

# Nursing Matters

## Nursing Governance Council Reports

### Professional Excellence Council Report

On January 30<sup>th</sup> and 31<sup>st</sup> we held the first annual Mission Emphasis and Celebration, which was sponsored by the Professional Excellence Council. There were many speakers and poster presentations that showcased the mission work being done by Providence people. Thank you to all who participated and attended!

The winner of the Daisy Award for January was Eileen Edwards from FMC. Congratulations Eileen! In light of receiving several Daisy nominations for NACs, the Professional Excellence Council has decided to start a new recognition program for NACs. Stay tuned for our first award winner!

Progress continues with the Mentoring program. If you are interested in becoming a Mentor, please see your manager or your unit's Mentor Champion. Thanks!

*Sally McPherson, RN, BSN  
Professional Excellence Council Chair*

### Practice Council Report

Practice council is working on the following:

1. Creating job aids around assessing and documenting patient's decision making capacity
2. FAQ surrounding concerns about Against Medical Advice (AMA)
3. Case scenarios for nursing documentation of AMA

Informed consent and refusal of care is the responsibility of the LIP, RN's can assess understanding. However, we do NOT provide informed consent or refusal. This includes

### Inside This Edition

Nursing Governance Council Reports.....	1-2
Accomplishments .....	2
Earning Your BSN or MSN Online on Your Schedule .....	3
Carefronting your peers .....	4
Nursing Congress Attendance Required.....	4

providing the risks for leaving AMA. Communication with the patient should be respectful at all times. The right of refusal is a fundamental patient right and patient should not be made to feel chastised or demeaned because they have chosen to exercise this right. Utilize PMAB principles when managing patients with aggressive or violent behavior.

In the interim, if you are interested in reviewing our policy please see policy #26135 Refusal of Services (examination, advised medical care, or transfer) against medical advice.

The Diabetic Stop Light Tool has now been available for use for two months and the Council would love to have any feedback, comments, or concerns regarding the tool. Should you have any input please feel free to email any of the members on the council. Our emails are linked to the roster available on the Practice Council Web page which can be accessed from the Nursing Governance site.

Practice meets the first Wednesday day of the month 0800-1000 in the ED Conference room. Please feel free to join us.

*Melanie Mitchell, RN  
Practice Council Chair  
Nursing Governance Council Reports continued on page 2*

## Research & Evidence Based Practice Council Report

New goals for the Research & Evidence Based Practice Council are under way at Providence. In order to increase awareness of Evidence Based Practice for all of our RN providers, the Research Council will be hosting the Second Annual Research Symposium. So mark your calendars for February 29 and “Leap Into the Future” with us! Topics will include how to implement evidence into practice and how to find the most current evidence.

Also, the Council will be hosting the Poster Showcase in May of 2012. A new poster category is Practice Changes Using Evidence. Please submit your ideas and innovations via a poster to our community. The “How-To’s” of making a poster may be found on the Intranet Research Council website.

*Amy Parker, RN, BS  
Research Council Co-Chair*

## Quality & Education Council Report

After months of interviewing recent hires, then reviewing and revising the content of GNO, the Nursing Educator team has reworked the General Nursing Orientation program to better engage new employees. RNs will spend less time watching Power Point slides and sitting in a classroom. The new schedule includes more HealthStream modules, more observation time on the floor they’ll be

working on, four hours in the simulation lab working through scenarios, exercises that include “Teach Back” sessions, and a guided tour of the Colby campus including a slide show of off-limit areas and our other locations. The team is developing a way to measure the results of these changes.

Three members of the Council performed the annual Medication Administration Observation for 2011’s submission to CALNOC. 103 medication passes were observed and scored on 10N over one morning. The first impression is the new med rooms have greatly decreased the number of interruptions nurses have during this activity. As safety around medication administration is so important, the Council is discussing how to expand the observation process so individual units can evaluate their own situations and develop plans to address any issues identified.

### Reminders:

Those who may be interested in putting together a professional portfolio can refer to the simple guideline posted on the Nursing Intranet.

FREE MONEY! The Nursing Education Fund has up to \$500 available for tuition, travel expenses, materials, etc, if you’ve used your contract education money. Apply to the Fund for free money! Application and instructions are on the Nursing Intranet page.

*Lisa Black, RN, BSN  
Quality & Education Council Chair*

## Accomplishments

### New RNs

Whitney Soth, RN – 10N

### New BSNs

Sandy Darnold, RN, BSN – 5A  
Meredith Souza, RN, BSN – 5A  
Kelsey Sutherland, RN, BSN – 5A  
Dena Adkins RN, BSN – 6N  
Emily Scott RN, BSN – 6N  
Danielle Harper, RN, BSN – 6N

Julie Harris RN, BSN – 6N  
LK Sanneh RN, BSN – 6N  
Todd Nelson, RN, BSN – 6S/7S  
Andrea Prouty RN, BSN – 7N  
Veronika Lustyuk, BSN – 8N/8S  
Lisa Shumaker, BSN – 8N/8S  
Kari Mack, RN, BSN – 10S

### New MSNs

Todd Nelson, RN, BSN, MSN – 6S/7S

### New Progressive Care Certified Nurses

Dena Adkins, RN, PCCN – 6N  
Emily Scott, RN, PCCN – 6N  
Chelsea Draper, RN, PCCN – 6N  
Melissa Hammack, RN, PCCN – 6N

### New Psychiatric and Mental Health Nurses

Paul Matson, RN, PSN – Behavioral Health

# Earning Your BSN or MSN Online on Your Schedule



## WGU WASHINGTON

As nurses, our commitment to lifelong learning and professional development is good for the patients we care for, and it's good for our personal growth, as well. Aspiring to continue to improve and develop my skills is what led me to one of the most important decisions I have made – the decision to continue my education.

This past August, I took the plunge and started the RN-to-MSN degree program at WGU Washington. WGU Washington is a state-endorsed online, accredited, non-profit university that is tailor-made for working adults. WGU Washington offers seven CCNE-accredited degrees in its College of Health Professions, including RN-to-BSN, RN-to-MSN, and BSN-to-MSN programs. Three other colleges (Business, Information Technology, and Teacher Education) bring the total number of degree programs available at WGU Washington to 50.

The decision to go back to school was a challenging one, but WGU Washington is designed to work with my life, to make sure I'm learning what I need to learn and not wasting my time logging classroom hours. It's allowed me to go to school while maintaining my night shift job at PRMCE.

I have just completed two degrees (BSN and MSN) in six months. Other students might not necessarily fly through the courses as I have (I have had lots of free time as of late). I have learned that progressing at my rate is not the norm. On average, completing a bachelor's degree at WGU Washington takes 30 months and a master's degree about 24 months.



WGU Washington works on what's called a competency-based model. It measures what you know, not how you learned it. I have worked through my coursework independently, using learning resources provided by the university that have enabled me to study according to my own learning style. I learned at my own pace and advanced by passing assessments – writing papers, giving presentations, and taking exams. This approach has allowed me to move quickly through subjects that on-the-job experience already taught me and focus on learning what I still needed to learn.

Best of all, WGU Washington is affordable – tuition for most programs is less than \$6,000 per year. You pay tuition at a flat rate per each 6-month term regardless of how many courses you finish. Since I was given credit for what I already knew and can do and because

I was very motivated to finish my degrees quickly, I accelerated my progress enough to earn my bachelor's and master's degrees in six months at a total cost of about \$3600. With PRMCE's tuition assistance program my "out-of pocket" cost was \$1600!

The reasons for continuing education are different for everyone. However, when PRMCE employees take that step to pursue

additional education, our patients and the hospital both benefit. Whatever your reasons, I strongly recommend considering WGU Washington. Feel free to contact me with any questions or if you'd like a referral, which will allow you to apply for admission without paying an application fee, at [todd.nelson2@providence.org](mailto:todd.nelson2@providence.org). You may learn more at [washington.wgu.edu](http://washington.wgu.edu).

*Todd Nelson, RN, BSN, MSN  
Critical Care*

## Carefronting your peers

Nearly two years ago we began efforts to reduce nurse-to-nurse hostility or bullying. We acknowledged there was a problem and brought the issue to the forefront. Recognizing the effect of a hostile environment on staff and patients, we sought to bring about a healthier workplace. Surveys were done, videos were produced, staff was educated, and our Value Based Standards were created and adopted.

We make mistakes, rub each other the wrong way, roll our eyes, and respond in frustration at times. While conflict is to be expected, our response influences our work environment and the health of our nursing profession. When you bear the brunt of someone's bad mood or bullying, it is human nature for resentment to build. We are pretty good at holding a grudge. In choosing to not let go of grudges or resentment, we continue the unhealthy work environment. For as long as I have been a nurse I have been told to "confront" the behavior. Just the word "confront" has a negative

connotation. Words such as tackle, brazen out, and challenge are used as synonyms in the Thesaurus. These are not words that inspire respect, positive communication, or confidence. Recently I have come across the term "carefronting."

Carefronting is a method of communication that entails caring enough about one's self and others to confront courageously. It involves the use of respect, forgiveness, and courage to confront hostility by reinforcing the importance of caring. Carefronting embodies forgiveness. It addresses the hurt or anger associated with the disrespectful behavior, not the person who has engaged in the behavior. In other words, carefronting separates the actions of the person from the person. Forgiveness is the act of pardoning someone for a mistake or wrongdoing. It is letting go of the need to understand or change the person who has wronged you, as well as being frank and respectful with the person who has caused you hurt. This

is not easy work. It takes courage to speak up, not to express anger, and recognize the goal of improving the working relationship.

Carefronting and forgiveness are skills to be learned. The more comfortable you become with these, the more successful you will be. Choose the right time and place to carefront. It includes making "I" statements such as "I want" and "we both deserve to be treated with respect." Prepare what you will say. Be open to listening to what the other person has to say.

I know there is more work to be done. What does that work look like? Is there less bullying? What other steps can we do to build a healthy work environment? I know each of us wants a healthy nursing profession that reflects our values, mission, and nursing philosophy. Please let me know if you have any thoughts or ideas.

*Kathy Elder, RN  
Coordinating Council Chair*

## Nursing Congress Attendance Required

In an effort to engage all nursing staff in Nursing Governance, one of our Direct Care Nurses recommended that attendance at Nursing Congress be **required** for at least one of the quarterly sessions per year. The issue submission came before Coordinating Council and it was assigned to the Professional Excellence Council for review and recommendation. The Professional Excellence Council agreed with the recommendation, and brought it back to Coordinating Council. A final decision was made by the Coordinating Council to accept this recommendation.

In short, it will now be **required** to attend Nursing Congress at least once per year. Have a look at the schedule, and plan ahead! And don't forget, apart from being engaged in your practice, and learning about what goes on behind

the scenes, you get CE's and pay for attending. Attendance at Nursing Congress embodies the three key elements of our Nursing Professional Practice Model: to be informed, team-based, and accountable. We look forward to hearing your ideas at upcoming Nursing Congress sessions!

I want to take this opportunity to remind you all that our Nursing Governance Councils consist of mostly Direct Care Nurses, and that decisions made by the Councils are made by all of you. We would love to have more of you join any of the Councils so you can really make a difference in your practice, and be part of the decisions that affect it!

*Kirsten James BSN, RN  
Critical Care/Special Resource Team*