and in emergency trauma nursing.

When the 2010 Institute of Medicine's report on the future of nursing came out, one of the proposals it highlighted was the integration of specialty content into nursing school curriculum. In 2011, Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN, operations manager, Emergency Services, UK Chandler Hospital, was chair of the Emergency Nurses Association Future of Nursing Workgroup and with her team decided to pilot a specialty trauma nursing elective course with upper-level junior and senior nursing students. With a solid working relationship with the College of Nursing already in place, the one-credit-hour pilot course went through the administrative hoops in record time.

"My team met in July, and we had the course available for spring 2012, which was a very fast implementation," says Dr. Howard. "One of the things that is unique is that we have a very, very close collaborative relationship

with the College of Nursing here at Chandler Hospital and at UK Good Samaritan Hospital as well. And particularly in the Emergency Department we tend to do whatever we can to facilitate learning because we believe in our commitment to give back to the nursing profession."

"My goal is to provide a variety of learning opportunities for students," says Dr. Burkhart. "The College of Nursing offers a rigorous baccalaureate curriculum but is a generalist degree. This course, in addition to our new perioperative elective, fits nicely with our philosophy of offering high quality enrichment opportunities to students."

First offered in spring 2012 with 16 students, the emergency trauma elective included classroom lectures, trauma simulations, training in psycho-motor skills and the trauma course's specific patient assessment framework: airway, breathing, circulation. When approaching their senior year synthesis, staff members on the hospital side noted a difference in the knowledge and confidence among nursing students who had taken the trauma elective. They had a better understanding of the expectations of a trauma nurse and how to focus assessments to give patients the best care possible. These are all things that Dr. Howard says are often challenging for new emergency department nurses going through the orientation process to fully comprehend and apply to the practice environment.



Left to right: Dr. Patricia K. Howard and Dr. Patricia Burkhardt

“Our goal was to make practice come to life in the perioperative area.”

—Dr. Jan Odom-Forren, PhD, RN, CPAN, FAAN

“It’s a really good opportunity to learn something about emergency nursing but also to help them, no matter what specialty they choose. This framework, from an assessment perspective, helps them in the care of patients,” says Dr. Howard. “And when the day is done, that is what it is all about. The care of patients.”

Dr. Howard reports that a number of students from the first emergency trauma elective found their first jobs in the emergency department at UK Chandler Hospital and often they did not end up needing the full internship period that most new graduates need when starting their first jobs. This allowed them to become productive staff members more quickly.

Perioperative nurses are similarly specialized and often involve three types of nurse specialist: the pre-operative nurses who prepare the patient for surgery, the intra-operative nurses that manage the patient during surgery and the post-operative nursing staff that handle the patient coming out of anesthesia and aid in the recovery process. The specialty tends to involve high-tech operating room equipment, as well as multiple patient trade-offs among nurses as the patient moves through the perioperative process.

It also offered another perfect opportunity to give College of Nursing students more specialized training and meet UK HealthCare’s staff recruitment needs.

After the success of the emergency/trauma elective, representatives from UK HealthCare contacted the College of Nursing about offering a perioperative elective, as well. Assistant Professor Jan Odom-Forren, PhD, RN, CPAN, FAAN, who conducts research in pre- and postoperative care, became the faculty of record for the course.

“We really wanted to give the students a viewpoint starting with the pre-operative process, moving through the operating room, and then they conclude the class experience in the PACU,” says Dr. Odom-Forren. “I was really excited to be approached because this is my area of research. I was very interested in having students introduced to the whole process. And the students loved it.”

Kathy Daniels, MSN, RN, CNOR, clinical education coordinator, Perioperative Services, UK Good Samaritan Hospital, appreciates the perioperative elective for giving nursing students a chance to get their feet wet before making career decisions.

“When I first came to the operating room as a nurse, I was in awe,” recalls Ms. Daniels. “But you really don’t understand what is going on behind the scenes. It’s sort of like a bride that looks really beautiful, but the marriage is completely different. It’s hard for new nurses to connect the dots of what they learned in school to what it is to be an OR nurse. With the elective, they are able to make a decision with a better knowledge base.”

The elective also offered an early opportunity for nursing students to begin learning how to apply evidence-based practice principles to specific, real-life situations.

“Our goal was to make practice come to life in the perioperative area,” says Dr. Odom-Forren. “Students get a lot of information in class about evidence-based practice, and it’s a challenge for them to go into an elective like this and apply it to clinical practice. They not only learn about the perioperative specialty but how to apply concepts they’ve already learned.”

“The time spent developing both of these courses grew out of a mutual need, mutual interest on both sides and the responsiveness of the partnership,” says Dr. Burkhardt. “Both of these electives are examples of the exceptional collaborative partnership established between UK HealthCare and the College of Nursing. We achieved our goal. We got the enrichment opportunities for our students, and UK HealthCare was able to recruit those students who showed promise and potential.”

“Certainly there are other academic settings in which there are colleges of nursing and hospitals that collaborate,” echoes UK College of Nursing Interim Dean Patricia B. Howard, PhD, RN, NEA-BC, FAAN. “One of the unique aspects I view in terms of this college and this hospital is they were both established at the same time. The Colleges of Nursing, the College of Medicine and hospital all grew up together at the same time. It’s really been a very rich and rewarding experience. Chief Nurse Executive Colleen Swartz and her team have been exceptional.”

A number of recent College of Nursing graduates who took either elective were recruited into the emergency departments and the perioperative staffs within UK HealthCare. Both electives are offered again this year and are in the process of becoming a permanent part of the College of Nursing curriculum. ■



GOOOOOO TEAM!

WRITTEN BY
Deborah Kohl Kremer
PHOTOGRAPHS BY
Lee Thomas
Richie Wireman

In the business world, corporations assemble teams of professionals to create new products, solve managerial problems or examine the fluctuations of the bottom line. It is not unusual to see a mixed team made up of representatives from accounting, marketing, management, engineering and sales huddled around a conference room table burning through notepads in search of a solution.

Now, the same strategy is being applied to the clinical leadership model at University of Kentucky HealthCare and to the training of health care professionals at the university.



Interprofessional Education and Practice Collaboration, or IPEPC, brings students together from several health care disciplines to treat the needs of each patient. The program begins when students are undergraduates, continues through graduate school and then carries into everyday practice at UK HealthCare.

There is a growing movement nationally toward using interdisciplinary teams in hospitals, but the professionals at UK took it one step further.

STARTING AT THE BEGINNING

“Why wouldn’t we do this during students’ formal educations?” asks Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive at UK HealthCare. “It is a cultural transformation for the clinical staff, so we might as well start at the beginning.”

Incorporating input from all involved parties is not a new concept, but maximizing the concept requires buy-in from every level and angle. “We are already considered a leader in this interdisciplinary approach. The expectations are there in every service line here,” explains Dr. Swartz. “But we still need to put the right environment and structure in place so it can mature and grow in every one of them.”

Dr. Swartz says that each case requires a diverse skill set, so students need to understand what each professional brings to the team and how to use varying backgrounds effectively. “There are so many parts to each patient’s needs; we want expertise on each one,” says Dr. Swartz.



Colleen Swartz
Chief Nurse Executive at UK HealthCare

Bernard Boulanger
Chief Medical Officer at UK HealthCare

THE LAUNCH OF A NEW CURRICULUM

This model of treatment has been in the planning stages for several years. During the fall 2012 semester, the university rolled out a common core curriculum that was used in the colleges of dentistry, nursing, and medicine; it also included students studying respiratory therapy, communications disorders, and physical and occupational therapy. This common core curriculum gave students the knowledge needed to partner several times a year to collaborate on the needs of a case study patient.

“For our students to be able to work together, they have to learn with, from and about one another and experience the benefits and challenges of this interdependency,” says Andrea Pfeifle, EdD, PT, director, Center for Interprofessional HealthCare Education, Research and Practice. “They see that no one has all the answers, but as a team they will certainly have more answers than if they were alone.”

The curriculum, named Interprofessional Collaboration and Teamwork Skills, or iCats, has been in development for about four years. In its creation and launch, deans from each college focused on ensuring the team of students can physically be at the same place at the same time. They continually have to make sure there is understanding and awareness at all levels, not only through course creation but through logistics.

Dr. Pfeifle says mapping out the schedules will always be a challenge, but when each discipline makes it a priority to make it happen, it does. Since fall 2013, all UK College of Nursing students have been experiencing some aspect of this interdisciplinary training.

“There is a perception that we have always done this,” says Patricia B. Howard, PhD, RN, FAAN, professor and interim dean, UK College of Nursing. “And we have, to a certain extent. But in the past, medical students may have stopped in and assessed the patient, and nursing students came in at a different time. That is not how it works anymore.”

Dr. Howard explains that many people come to the hospital with complex medical problems and that this team-based approach better assures that no problem is overlooked. “We look at the particular individual, not just the disease that brought them to the hospital,” says Dr. Howard.

At the hospital level, professionals must know their own fields but also be able to use and draw from their counterparts. An example of this interplay is the diagnosis and treatment of stroke patients.

TEAM APPROACH IN ACTION

“The assessment and treatment must all happen very quickly,” says Julia Blackburn, MSN, RN, NE-BC, nursing director of neurosciences. “In the case of a stroke, we say that time is brain.”

Ms. Blackburn says that if the patient has a blood clot, the sooner he or she receives the clot-buster drug tissue plasminogen activator, widely referred to as tPA, the better the outcome could be. With all involved practitioners aware that time is critical, a stroke patient is treated in the same streamlined manner as a trauma or cardiac patient.

A TYPICAL SCENARIO LOOKS

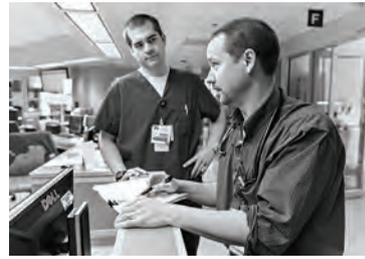
LIKE THIS: →→ If the patient is arriving by ambulance, the EMTs have alerted the hospital they are on the way. →→ Upon arrival, the patient bypasses the ED and goes straight to the CT scanner. →→ While the patient is getting the CT scan, blood is being drawn and delivered to the lab, which has already been alerted to the immediacy of the situation. →→ As soon as the scans are read and blood work analyzed, and if it is determined that tPA is the appropriate treatment, →→ the pharmacist, who was on standby, begins to mix up the drug. *(This medication cannot be assembled until just prior to administration.)*

The goal is to administer tPA within 60 minutes of the patient entering the hospital.

“Each part of this procedure must happen simultaneously and concurrently. It cannot happen in a linear way,” says Ms. Blackburn. “We do anything we can to shave off minutes.”

Ms. Blackburn explains that in this scenario, no one is the leader. Every professional is as necessary as the others, and not one of them can act alone. This procedure, called a Stroke Alert, took about a year to fully implement, but the collaborative efforts have been successful.

“There has been a shift in the focus,” says Ms. Blackburn. “Each person on the team understands he or she needs to be heard but at the same time hear what the others are saying too.”



CREATING A NEW NORM

UK expects to make this style of teamwork commonplace, whether it is in the classroom or the emergency department. By bringing future medical professionals together while they are still in school, cooperative practice becomes the norm.

“When you see everyone’s specialized background, it really opens your eyes to the big picture,” says Christopher Hoffman, BSN, RN, who graduated in May 2013. “Each of us wants the same outcome for the patient, but this makes us see that each field is important for that goal to be achieved.”

Mr. Hoffman explains one technique he learned in the classroom and practices now on the hospital floor. It’s called SBAR, which stands for Situation, Background, Assessment and Recommendation. The U.S. Navy developed SBAR to communicate on nuclear submarines. It has been incorporated into the health care field and standardized at hospitals all over the world. “This technique ensures that we are all communicating with each other in the same way,” says Mr. Hoffman, who now works in the Medical ICU at Albert B. Chandler Hospital at UK. “I think we all know that lack of communication can cause the most harm to the patient.”

Students improve their communication skills during each year of study. One of the first assignments new students receive is to read “Pox: An American History” by Michael Willrich. They then form interprofessional teams to discuss the book, which examines the smallpox epidemic of the turn of the 20th century and the impact of universal compulsory vaccination.

“The book explains the development of our current vaccination policy, which is important for students to understand,” says Patricia Burkhart, PhD, RN, professor and associate dean for undergraduate studies. “But more than just learning about this historically, is the significance of the group sharing their opinions and listening to differing opinions on health-related policy decisions from a cultural and ethical perspective and concern for patients’ rights and civil liberties.”

LEARNING COLLABORATION

Throughout the two-year curriculum, students develop an understanding of the four core concepts: communication, teamwork, roles and responsibilities, and ethics and values.

Along the way, nursing students are meeting as a team with their counterparts from other colleges. In one exercise, they go to a simulation room, are briefed on the patient's background, meet the patient and determine an appropriate course of action. The process is videotaped so students and their faculty facilitators can review and assess what teams did well and where they can improve. "The students really learn with, from and about each other," says Dr. Burkhart. "It is truly a collaborative team approach." By opening the lines of communication among the disciplines early in the education process, faculty members hope the benefits will come earlier too.

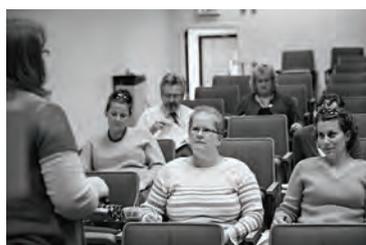
"The students begin to work together early on, and it levels the playing field before they are pigeon-holed into their profession," says Stephanie Fugate, MSN, RN, APRN, undergraduate instructor and acute care nurse practitioner. "If they know and respect each other, they do not have to fall into the generalized stereotypical roles."

Ms. Fugate wants all nurses to understand their specific roles, but she also wants them to be able to contribute to the team. "I predict our students will have a higher level of job satisfaction when they see that everyone has a voice," says Ms. Fugate.

BEYOND UNDERGRADUATE CURRICULUM

This educational process does not stop at the bachelor's degree level. At the graduate program levels, there are multiple interdisciplinary opportunities, so health care professionals are learning and working together across the board. "Interprofessional care is part of the accreditation standards," says Susan McDowell, MD, associate dean/DIO graduate medical education, and associate professor of physical medicine and rehabilitation. "This is what our graduates are expected to do."

Dr. McDowell explains that nursing students at this level share a degree of health care knowledge similar to that of medical residents and pharmacy graduates. "Our intention is to make sure all learners are homogeneous to each other," says Dr. McDowell. "We teach them communication, conflict and leadership styles so they understand the team, how it functions and the stages of its development."



Left: Dr. Susan McDowell
Top right: Dr. Melanie Hardin-Pierce

The program also empowers students to be vocal in the decision-making process while recognizing the value of different viewpoints. "In graduate medical education, not every decision will reach consensus," says Dr. McDowell. "Members have to have humility so they recognize the best solution."

Melanie Hardin-Pierce, DNP, RN, APRN, is an associate professor in the College of Nursing's Doctor of Nursing Practice (DNP) Program. She explains that when the team comes together, they are assigned a real quality improvement problem that they must work through together to develop a solution. They present their action plan to stakeholders. "Their interprofessional approach to quality improvement improves practice and work flow around clinical and organizational issues," says Dr. Hardin-Pierce. "The complex problems they are assigned require action from multiple disciplines."

BEST FOR NURSES, ORGANIZATIONS—AND PATIENTS

Dr. Swartz says that hundreds of organizational issues come up in a hospital every day. For example, in the case of a stroke patient, he or she must be able to swallow correctly to avoid the risk of aspirating food or liquids, so the swallowing mechanism should be assessed before the patient begins eating or drinking. At the same time, a plan must be in place to meet the nutritional and caloric needs of the patient. These daily clinical issues require a team of collaborative, interdisciplinary professionals so the patient has the best chance of an optimal clinical outcome. The team must assess, negotiate and, ultimately, develop and evaluate an individualized plan of care for every patient.

Dr. Hardin-Pierce says that students come to identify a significant overlap in their health care educations and are usually surprised by the similarities of their backgrounds. "They see the bigger picture, that it is not just patient outcome but the organizational outcome too," she says.

At the hospital, Pam Branson, MSN, RN, is a clinical nurse specialist in neuroscience. She witnesses the final result of the interprofessional education as the health care students practice together at the bedside. "These professionals have been taught how to communicate effectively with their team," says Ms. Branson. "This generation that uses devices to communicate have learned a skill set in verbal communications."

Recent graduates also serve as role models to other health care professionals who might not have learned these communication skills during their training. "They have the opportunity to see how this really works," says Ms. Branson. "Not just for the individual health care professional but how each team member, as well as the patient, all benefit from this approach."

She believes the interdisciplinary team practice could improve morale and job satisfaction at hospitals that adopt it. "They will see results in retention and recruitment," says Ms. Branson. "The value of effective communication and partnering of the team players results in trust within the group and a better feeling about the job they do. They will stay longer and encourage others to stay too."

Sharon Lock, PhD, RN, APRN, associate professor and interim associate dean for Masters (MSN) and Doctor of Nursing Practice (DNP) Studies, hopes to see this team approach implemented in other hospitals, clinics and ambulatory care settings. She says because everyone has to work together after graduation, it is important to learn to do it as students. "None of us knows everything," says Dr. Lock. "So it is helpful for all professionals to know what the others do and learn from each other."

Dr. Swartz hopes that the university can lead this movement on a national level and knows it is not just the professionals who will benefit. "If you look at this from the lens of the patient, they certainly deserve this care," says Dr. Swartz. "And it requires all of us to come together to ensure they get it." ■



“Those who have the strength and the love to sit with a dying patient in the *silence that goes beyond words* will know that this moment is neither frightening nor painful, but a peaceful cessation of the functioning of the body.”

—ELISABETH KÜBLER-ROSS (ON DEATH AND DYING, 1969)

Providing a peaceful passing

WRITTEN BY
Jennifer S. Newton
PHOTOGRAPHS BY
Lee Thomas

UK HealthCare and the College of Nursing focus on improving end-of-life care

✿ *In January 2013*, 40-year-old Cynthia Peterson received a diagnosis of advanced cervical cancer. With treatments failing and facing a terminal prognosis, Ms. Peterson found herself in the hospital in September, overwhelmed by pain and nausea. With a cure no longer an option, her goals were simple—to ease the pain, find comfort and feel well enough to go home.

Ms. Peterson and her family turned to the Palliative Care Consult Team at UK HealthCare for assistance. “The reason I’m using palliative care is so I can have access to care at home,” says Ms. Peterson. She was grateful to the team that got her pain and nausea under control and that helped prepare her to go home.

Forming THE TEAMS

While most of us believe we are not immortal, how many of us think concretely about death and what dying will be like? "In our culture, we almost deny that death exists," says Korinne Callihan, BSN, RN, outcomes manager for Hospice and Palliative Care, UK HealthCare. "Everyone is in the constant pursuit of youth."

If we don't think about death and we don't talk about it, *how can we be prepared* to deal with death on a personal or professional level?

Growth of PALLIATIVE CARE

The information has been around for a long time. In the 1960s and '70s, pioneering psychologist Elisabeth Kübler-Ross began writing a number of books on death and dying that would reshape modern end-of-life care.

However, it was not until the modern hospice movement that researchers and clinicians noted patients' suffering at the end of life and began to make changes to ease that suffering. Sandra Earles, MSN, RN, CHPN, a longtime UK HealthCare nurse who retired in 2013, was instrumental in initiating the Palliative Care Consult Team at UK as deficiencies in end-of-life care began to come to light in the 1990s. In the mid-1990s, UK HealthCare teamed with Hospice of the Bluegrass in Lexington, Ky., to position a hospice case manager at Albert B. Chandler Hospital at UK. Ms. Earles took over that position in 2002. At the time, the program was seeing about 300 consults a year, but as it grew, a second nurse was added. By 2012, the palliative care service saw more than 1,000 consults.

The past decade has also witnessed a shift to patient-centered care. The combination of these elements has led to the explosion of palliative care, a field that has grown by 225 percent over the past 10 years, according to Elaine Wittenberg-Lyles, PhD, associate professor, UK Markey Cancer Center and Department of Communications.

"As a nurse all of my career, one of the things I observed was many, many patients, particularly the elderly or the chronically ill, did not have really good symptom management," said Ms. Earles, an early champion of palliative care at UK. Kristy Deep, MD, director for UK Palliative Care, explains it was in hallway conversations with Ms. Earles that the two became linked in a shared mission. Oftentimes, hospice care and palliative care are misunderstood, even by health care professionals.

Hospice provides support and symptom management for patients whose physicians estimate their life expectancy to be six months or less. Palliative care is for patients with life-limiting illnesses or chronic conditions who are not necessarily appropriate or ready for hospice.

In 2008, with the support of institutional leadership, the Palliative Care Program at UK HealthCare was born.

"The program mushroomed much faster than any of us thought it would," says Ms. Earles. In 2010, through a partnership with Hospice of the Bluegrass, UK HealthCare developed an in-patient hospice care service, which allows patients to maintain relationships with their care teams but also have the end-of-life care they desire. Today, the Palliative Care Team is comprised of a physician, two nurse practitioners, two nurse facilitators, a social worker and an outcomes manager. The dedicated team for hospice includes a physician, nurse practitioner, nurse, chaplain and social worker. Last year, a separate Palliative Care Consult Team was formed for pediatric patients at Kentucky Children's Hospital. All the teams for adults and children are made up of a combination of employees from UK HealthCare and Hospice of the Bluegrass.

The paradox OF DEATH

"When a person is leaving this world, you want them to be as comfortable as possible; you want them or the family to have as much control as is possible," says Ms. Earles. "If you can control symptoms, if you can help the family focus on just being there, then maybe you can help the person have a peaceful passing."

Death can be a paradox for health care providers who are trained to treat and cure. "When you think about death, you feel like it's a battle you've lost and that we've failed in some regard as nurses," says Ms. Callihan. "But the opposite is true."

From a nursing administration perspective, Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive for UK HealthCare, says refocusing on



caregivers' conduct during end-of-life care was imperative because of the complexity and acuity of the cases at UK.

"Because of who we are and our covenant with Kentuckians, we must wrestle with end-of-life issues," says Dr. Swartz. "The task was to figure out how we can make sure that we honor the patient or family's plan or request, but also help them understand the reality of situations when we approach the point where care is becoming futile." The first step was realizing that end-of-life care is a unique skill that must be taught, not something that is already part of a nurse's training. Helping nursing staff understand their role in end-of-life care is essential.

The Palliative Care Team helps nurses understand what the dying process looks like and what brings comfort to these patients. "Unless you have had a patient that passes away, it's something you don't fully understand," says Ms. Callihan.



☞ Above:
Palliative Care Team



Bringing patients comfort at the end of life often means adjusting one's perspective on commonly used medications and treatments. "Sometimes IV fluids and antibiotics are not of comfort to patients at the end of life, even though all our training says they are," says Ms. Callihan.

"Health care truly is a team sport," says Dr. Deep. "The more complex the patient's care becomes, the more vitally important it becomes that we bring to the patient and family all the disciplines that may be able to help."

Ms. Callihan describes the relationship among Palliative Care Team members as "dynamic and fluid." The team meets every morning to go over the day's patients. After seeing patients, the team gets back together for lunch to review any additional patient needs. "As multifaceted as each individual patient is, we have those same facets reflected in our team, where each section of a person is supported by a section of our team," says Ms. Callihan.

☞ *Developing the* ESSENTIAL SKILLS

Recognizing that end-of-life care is a skill that needs to be taught, UK HealthCare initiated measures to educate nurses in all areas about how to deal with death and dying.

Education begins at general nursing orientation. More in-depth training is offered through the BSN Residency Program, the ADN Support to Practice Program, the annual End-of-Life Nursing Education Consortium (ELNEC) and in-unit training.

☞ TRAINING INCLUDES INFORMATION ON:

- Family dynamics
- The importance of goals
- Role loss (loss of personal and professional roles, such as primary caregiver, household organizer, professional work)
- Readjusting normal care expectations

End-of-life care goes beyond medicine and tries to meet the holistic needs of the patient. For instance, the chaplain and social worker can assist a parent who is dying and has school-age children with memory-making tools—photographs, handprints, videotapes and letter writing—to help them feel they are leaving a legacy and happy memories for their children.

"Training and education for the nursing staff is vitally important. Through that you can actually improve pain and non-pain symptom management for the patient," says Dr. Deep. For example, with non-verbal patients, there are signs nurses can watch for to know whether a patient is in pain or suffering from distress, anxiety or agitation.

"The knowledge of what elements bring comfort is essential," offers Ms. Callihan. While formal training and education are critical, the staff also learns through experience and coaching from the palliative care and hospice team members, who are experts in end-of-life approaches.

"The experience level and skill of our staff have definitely intensified during the last five years. Although difficult for all involved, the interdisciplinary team can certainly ease this challenging transition for patients and family," says Dr. Swartz.



Ms. Callihan also credits a great, collaborative relationship with Hospice of the Bluegrass, which provides literature, materials and support, and the Hospice Team members, who are present for every patient admission.

☞ *Avoiding* COMPASSION FATIGUE

"The education is not just so people know what to do and how to do it but to learn how to cope with it and how to take care of themselves so they don't burn out," says Ms. Earles.

When nurses forget to take care of themselves, they become vulnerable to a condition identified as compassion fatigue. Ms. Callihan explains, "A lot fuels nurses to better practice and compassionate care, but over time it can add up to a place where staff members really feel fatigued and emotionally drained."

Ms. Callihan addresses self-care by doing interventions with staff members to discuss difficult cases and encouraging them to focus on happy things at work and in their personal lives. "We need to remember that there's more to our lives that we need to embrace. This keeps us whole as nurses so we can continue to serve the patients that come to us with all the compassion and excellence in nursing care that we can," says Ms. Callihan.

Dr. Deep agrees that debriefing can be helpful in dealing with the stress of difficult cases and points to uncertainty about whether or not they are doing the right things as the root of much of the nurses' stress.

Dr. Wittenberg-Lyles conducted a study last year of oncology nurses at Markey Cancer Center who formed a monthly support group for themselves. The benefits of having a forum to share their stress were obvious, and sharing experiences also helped the nurses support each other on the job. "It increased teamwork because nurses were able to identify stress amongst each other and were able to pick up each other's work load, adding to the team synergy," said Dr. Wittenberg-Lyles.

☞ *Curriculum* REFLECTS THE NEED

Symbiotically, the importance of end-of-life care is apparent in the curriculum of the UK College of Nursing.

Jessica Wilson, PhD, RN, APRN, assistant professor, College of Nursing, teaches Fundamentals of Adult

Right
Dr. Gina Lowry

Nursing Care to sophomores in the undergraduate program. “It’s really important to me to teach students how to deal with death and supporting patients and families because I can remember being a bedside nurse and that was something that overwhelmed me,” says Dr. Wilson.

In her course, Dr. Wilson talks about hospice, the phases of dying, and meeting the physical and psychosocial needs of the patient and family. One technique she uses is the evidence-based socio-drama. By using a computer-driven mannequin, Dr. Wilson simulates a scenario with a dying patient and spouse, allowing students the opportunity to participate in conversations with the spouse. She also brings a postmortem kit to class to demonstrate how to care for a patient once he or she has passed.

Dr. Wilson addresses burnout and self-care.

When asked, “*Is it OK to cry with the family?*” she says, “It helps the family sometimes in their grieving to see medical professionals who are willing to openly grieve with them.”

Gina Lowry, PhD, RN, senior lecturer, and coordinator of the RN-BSN Option, College of Nursing, teaches an elective on end-of-life care in the acute care setting based on the End-of-Life Nursing Education Consortium (ELNEC) curriculum. The course is open to undergraduate and graduate nursing students as well as students from other disciplines. Dr. Lowry also does guest lectures and teaches end-of-life care to RN-BSN students through the use of case studies.

“I stress that when caring for patients at the end of life, I think the most important nursing role is that of being a patient advocate,” says Dr. Lowry. “In the course I try to let people know what is possible—patients don’t have to die in pain; they don’t have to have horrible breathing issues.”

One of the teaching methods Dr. Lowry uses is showing films, one of which is a documentary that actually captures two patients’ last breaths. “Showing the films, letting people come to grips with what they are feeling about this, becoming emotionally involved ... and having a chance to talk about it” help take away some of the fear and uncertainty, she says.

Dr. Wittenberg-Lyles has devoted her life’s work to studying the challenges involved in end-of-life discussions in the clinical context. She teaches health communication in the Communications Department at UK and conducts research, writes grants, publishes and does clinical teaching for the Markey Cancer Center, as well as Hospice of the Bluegrass. “My research focuses on integrating conversations with caregivers, patients and providers,” she says.

What Dr. Wittenberg-Lyles and her colleagues realized is that health systems were not training their staff adequately enough to address these complex conversations. So, she and her colleagues developed the first evidence-based end-of-life communications curriculum called COMFORT. [See sidebar] Available to all disciplines, COMFORT provides resources and tools for how to have conversations, identifying patient and caregiver needs, and being aware of non-verbal communication.

Simply put, Dr. Wittenberg-Lyles says

THE PRINCIPLES OF PALLIATIVE CARE ARE:

1. If patients say they’re in pain, they’re in pain.
2. It’s all about the patient’s preference and what the patient identifies as the goal of care, not what the clinician identifies as the goal of care.

For palliative care patient Cynthia Peterson, the team did just that. “They’re the ones that fixed my pain and nausea,” she said.

Ultimately, handling end-of-life care is not only a nursing issue but a life lesson. “Learning how to deal with death and dying is an essential skill not only for a nurse’s professional life but also for her personal life because everybody is going to die,” says Dr. Lowry. ■



COMFORT COMMUNICATION TRAINING CURRICULUM

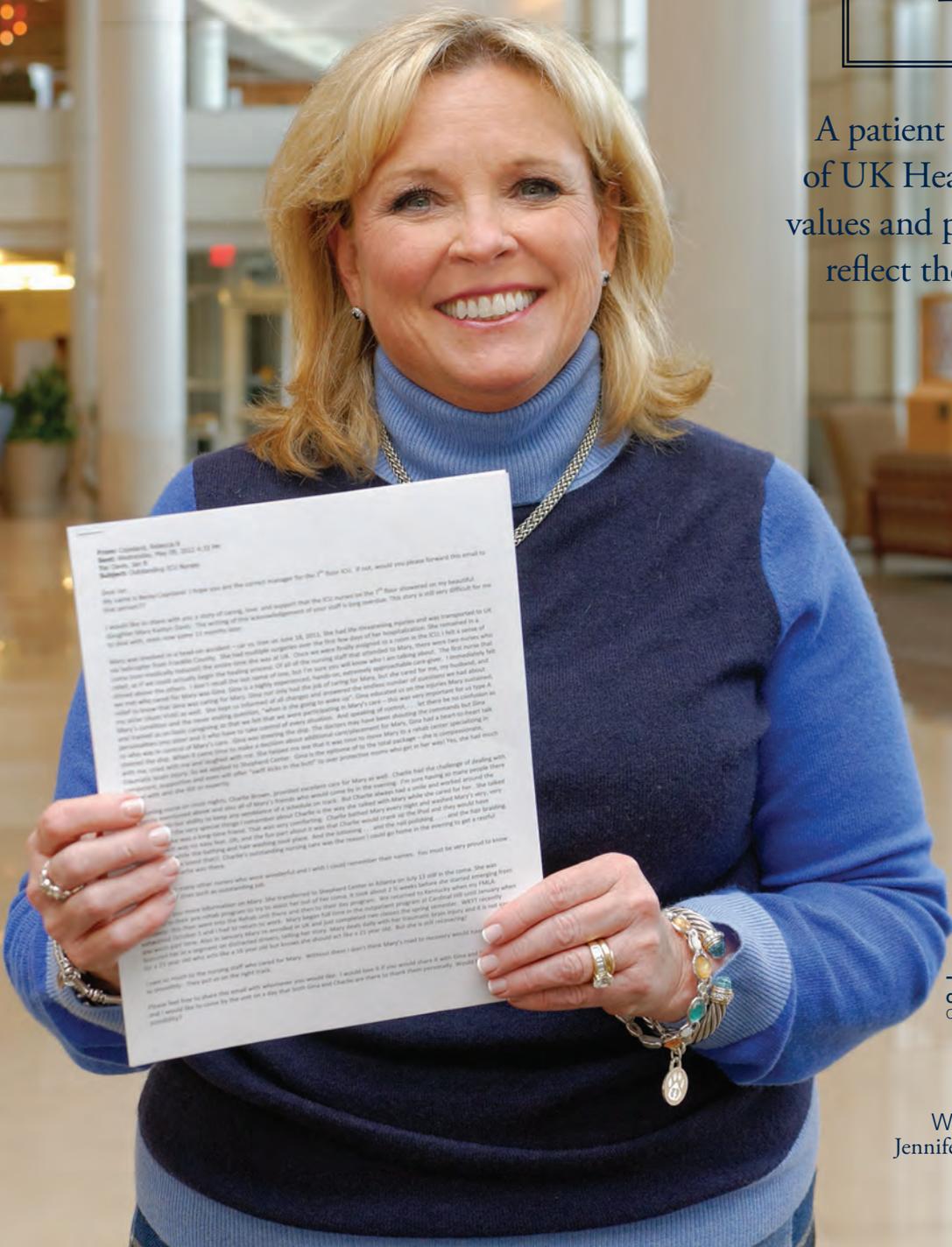
The seven basic principles of palliative care communication and curriculum objectives are:

1. **Communication** – Identifying specific nursing communication tasks in the palliative and end-of-life context and discussing narrative clinical practice.
2. **Orientation and Opportunity** – Recognizing the unique needs of each patient and family in terms of their culture/ethnicity as well as health literacy and communicating appropriately.
3. **Mindful Presence** – Naming the elements that contribute to presence in the clinical context and practicing it.
4. **Family** – Describing the interplay of family communication with patient care and developing an understanding of family caregiver types and the most needed interventions per type.
5. **Openings** – Identifying moments appropriate for intimate communication about transitions in health/care and incorporating communications strategies to enhance patient/family understanding.
6. **Relating** – Translating patient and family communication behaviors as indications of limited acceptability and responding to those needs.
7. **Team** – Specify the barriers and challenges of working in interprofessional care teams and planning interventions to navigate them.

Courtesy of the Clinical Communication Collaborative (www.clinicalcc.com).

By the LETTER

A patient letter sparks the *revitalization* of UK HealthCare Nursing's mission, vision, values and professional practice model to better reflect the role of the nurse at the bedside.



COLLEEN SWARTZ, DNP, MBA, RN, NEA-BC
CHIEF NURSE EXECUTIVE

WRITTEN BY
Jennifer S. Newton

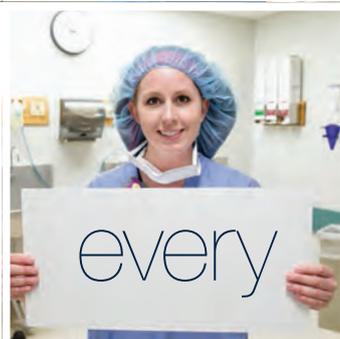
PHOTOGRAPHS BY
Lee Thomas
Richie Wireman

What a difference ONE PATIENT AND FAMILY CAN MAKE.

In fact, it was a simple, heartfelt letter from Becky Copeland, a patient's mother, that prompted UK HealthCare Nursing to re-evaluate and re-energize its overall core values, mission, vision and professional practice model (PPM).

In 2011, Ms. Copeland's daughter, Mary Davis, was involved in a head-on automobile accident and subsequently admitted to the ICU at UK Albert B. Chandler Hospital. Ms. Davis was in a coma for the entirety of her stay. Acknowledging the "caring, love and support" her daughter received, Ms. Copeland wrote, **"I'm especially grateful for two of the nurses who cared for Mary ... Their care was the reason I could go home at night and sleep."**

Coincidentally, Senior Nursing Advisors Diana Weaver, PhD, RN, FAAN, and Karen Sexton, PhD, RN, FACHE, came across Ms. Copeland's letter while already facilitating some of the deliberation and thinking around a revitalization of the nursing mission, vision, values and PPM. The letter better expressed their nursing philosophy than the old mission, vision and values, which were hard to find and outdated. "The center of what we do here that makes a difference is the nurse-patient relationship. All that we do should support that relationship," says Dr. Sexton. So the leaders began working to redefine the role of nursing at UK HealthCare.



For nurses BY NURSES

Drs. Weaver and Sexton, along with Robyn Cheung, PhD, RN, director of Nursing Professional Practice and Innovation, charged a team of staff nurses and patient care managers with developing the new mission, vision, values and PPM. The group worked for about a year, taking a comprehensive look at practice models, reviewing theories and talking to people at other medical centers. “The group that did the thinking work on this really did a good job,” says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive for UK HealthCare.

An important element of the process was creating foundational language that is universal for a nurse in any setting. “We didn’t want it to be something they memorized and just spit out but something that really explained, ‘What is your role at UK? Why do you work here?’” says Peggy Durbin, BSN, RN, chair, Enterprise-Wide Quality and Safety Council, and a 34-year nurse who served on the staff committee.

It’s important to note that nursing leadership did not choose the principles or the language—the team of nurses and managers did.

The group also sought input from coworkers and staff. Lauren Hay, RN, who is currently a patient care manager but was a staff nurse while on the committee, says, “Just to have something for nurses, by nurses, representing us was important to me.”

As an example of how the staff shaped the language, Dr. Weaver points to the original wording of the vision, which was “in the pursuit of perfect care.” However, when she presented it to a group of nurses, they felt the word “perfect” was a setup for failure. “Based on that feedback, we changed it. Several senior leaders preferred the former language, but it was very clear it did not resonate with the staff and first-line managers,” says Dr. Weaver.

The team chose Kristen Swanson’s “Theory of Caring” as a framework for the new PPM because it was simple and focused on the nurse-patient/family relationship. “Nurses tend to describe what they do in terms of tasks. Our desire is to clarify for them that it’s all about the relationship that’s created between the nurse and the patient at the bedside and helping the nurse achieve the best possible outcomes,” says Dr. Cheung. Adds Ms. Hay, “Previously we had this very elaborate professional practice model of a tree with all these components, and it was really hard for a nurse to relate to that and say ‘this is what nursing means to me.’”

A continuous QUEST

The new philosophy helps nurses recognize their contributions and empowers them to make decisions and set high-quality standards for providing care. The new initiative was rolled out in April and May 2013 through video and staff-based presentations in every staff venue possible. Senior nursing leadership conducted more than 50 sessions during that time period to ensure face-to-face interaction and receive feedback from staff.

“The team created such meaningful mission, vision and values that as I shared it with the staff during the presentations, watched the video, and explained the model, it reminded me of who I was as a nurse—and it was very emotional. Even though there were many presentations, it was a joy to bring forward this message to the staff,” says Kathleen Kopser, MSN, RN, NE-BC, senior nurse administrator for UK HealthCare.



The challenge going forward is to keep these values at the top of nurses’ minds. The next question, says Dr. Weaver, is, “How do we prompt our clinical leaders that every time they are with a staff nurse they say, ‘Why was your action important and how did it mesh with our philosophy?’”

Raymond Young, BSN, RN, BBA, CPAN, CAPA, patient care manager and staff committee member, says although the group is no longer meeting, “I feel like it’s something we continually have to focus on and, as members of the committee, should recruit other staff to help us carry out the mission, vision and values.”

Every patient, EVERY TIME

The new vision is markedly different from the old, which was to be recognized as an academic medical center that cared for highly complex patients. “We do want to be recognized for the highly complex care we give, but if you don’t make it happen for every patient, every time, what does it matter?” asks Dr. Sexton.

Mr. Young, who was responsible for the caring piece of the PPM, says, “Sometimes we get busy taking care of the patient and forget to focus on their feelings and the family. It’s one of the reasons I feel like this model is so important.”

By putting the patient and family at the center of the practice model, collaboration and the role of the interdisciplinary team become crucial to producing the best outcomes. The complexity of cases at UK HealthCare and the enormity of its overall mission to support research, education and clinical care can make it difficult for nurses to understand their roles. “If you don’t know what you contribute when you walk in that room, it’s easy to have that get lost,” says Dr. Weaver. “Nursing needs to see its contributions at the same level as administration and physician groups.”



Once nurses accept the nurse-patient relationship as their central mission, they can begin to see other professionals as teammates who help them achieve the best outcomes.

One of the big changes in the new philosophy is an enhanced sense of empowerment and accountability. Veteran staff nurse Ms. Durbin says she's stayed at UK for 34 years because "I feel like I am in control of my nursing practice and what I do does make a difference."

Empowerment is also embodied in a renewed shared governance initiative, which began in August. Shared governance gives nurses the opportunity to have input and control over their practice. While UK HealthCare Nursing has had shared governance in the past, "Our biggest problem was consistent communication," says Ms. Durbin. This revitalization hopes to strengthen and unify communication and re-energize participation in decision-making.

In terms of accountability, the new model acknowledges that nurses are accountable to themselves, the profession, patients, families, colleagues and managers. "As a nurse, I'm accountable to provide quality and safe care for my patients, and if I see a physician not doing what he or she should be doing, I feel like I'm accountable and have the authority to bring that up to the physician at that time and not wait," says Donna Lane, BSN, RN, patient care manager and staff committee member.

The model has accountability implications for nursing leadership as well. "As leaders, we're responsible for working with nurses directly and finding out what they need and what we have an obligation to provide so they can do their best work," says Dr. Sexton.

At UK HealthCare, nurses are now accountable for using evidence-based practices and encouraged to question practices they feel could be better. "For bedside nurses, they have a responsibility to make sure we are using the best, most current evidence to anchor our practice and that we're offering that level of practice to patients every day," says Dr. Swartz.

A prime example of evidence-based practice is the introduction of bedside shift reports, allowing patients to be involved in the exchange of information between nurses at shift changes. "Having discussions with patients about the plan of care and coming to an agreement about the plan of care adds a lot of clarity to what nurses do," says Dr. Sexton.

"I feel like I am in control of my nursing practice and *what I do does make a difference.*"

PEGGY DURBIN, BSN, RN
CHAIR, ENTERPRISE-WIDE QUALITY AND SAFETY COUNCIL, AND A 34-YEAR STAFF NURSE





From the classroom TO PRACTICE

From Dr. Howard's perspective, the initiatives at UK HealthCare Nursing are an extension of what instructors at the college have already been teaching, especially in terms of evidence-based practice and interprofessional care.

One example of the give-and-take relationship is that the college has doubled the enrollment in its RN-BSN Option beginning in the fall of 2013 to facilitate UK HealthCare's goal of encouraging all of its nurses to have a bachelor's degree.

In the undergraduate nursing programs, all students have clinical experiences at UK HealthCare. Additionally, many of the clinical instructors and preceptors for the senior-level capstone course (Synthesis) are UK HealthCare nurses.

Patricia Burkhart, PhD, RN, associate dean of Undergraduate Studies, praises the "wonderful, collaborative relationship" she has with UK HealthCare. The result of the partnership has been the addition of two electives to the undergraduate curriculum, a change that helps meet the needs of both sides.

According to Dr. Lennie, many of the BSN entry students in the BSN-PhD Option either are or were employees of UK HealthCare. They take additional advanced practice clinical courses, and their clinical research is guided by these experiences in the UK HealthCare system.

In the DNP Program, most students complete a clinical in the UK HealthCare system, including ambulatory care, and many do their practice inquiry projects within the system as well. "Students are able to apply research and theories in the clinical setting to improve practice," says Sharon Lock, PhD, RN, APRN, interim associate dean for MSN and DNP Studies.

The ripple effect:

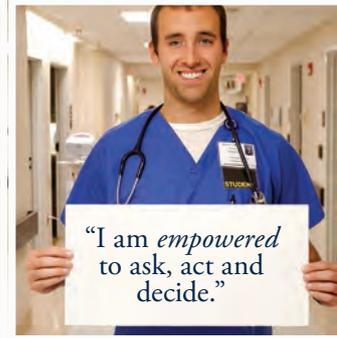
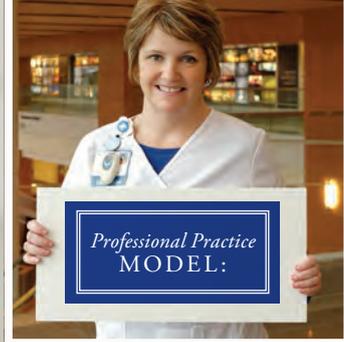
UK COLLEGE OF NURSING

Preparing nursing students to enter the field of health care, the UK College of Nursing must remain connected to the university, UK HealthCare in general and UK HealthCare Nursing. **The mission of the college is to "foster health and well-being among the people of Kentucky, the region and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment."**

UK is the only institution in Kentucky that offers the Bachelor of Science in Nursing (BSN) and the Doctor of Nursing Practice (DNP), as well as the research doctorate (PhD). "The ability to prepare nurses to engage in evidence-based practice and to do the research to support that practice puts us in a really unique position," says Terry Lennie, PhD, RN, FAHA, FAAN, associate dean for PhD Studies.

UK HealthCare Nursing's new philosophies are highly applicable to the curriculum at the College of Nursing. "Students are being taught something in the classroom, and they're seeing it implemented in the actual health care arena," says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, interim dean for the college.

In fact, UK HealthCare Nursing and the college have recently formed a committee that will assure the mission, vision, values and PPM of UK HealthCare Nursing and the college are in concert and moving forward.



Breathing life INTO THEORY

Nursing students are taught several theoretical models as a framework for decision-making, including Swanson's "Theory of Caring." Dr. Howard believes that by adopting this theory as its foundation, UK HealthCare Nursing is showing students how nurses are taking ownership of models of care and using them in daily practice.

Dr. Lennie says the UK HealthCare nursing values are highly relevant to PhD students. "When we're researchers in a hospital system, we obviously have to embrace the values of the institution in which we are doing research. They are also appropriate core values that should be there for any kind of ethical clinical research," he says.

"Patient-centered care is at the core of our curriculum. With that, some of the initiatives have been quality and safety, both at UK HealthCare and here," says Dr. Burkhart. The theme is reflected in the PhD Program through the lens of patient-centered research. For Dr. Lock, the new PPM is a demonstration for DNP students that the focus is truly on the patient.

Empowerment is a common theme in the college curriculum in both undergraduate and graduate studies. "We empower nurses to take a stand to advocate on behalf of patients, which is their responsibility as part of the interprofessional team," says Dr. Burkhart. Part of the core mission and expectation of the PhD Program is empowering students to take leadership roles.

The undergraduate program also stresses responsibility and accountability, addressing error disclosure and prevention. The same is true at the graduate level. "In all the tracks, we talk about being accountable for actions, whether it's patient care decisions, commitment to evidence-based practice, or empowerment and innovation," says Dr. Lock.

According to Dr. Howard, the interdisciplinary team model is a new approach that's come about in the past five years. Drs. Howard and Burkhart believe the ever-changing health care environment has necessitated the movement toward team-based, collaborative care. "It's important because it encourages every member of the team to be part of decision-making," says Dr. Burkhart. To prepare undergraduate students, the College of Nursing has introduced an interprofessional core curriculum this fall. "We are hoping students learn about each other, from each other and with each other so they learn to function as a team," says Dr. Burkhart.

"I think we are invested in preparing advanced practice nurses and researchers who embrace the same value system as UK HealthCare Nursing does," says Dr. Lennie. For example, PhD students also focus on evidence-based practice but their role is conducting the research to develop the evidence rather than applying the evidence in practice at the bedside.

Creating leaders of change is a goal of the DNP Program. The first student learning outcome for that program is "preparing expert practitioners for diverse populations and systems who engage in leadership to create practice environments that improve health care outcomes."

It is clear that both UK HealthCare and the college are positioned to face the nursing challenges of the 21st century and have committed themselves to support every practicing nurse. "Nurses at UK HealthCare, with this new model, have the ability to go the extra mile and give 110 percent. It will help those nurses who want to excel continue to do better," says committee member and Patient Care Manager Ms. Lane.

While the wording may be new, it seems UK HealthCare nurses have embodied these values all along, as evidenced by Becky Copeland's letter. Two weeks after leaving Chandler Hospital, Ms. Copeland's daughter, Mary Davis, awoke from her coma and spent the next seven months in rehabilitation, ultimately re-enrolling at UK. "Thank you for truly caring for me and not seeing me as just a patient or an illness but as a person, as me," wrote Ms. Davis. ■

Interview with the New UK Provost

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
UK Office of the Provost



Since assuming the office of provost of UK in July 2013, Dr. Christine M. Riordan has brought her extensive background in strategic higher education planning to bear on UK's ambitious goal to position itself as one of the top research universities in the country. Dr. Riordan spoke to us about the university's strategic vision and how the College of Nursing will play a critical role.

Q What were some of the factors that influenced your decision to accept the office of provost at UK?

A Over my career, I have been at two major public and two private universities, and I feel that my values and interests fit well with the mission of a large public university. It's the idea of focusing on a sense of place. For UK, that's our role of moving Kentucky forward through education, research and service. So UK's mission as the Commonwealth's indispensable institution and Dr. Capilouto's vision to educate, serve and conduct research that benefits the people of Kentucky, was very appealing to me.

UK was also very appealing in that it is currently at a critical juncture in its lifecycle. We are approaching our 150th anniversary as an institution at the same time that the landscape of higher education is changing in important ways. It's a time of great change but also of great opportunity, so I find this pivotal moment both at UK and in higher education to be very exciting.



“When the marketplace has called for changes—for example, labor shortages among nursing in the state—the College of Nursing stepped up and expanded the number of undergraduates to help meet the need and demand. The commitment to service and meeting needs, as I mentioned, is one of the things that really drew me to UK, and it is exemplified in this college.”

Q There has been a lot of discussion, especially over the last decade, about what the future of higher education will look like and how it ought to be shaped. Would you speak to how you view the future of higher education in the U.S.?

A To be sure, we live in a time of tremendous challenge and opportunity—that’s true of our economy; it’s true of higher education. According to some commentators who follow higher education there will only be 100 thriving residential institutions in the country, and we have to be one of them. To do so, we are forging our own path forward, finding creative ways to construct facilities, reward and compensate our faculty and staff, while continuing our commitment to providing the best undergraduate and graduate education, research and service.

Q Going forward, what are your primary areas of focus and goals for the University of Kentucky?

A Part of our momentum has its foundation in the significant investments we are making in facilities. UK has entered into a public-private partnership unlike any other in public higher education, using up to \$500 million in private equity over the next several years to build up to 9,000 residence hall beds to improve the learning and living environment. This is important because we know that students learn more and are retained and graduate at higher levels when they live on campus. We are also investing some \$275 million—all our own resources, from philanthropy and internal savings, to expand and renovate the Gatton College of Business and Economics (\$65 million) and to build a new \$100 million Science/Academic Building (using a rare \$65 million partnership with UK Athletics).

We also recently overhauled our undergraduate UK Core curriculum and received national accolades for its emphasis on creativity, communications and critical thinking skills.

Q As head of academics at a university that includes a College of Nursing, how do you perceive the Affordable Care Act will impact the profession of nursing and, ultimately, the institutions that train nurses?

A I think people who work in health care will tell you that there are a lot of unknowns still to play out with respect to the Affordable Care Act. We know more people who come to us for care will be covered. And there will be an emphasis on managed care to help manage the associated costs. But on the other side of that, there are questions about reimbursement rates. How all that impacts the economics of health care for us and other large providers remains to be seen.

Q You oversee 16 colleges within the university, each with its own unique contributions to UK as a whole. In your estimation, what is nursing’s primary value to the university?

A The success story of UK HealthCare the last 10 years under Dr. Karpf and the health colleges like nursing has been tremendous. When the marketplace has called for changes—for example, labor shortages among nursing in the state—the College of Nursing stepped up and expanded the number of undergraduates to help meet the need and demand. The commitment to service and meeting needs, as I mentioned, is one of the things that really drew me to UK, and it is exemplified in this college.

They are continuing to innovate in their program offerings, such as their recent partnership with Norton Healthcare Institute for Nursing that allows nurses with a bachelor’s degree in nursing the opportunity to earn their Doctor of Nursing Practice (DNP) degree and sit for certification as an advanced practice registered nurse (APRN) in three years. ■

As reported to Rebekah Tilley

Local Black Nurses Association Dedicated to Support



TOP PHOTO *Left to right:*

Kacy Allen-Bryant, MSN, RN
Jennifer Hatcher-Keller, PhD, MPH, RN
Quentin Moore, MSN, RN
Arica Brandford, JD, MSN, RN

BOTTOM PHOTO *Left to right:*

Jitana Benton-Lee, MSN, MBA, MHA, RN, CNML
Jennifer Hatcher-Keller, PhD, MPH, RN
Anissa Webb, LPN
Penne Allison, MSOM, BSN, RN, NE-BC
Arica Brandford, JD, MSN, RN

The Lexington Chapter of the National Black Nurses Association (LCNBNA) is already making a mark on Lexington and the entire state of Kentucky. Founded in 2011 and chartered the following year, the Lexington Chapter is dedicated to supporting students, retirees and current nursing professionals.

These past two years have been a whirlwind of activity and scholarship. In April 2013 the group held its first annual scholarship dinner and raised a significant amount of money thanks to the contributions of community members. The chapter's first scholarship was awarded to Arica Brandford, a doctoral student in the UK College of Nursing.

In addition to scholarships, LCNBNA has had the opportunity and pleasure to participate in flu shot clinics, health and wellness fairs, and fund raisers to promote childhood literacy and equity. The chapter has formed numerous partnerships to advance health and promote wellness in the African-American community. The ultimate goal is to be an active organization making a real impact.

Looking back at how the group began this journey to where it is now, members are humbled by the amount of knowledge, strength, determination, perseverance, grace and spirit that have surrounded them. Nurses are involved from all spectrums of practice, and from student to professor. These are leaders in their own right who are committed to building an organization ... one that is vibrant and is determined to find a way that will make a positive impact on the community. Members are committed to developing a professional organization of peers dedicated to the mission of mentoring future nursing professionals. The organization provides a forum to educate, support and be the bridge that helps traverse and remove health care disparities in the African-American community. Members hope to build a legacy and memory that will pay tribute to all registered nurses.

The chapter membership invites more minority registered nurses to join LCNBNA, to form local and state partnerships, to uplift the community and provide the care that is deserved. It is hoped that people will discover, as members have, that this group of professionals is gracious, welcoming and devoted to supporting one another and the community.

UK College of Nursing Events

2014 Throughout 2014 College of Nursing Phonathon

You may be wondering why you received a phonathon call to support the College of Nursing at a different time of year. The UK Call Center has moved from calling for the colleges by date to calling all alumni year round. This change enables the call center to phone more alumni and increase overall efficiency. So if you have already received your call and given—THANK YOU! If you have not, you will hear from them soon. We hope you'll give generously to support future nurses! The college was able to award more than 100 scholarships this academic year thanks to the support of alumni and friends like you. We appreciate you!

Throughout 2014 Continuing Education Opportunities

We offer many continuing education courses online, such as Pediatric Abusive Head Trauma, HIV/AIDS, and Advanced Pharmacology. Check out 2014 CE conferences and live events on our website—University of Kentucky College of Nursing Continuing Education: www.ukconce.org.

Pinning & Hooding

We hope you were able to join us on May 9, 2014, for the undergraduate pinning and graduate hooding ceremonies. At the end of each fall and spring semester we honor and celebrate the accomplishments of our graduating nursing students with these special ceremonies. The UK Singletary Center for the Arts was the venue and was filled with students in their commencement regalia, families, friends and faculty and staff from the College of Nursing. Applause, hugs and handshakes, cameras, smiles and a few tears are never in short supply, and this May's ceremonies were no exception. Graduates, congratulations. Go into the world to make your mark, better the world with your work and have careers that are long and rewarding!

Congratulations BSN December Class of 2013

Congratulations for a
100 percent NCLEX-RN
first-time pass rate



Congratulations to the December 2013 BSN class for a huge accomplishment! One hundred percent of the 88 graduates passed the NCLEX-RN exam for registered nurse licensure without having to repeat it. It's even more impressive when considered within the context of the increasing difficulty of the national RN licensure examination and average NCLEX-RN scores nationwide. The National Council of State Boards of Nursing reported NCLEX-RN first-time pass rates nationally for BSN students at 92 percent in 2012 and 85 percent in 2013. Please join us in congratulating graduates, faculty and advising staff for their outstanding work!

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Karen Sexton (*PhD 1996*)
Colleen Swartz (*BSN 1987, MBA 2002 [Gatton College
of Business and Economics], DNP 2011*)
Jessica Wilson (*PhD 2012*)

In Memoriam



Taylor Ann Davis, junior BSN student,
died in a tragic automobile accident on February 27,
2014. Taylor's passion for nursing was evident, most
recently in clinical coursework at Kentucky Children's
Hospital. She was respected and loved by students,
faculty, coworkers, and "Zander," who she was training
to become a service dog. Taylor's parents from California
and extended family joined students, faculty and
university administrators at a memorial service on
March 5, 2014. Mr. and Mrs. Davis acknowledged the
college by saying, "... the compassion showed for us while
we were in Kentucky helped start our healing process ...
and made us understand why Taylor loved UK."



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Through gift and estate planning, there are many ways to help young men and women achieve their nursing career goals. With a bequest, charitable trust or gift annuity, you can leave a legacy, open doors of opportunity and change lives.

For more information on planned giving options, contact the University of Kentucky Office of Gift and Estate Planning.



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“Nurses at UK HealthCare, with this new model, have the ability to go the extra mile and give 110 percent. It will help those nurses who want to excel continue to do better.”

—Donna Lane, BSN, RN,
patient care manager and
staff committee member



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