

In Step

for the
Commonwealth

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

UKHealthCare®

Feature story:

It's Sink or Swim

One of the first nationally accredited nurse residency programs provides first-year nurses the support and confidence they need to succeed.



In Step for the Commonwealth

Without a moment's hesitation I can say that it has been an honor to serve as the fourth dean of the University of Kentucky College of Nursing. My husband, Bob Flick, and I decided to relocate to Baltimore, where I am now serving as dean of the School of Nursing and university director of Interprofessional Education at the University of Maryland.

I am extremely proud of the outstanding alumni from the BSN, MSN, DNP and PhD programs, who truly make a difference every day in the lives they touch in the Commonwealth, nation and world; current students, who are expanding their knowledge and skills to shape health care; the exceptional contributions of the UK nursing faculty across the university's missions of teaching, research and service; the unwavering dedication of the staff, who consistently "go the extra mile"; and UK HealthCare's nurses and other health care providers, who work tirelessly to provide high quality care. **It truly has been an honor... thank you for the opportunity!**



Jane Kirschling
DNS, RN, FAAN

An interesting African proverb was shared recently: "If you want to go fast, go alone. If you want to go far, go together."

The growth and partnership between the UK College of Nursing and UK HealthCare (UKHC) continue to mature. We share many common goals and a vision for excellence in nursing in every practice venue. From baccalaureate-prepared nurses to nurses prepared at the doctoral level, superior practice is the expected outcome. The nurse leaders of tomorrow will require a skill set we could not have imagined 20 years ago. Our partnership is providing the commitment, education, practice venue and role modeling to produce outstanding care providers and coordinators to lead in our complex health care system.

The college and UKHC continue to partner on implementing the recommendations contained in the 2012 Institute of Medicine Future of Nursing report. We are beginning to see some positive shift in our proportion of baccalaureate-prepared nurses, along with associate degree-prepared nurses making the commitment to complete their baccalaureate degrees.

In addition, some foundational work has been done around our model for evidence-based practice, which is yet another

construct for the college and UKHC to share and strengthen one another's productivity.

Our unique partnership is one that is garnering attention across the nation, related to our BSN Residency Program, the SNAP (Summer Nurse Academic Practicum) Program, and the innovation around elective courses in perioperative and emergency/trauma practice areas. We are also working to leverage the acute care nurse practitioner specialty by providing a rigorous clerkship in our clinical laboratory.

The excitement around our growth at UKHC and our clear improvement in the areas of quality, safety and service is contagious. Our faculty and students in the college have provided fuel for the excitement and ideas for innovation, continuous application and the creation of best practice. Our staff and nurse leaders at UKHC have provided a translational outlet for many of the best practices created.

Our intent is to continue to go far ... together. This fourth edition of In Step again highlights some of our best work and innovation at the University of Kentucky. We hope you enjoy reading about the work as much as we are enjoying the journey ... together.

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Chief Nurse Executive,
UK HealthCare
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Patricia B. Howard,
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Professor and Interim Dean,
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It's Sink or Swim
Nurse Residency Program



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 sample of their work.

Posters

Penne Allison, MSOM, BSN, RN, NE-BC

“The Patient Experience: Improving Outcomes and HCHAPS Scores”

American Organization of Nurse Executives Annual Meeting, 2012

Roseann Bertone, BSN, RN

Dreama Brannock, BSN, RN

Megan Carter, BSN, RN

Katherine Willard, BSN, RN

“A Smooth Transition – Improving PICU to Acute Care Transfers”

UHC/AACN Nurse Residency Program™ National Conference, 2012

Jeanne Bouvier, MSN, RN, ACNS-BC

“Transdermal Patches: A Tracking Challenge”

UHC/AACN Nurse Residency Program™ National Conference, 2011

Korinne Callihan, BSN, RN

“The H.E.A.R.T. of the Matter: Communication Tool for Multidisciplinary Communication”

Children’s Hospital of Pennsylvania Cardiology Conference, 2012

Leslie Cumming-Kinney, MSN, RN, RNC-AWHC

“Clinical Nurse Expert”

American Organization of Nurse Executives Annual Meeting, 2011

Jennifer Donselman, BSN, RN

Brittany Vandecar, BSN, RN

Linda Thomas, BSN, RN

Kendra Murray, BSN, RN

Katherine Caddle, BSN, RN

Lauren Wiggishoff, BSN, RN

“Phone Etiquette in the Neonatal Intensive Care Unit”

21st Annual Nursing Research Papers Day, 2011

Emily Dunn, BSN, RN

Caitlin Midkiff, BSN, RN

Sarah Price, BSN, RN

Amy Scandrani, BSN, RN

Sarah Strong, BSN, RN

“Integrating the Use of Standardized Assessment Scales Into Hospice Care”

21st Annual Nursing Research Papers Day, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN

Penne Allison, MSOM, BSN, RN, NE-BC

“Moving an Emergency Department: Lessons Learned”

21st Annual Nursing Research Papers Day, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN

Penne Allison, MSOM, BSN, RN, NE-BC

“The Impact of Emergency Department Pain Management on Patient Satisfaction”

Emergency Nurses Association Leadership Conference, 2011

Kathleen Kopser, MSN, RN, NE-BC

“The Implementation of a Clinical Leadership Model”

American Organization of Nurse Executives Annual Meeting, 2011

Kathleen Kopser, MSN, RN, NE-BC

Colleen Swartz, DNP, RN, MBA, NEA-BC

Lisa Fryman, MSN, RN

Rita Bush, MSN, RN, NE-BC

Phillip Chang, MD

“A Transformational Leadership Model for Managing the New Face of Patient Care”

American Organization of Nurse Executives Annual Meeting, 2011

Valerie Kremetz, BSN, RN

Carolyn Hall, ADN, RN

Janice Bugg, ADN, RN

Carrie Silvey, ADN, RN

Gayle Plank, BSN, RN

“To Believe It You Have 2CIT”

Center for Care Innovation and Transformation Conference, 2012

Janine Lindgreen, MSN, APRN, CCRN, RN

Carol Noriega, MSN, RN, CEN

“Rounding Checklist for Trauma and Acute Care Surgery Patients”

21st Annual Nursing Research Papers Day, 2011

Janine Lindgreen, MSN, APRN, CCRN, RN

Carol Noriega, MSN, RN, CEN

“Evaluating Techniques to Improve Education and Collaboration Within the BSN Residency Program”

21st Annual Nursing Research Papers Day, 2011

Carrie Makin, BSN, RN

Sarah Heck, MBA

Cheri Landers, MD

“Development of Quality and Safety Dashboard for Pediatric Sedation”

21st Annual Nursing Research Papers Day, 2011

Shelly Marino, MSN, RN, NE-BC, C-NPT

“Lights and Sirens in Neonatal/Pediatric Critical Care Transport in a Rural Setting”

Transport Medicine Conference, 2012

Gwen Moreland, GSN, RN, NE-BC

Rebecca L. Collins, MD

“A Quality Improvement Project Focused on Promoting a Baby-Friendly Environment at an Academic Medical Center”

21st Annual Nursing Research Papers Day, 2011

Maureen Piening, BSN, RN

Amanda Toler, BSN, RN

Diana Rodriguez, PhD, RN

“Evidence-Based Practice: Fall Risk Assessment for Kentucky Children’s Hospital Patients”

21st Annual Nursing Research Papers Day, 2011

Jamie Raglin, BSN, RN

Macy Young, BSN, RN

“Oral Endotracheal Tube (OETT) Securement”

UHC/AACN Nurse Residency Program™ National Conference, 2012

Alicia Raulinaitis, BSN, RN
Jamie Roberts, BSN, RN
Lorraine Stephens, MSN, RN
Tani Davis, BSN, RN
Michelle Branham, ADN, RN
Theresa Williams, ADN, RN
Lola Thomason, MSN, RN
Tina Salyer, MSN, RN
Roger Yankey, ADN, RN
Stacy Richey, BSN, RN
Norma Childers, ADN, RN
“Markey and Hospice Hand in Hand”
21st Annual Nursing Research Papers Day, 2011

Rachel Scott, BSN, RN
Megan Butler, BSN, RN
“Nurse-Led Central Telemetry Monitoring”
21st Annual Nursing Research Papers Day, 2011

Katie Shreve, BSN, RN
“The Development of a Multidisciplinary Champion Team to Improve the Care of Infants with Neonatal Abstinence Syndrome in the Kentucky Children’s Hospital NICU”
21st Annual Nursing Research Papers Day, 2011

Colleen Swartz, DNP, RN, MBA, NEA-BC
Paul DePriest, MD
“Using Nurse/Physician Partnerships to Drive Quality, Safety and Operational Improvements”
American Organization of Nurse Executives Annual Meeting, 2011

Nora Warshawsky, PhD, RN
Donna Havens, PhD, RN, FAAN
“Nurse Manager Job Satisfaction and Retention: An Exploratory Study”
21st Annual Nursing Research Papers Day, 2011

Presentations

Penne Allison, MSOM, BSN, RN, NE-BC
“UK Chandler Hospital ED Case Study”
Center for Health Design, 2011

Penne Allison, MSOM, BSN, RN, NE-BC
“Front-End Process Redesign: A Tale of Two Emergency Departments”
University HealthCare Consortium Webinar, 2011

Penne Allison, MSOM, BSN, RN, NE-BC
Jamie Fraley, MSN, RN
“Impact of Front-End Redesign in a Community Emergency Department”
21st Annual Nursing Research Papers Day, 2011

Penne Allison, MSOM, BSN, RN, NE-BC
“Design Meets Process: The Emergency Department of the Future”
Harvard Medical School and School of Graphic Design, 2012

Mary Rose Bauer, MSN, RN
Carrie Makin, BSN, RN
Heather Morton, BSN, RN
“Nurses Conducting Research in the Clinical Setting”
21st Annual Nursing Research Papers Day, 2011

Jeanne Bouvier, MSN, RN, ACNS-BC
“Crucial Conversations”
Nursing Grand Rounds, February 2011

Pam Branson, MSN, RN
Susan Frazier, PhD, RN
“The Effect of a Protocol on Delivery of Goal-Directed Therapy and Mortality in Patients With Sepsis”
21st Annual Nursing Research Papers Day, 2011

Krysta Clark, BSN, RN
Misty Ellis, MSN, APRN, RN
Jan Coyle, CCRN, RN
Deborah Dobbhoff, ADN, CCRN, RN
Donna Dennis, ADN, RN
“Nurses Take Center Stage: Nurse-Driven Bedside Rounds”
21st Annual Nursing Research Papers Day, 2011

Donna Dennis, ADN, RN
Cassie Degener, BSN, RN
“A Multidisciplinary Approach to Ambulatory ECMO in Lung Transplant Recipients: A Nursing Perspective”
International Transplant Nurses Society, 2012

Glenn Evans, MSN, RN, NR-BC, CCRN-CMC, CEN, NE-BC, CNML
“Evidence-Based Standardized Management of Alcohol Detox Patients: Outcomes of a Medicine and Nursing Collaborative”
21st Annual Nursing Research Papers Day, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Define a Mentor-Facilitator Implementation Plan for the Evidence-Based SBIRT Procedure”
Emergency Nurses Association Alcohol Screening, Brief Intervention and Referral to Treatment Mentorship Web Series, 2010-2012

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Can a City-Wide Diversion Policy Succeed?”
Society of Academic Emergency Medicine Atlantic Regional Meeting, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Keeping Patients Vertical: Translating Evidence Into Practice”
Western Baptist Hospital Research Papers Day, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Keeping Patients Vertical: A Chair-Centric Model for Low Acuity Patients”
Emergency Nurses Association Leadership Conference, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Paying It Forward”
Nursing Alliance Leadership Academy, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Module 1: Define a Mentor-Facilitator Implementation Plan for the Evidence-Based SBIRT Procedure”
Emergency Nurses Association Alcohol Screening, Brief Intervention and Referral to Treatment Mentorship Web Series, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Penne Allison, MSOM, BSN, RN, NE-BC
“Do We Need Triage?”
Emergency Nurses Association Leadership Conference, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Penne Allison, MSOM, BSN, RN, NE-BC
“Do We Need Triage?”
ENCORE Webinar Series, 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“The Impact of the Future of Nursing Report on Emergency Nursing”
Kentucky State Council Annual Conference, 2012

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Module 5: Evaluate SBIRT Progress and Make Process Improvements”
Emergency Nurses Association Alcohol Screening, Brief Intervention and Referral to Treatment Mentorship Web Series, 2012

Lisa McGee, MSN, RN, CCNS
“Utilizing the Evidence to Improve Neonatal Outcomes”
Twenty-First Annual Nursing Research Papers Day, 2011

Laura Murphy, MSN, RN
“Nursing Care of the Cardiac Catheterization and EP Patient”
Kentucky Children’s Hospital Cardiac Nursing Education Days, 2012

Hender Rojas, MSN, APRN, RN, ANCP-BC
“Life After Liver Transplant: What You Need to Know to Provide TLC – True Liver Care”
1st Annual Hematology and Liver Transplant Review, 2011

Rob Sutter, BSN, RN
“A Silent Killer of a Silent Population”
21st Annual Nursing Research Papers Day, 2011

Colleen Swartz, DNP, RN, MBA, NEA-BC
“Implement and Evaluate an Early Warning System: An Effective Counter Measure in the Battle Against Clinical Deterioration”
21st Annual Nursing Research Papers Day, 2011

Nora Warshawsky, PhD, RN
“The Influence of Interpersonal Relationships on Nurse Manager Work Engagement and Proactive Work Behavior”
21st Annual Nursing Research Papers Day, 2011

Publications

Bryan Boling, BSN, RN, CCRN, CEN
Kathryn Moore, DNP, RN, CCRN, CEN, ACNP-BC, GNP-BC
“Tranexamic Acid in Trauma”
Journal of Emergency Nursing, September 2012

Dee Deakins, MS, BSN, RN, CDE
Raymond Reynolds, MD, FACP, FACE, ECJU
“Obstacles to Optimal Management of Inpatients, Hyperglycemia in Non-Critically Ill Patients”
Hospital Practice, April 2012

Amanda Fallin, PhD, RN
Lindsay Parker, BSN, RN
Janine Lindgreen, MSN, APRN, CCRN, RN
Carol Riker, MSN, RN
Sarah Kerckmar, PhD
Ellen Hahn, PhD, RN, FAAN
“Secular Trends and Smoke-Free Policy Development in Rural Kentucky”
Health Education Research, May 2011

Gordon Gillespie, PhD, RN, PHCNS-BC, CEN, CPEN, SAEN
Donna Gates, EDD, MSPH, MSN, RN, FAAN
Margaret Miller, EDD, CNS, RN
Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Emergency Department Workers’ Perceptions of Security Officers’ Effectiveness During Violent Events”
WORK: A Journal of Prevention, Assessment, and Rehabilitation, Volume 42, Number 1, 2012

Wendy Gravitt, PhD, RN
“God’s Ruthless Embrace: Religious Constructs of Three Women With Borderline Personality Disorder”
Issues in Mental Health Nursing, May 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Prioritizing Patients With Acuity 3”
Journal of Emergency Nursing, May 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Susan E. Shapiro, PhD, RN
“What Is Effective Migraine Treatment in the Emergency Department?”
Advanced Emergency Nursing Journal, July-September 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Susan E. Shapiro, PhD, RN
“Diagnosing and Treating Mild Traumatic Brain Injury in Children”
Advanced Emergency Nursing Journal, October-December 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
“Do We Need Triage?”
Journal of Emergency Nursing, November 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Susan E. Shapiro, PhD, RN
“Does Gender and Ethnicity Impact Initial Assessment and Management of Chest Pain?”
Advanced Emergency Nursing Journal, July/September 2011

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Susan E. Shapiro, PhD, RN
“When Should Magnetic Resonance Imaging Be Considered With Neck Pain?”
Advanced Emergency Nursing Journal, April/June 2012

Patricia K. Howard, PhD, RN, CEN, CPEN, NE-BC, FAEN, FAAN
Penne Allison, MSOM, BSN, RN, NE-BC
Matthew Proud, BSN, RN, CEN
Roger Humphries, MD
“Moving an Emergency Department: Lessons Learned”
Journal of Emergency Nursing, November 2012

Eileen Lake, PhD, RN
Douglas Staiger, PhD
Jeffrey Horbar, MD
Robyn Cheung, PhD, RN
Michael Kenny, MS
Thelma Patrick, PhD, RN
Jeannette Rogowski, PhD
“Association Between Hospital Recognition for Nursing Excellence and Outcomes of Very Low-Birth-Weight Infants”
The Journal of the American Medical Association, April 2012

Nora Warshawsky, PhD, RN
Donna Havens, PhD, RN
George Knafli, PhD
“The Influence of Interpersonal Relationships on Nurse Manager Work Engagement and Proactive Work Behavior”
The Journal of Nursing Administration, September 2012

Nora Warshawsky, PhD, RN
Donna Havens, PhD, RN
“Global Use of the Practice Environment Scale of the Nursing Work Index”
Nursing Research, January-February 2011

UK College of Nursing Upcoming Events



LEARN MORE!

2013 Throughout 2013 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 2013 Continuing Education Opportunities

We offer many continuing education courses online, such as Pediatric Abusive Head Trauma, HIV/AIDS, and Advanced Pharmacology. Check out spring 2013 CE conferences and live events on our website—University of Kentucky College of Nursing Continuing Education: www.ukconce.org.

Friday, March 22 Student Scholarship Showcase

The 9th Annual Student Scholarship Showcase will be held Fri., March 22 in Pavilion A of Albert B. Chandler Hospital. Visit with undergraduate and graduate students who take classroom, clinical and research experiences and share these important scholarly works. More specific information about the location is on our website, www.uknursing.uky.edu.

Friday, May 3 May BSN Pinning Ceremony

Singletery Center for the Arts

Interim Dean Patricia B. Howard, faculty and staff invite you to attend the pinning ceremony and reception in honor of the May 2013 BSN graduates. Please feel free to join us for this special event. Visit our news page at www.uknursing.uky.edu in April for the event time.

Friday, May 3 Graduate Student Hooding Ceremony and Reception

Singletery Center for the Arts

Interim Dean Patricia B. Howard, faculty and staff invite you to attend the hooding ceremony and reception in honor of the December 2012 and May 2013 MSN, DNP and PhD graduates. Please feel free to join us for this special event. Visit our news page at www.uknursing.uky.edu in April for the event time.

Friday, June 14 MSN Celebration!

The College of Nursing is proud to celebrate our MSN graduates, their accomplishments and their contributions to the field of nursing and beyond. Plans are underway for the weekend of June 14 and will include a networking reception and reunion along with tickets to UK's 21st Annual "It's a Grand Night For Singing." Please contact Aimeé Baston at abaston@uky.edu for more information and watch the News section of our website as plans are firmed up.

College of Nursing website home page:
www.uknursing.uky.edu

UK HealthCare Nurse Promotions and Transitions to Leadership Positions

December 1, 2011–
November 1, 2012



Julia Blackburn, MSN, RN, NE-BC
Nursing Operations
Administrator
UK Chandler Hospital and Pavilion A
Neurosciences Services



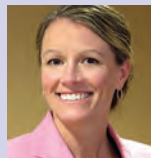
Lisa Fryman, BSN, RN
Nursing Operations
Administrator
UK Chandler Hospital and Pavilion A
Trauma and Acute Care
Surgical Services



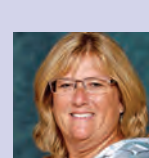
Lacey Troutman, MSN, RN, ACNP-BC
Director, Inpatient
Cardiovascular Services
and Co-Director, Office
of Advanced Practice
UK HealthCare
Gill Heart Institute



Pamela Branson, MSN, CNS, RN
Nursing Operations
Administrator
UK Chandler Hospital and Pavilion A
Medicine and Pulmonary Services



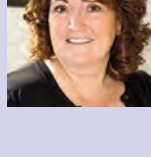
Kymberly Gowin, BSN, RN
Practice Manager III
UK HealthCare Ambulatory
Clinic, Neurology



Doreen Yanssens, BSN, BA, RN
Hospital Operations
Administrator
UK HealthCare Hospital
Command Center



Melasene Cole, BSN, RN
Patient Placement Coordinator
UK HealthCare
Capacity Command Center



Lola Thomason, MSN, RN
Patient Care Manager
Markey Cancer Center
Markey 3 and BMT

Patricia B. Howard Named as Interim Dean of College of Nursing

Patricia B. Howard, PhD, RN, NEA-BC, FAAN, was named interim dean of the College of Nursing effective December 17, 2012. She replaced Jane M. Kirschling, DNS, RN, FAAN, who left the university to become dean of the School of Nursing and university director of Interprofessional Education at the University of Maryland.

Dr. Howard is a professor and the associate dean for MSN and DNP Studies. Under her leadership, the college opened its Post-BSN-to-DNP Option, in which BSN graduates transition into the Doctor of Nursing Practice Program. She is also involved in research focusing on mental health care delivery, part of Kentucky's development of a statewide plan for measuring outcomes of mental health care.

Her research has been published in *Archives of Psychiatric Nursing*, *International Psychiatry*, *Issues in Mental Health Nursing*, and *Psychiatric*

Services. She has presented the results of her research at regional, national and international levels, including Sigma Theta Tau International, the American Nurses Association Council of Nurse Researchers, the International Society for Psychiatric Mental Health Nursing, the Southern Nursing Research Society and the National Association of Mental Health Program Directors Research Institute. In 2005 she was appointed to the editorial board of *Archives of Psychiatric Nursing*.

In 2010, Dr. Howard was inducted as a Fellow in the American Academy of Nursing. She is a 1991 American Nurses Foundation Scholar and a founding board member of the International Society of Psychiatric Mental Health Nurses. Since 1995, she has served as a research consultant and on various committees for the Kentucky Department for Mental Health and Mental Retardation Services.

UK College of Nursing Promotions and Transitions



Ellen Hahn,
PhD, RN, FAAN

Ellen Hahn, PhD, RN, FAAN, professor in the College of Nursing and

the College of Public Health, has received an endowed appointment, the Marcia A. Dake Professorship in Nursing Science, established in recognition of the college's first dean, Marcia Dake, and her innovative leadership. The endowment was made possible with a donation to the university by Linda and Jack Gill of Houston.

The focus of this professorship is on the development of a program of research and service that addresses contributions nursing can make to the care of individuals, families and/or communities at risk for experiencing major health problems.

These tie directly into Dr. Hahn's program of research and work in the area of tobacco policy. She directs the Clean Indoor Air Partnership and the Kentucky Center for Smoke-Free Policy. She is co-director of the college's NIH-funded Center for Biobehavioral Research in Self-Management of Cardiopulmonary Disease. She also is a faculty associate at the UK Prevention Research Center, an associate at the UK Center for Health Services Management and Research, and a faculty member of the UK Markey Cancer Center. Dr. Hahn was awarded a fellowship from the Robert Wood Johnson Foundation Developing Leadership in Reducing Substance Abuse Program from 2000-2003.

Her current research focuses on promoting smoke-free policy in Kentucky, particularly in rural areas, and radon risk reduction.



Wanda Lovitz,
MSN, RN, APRN

Wanda Lovitz, MSN, RN, APRN, has been promoted from senior lecturer to

instructor. She is a certified family nurse practitioner and clinical specialist in medical-surgical nursing. She is both a classroom instructor and clinical instructor for the undergraduate program and also assists with the graduate advanced health assessment course.



Deborah Reed,
PhD, MSPH, RN

Deborah Reed, PhD, MSPH, RN, has received an endowed appointment

as the Good Samaritan Foundation Chair in Community Health Nursing. She holds a joint appointment in the Department of Preventive Medicine in the UK College of Public Health. Her interests are in agricultural health and safety issues, which are reflected in her program of research. She is the director of the recently funded Occupational Health Nurse PhD Training Program, funded by the National Institute for Occupational Health and Safety (NIOSH) as part of the Central Appalachian Educational Research Center. Her gerontology research gained her the Southern Nursing Research Society's John A. Hartford Geriatric Research Award in 2009.

Dr. Reed has worked with many organizations, including Agrability, the National Farm Bureau Federation, the Kentucky Department of Agriculture, the Kentucky Farm and Home Safety Council, the Kentucky Migrant Farm Worker Health Program, and the Progressive Agriculture Foundation. She currently serves on the review team for the NIOSH Educational Research Center site evaluations and is on the Scientific Advisory Board of the National Children's Center for Rural and Agricultural Health and Safety.



Jessica Wilson,
PhD, RN, APRN

Jessica Wilson, PhD, RN, APRN, has been

promoted from lecturer to assistant professor. She was awarded a PhD in nursing from UK in 2012. Dr. Wilson is the coordinator for one of the primary sophomore nursing courses, which she redesigned in keeping with the evolving principles of teaching and learning.



Ginny Van Horne

Ginny Van Horne joined the college in August 2012 as a grant project manager. Before coming to UK, she

was the executive director of the Lexington Clinic Foundation. Prior to that, she served as a consultant to the National Library of Medicine Health Services Research Information Central website. Other previous positions include program manager/administrative officer at the Henry M. Jackson Foundation for the Advancement of Military Medicine, program manager and director of Information Services at AcademyHealth, research associate for the American Association for the Advancement of Science, and senior project assistant for the National Academy of Sciences.



Following the Yellow Brick Road

WRITTEN BY
Ryan Cleary

PHOTOGRAPHS BY
Richie Wireman (p. 8)

UK Good Samaritan Hospital earns ANCC Pathway to Excellence® designation

When UK HealthCare acquired Good Samaritan Hospital in 2007, the leadership team wanted an effective tool to integrate the policies and standards of Good Samaritan with those of UK Albert B. Chandler Hospital. They were facing many of the same challenging issues as the rest of the country.

It would take more than the simple wave of a magic wand to solve them.

The U.S. Department of Health and Human Services estimates a shortage of 2.8 million nurses during the next decade, making staff retention a high priority for today's hospitals. Studies show that nurse job satisfaction is important to delivering quality care to patients. Furthermore, the cost of replacing a nurse can be one to four times the average nursing salary. In short, more satisfied, professional nurses create better health outcomes and more cost-effective hospitals.

That's why the Texas Nurses Association (TNA) established the Nurse-Friendly designation in 2003 to increase nurse retention by improving hospital work environments. In 2007, the TNA transferred the program to the American Nurses Credentialing Center (ANCC), the largest and most prestigious nurse credentialing organization in the world. By 2009, the ANCC had launched the Pathway to Excellence® program, and hospitals across the country began to embrace the 12 Pathway Practice Standards.

Beginning with standard number one, "Nurses Control the Practice of Nursing," Pathway strives to empower nurses by creating a shared governance model that becomes the foundation for the remaining steps in the process. When staff nurses are encouraged to meet in small groups and their suggestions for improvement are thoughtfully considered and executed, the nurses gain greater control over the practice of nursing within their hospital. The benefits of a Pathway designation include improved job satisfaction, the ability to retain choice nursing staff and leaders, the cultivation of inter-professional teamwork, the power to champion quality nursing practices and greater support for future business growth.

UK HealthCare became interested in the Pathway program during an ANCC Magnet Conference in 2009, deciding it would be an effective tool to help integrate the recently acquired Good Samaritan Hospital with Chandler Hospital. By undertaking the Pathway to Excellence initiative, Good Samaritan would create a standardized policy structure and become

the first organization in Kentucky to earn such an important distinction.

Senior Nurse Administrator E. Darlene Stamper-Spalding, MSN, RN, explains, "The Pathway to Excellence Program recognizes health care organizations for positive practice environments where nurses excel. UK HealthCare Good Samaritan respects nursing contributions, supports professional development and demonstrates commitment to nursing."

Fast-forward a year later to a chilly winter day in Lexington, and you could have seen a Tin Man, Cowardly Lion, Dorothy and Wicked Witch crossing in front of Good Samaritan on Maxwell Street.

"We decided to 'follow the yellow brick road' to a Pathway designation," says Ms. Stamper-Spalding, smiling. "I was the Wicked Witch of the West, and of course, I felt typecast."

The UK Pathway Steering Committee had created a staff-nurse-driven implementation team (nicknamed the "Phoenix Team" for its quest to rise from the ashes), whose main purpose was to get staff input and support for the Pathway initiative. "People get so busy, they cannot keep up with all of the emails and electronic communication," says Dianne Toll, BA, ADN, RN. "We tried to use other ways to communicate, like creating posters and holding events and contests, handing out candy and dressing up like characters from "The Wizard of Oz" in order to get people's attention."

"I was the Tin Man, which was fine by me," says Glenn Evans, MSN, RN, RN-BC. "We did it to initiate one-on-one conversations. Humor is a great way to start a conversation." But Mr. Evans reiterates that the team was highly focused. "We wanted to prove to the Commonwealth and to the entire country that we deserved this honor," he says.

Ms. Toll continues, "I think that the best thing that Pathway does is initiate dialogue between the staff and the administration. It allows all voices to be heard and shows our total commitment to quality care."

The Pathway to Excellence review process includes self-assessments from nurses at all levels to document how its 12 standards are part of the hospital's practices, policies and culture. The final submission is then reviewed by ANCC nursing experts and a confidential online survey of the hospital's nurses is conducted. Then, after a final review and decision, the Commission on Pathway to Excellence makes its official designation announcement.



The 12 Pathway to Excellence Practice Standards

1. Nurses Control the Practice of Nursing
2. The Work Environment Is Safe and Healthy
3. Systems Are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses for the Work Environment
5. The CNO Is Qualified and Participates in All Levels of the Organization
6. Professional Development Is Provided and Used
7. Equitable Compensation Is Provided
8. Nurses Are Recognized for Achievements
9. A Balanced Lifestyle Is Encouraged
10. Collaborative Relationships Are Valued and Supported
11. Nurse Managers Are Competent and Accountable
12. A Quality Program and Evidence-Based Practices Are Used

As the Phoenix Team began the accreditation process, they compiled 12 large volumes of documentation explaining to the ANCC how they were meeting the Pathway standards. “It was challenging to gather so much information from so many different sources,” says Ms. Stamper-Spalding.

Despite their positive attitudes, the implementation team did occasionally encounter some resistance to the proposed changes. “You have ‘negative nellys’ in any organization,” says Mr. Evans.

Diane Gregory, ADN, RN, agrees the team faced many inherent challenges in achieving buy-in for the shared governance model. On disheartening days, the team would resolve to step up their efforts to engage the nurses. “And most importantly,” she jokes, “we bribed them with candy.”

“We really spoke to each and every staff person we could, and to those that resisted we simply said, ‘Why would you not want to give testimony to the great outcomes that you are achieving each and every day?’” explains Mr. Evans. “We wanted them to share our pride in Good Samaritan.”

As the Phoenix Team won converts day by day, they began to feel a momentum shift as they pulled out every attention-getting scheme they could imagine. Ms. Toll and Ms. Gregory traveled the floors in vintage nursing hats, determined to promote Pathway standards like “Nurses Are Recognized for Achievements” and “A Balanced Lifestyle Is Encouraged.”

“They just knew we were up to something,” says Ms. Toll. “And I’d hear them say, ‘Look out! Here come the two Dianas!’”

“We also held a carnival at the hospital,” says Mr. Evans. “We had popcorn machines, balloons, streamers and even cotton candy.” Games reinforced the Good Samaritan staff’s knowledge of the Pathway practice standards. Phoenix Team members asked questions like, “Can you identify who your shared government representative is?” Or, “Can you identify a positive effect that shared governance has had on your unit?” Correct answers earned participants a chance to throw a ball into a bucket and win a prize.

In addition to gaining staff support for the project, the Phoenix Team was also busy trying to analyze gaps, create bylaws and meet the remaining standards on the “yellow brick road” to a Pathway designation. After months of hard work compiling the data, the team shipped the final 12 volumes of data to the ANCC and waited for the agency to release its report.

“I felt confident that we would succeed,” says Ms. Toll, “but deep down I thought, ‘You just don’t know, the jury is still out.’ It was really suspenseful.”

UK HealthCare Chief Administrative Officer Ann Smith, MPA, MT (ASCP), FACHE, reiterates why the organization invested so much

time and energy into the Pathway to Excellence program. “The Good Samaritan Pathway designation is important because it makes a powerful and compelling statement to, and about, our nurses, as well as our care environment. It demonstrates that our team of dedicated nurses works hard to put the patient at the center of all we do.”

Good Samaritan’s total commitment to quality patient care was acknowledged on Dec. 12, 2011, at 11:30 a.m. when a horse racing bugle call sounded on the hospital’s public address system. Mr. Evans announced to the entire organization, “Ladies and gentlemen, the ANCC has officially recognized UK HealthCare Good Samaritan Hospital as a Pathway to Excellence organization.

“I could hear a cheer rise through the entire building,” he says.

“I was at the nurses’ station when I heard Glenn pretend to bugle the ‘Call to the Post,’” says Ms. Gregory. “I’m sure the patients and visitors were surprised by all the commotion, but the doctors and residents were very supportive. I think that they enjoyed it, too.”

Ms. Toll recalls, “We were relieved and excited when we heard the announcement. Patients and doctors all joined in the congratulations. It was very rewarding.”

Ms. Smith adds, “It also provided our nurses and entire staff with a point of pride. It’s nice to be recognized for providing high-quality, safe and efficient care with compassion and competence.”

In fact, the hospital earned special ANCC “Exemplar” commendations for six of the standards, exceeding the Phoenix Team’s expectations.

“Pathway truly exemplifies that we have a safe place to work and that our nurses have input on the work environment,” says Ms. Stamper-Spalding. “We’re especially proud of the Phoenix Team and everyone else who helped us to earn this prestigious accolade.”

However, the Pathway to Excellence designation seems to be just the beginning. The organization aspires to achieve full ANCC Magnet certification.

“You know, I chose Dorothy as my character because she overcame a lot of obstacles during her journey,” concludes Ms. Gregory. “Our Pathway experience reminds me of Dorothy taking her first steps onto the yellow brick road. We’ve come a long way to get here, and I believe we have quite the adventure left to go.”

A Parent's Worst Nightmare Is Witnessing a Desperately Ill Child

WRITTEN BY
Ann Blackford

PHOTOGRAPHS BY
Ann Blackford
M. Claire Sale
Lee Thomas



The art of nursing as seen by a critically ill patient and her family

In honor of National American Nurses Week, celebrated from May 6 (also known as National Nurses Day) through May 12, the birthday of Florence Nightingale, the founder of modern nursing, UK Albert B. Chandler Hospital patient Annie Hickey and her family shared their story of appreciation and gratitude.

When the 19-year-old University of Kentucky student woke up in the intensive care unit at Chandler Hospital, she was confused. Confused that her parents were at her bedside and confused that nurses were talking to her as if they knew her and telling her how great she looked. She was being told stories about the past six days of her life—six days she didn't remember, which shocked her.

What she does remember is not feeling well the week before and thinking she was having a bad reaction to medication she was given after a horseback riding accident last November. She also remembers going to University Health Service on the Monday after Easter for a series of tests and being immediately transported to Chandler Hospital's Emergency Department when the results revealed serious problems with her kidney function and oxygen level.

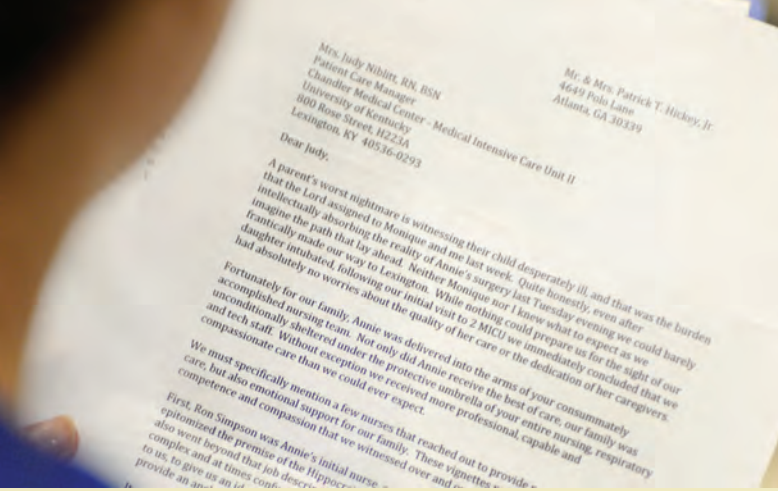
A CT scan revealed an enlarged kidney that would require a stent to be surgically placed. "I'm a pretty high-spirited girl, and I thought, well, everything will be all right, no big deal," she said.

However, what she didn't know at the time was that her life would soon be in jeopardy and she would need the very best possible care to pull through.

"A parent's worst nightmare is witnessing their child desperately ill," said her father, Patrick T. Hickey Jr. "Nothing would have prepared us for the sight of our daughter intubated, but following our visit to the ICU (2Medical Intensive Care Unit), we knew we had no worries about the quality of her care or the dedication of her caregivers."

Ms. Hickey's parents, Patrick and Monique Hickey, traveled from Atlanta to be by their daughter's bedside as she laid unconscious and fighting double pneumonia and septicemia, a life-threatening infection that can get worse very quickly. However, one week later, her condition changed for the better, and she was released from the hospital to go home, healthy and happy. The Hickeys have praised the medical care their daughter received at Chandler and especially a group of very diligent, caring people who were with her around the clock—the nurses. Mr. Hickey said the entire staff provided excellent care but recalls a few nurses in particular.

"Ron Simpson epitomized the premise of the Hippocratic Oath by providing attentive care for Annie," he said. "He explained to us in common sense language her complex, and at times confusing, sequence of treatment, offered practical advice and comfort to us, gave us an idea of what to expect and what



to really worry about, and periodically provided an anchor when we drifted emotionally. Never have we received such holistic care.”

Although his care was directed at their daughter, a lot of Simpson’s care was coming “our way,” Mr. Hickey said. “His calm, cool and collected guidance and instruction to the patient, the patient’s family and the other staff members was effective and a salve.”

“He made certain that the night shift knew exactly what needed to be done in his absence, which assured us that Annie would receive a continuation of excellent care during the night,” Mr. Hickey said. “I suspect that his successors needed no such instructions, but rather his concern was that worried parents might get some rest.”

Judy Niblett, BSN, RN, NE-BC, patient care manager of 2MICU, said the staff is a very cohesive group of strong team players. The experienced ICU nurses are committed to helping newer staff develop their clinical expertise and mentor them in continuation of care.

Lauren Schoeck, APN, RN, was with Ms. Hickey when she finally regained consciousness. “She took steps to ensure our daughter’s dignity and explained the implications of her illness to help manage Annie’s expectations of her recovery,” Mr. Hickey said. “She was Annie’s nurse and friend and connected with Annie in a personal way.”

Ms. Hickey only knows what happened during those six days of unconsciousness from what her mother has told her. “My mom said a nurse came in and brushed and French-braided my hair as gently as if I were her own.” In addition to the nursing staff, the nursing care technicians (NCT) also provided excellent care. The NCTs are an important, integral part of the 2MICU team.

“When I regained consciousness, I felt calm because everyone around me was calm. The nurses would come in just to talk and ask me things like what I did at home. They made me think about normal things,” she said. “I’m so thankful. I really didn’t realize how close I was to not making it. I feel that without these doctors and nurses, I might have had a very different outcome.”

The American Nursing Association (ANA) states that nursing is often described as an art and a science, a profession that embraces dedicated people with varied interests, strengths and passions because of the many opportunities the profession offers. No matter in what capacity nurses serve, whether as educators or practitioners, they serve with passion for the profession and with a strong commitment to patients.

“The interdisciplinary team at UK HealthCare is top notch in caring for critically ill or injured patients,” said Colleen Swartz, chief nurse executive for UK HealthCare. “The nurses and nursing care team are often dealing with physiologic instability of the patients, and the emotional turmoil endured by family, friends and other loved ones. We often encounter patients and their families at one of, if not the most vulnerable moments of their lives.

“The nurse often becomes the coordinator, communicator, care provider, coach and counselor. Really a day-in-and-day-out resource that can help define the entire experience for the patient and their family.”

The care Ms. Hickey received from Chandler’s 2MICU nursing staff demonstrates the ANA’s philosophy better than words alone, but her story of great patient care is just one of many stories of grateful patients who receive the same care from all areas of UK HealthCare.

“Nursing is as much a noble calling as a profession and is ultimately built on the foundation of an intensely personal relationship between the nurse and the patient,” Mr. Hickey said. “That can sometimes stand as an impediment to team cohesion. That was not in evidence with this staff, as they elevated that relationship to a sublime level. Time and again, all members of the team unselfishly pitched in as needed, assisting their associates, and working toward the common goal of healing. That was extraordinary.”

“Nursing is as much a noble calling as a profession and is ultimately built on the foundation of an intensely personal relationship between the nurse and the patient.”

—Patrick Hickey

Left: Annie Hickey

Above right: Ron Simpson, BSN, RN; Lauren Schoeck, ADN, RN;

Annie Hickey; and Andrew Makowski, BSN, RN

WORKING THE NIGHT SHIFT

WRITTEN BY
Ryan Cleary

PHOTOGRAPHS BY
Lee Thomas
Richie Wireman

★ **Clinical nurse experts** support nurses at the bedside to deliver advanced training

For recent nursing school graduates, there are some definite benefits to working the night shift on the sixth floor of UK Albert B.

Chandler Hospital Pavilion A. First, there's the world-class Neuroscience Services facility, complete with an extraordinary medical team. Next, there's the opportunity for new nurses to learn their trade with fewer visitors on the floor and less noise and confusion than during the day. However, the night shift is also notorious for having fewer mentoring resources available to help nurses learn the work of nursing. "We needed a novel approach to an old problem," explains UK HealthCare Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC. "We needed an organic solution that would allow the clinical leaders, the real teachers, to emerge."

In an effort to solve this issue, UK HealthCare created a new position to keep teachable moments from slipping away. The new position? Clinical nurse expert.

Rebecca Beech, BSN, RN
Sheryl Dailey, MSN, RN





Clinical nurse experts (CNEs) have a single mission, and that is to **support the bedside nursing staff with guidance, coaching, education and expertise.**

CNEs offer the novice or inexperienced nurse immediate assistance to resolve patient-care issues, on-the-job development of critical thinking skills and an experienced, global perspective. They also support nurses with problem solving, early patient-decline intervention and efficient resource mobilization, from acute care through progressive and critical care.

This new care model allows less experienced nurses to access seasoned CNEs on their own terms, allowing them to meet challenges head-on, knowing that a dedicated resource is just a phone call away. Patients benefit from having a CNE to assist in high-quality care delivery, and the entire UK HealthCare enterprise benefits by fostering a unique learning environment for nurses who are fresh out of school, allowing them to learn the nuances of nursing from accomplished, seasoned professionals. This creates an opportunity for better health outcomes and better nurse retention, two hallmarks of a world-class health care institution.

The executive nursing staff at UK HealthCare began to research the CNE model in 2009 to provide greater clinical and emotional support for new RNs working nights. After adapting the model to meet the specific culture and needs of UK HealthCare, the first CNEs began a pilot program on the sixth floor of Pavilion H in 2010.

“We were attracted to the CNE model,” says Senior Nurse Administrator Kathleen Kopser, MSN, RN, NE-BC, “because it provided an unprecedented level of support to the new nurse. Our staff nurses now have a dedicated resource who can personally answer all of their questions at a moment’s notice.”

Similar to a traditional charge nurse, a CNE must be a clinical expert and possess strong fundamental assessment skills. But that is not enough, says Julia Blackburn, MSN, RN, NE-BC, director of neurosciences. “Additionally, they must have the ability to connect with staff, a desire to teach and foster learning, plus good organizational skills, good communication skills and the ability to be self-directed,” she says.

The pilot CNE program produced multiple successful health outcomes, including shorter lengths of stay, improved health statistics, and rising patient and nurse satisfaction levels. Patient Care Manager Leah Perkins, BSN, RN, has been impressed by the results on Pavilion A as well.



“As CNEs, we are constantly building up the confidence of the new RNs. **They need to be strong, insightful and opinionated.** They need to stand up for what they believe to be the correct plan of care.” ★

“This was a new unit with a brand new staff, and we really needed the CNE guidance on the night shift,” she says. “We could not have achieved this elevated level of patient care without them.”

Ms. Perkins remembers her own introduction to nursing. “We did not have CNEs available when I was a bedside nurse,” she says, “and as a new graduate, you’re always scared that you might make a mistake, because people’s lives are in your hands.” Ms. Perkins says that she would have appreciated having a dedicated resource available for tough situations and to “teach me to think more creatively and be more in the moment with my patients.”

“I love the CNEs ... they’re amazing,” says Crystal Janke-Fry, BSN, RN. “I work nights as a staff nurse, and we simply don’t have the benefit of nurse practitioners at the bedside like they do during the day.”

When one of her patients was declining toward cardiac arrest recently, Mrs. Janke-Fry wanted to double-check her plan for the potential drugs and equipment needed to stabilize the situation. “I called the CNE, and she kindly said, ‘What can I help you with, honey?’ and I replied, ‘I need some help; can you come down to this room right now?’”

The CNE was immediately able to evaluate the mix of medicines and multiple IV drips while thoroughly explaining the strategy behind her decision making. “It’s just so nice to have their technical and emotional support when you need it,” says Mrs. Janke-Fry.

Clinical nurse expert Rebecca Beech, BSN, RN, understands the frustrations that new RNs may feel. She clearly remembers the first time she saw a heart attack, more than 20 years ago, and the impression it left on her. “I was a brand-new nurse,” she says. “I had no clue what to do about it except to call the doctor. I was scared to death and felt totally out of sorts.”

She now channels this empathy and experience toward educating the nurses on her floor. “I didn’t like school myself, particularly,” says Ms. Beech, smiling, “but I really enjoy working with the new nurses and ‘watching the light bulbs go off’ in their heads.”





In fact, Ms. Beech recalls a particular lesson that created an abundance of light bulbs across the neuroscience floor. After a bedside nurse had asked a few poignant questions regarding options for relieving cranial pressure, Ms. Beech sat down with her and drew a simple diagram outlining the alternatives. The drawing included monitoring, draining, positioning, pressure management and medication options. Before she knew it, Ms. Beech looked up to realize that five other recent graduates were surrounding her. One young woman even asked if she could photocopy the diagram. “The humbling part,” reveals Ms. Beech, “is that I found a stack of 20 copies the next evening. They were sharing the knowledge with each other. These young nurses are so dedicated to their patients. It’s awe-inspiring.”

Clinical nurse expert Sheryl Dailey, MSN, RN, believes that the patients also benefit greatly from the CNE program. She says that even though recent nursing graduates have a strong educational and theoretical foundation when they arrive on the sixth floor, “there is no way that orientation can prepare them for every eventuality. A CNE really is a great safety net for patient outcomes.”

“We try to teach them the quickest way and the best way to get a particular job done,” continues Ms. Dailey. “They all want to give their patients the best possible care, and it’s our job to eliminate the barriers to their success.”

CNEs also help staff nurses to “manage up” and negotiate a complicated hospital hierarchy. “I’m always impressed with how the CNEs can get the best possible patient care, no matter what obstacles stand in the way. They always do what’s right for the patient,” says Mrs. Janke-Fry.

Joshua Saleeby, BSN, RN, agrees. “Many of us don’t know the chain of command, who to listen to or who to ignore,” he says. “CNEs really help us to communicate and better navigate hospital politics.”

He remembers one tense situation when, in the midst of an emergency, a resident doctor tersely asked if there were any actual neurosurgeons available on the floor. “Our CNE smiled and said, ‘No, there aren’t any, but I’ve got 25 years of experience. Will that do?’ It totally broke the tension and allowed everyone to get down to business. It was impressive.”

Mr. Saleeby also appreciates the opportunity to learn from the CNEs. “I think that our CNEs are college professors at heart. They’re always showing us something new. Sometimes we laugh that we have to get them out of the room if we want to get our work done.”

With 64 beds dedicated to stroke and neurosurgery patients, there is always plenty of work to be done on the neuroscience floor. The night shift in particular

can offer a wealth of opportunities for young nurses to learn about delivering top-notch health care and about the important role that nurses play in a patient’s total care team.

“As CNEs, we are constantly building up the confidence of the new RNs. They need to be strong, insightful and opinionated,” says Ms. Dailey. “They need to stand up for what they believe to be the correct plan of care.”

Ms. Dailey teaches the recent graduates to never underestimate their importance to the team. “Patients are in a hospital for nursing,” reminds Ms. Dailey. “If they didn’t need a nurse, they would probably be at home.”

Dr. Swartz thinks that this practical, common-sense approach to training nurses is an integral part of the CNE program. “What makes the CNE position so special is that our new graduates now have a coach who can offer no-nonsense constructive criticism while building their confidence,” she says.

Interestingly, the CNEs themselves have also been learning throughout this process. Ms. Beech says that she has developed a knack for reading body language, suspecting when a bedside nurse might be holding back questions rather than asking them. She says other important character traits of a successful CNE include a love of teaching and the ability to be open and supportive. They must also remain approachable and not condescend, even when fresh RNs show their inexperience. “I still remember what it was like being a new nurse, way back when,” says Ms. Beech, with a laugh.

Mrs. Janke-Fry appreciates this approach. “The CNEs are great coaches and great mentors. But don’t try to get in the way of their nurses or patients. You’ll awaken their protective inner momma bear,” she smiles.

Ms. Kopser thinks this is one of the main benefits of the CNE program. “The CNE not only protects and validates a new nurse’s decisions and actions, but each CNE is also empowered to teach by example about the leadership necessary to provide exceptional patient care.”

Nurse retention is another key benefit to the CNE program. “One of our goals is to give the new nurse a strong foundation for a long career at the University of Kentucky,” says Ms. Dailey. She notes that although the night shift can be a difficult environment for many novice nurses, the coaching and experience provided by a CNE can help them transition more smoothly from the classroom to the hospital room.

As Ms. Beech says, “You learn a lot in school, but you really learn at the bedside; that’s where you can put the pieces together. That’s where you build the skills necessary for a long career.”

“You learn a lot in school, but **you really learn at the bedside; that’s where you can put the pieces together.** That’s where you build the skills necessary for a long career.” ★

A classic example of this bedside learning occurred just after the Pavilion A neuroscience unit had opened. “I was brand-spanking new,” recalls Mr. Saleeby. “There were only five full beds and three nurses, but we managed to have our first respiratory arrest code.” Mr. Saleeby immediately called for a doctor and then contacted the CNE. The CNE led the charge and had the patient stabilized before the rest of the team had even arrived.

“The CNEs make our jobs so much easier, and they teach us how to be effective nurses by example,” says Mr. Saleeby.

Although it may seem ironic in today’s high-tech health care industry to add another layer of human interaction to the decision-making process, the neuroscience staff nurses would not have it any other way—and neither would their CNEs. “I enjoy being a CNE,” says Ms. Dailey. “I enjoy teaching the new nurses, and I’m proud of the fact that the patients on night shift are the ones who really benefit.”

“I rest easier at night knowing that the CNEs are on the floor,” says Ms. Perkins. Because such a high percentage of the intensive care nurses are new graduates, the CNEs become invaluable tools for tempering and molding the new nurses. “These RNs will be light-years ahead of their contemporaries,” says Ms. Perkins.

So, what does the future hold for the UK HealthCare CNE experiment? Perhaps it can be replicated for other night shifts on other floors. Perhaps this new care model can even make an appearance on the day shift.

“The staff is very positive about the improved care delivery and nurse retention benefits of the CNE program, and many would like to see the model extended to days,” says Ms. Blackburn.

For recent nursing school graduates, perhaps another advantage to working on the sixth floor night shift in Pavilion A is a newfound goal for their own career in nursing. Perhaps the full impact of UK HealthCare’s CNE program will be when the dedicated new nurses of today become the expert, seasoned professional CNEs of tomorrow.

FOUR

BRAND-NEW

BSN NURSES...

... AND THE REMARKABLE PEOPLE, PLACES AND PROGRAMS THAT HELPED SHAPE THEM

We followed four talented BSN graduates through their senior year to learn more about the academic work and the faculty who inspired them, the clinical experiences that influenced them and the innovative collaboration between UK HealthCare and the UK College of Nursing that gave them their head start.

WRITTEN BY
Sue Fay

PHOTOGRAPHS BY
Lee Thomas
Richie Wireman

The official name for the program is the Student Nurse Academic Practicum, but to insiders it's known as SNAP, the competitive student externship experience designed, led and facilitated by nurse leaders at UK HealthCare and the UK College of Nursing. SNAP students earn academic credit as well as a paycheck for the 10-week clinical experience that places top-performing nursing students in a UK HealthCare setting under the expert guidance of experienced nurse preceptors and college facilitators. Redesigned in 2009 by nurse leaders on the academic as well as the clinical side, SNAP is a robust clinical experience strategically timed for the summer before a student's final academic year. The expectation is that SNAP participants will return to the same units for senior-year Synthesis and be in prime position for employment at UK HealthCare after graduation.

While the majority of SNAP participants each year are from UK says Nurse Recruiter Lois Lewis, MSN, RN, who coordinates the SNAP program for UK HealthCare, nursing students throughout Kentucky and even beyond are eligible, including associate degree nursing students who, if hired, must agree to earn their BSN credentials within five years of employment. A quantitative selection and interview process, initiated this year by Ms. Lewis, identified the top 50 students from an applicant pool of 100.

Says UK HealthCare Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, "Our focus is on hiring baccalaureate-prepared nurses. Currently, close to 60 percent of our nurses are BSN-prepared." The goal, she says, is to see that percentage continue to climb in support of the Institute of Medicine report recommending that 80 percent of practicing nurses nationwide

be BSN credentialed by 2020. "SNAP allows us to identify students we think could be successful here."

Patricia Burkhart, PhD, RN, associate dean for undergraduate studies at the College of Nursing, calls SNAP a win-win all the way around. "Our students get a chance to practice in a first-class health care setting with experienced nurse preceptors for 10 full weeks," she says, noting that clinical immersion experiences like SNAP often mean less orientation time for students transitioning into practice as first-year nurses. Shayne Stratton, BSN, RN, manager of nurse recruitment, UK HealthCare, says the academic externship has also contributed to UK HealthCare's higher than average first-year nurse retention rates. Dr. Burkhart calls it a great example of collaboration between the academic side of the house and the practice side of the house. "It's a terrific program and partnership," she says.

KEVIN PINTO



In 2009, Kevin Pinto, MS, BSN, RN, was a PhD student in health sciences at UK, working on virology research. When the faculty member he was studying under suddenly announced he was leaving for a faculty position in Minnesota, Mr. Pinto was at a crossroads. “Do I follow him? Do I settle for a master’s as consolation? Do I switch careers?” The New York native decided to stay put, finish his master’s—and switch careers.



He visited the college’s associate dean for undergraduate studies to talk about nursing. “Dr. Burkhardt was so warm and welcoming,” he says. “She wanted to get my perspective first—why I was interested in nursing, what I was thinking, what my goals were. She had so much insight and knowledge.” Mr. Pinto applied to the college and was admitted as a second degree BSN student in 2009. “And I haven’t regretted it since,” he says.

Jennifer Cowley, MSN, RN, is a senior lecturer for the College of Nursing. She leads the college’s legendary third-semester clinical course, famous among students for its rigor and challenge. “It’s where the rubber meets the road,” she says. The content-rich acute care semester (or “med/surg,” as students call it) covers more than 100 medical disorders common in adults and includes several challenging clinicals, including one that gives students their first real glimpse of 12-hour shifts, higher-acuity patients and what it takes to be part of a medical team in a fast-paced, technologically advanced hospital.

“I’ve seen them come in, and I can tell they’re shaking inside,” says Cheryl Witt, BSN, RN, College of Nursing faculty member and one of 10 dedicated clinical instructors for the 12-hour clinicals. Under Ms. Witt’s careful guidance, Mr. Pinto’s group of eight worked side-by-side with staff nurses in a UK HealthCare acute care setting for adults and got a taste of morning and evening shift reporting, patient assessments, electronic charting and the interdisciplinary teamwork it takes to provide outstanding patient care in a complex, medically advanced care environment.

It was an eye-opener. Ms. Witt didn’t just encourage excellence, says Mr. Pinto. She expected it. “We called her ‘the sergeant,’” he says of his favorite clinical instructor. “She was tough. But at the same time, we knew she had to be. It was helpful, and in the end we all recognized that.” As for “the sergeant,” she laughs when she hears this. “My expectations are high, it’s true, but my students generally rise to the occasion. I’m as proud as any parent when they get to the end.”

Mr. Pinto’s SNAP placement in the summer of 2011 was at UK’s Kentucky Children’s Hospital, his first choice. If Mr. Pinto had some anxiety going in, he wasn’t alone. “Kevin was my first student, and I was a little nervous about being a preceptor,” says Kimberly Daniels, BSN, RN, staff nurse at Kentucky Children’s Hospital. “I was lucky to get a student like Kevin.” Mr. Pinto was a go-getter, she says, and quickly earned her trust and everyone else’s on the nursing staff. “Some people are leery about working with another nurse’s student, but everyone was eager to take Kevin along.”

Mr. Pinto thinks about all the staff nurses he came into contact with during his undergraduate clinical experiences and says in amazement, “You’d think they would get annoyed at some point having all these students around, but they never did. They were great, very patient, always willing to help.”

Ms. Stratton and Ms. Lewis say program evaluations from nurses who work with SNAP students are often heartfelt. They offer the following from a recent evaluation: “I’m writing to tell you what a blessing this opportunity has been. When you work 33 years it

can become old. My SNAP student demonstrated enthusiasm, passion and joy in nursing. She has been a positive force in my nursing practice. She brings to mind the reason it can be such a rewarding career.”

Back at the college for his senior year Synthesis, Mr. Pinto spent the majority of the first seven weeks on the edge of his seat in a classroom listening to Darlene Welsh, PhD, RN, assistant professor, College of Nursing. Her lectures on critical care nursing for high-acuity patients were so fascinating, says Mr. Pinto, he thought if pediatrics didn’t work out he might like ICU.

Shorter-term clinicals early in the semester, like a collaborative Interprofessional Education Exercise (IPE) with pharmacy and medicine students, whetted student appetites for the semester’s final seven weeks: a clinical immersion experience at UK HealthCare.

As a SNAP student, Mr. Pinto could choose early and got his first choice: Kentucky Children’s Hospital. His preceptor on 4-West was Amy Piercy, BSN, RN, staff nurse at the children’s hospital. She says her student was ready to jump right in thanks in large part to his SNAP experience. He was already familiar with the flow and daily routine and could focus on time management, an area most new nurses won’t face head-on until they’re actually in practice. After graduation, Mr. Pinto was offered a permanent position on 4-West. He was thrilled—and so was the unit.



CHARLOTTE HALE

For Charlotte Hale, BSN, RN, it was a dedicated nurse, the mother of a childhood friend, who inspired her to pursue nursing. In high school, the motivated teen spent her summers working in a community hospital near her home, where she shadowed nursing staff in just about every unit in the hospital. She even shadowed the dietitian.



As a nursing student at UK, the 2008 Governor's Award recipient had a curiosity that was just as wide and varied. "I had public health today and I loved it," she said in an interview last spring. It's not the kind of nursing she wants to do, she admits, "but it was just so interesting."

disappointed when she was assigned to UK Markey Cancer Center. "I thought the more experiences the better," she says. Working nights under nurse preceptor Mary Vallon, BSN, RN, staff nurse, UK Markey Cancer Center, was an unforgettable experience. "I basically did everything the nurse could do with nurse supervision," she says. The relationship between the nurses on staff and the oncology patients on the floor affected Ms. Hale deeply. "It was such a positive and healing place."

BSN, BS, RN, staff nurse, Chandler Hospital, she was definitely excited. "Charlotte was an excellent student and you could tell that her SNAP experience had given her confidence, especially in communicating with patients and families," says Ms. Young. "She was conscientious and very well-liked." So well-liked, in fact, Ms. Hale received an unexpected offer on her last day on the unit.



When asked about a clinical course that stood out for her as an undergraduate, Ms. Hale doesn't hesitate. "Med/surg," she says. "I couldn't believe how much we learned that semester." Ms. Hale says the mind-boggling amount of content leading up to the 12-hour clinicals, including a sister course in pathology-pharmacology, began to really click. "We were seeing what we'd been learning—right and left!"

With Ms. Vallon as a role model, Ms. Hale became comfortable talking to doctors and grew close to the patients receiving chemotherapy under their care. "They were just so thankful for your help and support and had such a great outlook despite what they were going through," say Ms. Hale.

The daughter of a patient was so impressed with Ms. Hale's capability and compassion she urged her to consider applying to the hospital where she herself worked and had some influence: Central Baptist Hospital. With graduation in sight, Ms. Hale had already applied for several positions at UK HealthCare and told herself she'd take the first offer. "I had no idea it would be so quick or at a place other than UK HealthCare," she says. She accepted that first offer and went to work for Central Baptist Hospital in Lexington.

Cindy Hudson, MSN, RN, UK College of Nursing, was Ms. Hale's clinical instructor on the hospital's fifth floor. Every semester she urges her students to work hard to become the kind of nurse they'd want taking care of them or someone in their family. "You could tell even then Charlotte would be that kind of nurse," she says.

Taking the critical care course the following semester, she was back in the world of high acuity—her first love. But now, after SNAP, it wasn't her only love. While ICU was her first choice for Synthesis, she'd also requested Markey. "Truthfully, I would have been happy with either one."

Her preceptor and UK nurse recruiters were sorry to lose her to another hospital, but as Ms. Young points out, it just goes to show the quality of the nurses being prepared today at UK.

Ms. Hale was accepted as a SNAP participant in 2011. She was hoping for an ICU placement but wasn't

When she learned she'd be in Trauma ICU under preceptor Rachael Young,





ABRAHAM ARMAH

Abraham Armah, BSN, BS, RN, always wanted to study nursing, but in Ghana, his native country, students had little to no choice about their academic field of study. A strong math student, he was steered into economics and eventually came to the U.S. to complete his degree and begin working.

But Mr. Armah never forgot his original dream. He applied to nursing school at UK. He says at first everyone thought he was shy. But the non-native speaker with the charming British accent says the real reason he was quiet was that he'd never spoken one-on-one with a professor. "Back home, with 500 students in a class, there was no personal interaction with faculty," he says. "Here, they know who you are, your grades, how you're performing. I wasn't used to that."

It didn't take him long to appreciate the difference. One of his clinical instructors, Matthew Proud, BSN, RN, CEN, patient care manager in the adult emergency department for Chandler Hospital, encouraged his student to apply for SNAP. "Students have the textbook knowledge but it's the clinical experience that expands it and takes it to their fingertips," he says.

Mr. Armah began his SNAP externship in the telemetry unit under the watchful eye of Dianne Toll, BA, ADN, RN, staff nurse at UK Good Samaritan Hospital. "When you're a SNAP that first summer, you're seeing and thinking about systems that are all very new," she says. "Then you go back and have another semester to study those systems again and now you have something to compare them to. Things start to click." Ms. Toll says her hardworking preceptee made big strides during his SNAP summer and became a nursing care technician on the unit. He had a

great combination of intelligence and compassion, she says, and his SNAP experience gave him a confidence that served him well when he came back to the unit for Synthesis.

She recalls one day in particular. The two had assessed a patient who was having difficulty with mobility. Later, Ms. Toll noticed her student carefully going over the patient's range of motion. "I hadn't mentioned it or even asked him to do that. He did it on his own," she says, obviously impressed. "That's pretty neat for a student to think on his own about what a patient needs and to take the initiative. A lot of students would have asked for assistance."

Ms. Toll, who serves on a committee for nurse retention at UK HealthCare, says clinical immersion experiences like SNAP and Synthesis are a good investment. They contribute to a collaborative workplace environment where experienced nurses enjoy working with students and novice nurses—and take real pride in their progress. "They say a bad economy is nurse retention's best friend but we'd rather be the place good nurses want to stay, where you want to come back to work the next day," says Ms. Toll.

For Mr. Armah, who graduated last May, the long recruiting season was excruciating, but by August, he was right where he wanted to be—at Good Samaritan Hospital as a full-fledged, full-time, first-year nurse. "And he will be a good one," says Ms. Toll.

JULIAN PABIAN

Julian Mehl Pabian, BSN, RN, will never forget the nurses who cared for her in the hospital after an emergency surgery when she was a teen.

"I saw what good care really does for a person and how big a role nurses play." She announced to her surprised family of teachers that she wanted to be a nurse. Like all new nursing students at UK, Ms. Pabian had clinical experiences every semester, including health promotion for children in local schools and caring for patients at nearby Cardinal Hill Rehabilitation Center. She calls Ms. Cowley's lectures in the third-semester clinical course "the roots of nursing for me." Her instructor for the 12-hour clinicals was Tara Yarberr, MHA, BSN, RN, UK College of Nursing. Ms. Yarberr says having clinical days that mirror the hours that nurses work make a big impression—and not just on students but on staff. "We're right there with them, for the duration."

Last January, Ms. Pabian, a December 2011 BSN graduate and educational grant recipient who knew a career at UK HealthCare would be in her future, was hired as a first-year nurse in Trauma ICU at Chandler. It's the same unit where she did her SNAP and her Synthesis, both under the guidance of Chandler Hospital Trauma ICU Nurse Gina Andreoli, ADN, RN, a senior nurse with more than 20 years experience in ICU—and in precepting.

"Jules and I really meshed, which was very unusual for me because I tend to be a little strong and overbearing," says Ms. Andreoli, a self-described stickler for the nursing basics who won't hesitate to tell a student to go

back to the lab for more practice. "If you go in and you assess your patient from top to bottom, are hands-on and pull back the covers, look at their skin, feel their pulses, check their mental status, delivery pulmonary care, turn them, regulate IV drips—if you do the basics, and no, they're not glamorous and nobody's going to pat you on the back for them, but if you do them and do them consistently, your patient isn't going to get into trouble." Ms. Pabian was like a sponge, says Ms. Andreoli, "One of the best students I've ever had—and I've had many."

Ms. Pabian says many of the lessons she learned from her preceptor aren't found in a book. She offers one example. "When she goes into a patient's room and there's family, she immediately introduces herself and explains what's going on in a way they can understand. She says 'what questions do you have?' instead of 'do you have any questions?' That sounds so simple, but it was groundbreaking for me. Right away, it puts people at ease and they know it's OK to ask questions. She's just an incredible nurse."

All of the students, now first-year nurses, say their SNAP experiences will stay with them forever. "We learned so much and from people who were really invested in us," says one. "That really means something. It makes you want to give back yourself someday."



It's

SINK *or* SWIM

One of the first nationally accredited nurse residency programs provides first-year nurses the support and confidence they need to succeed.

WRITTEN BY
Rebekah Tilley

PHOTOGRAPHS BY
Lee Thomas
Richie Wireman



Right: Brian Fields, BSN, BA, RN



The national turnover rate for first-year nurses is about 27 percent. At UK HealthCare however, the first-year turnover rate is an astonishingly low 9.5 percent, thanks to the BSN Nurse Residency Program. A seismic shift in the nature of health care has fundamentally changed the nursing profession. Changes in technology, higher levels of specialization and a larger patient population that is living longer have all placed new expectations on staff nurses from the moment they step onto the floor. High-tech, high-knowledge skills that might have been expected only in the ICU in the past are now part of routine hospital floor care.

Today's nurses also have an increased level of responsibility, resulting in more accountability and the expectation of greater expertise.

“As an academic medical center, because of the complexity of the care model that we have here with so many students and acutely critically ill patients, that practice transition can be particularly challenging,” says Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive, UK HealthCare. She says that first-year nurse turnover ultimately ends up costing patients, both tangibly and intangibly, in terms of the experience, confidence and proficiency of their nursing staff, which is why the nurse residency program is so critical.

After four years of nursing school,

agonizing over the National Council Licensure Examination for Registered Nurses (NCLEX), and months of orientation with a preceptor, a first-year nurse inevitably winds up alone in a room with a rapidly deteriorating patient and a sinking realization:

“I am the nurse!”

This is a critical point in a new nurse's career that can feel like a proverbial sink or swim situation.



Carol Noriega, MSN, RN, CEN



A visionary PARTNERSHIP

In 2002, in response to these trends in the profession, the University HealthSystem Consortium (UHC) and American Association of Colleges of Nursing (AACN) conceived and developed the UHC/AACN Nurse Residency Program™ for first-year baccalaureate-trained nurses. UK HealthCare was one of six alpha sites participating in the pilot program, and it became one of the first in the nation accredited by the Commission on Collegiate Nursing Education.

Ten years ago, then-College of Nursing Dean Carolyn Williams, PhD, RN, FAAN, and Karen Stefaniak, PhD, RN, then-associate hospital director and chief nursing officer, UK Albert B. Chandler Hospital, were part of

the original planning committee as the residency program was being developed. Dr. Williams and Dr. Stefaniak forged a strategic and visionary partnership between the college and UK HealthCare that continues today.

The connection between these two significant institutions is perhaps best understood in the symbiotic, professional relationship of Jeanne Bouvier, MSN, RN, ACNS-BC, BSN residency coordinator, UK HealthCare, and Claudia Diebold, MSN, RN, CNE, senior lecturer, College of Nursing and faculty coordinator of the nurse residency program. Over the past 10 years they have worked side-by-side to develop the program on both the national level and on the ground at UK. They were both on the original UHC/AACN curriculum committee and have

been part of each national curricular revision. For the past several years they have conducted the orientation training sessions for new hospitals joining the UHC/AACN Residency Program.

“Nationwide, some people have told us that the UK HealthCare BSN Nurse Residency Program is as big as the basketball team!” Ms. Bouvier jokes.

To have an accredited nurse residency program, a hospital must have a partnering nursing program, but no other residency program in the country has anything that compares to the relationship between the UK College of Nursing and UK HealthCare. “The participants from our college are intricately woven in,” says Ms. Bouvier over speakerphone with Ms. Diebold in her office, while they are working

together to update the next nurse residency curricular revision.

“The partnership really enhances the program because the facilitators are coming from two different aspects of the experience,” Ms. Bouvier continues. “You absolutely have to have someone who is clinically involved with those units. Then at the same time you have someone who is familiar with research and evidence-based practice. So it really is a great match between the two.”



“As an academic medical center, because of the complexity of the care model that we have here with so many students and acutely critically ill patients, that practice transition can be particularly challenging.”

— Colleen Swartz, DNP, MBA, RN, NEA-BC
chief nurse executive, UK HealthCare

A critical YEAR

All baccalaureate-trained nurses within six months of graduation are automatically enrolled into the residency program when they are hired by UK HealthCare. Far from a super-sized orientation and preceptor experience, the nurse residency program is about professional growth. The nurse residents are divided into small groups based around their service lines and meet once a month to go over curricular topics such as pain management, effective communication and resource management. The sessions are a scheduled and paid part of a nurse's regular workload. While most of the residency meetings are half-day sessions in small group settings, about four times a year the residents meet in large, daylong workshops, during which they have the opportunity to network with peers from other departments.

"We're hoping they'll learn to network with each other in addition to receiving the content that we want to deliver," says Darlene Welsh, PhD, MSN, RN, assistant professor, College of Nursing, and a veteran residency facilitator. "Let's say you have a resident who works in a cardiovascular ICU who becomes really proficient with the care of patients with cardiac problems. If you're a nurse in the

neurosurgery ICU and you've had contact with the cardiovascular nurse in the residency program, you'll feel comfortable enough to call the nurse and say, 'I have a patient with a cardiac issue here, and I have a lot of questions about it. Could you give me advice?' The hope is that each resident will have a whole cadre of nurses throughout the hospital that they feel confident enough to connect with in similar ways because of the residency program."

The other monthly sessions are half-day events where residents meet with their small groups and residency facilitators to discuss topics that are specifically tailored to the residents' needs. The organization of the groups reflects the residents' service lines, which is helpful in building department unity.

"Trauma surgical patients are different from neurological patients, and they are different than cardiac patients," explains Carol Noriega, MSN, RN, CEN, staff development specialist, Staff Development, UK HealthCare, and a residency program facilitator. "We are able to present the information tailored to the type of patient that the residents care for. Additionally we also have ICU, progressive care and acute care nurses together in a group, so they are able to develop an awareness of what happens in their department as a whole and can find ways to build a team among

all of them. It all remains relevant to their service line."

As a staff nurse in Kentucky Children's Hospital Neonatal ICU, Mary Kate McGuire, BSN, RN, appreciated the opportunity to get to know the clinical nurse specialists in her department and have a chance to go over some of the more complicated equipment—like the pediatric chest tube system—outside the high-stress atmosphere of the NICU.

"We had a skills day, which gave us a chance to work through the kind of equipment that you may see every day, but may not use until an emergent situation," says Ms. McGuire. "There was other equipment that I was a little intimidated by, so it was nice having those days with each other to be able to ask questions or have experienced nurses comment about how nervous they were to use it, which helped put us at ease. Our clinical nurse specialists and other experienced staff nurses were brought in and talked us through each of the different stations. It was a great way to network within the unit and be able to get to know people better by spending more time with them."

The ability to offer tailored instruction is one of the strengths of the nurse residency programs. While working as a nurse residency program facilitator with new nurses in the stroke intensive

care unit, Alexandra Dampier, BSN, RN, staff nurse, Chandler Hospital, built one of her small group's monthly sessions around their most pressing questions. "A majority of the new nurses did not feel comfortable with end-of-life situations, so we pulled up all of the policies and had them create skits for each one to learn the material," describes Mrs. Dampier. "We discussed brain death testing, post-mortem care, contacting the coroner, and pronouncement of patients after they have expired. We gave them time to look through the paperwork and told them what needed to be filled out. We answered their questions and gave them resources for when they are out on the floor."

Many of the instruction sessions' facilitators find ways to teach skills outside the box of a clinical setting. Ms. Noriega recounts one residency group that went to the Life Adventure Center in Versailles, Ky., for a trial project in patient deterioration and problem solving. There they introduced the FADE process (Focus, Assess, Develop, and Evaluate) and experimented working through complex team puzzles provided by the center. Another group used a "The Price is Right"—themed skit to teach residents about the costs of certain materials in an effort to make them mindful of issues related to cost-savings and waste.



Mary Kate McGuire, BSN, RN



Saving hearts **AND SOULS**

As a new nurse coming into the profession as a second career, Brian Fields, BSN, BA, RN, ICU staff nurse, UK Good Samaritan Hospital, found his resident facilitator to be a critical part of his first few months of transitioning into the profession.

She encouraged him to switch to night shift when the pace of the ICU and the financial pressure of student loans almost overwhelmed him. “I think I would have left the job otherwise,” says Mr. Fields when asked what he would have done without the encouragement of his residency program facilitator. “Nursing is a really difficult, hard job because you have to deal with patients and families and the psychosocial aspect to the job that you don’t think about. Let alone the medical issues in dealing with very sick patients. For me the most important thing about the residency program was the mentorship.”

One feature of the monthly residency meetings is “Tales From the Bedside,” where residents write down stories related to the month’s topic with a goal of finding solutions to certain challenges encountered on the job. It’s a confidential time with the facilitators and other resident colleagues in their service line. There they are free to talk with people they trust and, Ms. Bouvier reports, it keeps many nurses from leaving.

“The hearts and souls of nurses have been saved with this program,” says Ms. Bouvier. “By their nature, most nurses are good-natured, compassionate, caring people, and because of that there is always a new nurse who thinks, ‘Oh no! This patient died because of me!’ but then a seasoned nurse can be there for them and say, ‘Well, no. Look how sick they were’ or ‘Look at the good things you did for them and their families.’ Those things can make new nurses realize they are better than they think they are.”

Joanne Matthews, DNP, RN, APRN-CS, clinical instructor, College of Nursing, teaches a residency program seminar called “Crucial Conversations.” Prompted by a 2005 study called “Silence Kills: The Seven Crucial Conversations for Healthcare,” Matthews gives first-year nurses the tools to facilitate successful and safe communication that productively meets the needs of patients.

In a case scenario where a seasoned nurse berates a first-year nurse for not being able to start an IV, Dr. Matthews asks, “How do you approach that nurse safely to keep the collegial relationship going and yet have them understand how that made you feel? One of the tools is contrasting: ‘I’m not saying that you aren’t an experienced and seasoned nurse, but what I am saying is that

when I asked you to help me with skills, I felt belittled. I felt disrespected.’ So it opens the conversation with ‘I respect you for what you can do, but I felt disrespected when you approached me that way.’”

Having collegial professional relationships is the necessary foundation for resolving a patient’s needs when multiple providers may have different ways of looking at what is best for the patient. Professional relationships also provide a positive work environment and keep nurses happy in their jobs.

“The hearts and souls of nurses have been saved with this program.

By their nature, most nurses are good-natured, compassionate, caring people and because of that there is always a new nurse who thinks, ‘Oh no! This patient died because of me!’”

—Jeanne Bouvier, MSN, RN, ACNS-BC,
BSN residency coordinator, UK HealthCare

Seamless academic PROGRESSION

Baccalaureate-prepared nurses are equipped to make evidence-based scientific contributions to enhance quality patient care, and doing so is an important part of their professional development.

The nurse residency program concludes with the presentation of evidence-based projects developed by the residents through the course of their program. They are asked to look for solvable problems on their unit and perhaps work with another resident or a small team of residents to address specific concerns and come up with a formal solution to the problem. They also must find a way to share the information throughout the hospital so that practice can improve.

“Evidence-based projects are really important products of the program,” Dr. Welsh says. “Nurse residents aren’t just learning and trying to be better nurses during that first year out. They are contributing back to their organization, back to their units and floors, by coming up with viable ways to improve practice in those settings. The projects are very valuable and tangible products that residents are giving back to the institution.”

Before the residency program, first-year nurses rarely did any projects like this. The nurse residency program put into place a systematic structure of taking new residents who come with a knowledge base that lends itself to evidence-based practice and encourages them to locate and solve problems on their units.

“I know Colleen [Swartz] wants to create a culture of evidence-based practice for nurses, and the residency program is changing the culture,” said Ms. Bouvier of the evidence-based project requirement. “Some of these nurses just blossom when you challenge them with something like this. They have great ideas because they are right there and they see little things that can be improved. Fresh eyes can make a big difference.”

Because of the close working relationship between the College of Nursing and UK HealthCare, Ms. Bouvier reports that UK is the only nurse residency program in the country that gives residents the option to turn their evidence-based project requirement into graduate credit. The College of Nursing offers a special section of NUR 602: Research Methods in Advanced Practice Nursing that allows nurses to earn three hours of graduate credit over two semesters. Best of all, as UK employees, the cost of tuition is covered.

“I hadn’t planned on going to graduate school so soon upon completion of my undergraduate degree, but the class was a way for me to determine if I enjoyed nursing school on a graduate level,” says Mrs. Dampier, who is now a student in the college’s Doctor of Nursing Practice Program. “The class was challenging but manageable, and I learned I could work and be in school.

Research was the perfect introduction to graduate school because it was wonderful additional information to help with our BSN residency projects. The majority of us continued to pursue graduate degrees when the course was completed.”

This easy transition to graduate school directly achieves the recommendation for nurses to “... achieve higher levels of education and training through an improved education system that promotes seamless academic progression” by the October 2010 Institute of Medicine’s (IOM) report “The Future of Nursing: Leading Change, Advancing Health,” which is the blueprint for the nursing profession as it faces the challenges posed by the increased demand on America’s health care system.

“The goal of the program is to make the first year less stressful for a new nurse, and some people would be completely stressed out taking a graduate-level course during their first year as an RN,” says Ms. Diebold. “Others are stressed out by not doing it because they want to feel like they are moving forward. This is a low-stress way to keep a toe in the water toward graduate school.”

Additionally, the close relationship between the college and UK HealthCare means that College of Nursing faculty members are able to “help shape the transition even before students graduate,” says Dr. Swartz. Residency facilitators from the College of Nursing, like Dr. Matthews and Dr. Welsh, report tweaking their classes to cover topics that their nurse residents have found pressing, such as learning to prioritize patients and communicate with physicians.

The nurse residency program at UK teaches first-year nurses how to swim in a “sink or swim” environment. At the end of the year, nurses are able to go about their jobs knowing how to give the best care to their patients. They have forged relationships with nurses up and down their service lines that enable them to transition patients in a way that insures continuity of quality care. They have demonstrated skill acquisition in an environment of interdisciplinary practice, often coordinating the care of complex patients among myriad disciplines needed to optimize clinical outcomes. They have a solid understanding of the UK HealthCare infrastructure, which includes a complex level-one trauma center, a system of three hospitals and a growing ambulatory practice setting providing care for patients across the continuum, resulting in the ability to better promote their patients’ well-being, serve on committees, and promote effective, evidence-based change and communicate that throughout.

And then they can say with confidence:
“I am the nurse!”



Nurses Helping Nurses

Left: Theresa Back, MSN, APRN, CCNS and Peggy Hardesty, MSN, RN, APRN

Opposite page, below center: Chris McGlothlin-Boggs, MSN, RN, APRN

EXIT
WRITTEN BY
Sue Fay
PHOTOGRAPHS BY
Lee Thomas
Richie Wireman



They're coaches. They're mentors. They're preceptors.

Today at UK HealthCare, many nurse-led programs, practices and initiatives are in place to coach, mentor and support nurses enterprise-wide. Among the efforts: nurse preceptors use evidence-based practice to help educate UK College of Nursing Doctor of Nursing Practice students prepare them for advanced clinical practice. And a dynamic team of senior nurse advisors coach and mentor up-and-coming nurses while they transition into high-level leadership roles.

Modeling Excellence

Leadership is a critical component and major thread in the UK College of Nursing's nationally recognized Doctor of Nursing Practice (DNP) Program. "We're preparing our students with not only advanced nursing skills but with leadership skills required to work with other professionals in an interdisciplinary process—to lead change and implement programs that improve outcomes, quality of life and safety for patients," says Patricia B. Howard, PhD, RN, NEA-BC, FAAN, interim dean at the College of Nursing. It's a high-level concept, she says, one that college faculty and advanced practice nurses at UK HealthCare are working closely together to teach—and demonstrate.

Dr. Howard says that while many of the students in the college's nurse practitioner and clinical nurse specialist tracks have already had years of nursing experience, taking those skills to the next level will require as many as one thousand hours of hands-on clinical experience and even more in academic study. Guiding them through those clinical experiences are advanced practice nurses working at the highest level in key health care positions at UK HealthCare and throughout the region. Says UK HealthCare Chief Nurse Executive Colleen Swartz, DNP, MBA, RN, NEA-BC, "Our preceptors play a significant role in encouraging nurse practitioners as they make the transition into practice and are important role models for this new responsibility in the care model."

Peggy Hardesty, MSN, RN, APRN, nurse practitioner at UK's Gill Heart Institute, sees heart failure outpatients at UK's renowned center for clinical care and heart health research. She's also an experienced preceptor and works one-on-one with a nurse practitioner student during the second semester clinical rotation in a specialized clinical setting. The clinical experience is designed to build a student's theoretical, scientific and clinical knowledge, as well as practice-based skills. Ms. Hardesty, who has been precepting for five years now, has worked with students from a variety of backgrounds—from experienced BSN nurses pursuing their advanced practice doctorates to BSN-DNP students who may be at the beginning of their professional careers. Both, she says, need the reinforcement and reassurance a strong preceptor can offer. "I know how important it was to me, even as a new nurse," she says. "When you start out with a good preceptor, it can impact your whole career. Good ones along the way just reinforce your practice."

Chris McGlothlin-Boggs, MSN, RN, APRN, University Health Service, came to the university clinic as a nurse practitioner in 2002 and started precepting advanced practice students from the college soon after. She says a preceptee will start by learning the clinic's electronic medical records system before joining her two days a week to see patients. Most of these are generally healthy UK students being seen for acute illnesses. But you never know, says Ms. McGlothlin-Boggs. "There's nothing like beginning to do an exam and finding an insulin pump the patient forgot to mention!" She notes that any clinician can get so tuned in on a "problem-focused visit" that it can be easy to miss something crucial. "Getting an accurate medical history from an 18-year-old who's used to having a parent do it can be a challenge." That's exactly why University Health Service is such a good one for a student's first clinical rotation, she says, where the focus is on assessment, diagnosis and management of acute health problems of individuals.

Making a shift in thinking can be difficult for students studying to be nurse practitioners, especially for those coming into the program after

years of nursing practice. “As an RN, you’re formulating plans, but you’re not necessarily giving the orders,” says Ms. McGlothlin-Boggs. “As a nurse practitioner, you’re in charge of this patient now.” She understands the challenge because she faced it herself. “When I was a student I was very timid at first about being the one that says *this* is what we’re going to do.” She credits several of her own preceptors for demonstrating this more autonomous role and for helping her embrace it herself. She is a preceptor now and does the same with her students, showing that good patient care is collaborative. “Throughout the course of the week, I’m always consulting with fellow nurse practitioners or one of my attending physicians,” she says. “I stress to students all the time that they don’t have to know all the answers. But what you do have to know first is that something’s not right. Then you have to know how to take an accurate history and perform an accurate physical.” If you can do those three things, she reassures them, you can determine what your patient needs.

Developing Leaders

They’re two highly respected nurse leaders at UK HealthCare, one a former chief nurse executive for the enterprise and the other a former chief nursing officer who was lured back after a long and rewarding career as chief executive officer of the University of Texas Medical Branch Health System in Galveston, Texas. Today, UK HealthCare Senior Nurse Advisor Diana J. Weaver, PhD, RN, FAAN, and UK HealthCare Senior Nurse Advisor Karen Sexton, PhD, RN, FACHE, are marshaling their considerable talent, experience and connections to support senior nurse leadership at UK A.B. Chandler Hospital, UK Good Samaritan Hospital and Kentucky Children’s Hospital.

“Our primary focus is on our colleagues in leadership roles at the hospitals and positioning them for success in their respective positions in the organization,” says Dr. Weaver. She and Dr. Sexton are involved in one-on-one coaching, mentoring and leadership development for service line directors, senior nurse administrators, as well as nurse managers.

“Nurse leadership is about leading change and building relationships that are collaborative and effective in leading that change,” says Dr. Sexton. The two senior nurse advisors have started an onboarding process for service line directors. “It’s not just an orientation but a leadership development experience for them as a group,” says Dr. Weaver. With their combined years of experience and powerful network of connections, Dr. Weaver and Dr. Sexton are able to link nurses in leadership roles with the education, information and resources they need to be successful. “It’s about helping them understand systems, system theory and knowing how to interact to make things happen in a hospital for the best care of patients,” says Dr. Weaver.

Leadership development is crucial at every level, both say. “The role of the nurse manager is a special passion of mine,” says Dr. Weaver. “They’re the connecting link to the bedside clinician and the one who brings these systems

of change, these best practices, to the patient level.” She and Dr. Sexton recently started a popular journal club for nurse managers at Chandler and Good Samaritan hospitals. The group meets twice a month for lunch to talk about a book they’re reading, usually one of the classics on nurse leadership. It’s quickly become a popular forum for sharing knowledge.

This summer, the group extended an invitation to nurse leaders throughout the region to join them a few times each year. “As good citizens, we have a commitment to the nursing community throughout the Commonwealth, and this is a good example,” says Dr. Swartz, who applauds Dr. Weaver and Dr. Sexton and the leadership work they’re doing on all fronts. The honor, they say, is theirs. “I feel privileged to be back in this institution, using my experience and knowledge to help advance the institution forward,” says Dr. Sexton. “For me, it’s giving back.”

Coaching Careers

An academic medical center with a dedicated career resource program exclusively for nursing? There aren’t many, says Sue Strup, MSEd, MSN, RN, nurse career consultant for UK HealthCare. In fact, she says, you’ll have a hard time finding any. More than a year ago, Jane Kirschling, DNS, RN, FAAN, then-dean of the UK College of Nursing, and Colleen Swartz, DNP, MBA, RN, NEA-BC, chief nurse executive of UK HealthCare, began working on the idea with Ms. Strup, who has led career-counseling centers for some of the nation’s top universities, including UK.

“My career has been in professional career counseling but I’m a nurse at heart,” says the leader of the newly established UK HealthCare Nursing Career Resource Center. Before building her credentials and an impressive resume in career counseling, Ms. Strup was a practicing nurse. Today, she’s bringing both strengths to the table at the center, located at Chandler. There, nurses and nursing students find a wealth of materials to help with resume writing, interviewing skills, career planning and more, including information on education programs for nurses seeking a BSN or an advanced nursing degree. Ms. Strup has also started a monthly “lunch and learn” workshop for nurses interested in advancing their education and careers and has been invited to speak to senior UK nursing students on topics related to career searches.

Right now, Ms. Strup is on-site three days a week for job coaching, practice interviews, career planning and one-on-one advice on everything from what to say to what to wear to an interview. You might want to call first, though. When the center opened in January 2012, people came in for her help. By March, that number had almost tripled. “The word has definitely gotten out,” says Ms. Strup. “It’s wonderful to see people taking advantage of it.”

For more information about the UK HealthCare Nursing Career Resource Center, visit www.ukhealthcare.uky.edu/nursing/career-center/.



Extraordinary Nursing Is Required to Provide High-Quality, Cost-Efficient Care

WRITTEN BY
Jan Taylor

PHOTOGRAPH BY
Lee Thomas

Michael Karpf, MD
Nurses on UK Chandler Hospital's 7th floor ICU



UK Executive VP for Health Affairs Michael Karpf, MD, describes the critical role nursing plays in delivering Kentucky's most sophisticated health care.

The UK HealthCare mission statement says it all—“UK HealthCare draws strength from the pillars of academic medicine.” UK cannot meet its commitment to the Commonwealth without drawing upon the expertise, experience, capabilities and depth of all UK researchers, educators and clinicians. Within each of these areas, nurses stand out as some of the most active and respected members of the team.

As a young clinician, Michael Karpf, MD, UK executive vice president for health affairs, learned respect for what nurses bring to the care of patients. “When I trained as a hematologist/oncologist, there was a chemotherapy nurse who had come from the National Cancer Institute. She was the one who really taught me about chemo,” he said. “She taught me about how to make sure the dosages were right—how to make sure you were thinking about lean body weight. She was the one who gave me rigor, not only in defining the doses but also in how the medicine was administered. I learned from the books which chemo to use; I learned from her how to give the

chemo I was supposed to give and to give it the right way.”

Nurses represent fully 35 percent of UK HealthCare staff. They are a large and influential employee group—touching more than 34,000 hospitalized patients last year, present at 1.17 million outpatient visits. When inpatients leave the hospital, it is often their nurse they picture when anyone asks them how it was. In the outpatient setting, nurses shoulder much of the conversation with the patient—listening, extracting important details, educating about tests and treatments.

UK HealthCare’s vision to become a Top 20 academic medical center is focused around a few key strategies—two of them heavily dependent on nursing for success:

- 1| Offer a broad range of advanced subspecialty care
- 2| Provide high-quality, cost-efficient health care

“Nurses bear the real brunt of the interaction with patients and their families. In a hospital like ours with very sick patients, you can do your very best and things may not always work out the way we wish or hope. Nurses are really leaned on in these situations. The doctor can go by and explain it to the patient and the family and everybody will be very attentive and respectful, but the real emotions, the real feelings, the real need for support comes out when the doctor leaves the room and the nurse walks in.”

—Michael Karpf, MD, UK executive vice president for health affairs, UK HealthCare

Offer a broad range of advanced subspecialty care

Many elements must be in place to make this a reality, not the least of which is a cadre of nurses who possess the highest levels of training and advanced certifications in these specialties. UK HealthCare nursing leadership sponsors many initiatives to support nurse education and training. A specific plan is in place to increase the proportion of baccalaureate-prepared registered nurses at UK HealthCare. And 260 UK HealthCare hospital nurses hold advanced certifications in specialized areas of nursing.

“Considering the extraordinarily complex patients cared for within the UK HealthCare system,” said Dr. Karpf, “we must have an outstanding group of nurses and support team members in addition to the right physicians. Increasingly, we have end-stage organ patients waiting for liver, heart and lung transplants. We are putting them on devices like the extracorporeal membrane oxygenator (ECMO) or putting in artificial hearts. These aren’t things every hospital does, so our nurses have to have a level of expertise way beyond the level of expertise of a nurse at a community hospital or even the level at some of the major academic medical centers.”

Provide high-quality, cost-efficient health care

At the core of UK HealthCare’s commitment to the Commonwealth is the delivery of excellent patient outcomes. It gets there by promoting high-quality clinical care by UK nurses, day-in and day-out, who work closely with UK physicians, and stand at the center of the team that encircles the patient. “Our nurses are at the forefront of helping us guarantee quality,” said Dr. Karpf. “It is just extraordinary the amount of responsibility they carry to make sure all care is provided the right way, the very first time.”

Today, nurses and other members of the UK HealthCare team are celebrating the fact that our observed-to-expected mortality is excellent—ranked in the Top 20 among university medical centers. UK clinicians are demonstrating excellence in quality, efficiency and safety measures that is beginning to attract attention. In 2012, UK Albert B. Chandler Hospital was ranked No. 1 in Kentucky by U.S. News & World Report for its nationally ranked and regionally high-performing services.

And while cost efficiency is critical, UK HealthCare leaders expect it to flow naturally from high-quality, evidence-based care—delivering what the patient needs, and only what the patient needs, at the right time and in the right place. “We need to be as efficient with these complex patients as anyone in the country,” Dr. Karpf explained. “Our nurses with their special skills are right at the core of how we use resources. Without the full engagement of nursing, we will never be ‘benchmark’ in efficiency. They are really critical to that process.”

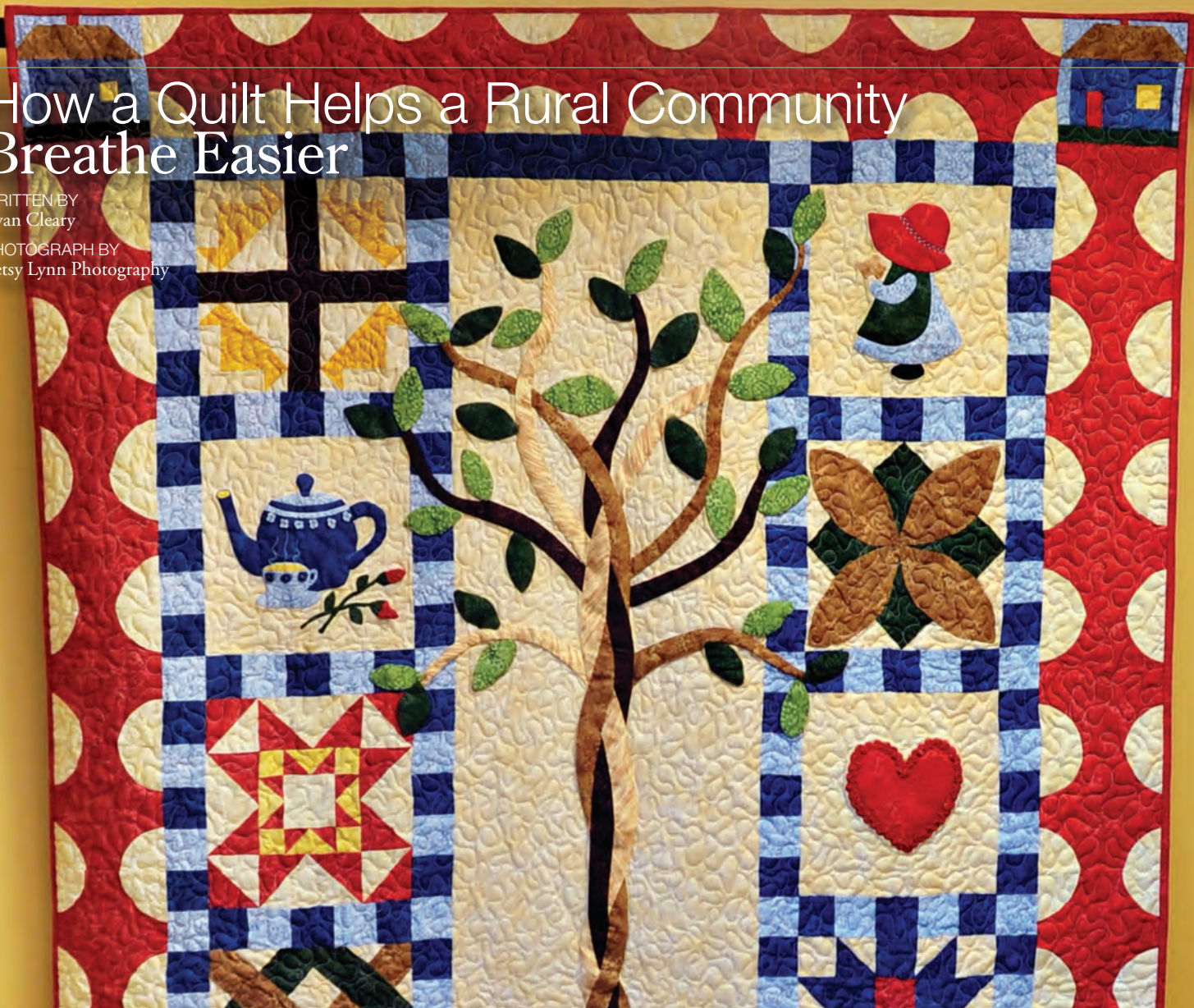
Patient satisfaction is intertwined with quality and flows from delivering high-quality, efficient care. “In terms of patient satisfaction,” Dr. Karpf added, “nurses bear the real brunt of the interaction with patients and their families. In a hospital like ours with very sick patients, you can do your very best and things may not always work out the way we wish or hope. Nurses are really leaned on in these situations. The doctor can go by and explain it to the patient and the family and everybody will be very attentive and respectful, but the real emotions, the real feelings, the real need for support comes out when the doctor leaves the room and the nurse walks in.”

Finally, nurses have historically been among the most vocal advocates for the patient. They lead the way in demonstrating UK HealthCare values—sense of urgency, teamwork, accountability, innovation and respect. No other group of employees has the power to influence the patient care environment like UK HealthCare nurses do.

How a Quilt Helps a Rural Community Breathe Easier

WRITTEN BY
Ryan Cleary

PHOTOGRAPH BY
Betsy Lynn Photography



Folk art gets the smoking-cessation message across.

In a region rich in folk art, researchers found their decidedly community-centered answer in the area's quilting tradition.

"We wanted to find a way to speak to people without being preachy," says Karen Butler, DNP, RN, assistant professor with the University of Kentucky College of Nursing.

Dr. Butler led a partnership among the Lawrence County Extension Office, the Lawrence County Health Department and the UK College of Nursing that began with a series of focus groups and ultimately grew into the Tree of Life Quilt Project. Designed by the Lawrence County Quilted Treasures Quilt Guild, the quilt depicts stories of a life addicted to smoking and the difficulties in trying to quit.

For example, one block features an image of a young girl in a sunbonnet, which is an adaptation of a design from the 1800s. In this context, it symbolizes quitting smoking for one's children, which was a common aspiration voiced in the focus groups.

"We had feedback from one participant who told us her grandson had

said, 'Oh Mamaw, you stopped smoking so I won't get sick anymore.' And the woman decided, 'Praise the Lord, I'll never go back,'" says Dr. Butler.

"The people of Lawrence County are so very proud of this quilt," says Patricia Machir, senior community outreach worker for the Lawrence County Health Department. "It's a conversation-starter. It allows people to discuss smoking issues without feeling threatened."

Carolyn McGinn, MS, RD, LD, nutritionist and health educator at the Health Department agrees. "Every community has unique preferences, and Dr. Butler and her team did a fantastic job of finding ours."

In addition to being used to promote smoking-cessation in other U.S. communities, the Tree of Life Quilt was recently invited to the 2012 International Quilt Festival of Ireland. Festival organizers were interested in its beauty and unique story.

"We were sad to see the quilt leave again," states Ms. Machir, "but if we can change one person's life, it was worth the trip!"

Local Black Nurses Association Chapter Chartered



Jitana Benton-Lee, MSN, MBA, MHA, RN, CNML
Jenna Hatcher-Keller, PhD, MPH, RN
Deidre Walton, JD, MSN, RN, NBNA President
Penne Allison, MSOM, BSN, RN, NE-BC

For more information, visit www.nbna.org

The Lexington Chapter of the National Black Nurses Association (LCNBNA) was officially chartered in July 2012 at the annual meeting in Orlando, Fla. After months of organizing and planning, bylaws and a four-year strategic plan was developed.

Twenty-four charter members signed on to be part of moving the organization forward. As part of the strategic plan, the group, which consists of nurses, student nurses from local medical facilities and universities, as well as retired nurses, will focus on providing scholarships to students pursuing nursing careers.

The first scholarship fundraiser dinner will be held at 7 p.m. on April 26 at the University of Kentucky's Boone Center on Rose Street. The keynote speaker will be Deidre Walton, JD, MSN, RN, president of the National Black Nurses Association. She is excited about helping the Lexington chapter get off to a good start.

THE CHAPTER'S OFFICERS ARE:

President: Penne Allison, MSOM, BSN, RN, NE-BC
President-Elect: Jitana Benton-Lee, MSN, MBA, MHA, RN, CNML
Vice President: Jenna Hatcher-Keller, PhD, MPH, RN
Parliamentarian: Sophia Brown, BSN, RN
Recording Secretary: Arica Brandford, JD, MSN, RN
Corresponding Secretary: Anissa Webb, LPN, RN
Student Liaison: Joy Coles, BS, Second Degree BSN Student

UK HealthCare Growing Nurse Leaders

The Leaders in Training Program is a new leadership development initiative organized by nurses at UK HealthCare. The six-month program includes twice-a-month classes that focus on developing first-level leadership competencies. In addition, each of the six participants will be mentored by a patient care manager and will attend a variety of leadership meetings and forums that provide insights on how decisions are made and inform them on the workings of the overall organization.

The Professional Development Council developed the applicant portfolio requirements and selected the participants. Left to right in the photo they are: **Kenneth Parker**, BSN, RN, CEN, CPEN, division charge nurse, Emergency and Trauma Services, Chandler Hospital; **Heather Morton**, BSN, RN, division charge nurse, Pavilion A, Chandler Hospital; **Rita Dunn**, BSN, RN, charge nurse, Perioperative Holding Room, Chandler Hospital; **Maricon Dans**, MSN, RN, medical surgical staff nurse, Good Samaritan Hospital; **Allisa Garland**, BSN, RN, clinical nurse coordinator, Perioperative Services, PACU and CAS, Chandler Hospital; and **Nikki Curtis**, BSN, RN, Trauma ICU charge nurse, Chandler Hospital. Seated are **Diana Weaver**, PhD, RN, FAAN, and **Karen Sexton**, PhD, RN, FACHE.

At the completion of the program in April, participants will define their individual leadership goals and possess competencies that will allow them to function in a clinical managerial role in the organization and to serve as a pool of qualified applicants for leadership succession purposes.



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—Claudia Diebold, MSN, RN, CNE,
senior lecturer, College of Nursing and faculty
coordinator of the nurse residency program



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