



Sigma Theta Tau
international honor society of nursing
THE DELTA REPORT
DELTA OMEGA CHAPTER



Winter 2005

Editor – Barbara Brunt

MESSAGE FROM THE PRESIDENT
Crystal Thompson, MSN, RN

Seeking a License Elsewhere



I recently had the experience of pursuing a nursing license in a state other than Ohio. I always thought this was a relatively simple procedure, mostly a formality because nurses were always needed and certainly a desired commodity regardless of geographic location. During a recent presentation about Nursing and the Law to our Delta Omega Chapter, Yvonne Smith, the current president of the Ohio Board of Nursing advised us that the Board exists primarily to protect the public. They serve as a sort of “watchdog” to make certain those who are licensed to practice nursing are safe and knowledgeable and competent to serve the public. Terms like “reciprocity”: a recognition by one of two institutions of the validity of licenses or privileges granted by the other, always figured into any conversation about dual licensure between States.

I have several friends who are currently working in Florida. I started asking questions about their perceptions of the licensing process. One nurse advised me, “I think it took nearly six (6) months for me to get my license. No matter what I sent them, it didn’t seem to be what they were willing to accept.” My immediate thought was, “I’ve been through graduate school, and I KNOW how to follow directions. How difficult could this be?” So I set the process in motion by requesting an application which arrived in about one week. When I pulled the form out of the manila folder, it was a daunting 25 pages long! But instead of inquiring about my years of experience, where I had worked and how I had utilized my time; I was barraged with questions like: have you ever committed a felony? Has your license ever been revoked? Has a lawsuit ever been brought against you? They wanted a complete set of my fingerprints and documents to be notarized. I methodically began to gather the materials determined to make certain I got this right the first time!

I am proud to be licensed as a Clinical Nurse Specialist (CNS) and certified as a CNS in Medical Surgical Nursing in Ohio. When I reviewed the application, I didn’t see any box to mark for CNS so I called their board to inquire and was advised that they didn’t recognize separate roles, but “lumped” (their term) all advanced practice nurses together.

I carefully went down the checklist and arranged to have my fingerprints recorded as a service provided by the Cuyahoga Falls Police Dept. That proved to be a very pleasant experience and the officer a true gentleman. I went through page after page marking “no” to questions about breaking the law, legal suits, etc., feeling pretty certain this was a simple task and nothing to worry about! I was advised that if I was certified through a nationally recognized agency, I didn’t have to provide transcripts or evidence of my education, as that was assumed by the certification itself. I was required to have that notarized and sent to the Florida Board. There was a checklist provided to make certain that all items had been obtained and provided. I felt quite certain I had met all the requirements they asked of me!

I received a call from a representative of the Florida Board to advise me that Clinical Nurse Specialists are not recognized at all in the State of Florida. And while my certification is through the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association (ANA), they would not acknowledge my certification either. I asked what my alternatives were and was advised that now I needed to submit a transcript of my grades and verification of my education. It was possible I could still be licensed as an advanced practice nurse since I had indicated my specialty was adult health.



It was at this point that I began to feel devalued both as a nurse and as a person. I was offering them 34 years of nursing experience with the addition of a Master's degree. I am certified in my area of expertise and they didn't wish to acknowledge it. So, I submitted the forms to the University to send my grades (I had graduated *magna cum laude* so I wasn't concerned that they wouldn't be acceptable) and sent in the forms to the College of Nursing for verification of my education. The faculty was so kind and helpful to me and those forms were promptly sent on their way. A very special thanks to Irene Glanville, PhD for going the extra mile on my behalf.

I had submitted forms to the Ohio Board of Nursing to verify my licensure in Ohio. There's a mechanism online called NurseSys that can do this automatically *unless* you're an advanced practice nurse, and then it must be provided with a mail-in form. I was unable to locate information regarding a required fee for this. One makes no assumptions about any issue, so I contacted the Ohio Board who had no record of my request, but did offer to submit the required information that same day and I promised to submit the required fee, \$15.00.

What, it seemed to me, should have been a simple procedure required every action to be performed nearly twice. I tried to remain professional and pleasant to all those to whom I spoke, but I felt that nursing has no advocates to protect us from ourselves! I was finally granted a license to practice nursing in Florida as an adult nurse practitioner (after I provided verification of my malpractice insurance) and was advised to expect a plummet in salary when I arrive.

I have some leadership tips posted on my office wall from Peter Buerhaus, one of my nursing heroes: "when interacting with nurses, never forget the nursing profession is the greatest of all professions. Every nurse deserves your respect." Even when we feel we are offering our best, sometimes we are caused to question if the effort is truly worth it!

THE ALPHA MU, DELTA OMEGA, DELTA XI, IOTA PSI, NU DELTA, PI CHI, RHO NU, OMICRONDELTA, XIXI CHAPTERS OF SIGMA THETA TAU INTERNATIONAL

JOINT DINNER MEETING AND PROGRAM

Plus, "SILENT AUCTION"

Thursday, March 10, 2005
Cleveland State University Cole Center for Continuing Education
3100 Chester Avenue, Cleveland, OH 44115216-687-4850

FEATURED SPEAKER



Carol Picard, president-elect of STTI, is a professor of nursing at the University of Massachusetts Lowell College of Health Professions. A certified clinical nurse specialist in psychiatric mental health, Dr. Picard has published widely and is sought after nationally and internationally as a speaker. She earned her BSN from Fitchburg State College and her Master of Science and Doctor of Philosophy in Nursing from Boston College. The topic of her presentation will be "Creating the Future Through Renewal."

Deadline for reservations is February 28, 2005.

For further information contact Bonnie Mack via email at b.mack@csuohio.edu or call 216-687-2357

You may also download a registration form at our website at:
<http://www2.uakron.edu/deltaomega/news.htm>

Carol Picard, RN, PhD, CS



DELTA OMEGA CHAPTER EXECUTIVE BOARD MEETINGS

All members are welcome to attend the Executive Board meetings for Delta Omega Chapter, and/or contact members and request that items be added to the agenda. The following is a list of scheduled Board meetings. All meetings will be held at 5:00 pm in Mary Gladwin Hall, The University of Akron, College of Nursing. Call Crystal Thompson (330.379-4217) for the specific room location.

February 28	Board Meeting
March 28	Board Meeting
April 25	Board Meeting
May 23	Board & Business Dinner Meeting

AKRON HOSTS INTERNATIONAL SYMPOSIUM

The 10th Biennial International Neuman Systems Model Symposium will be held in Akron on April 21st and 22nd. The Delta Omega chapter is a co-sponsor of this event.

Thursday's sessions will take place at the Martin Center and will conclude with an elegant dinner and a silent auction at the Hower House, an 1871 Victorian Mansion. Friday's sessions will be at the Crowne Plaza Hotel. Dr. Jacqueline Fawcett and Dr. Eileen Gigliotti will be the featured keynote speakers, discussing the development of the Neuman Systems Model Research Institute. Since Dr. Neuman began her nursing career in Akron by graduating from People's Hospital (now Akron General Medical Center), her accomplishments will be celebrated at a luncheon on Friday with a "home town" tribute.

Rae Jeanne Memmott, President of the Neuman Systems Model Trustee Group, stated that over the past twenty years that this symposium has been held, the use of nursing theory and conceptual models has evolved. As more attention is focused on outcomes, the need for evidence-based practice is becoming paramount. In order to bring the nursing profession to the forefront of healthcare, nurses must have, among other skills and knowledge, the ability to conceptualize the whole as well as the parts, to understand the systems within which interdisciplinary teams work and to remain ever focused on outcomes.

Delta Omega volunteers are needed to assist with the preparations for this program. Anyone who is interested in helping with this program should contact Annette Mitzel at annett1@uakron.edu or (330) 972-6698.

Adapted by Barb Brunt from Welcome to the 10th biennial International Neuman Systems Model Symposium, available at <http://www.neumansystemsmodel.com/htdocs/welcome.htm>

Pre Symposium Events (included in your registration)

***The 6th Annual College of Nursing
Distinguished Lecturer Series
Sr. Callista Roy
"The Importance of Theory-Based Practice"
Wednesday, April 20, 2005, 3:00 p.m.
The University of Akron, Student Union***

and

***A Workshop with Sr. Callista Roy
Thursday, April 21, 2005
8 am to 12 noon
The University of Akron, Martin Center
(for Doctoral Students only)***

Additional Symposium Events:

***Thursday, April 21, 2005
Dinner at Hower House
Cost: \$40 per person (Seating is limited).***

Silent Auction

Attendees are encouraged to donate items for inclusion in the Silent Auction. Proceeds go to the NSM Trustees Group, Inc for the ongoing development of the Neuman Systems Model.

***Friday April 22, 2005
VIP Dinners with Trustees
(Expenses are the responsibility of the participant.)***

You may also download a registration form at our website at:
<http://www2.uakron.edu/deltaomega/news.htm>

NEUMAN SYSTEMS MODEL

For those who have not taken a nursing theory class lately, this provides a summary of Neuman's Health Care Systems Model. In her model, the purpose of nursing is to facilitate optimal client system stability. Neuman's model, organized around stress reduction, is concerned with how stress and the reactions to stress affect the development and maintenance of health. The person is described as an open system that interacts with the environment to promote "harmony and balance between his internal and external environment" (Neuman, 1982, p. 14). The person is a composite of physiologic psychological, sociocultural, developmental, and spiritual variables viewed as a whole. According to Neuman "No one part can be looked at in isolation . Just as the single part influences perception of the whole, the patterns of the whole influence awareness of the part" (p. 14). Thus, the functioning of any substance or part of a system must be evaluated in the context of the entire system.

The environment includes all internal and external factors or influences surrounding the identified client or client system. Clients may be individuals, families, groups or communities. The Client and environment have a reciprocal relationship. A client is constantly affected by stressors from the internal or external environment. These stressors have to potential to disturb a client's equilibrium or normal line of defense, referred to as the "usual steady state."

There are three types of stressors: Intrapersonal, interpersonal, and extrapersonal. Intrapersonal stressors are forces arising from within the client, where interpersonal stressors arise between client systems. Extrapersonal stresses are forces arising from outside the client. Resistance to stressors is provided by a flexible line of defense, a dynamic protective buffer made up of all variables affecting a person at any given moment. The interrelationships among these variables determine the person's resistance to any given stressor(s). Illness occurs when a stressor breaks through the normal line of defense and causes a reaction with the person's lines of resistance.

Nursing intervention is accomplished through primary, secondary, or tertiary prevention. Primary prevention is appropriate before the person comes in contact with a stressor. Secondary prevention is appropriate after the stressor has penetrated the normal line of defense. Tertiary prevention accompanies restoration of balance, moving in a circular manner toward primary prevention. This model suggests various primary, secondary, and tertiary prevention nursing activities to reduce stress factors and strengthen the person's resistance.

Source: Neuman, B. M. (1982), *The Neuman systems model: Application to nursing education and practice*. Norwalk, CT: Appleton-Century-Crofts

FALL PROGRAM

Yvonne Smith, MSN, RN, CNS, President of the Ohio Board of Nursing (OBN) and Program Director for the Accelerated program at the University of Akron, gave a very informative presentation on the nurse practice act and board of nursing rules at the Delta Omega Fall Program on October 18, 2004. She presented on overview of the board, as well as the laws and rules.

There will be a public hearing on November 17, 2004 on proposed rule revisions in the following areas:

- ◆ Procedure for conducting an adjudication
- ◆ Role of LPNs in IV therapy
- ◆ Community health worker program
- ◆ Nursing education grant program.

Proposed changes are posted on the OBN web site, and anyone can sent in comments via email, letter, or by testimony at the rules hearing. This is an opportunity for everyone to let their voices be heard, if they have any comments or suggestions about the proposed changes.

Mrs. Smith reviewed highlights of the law, as well as prohibited practices under the law. She described the requirements for license renewal for RNs and LPNs, as well as APNs, and nurses with a certificate to prescribe (CTP). All nurses should keep copies of their certificates for contact hours for 6 years (3 licensure periods).

In her previous role as the board member responsible for discipline, Yvonne shared the disciplinary actions the board can take, and emphasized that the nurse will always receive due process. She shared that there have been around 25 imposter cases (individuals claiming to be a nurse and practicing without a license) so far this year; where there had only been a total of 18 cases up until this year. This is considered a felony, so there are severe consequences for this. Commission of fraud, misrepresentation or deception in securing a license will also result in permanent license revocation. The board received 2,556 complaints between July 1, 2003, and June 30, 2004, and took official action on 451 complaints. Mrs. Smith talked about mandatory reporting and whistle-blower protection. Criminal record checks are now required before a license can be issued to an individual.

VolunteerConnect Newsletter

December 2004

Discover the many benefits and resources available to you as you serve, get involved and meet new people.



"[The benefits of being a volunteer are an] increased circle of professional acquaintances, an increased area for networking and the feeling of truly being 'a part' of the organization."

Crystal Thompson, RN, CS, MSN



Delta Omega Chapter

Get Connected.

Get Involved.

Introducing the VolunteerConnect Web Pages!

Visit www.nursingsociety.org/VConnect to get connected and get involved.

Get connected through the Volunteer Interest Profile (VIPProfile), the honor society's online interest survey. [Go there now](#) to create or update your profile. (You will need your member number to log in: #XXXXXX.)

Why get connected?

- Share your skills, talents and opinions
- Meet new people
- Grow personally and professionally

Get involved through the new VolunteerConnect Web Pages. Visit www.nursingsociety.org/VConnect to:

- [Walk through the Volunteer Orientation PowerPoint](#)
- [Download your Volunteer Manual](#)
- [Meet the honor society leadership](#)
- [Pick up resources for volunteer leaders](#)
- [Much more!](#)

VOLUNTEER NEEDED

Chris Wynd has resigned her position as co-editor of the newsletter, effective February 1st. She has served as co-editor since 2001, in addition to being President for part of that time. I want to personally acknowledge her support and assistance during her tenure as co-editor. She has done a lot for the chapter, and now wants to focus her energy on other endeavors. We wish her well.

We are now looking for someone to assist with the newsletter. This is a great way to get involved, and it doesn't require a lot of time. There are 3 newsletters a year, and we have reporters from the area institutions who submit information for the newsletter. I will continue as co-editor for a while longer, to help someone else get comfortable with this role. With co-editors the work is split up, and no one has to spend a lot of time on this. Debi Burnsworth, our Administrative Assistant, does all the formatting and puts it on the web site.

Anyone who is interested in this role or would like more information can call me at (330) 375-3075 or email me at brunbt@summa-health.org.



Begin planning your involvement in the 38th Biennial Convention. Come to Indianapolis and hear colleagues from around the world present their work during hundreds of quality educational sessions. Make an impression and build relationships as a sponsor or exhibitor. Recognize accomplishments by submitting your own project or nominating a colleague for the International Awards program. Say hello to old friends and meet new ones.

Imagine the possibilities ... and start planning now!

For more information, e-mail Indy05@stti.iupui.edu or call 888.634.7575 (US/Canada) or +1.317.634.8171.



NEWS FROM CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Reporter: Carol Korman

- **Grace Wakulchik, RN, MSN, MBA, CNS**, was awarded the Ohio Organization of Nurse Executives Nursing Leadership Award which is awarded annually to a nurse executive in the state who demonstrates outstanding leadership within their institution, the state of Ohio, and the profession of nursing.

NEWS FROM SUMMA

Reporter: Barb Brunt

- **Catherine Koppelman, MSN, RN**, Vice-President of Patient Care Services, was inducted into the Medical Hall of Fame and honored as Cleveland Magazine's Nurse of the Year in November. According to CEO Tom Strauss, Koppelman exhibits a rare blend of competence and compassion. "In my 28 years in healthcare, Cathy is the best nurse executive I have ever worked with," he said. "She always puts the patient first yet is mindful of the financial requirements in hospitals today. I am honored to be associated with her." Congratulations Cathy – a well deserved honor!

- **Louise Gifford, MSN, RN**, Clinical System Nurse Liaison, wrote a chapter called "Using an Inpatient Tool to Predict Cost and Measure Performance" in the book Health Care Financial Management for nurse Managers: Financial Applications in Hospitals, Long-Term Care, Home Care, and Ambulatory Care.

- Summa was awarded \$15,000 towards its "Comprehensive Care for the Pregnant Diabetic Patient and Smoking Cessation for the High-Risk Pregnant Patient" from the Ohio Hospital Association's Foundation for Healthy Communities for the third year. **Linda DiPasquale, MSN, RN**, and **Pat Troyer** from Women's Services submitted the grant proposal.

- **Barb Brunt, MA, MN(c), RN, BC** wrote two chapters in the book Competency Management System: Toolkit for Validation and Assessment. One chapter was on "Using the Skills Checklists" and the other was "What is Competency Validation?"

- **Susanne Claflin, MSN, RN, CNS** did a paper presentation on "Falls Risk Assessment: Measuring Staff Knowledge and Staff Identification of Older Adults at Risk for Falls" at the National Association for Home Care and Hospice Conference in Phoenix, Arizona. She

was also an invited panel presenter at the same conference.

- **Carolyn Holder, MSN, RN, Sue Hazelett, MS, BSN, RN, Karen Robinson, MSN, RN, Lynn Benedict, MSN, RN, LouAnn Fulmer, MSN, RN, and Sue Claflin, MSN, RN, CNS**, Carson, N, and Allen, K had an article "Outcomes of a Guided Readmission Intervention Plan for the Elderly: ACE vs. Usual Care" published in Journal of American Geriatric Society.

- **Jenifer Markowitz, ND, RNC, WHNP**, Coordinator of Victim Services for the DOVE Program, was recently awarded the Distinguished Fellow Award by the International Association of Forensic Nurses. The honor was bestowed at the Association's 2004 Scientific Assembly in Chicago. Dr. Markowitz presented a pre-conference workshop titled "Service Director's Workshop" and did a paper presentation with **Valerie Prulhiere, BSN, RN, SANE-A** on "Fundraising for Program Sustainability at that program. She was also accepted as a member of the American Academy of Forensic Sciences.

- **Sandy Cox, BSN, RN, Jeanne Dages, RN, N. O'Donell, Sue Hazelett, MS, BSN, RN & D. Jarjoura** had an article titled "Red Blood Cell Hemolysis in Samples Drawn from IV Catheters: Role of Type of Vacutainer Collection Tube Used" published in the December 2004 issue of Journal of Emergency Nursing.

- **Carolyn Holder, MSN, RN and Judy Akins, MSN, RN** did a paper presentation of "Care Coordination Network: Improving the Transitions of Elders between Hospital and Long Term Care" at the Registered Nurses Association of Ontario's 3rd International Conference on Elder Care in Toronto.

- **Megan Shaw, MEd, BSN, RN, BC** facilitated a networking development session at the National Nursing Staff Development Convention in San Diego.

- **Jenifer Markowitz, ND, RNC, WHNP** was part of a panel presentation on SART: Celebrating the History and Successes of the Multidisciplinary Response to Sexual Assault. Learning from the Past, Shaping the Future: A Symposium Honoring the 10th Anniversary of the Violence Against Women Act in Washington DC

Carol Kridler, MSN, RN, CCRN, FNE, SANE-A and Carol Powell, BSN, RN, CEN, FNE, SANE-A had an article titled "Bringing Domestic Violence Education to Haiti" published in On the Edge, the international journal of forensic nursing.

- Summa nurses are currently working on orders and processes for the initiation of a computerized physician order entry system, referred to as PLATO (Physician Leadership for Accurate and Timely Orders). This will be piloted on 5 North in June, and then will move to 5 West, Oncology, ED, and Women's Services. Nursing groups are discussing nursing roles and communication systems, as well as creating new processes that support patient care.

NEWS FROM ROBINSON MEMORIAL HOSPITAL

Reporter: Jan Bahle

Robinson Memorial Hospital is named as "One of the Top Places to Work" by the Employers Resource Council for the 2nd year in a row. Also they were one of three finalists for the NorthCoast 99 award for Recruiting, Selection, and Retention. Nominated by an employee, Robinson received this recognition as an employer which excels in compensation, benefits, health and safety, training and education, diversity, community service, recruitment and retention, and employee communication. Robinson received these recognitions because it is a great place to work!

An International Class That Is No Longer Just A Course Number

Written by Megan Brooks BSN, RN

Well, there I was sitting in Cleveland Airport with my three fellow University of Akron nursing students in mid-July 2004. There were going to be seven of us altogether plus one University of Akron graduate and our professor heading to Freiburg, Germany for the International Health course number 8200:409. We were a diverse group of individuals with ages ranging from 20 years to about 56 years and interests ranging from basketball to opera. Our nursing experience and education ranged from pre-nursing students with minimal exposure to nursing, to current juniors in the program, a recent graduate, a graduate student, and a nurse with about 6 years experience.

I was very nervous as I faced a long flight, a new culture, and a challenging course. I mentally went through my checklist: did I have my passport, what about my money, be sure you have your picture ID. I said goodbye to my family, the term "bathroom", and my car, as I headed into the land of "water closets", bicycles, and hi-carb diets.

We went to Freiburg with specific learning objectives in mind, which included: (1) comparing the U.S. and German health care systems in terms of access, cost and quality of care; (2) describing educational and professional standards for nursing in Germany; and (3) examining future trends of the German health care system and roles related to populations needs in German versus the U.S. system. These objectives were met through course work, discussions, quizzes, and presentations, with the main difference being that our "classroom" was thousands of miles away from the University of Akron campus.

Throughout our time in Freiburg we visited a variety of health care settings supported by the Caritas, or Catholic Church. The Caritas is the second largest non-profit hospital system in Germany. First we visited two elder care facilities where their focus was on quality of life, not quantity of life. Then there was the Hospiz Karl Josef, the 8-room Hospice facility where individuals were surrounded by peace and simplicity during their final days of life. There was Bad Krosingen, the largest specialty cardiac care center that was utilized by the people in the surrounding counties. They were very proud of their modern machines and surgical services provided to their patients. Another hospital worth mentioning was the Tumor Clinic, where the holistic mindset is that cancer affects the entire patient, and not just one part of the body. At this facility, the nursing philosophy was based on Orem's self-care theory, because healthy adults are able to care for themselves, but an individual fighting cancer needs assistance. There were several other facilities over the time of this course, but one common denominator that I found in each of them is their commitment to patient care. The German healthcare system has historically been based on solidarity, a concept that I thought was present in every clinical setting. With their concept of solidarity, they strongly believe in taking care of one another.

We had the opportunity to intermingle and discuss nursing in the classroom and in our clinical settings. The nurses we met hope to make nursing a true profession. Many of them were interested in our education system, because they do not have BSN or MSN degrees. The way the Germany system works, a nursing student goes through three years of general nursing education and clinical experience. If they choose to specialize in psychology, oncology, the OR, or the ICU, then they must work two years before they can complete a two-year additional training program. A major frustration of nurses re-enrolled in additional training is that even with their extensive knowledge, there is no pay increase and no guarantee that there will be an open position for them in their area.

We benefited from the discussions and lectures with current nurses and nursing students at the Katholische Fachhochschule Freiburg (Catholic University of Applied Sciences). Many lectures were presented to us by the Dean of the Nursing Department, as well as professors, the President of the Catholic University, and current nurses. General topics that we learned about included the German healthcare system. Topics covered sounded to familiar to me, because, like the U.S., Germany is concerned about taking care of the aging population as the younger population size is shrinking. There also is a battle between hospitals and insurance companies because the insurance company has the final say in whether or not a patient will receive a procedure or how long the patient is allowed in the hospital or rehab facility.

Well, a few days turned into two wonderful weeks in Germany, and I sat on the porch and reflected over my experiences that final evening prior to our departure home. It was the warm and slightly hazy time just after the sun dipped down behind the Black Forest just over my shoulder. A few melting pieces of my now favorite German chocolate lay on the table before me, and it all made me smile. I kept thinking over all of the enriching experiences of this trip. I want to tell you everything about this course, because my excitement grows each time I remember another detail, but it is difficult to summarize my experiences into one article. Actually, I think I would have difficulty summarizing everything into one book.

I have never been a journal-kind of person, but I did briefly reflect and write about my time in Germany, and I want to end by sharing a bit of it with you. On the eve of departure I wrote, "I guess their language isn't as gruff as I have always thought it to be, they're actually just like me. We look alike, dress alike, but they live an ocean away from me. Sometimes I forget life goes on beyond my little world in Ohio. The nurses here care for their patients as I do, and they struggle everyday to make the profession as they see it in their heart. Many days their care and hard work go unappreciated and I think they feel they are fighting an up hill battle with the system. I never would have thought that I had so much in common with them, heck, I never would have thought that I would have this opportunity to learn in such a unique classroom. Now I see that this class is different, it goes beyond the course number 8200:409 because I put myself in someone else's shoes for a couple weeks. It should be called course number "LIFE: COME AND LIVE IT", because that is what I did. I just know my family is going to have so many questions for me, but where do I even begin?"

Megan received a scholarship from the Delta Omega Chapter in January of 2005 to help defray some of the expenses of her trip.

Research

CONGRATULATIONS TO RESEARCH AWARD RECIPIENTS

Research grants have been approved for funding by the Delta Omega Chapter, Sigma Theta Tau International. The Committee has approved funding for the following:

E. Sue Lehman Trzynka, "The comparability of measures of adherence to antiretroviral medications for women with HIV: Self-report vs. electronic measurement";

Carol Korman, "Program evaluation and impact of a career ladder on the perceived job satisfaction of registered nurses";

Debra Clair, "An examination of resources and psychological outcomes in post-abused women; and

Patricia Galon, "Comparison of Health Care Context, Coercion, and Compliance in Persons with Severe and Persistent Mental Illness".

Effect of a Treatment Interference Protocol on Clinical Decision-making for Restraint Use in the Intensive Care Unit Diana Vance MSN, RN, CCRN, CCNS

Abstract

The literature is replete with articles describing restraint reduction strategies utilized in long term care settings, geriatric specialty units and medical/surgical units in the acute care setting. The feasibility, effectiveness, and appropriateness of such strategies cannot be capriciously applied to the intensive care setting. The results of this study validates how the implementation of using an algorithmic approach reduced the use of restraints in the intensive care environment reduced the use of restraints that was neither clinically appropriate or justifiable. It provides the critical care nurse with a standardized method for decision analysis when managing patients at risk for treatment interference.

Results Restraint Use

The overall percentage of restraint use found in this study is consistent with the high rates of restraint use previously reported in ICUs. Physical restraint use overall during the study period without regard to

appropriateness was 31.1% (n=28). Again without regard to appropriateness, restraint use pretest (prior to implementation of the TIP) was 20.0% (n=9). Restraint use posttest (after implementation of the TIP) was 42.2% (n=19).

Using Pearson's Correlation Coefficient, the type of restraint used was significantly associated to restraint use overall ($r=0.8$, $p<.0001$). Consistent with other reports on restraint use in the ICU, the type of restraint most frequently utilized in the current study was soft wrist restraints at 85.7% (n=24). Other restraint devices used included vests 10.7% (n=3), and soft wrist plus ankle restraints in 3.6% (n=1). Restraint use was not significantly correlated with shift (days versus nights) ($r=0.11$, $p=0.3$), race of the patient ($r=0.20$, $p=0.1$), or age of the patient ($r=0.00$, $p=0.9$).

It was not surprising to find that all patients observed (n=90) had various treatment and technological devices as characterized under Level 2 of the TIP. Peripheral IVs, monitoring leads, urinary drainage devices are all routinely utilized in the ICU. Overall, greater than half (64%, n=58) of these patients also had additional life-threatening/sustaining treatments or devices present (Level 3). Additionally, 73.2% (n=65) of the patients observed were alert, oriented and cognitively intact as previously defined, or were pathologically or therapeutically unconscious and/or paralyzed (Level 1). In addition, only 1 case of treatment interference (self-extubation) was found during the study period (posttest). Documentation on the Unusual Occurrence form revealed that the patient did have soft wrist restraints on bilaterally, however one restraint had been left unsecured by a visitor prior to the self-extubation. Reintubation was required.

Appropriateness of Restraint Use

The overall percentage of decisions made correctly regarding the use or nonuse of restraint according to the TIP was 87% (n=78). Appropriate decision-making pretest (before implementation of the TIP) was 87% (n=39). Appropriate decision-making posttest (after implementation of the TIP) was 87% (n=39).

Although the overall clinical decisions made regarding the use or nonuse of restraints were favorable, when the decision was made to use restraint, the appropriateness of that decision according to the TIP was incorrect 43% (n=12) of the time. In all cases where the appropriateness of that decision was incorrect, it involved implementing restraint that was not clinically warranted. In addition, restraint use decreased significantly ($r=-0.6$, $p<.0001$) when the nurses' decision for use or nonuse of restraint was accurate.

Inappropriate use of restraint pretest was 67% (n=6). Inappropriate use of restraint posttest was 31% (n=6); resulting in a 36% decrease in inappropriate restraint use pretest to posttest. While a decrease of 36% in inappropriate restraint use is clinically significant, Wilcoxon Signed-Rank test revealed no statistically significant difference pretest to posttest for reduction in inappropriate restraint use ($s=-1$, $p=1$) or the clinical decision-making associated with this reduction pretest to posttest ($s=-3$, $p=0.6$).

Nurses Survey

A questionnaire survey was used to determine the acceptance of the TIP by the staff (n=15). Survey return was very good at 73.3% (n=11). Responses to 6 questions related to the TIP's usefulness, clarity, practicality, and influence on practice were measured on a 5-point Likert-type scale ranging from 1 to 5, with 1 indicating strongly agree and 5 indicating strongly disagree. Questions were worded positively and negatively to avoid bias in response. Scaled values of the negatively worded question were reversed for analysis. Of those answering the survey, all (100%) agreed (n=10) or strongly agreed (n=1) that the TIP was a useful tool for determining clinically appropriate and justifiable use of physical restraint. All respondents (100%) also agreed (n=6) or strongly agreed (n=5) that the TIP was clear and easy to follow. Practical application of the TIP algorithm for restraint use in critical care was favorable with 73% of the respondent answering agree (n=5) or strongly agree (n=3). Yet while the majority of respondents found the TIP to be useful, clear, easy to follow, and practical for use, only 36% agreed (n=3) or strongly agreed (n=1) that it influenced their practice. This percent was equal to those who disagreed (n=4) that the TIP influenced their practice. In addition, more than half of the respondents (63%, n=7) were neutral when asked if their physical restraint use had decreased since the implementation of the TIP, a finding that was validated by observation.

Discussion

Prior to implementing the study several limitations were recognized justifying the project as a pilot. First of all the sample size of nurses was small which limits the ability to obtain statistically significant results. Just prior to implementing the study there was a substantial decrease in the number of permanent staff on the pilot unit resulting in a relatively large proportion of agency and per diem nurses staffing the unit.

Secondly, there was a potential threat to validity. Without infringing upon the subjects rights, a simplified description of the study was provided during the informed consent. However a Hawthorn type of effect



could exist. Nevertheless, important information for future endeavors exists.

The focus of this pilot study was not to reduce restraint use in the ICU, but to evaluate the use of a standardized approach to assist the critical care nurse with making clinical decisions for restraint use that is clinically appropriate and justifiable. The overall clinical decision-making skills of the nurses studied indicate a high level of ability to make appropriate decisions regarding the use or nonuse of physical restraint. Yet, when the decision is made to implement restraint, the appropriateness of that decision drops dramatically. This lends support to the belief that without firm evidence that a patient will not self-interrupt a technological device or treatment, the critical care nurse errs on the side of caution and implements restraint. While it is recognized that physical restraint does not always prevent treatment interference, no randomized controlled trials have ever been, or probably never will be conducted where patients with life-threatening or sustaining technological devices or treatments are randomized to receive restraints or no restraints and then observed for treatment interference. Several documented quality assurance studies have found that when restraint use was limited, the rate of self-extubation increased, and when physical restraint was implemented, self-extubation decreased.²⁹ Until there is scientifically sound evidence demonstrating the

effectiveness of even one alternative intervention to prevent the type of treatment interference that could result in loss of life, or increased length of ICU stay, critical care nurses will hold on to their traditions for keeping their patients safe.

Of further interest was the very high acceptance of the TIP by the nurses as a practical and useful tool regardless of the low to moderate percentages given regarding the TIPs influence on their actual restraint practices. Additional comments written by the nurses on the survey regarding the TIP included; "I think the algorithm works great, we should use it" "Good tool to have especially for new co-workers with little experience" and "Good to have something concrete". Only assumptions can be made on this finding. One thought is that it displays the inner conflict that occurs when nurses are faced with making a clinical decision when the risk to benefit is not clearly known and when the wrong choice made can be devastating. Having a tool to refer too may be reassuring even if not always followed.

Historically, physical restraints were implemented as a measure of safety. Until an alternative is scientifically demonstrated to be effective within the ICU environment, critical care nurses will continue to pass the restraint tradition down generation after generation.

Member News



We are proud of our distinguished membership, delighted to hear about our members' achievements, appointments and awards, and pleased to announce your endeavors in the *Delta Report*. Please use this form to notify us of your accomplishments. Thank you!

Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

News: _____

Return completed form to: *The Delta Report, The University of Akron, College of Nursing, Akron, Ohio 44325-3701, fax to 330.972.5737, Attn: D. Burnsworth* or email to: bruntb@summa-health.org



Dear Delta Omega Chapter Member:

Do you have special skills or experience that could be put to use to help create the future of nursing leadership? Would you like to expand your network of colleagues in various health care settings? Would you like to have the satisfaction of participating in the continued development of your chosen profession?

Then it's time to think about becoming more involved in Delta Omega Chapter of Sigma Theta Tau International.

As you may know, Delta Omega Chapter is attempting a "renaissance" and is restructuring its activities to offer what we hope will be stronger programming for members. In order to achieve our goals and objectives, we need greatly increased volunteer involvement on our committees and in our Board of Director positions. The officer and Board of Director positions are elected positions. Elections occur in the Spring, so if you are interested in an officer position we will submit your name to the Nominations Committee and the chairman of that committee will call you after the new year. For additional information, visit our Chapter website at <http://www2.uakron.edu/deltaomega/>.

Delta Omega Chapter is committed to promoting new ideas, visions and possibilities. And we are committed to helping you succeed in any volunteer role you choose. Please take a few moments to review the volunteer opportunities that are described in the attached material and consider volunteering your time and talent during this coming year. If you are interested, please complete the following Willingness to Serve form (located on our website at: www2.uakron.edu/deltaomega/news.htm) and return it to Crystal Thompson by February 15, 2005. Your application will be given every thoughtful consideration. We will try very hard to find a place for everyone!

If you should have any questions about these volunteer opportunities, please contact me, at ThompsonCrystal@bfusa.com.

Thank you in advance for your consideration. We look forward to your service as a Delta Omega Chapter volunteer!

Sincerely,

Crystal Thompson, MSN, RN
Delta Omega Chapter President

SIGMA THETA TAU INTERNATIONAL DELTA OMEGA CHAPTER

2005 VOLUNTEER OPPORTUNITIES

The following Delta Omega Chapter committees and Board of Director/Officer positions are available for volunteer members during 2005:

COMMITTEES

Bylaws Committee – This group is charged with ongoing review of the Delta Omega Bylaws and proposing amendments to the Board of Directors.

Committee members participate in at least one meeting during the year.

Finance Committee – This group is responsible for review and oversight of significant Delta Omega chapter activities related to financial planning and budgeting and other finance-related duties that may be assigned by the President, Treasurer, or the Board of Directors. Committee members participate in at least three brief meetings during the year.

Eligibility Committee – This group is responsible for publicizing the opportunity for membership, accepting and reviewing membership materials, and recommending eligible members to the Board of Directors and to the membership. The committee



meets several times throughout the year and assists with the Induction ceremony.

Membership Involvement Committee – This group is responsible for the Induction ceremony for all new members. The committee also surveys the membership annually for changes in personal and professional status and is responsible for promoting membership renewals and coordinating new member orientation. The committee meets several times throughout the year.

Heritage Committee – This group is responsible for securing a photographer, providing photographic coverage for all chapter programs. The committee assumes responsibility for gathering and preserving materials and recording a summary of chapter events for inclusion in the chapter archives. The committee meets several times during the year and is active in all events.

Nominating Committee – This group shall secure the consent to serve, prepare the ballot, and send it to the Board of Directors prior to an election of officers. The committee meets several times during winter and spring to prepare the ballot.

Program Committee - This group is responsible for planning the programs of the chapter including two scholarly programs annually. Responsibilities also include development of the continuing education applications for programs and evaluation upon program completion. The group meets several times during the year.

Public Relations Committee – This group promotes the image of the professional nurse to the public and is responsible for publicity, booths, exhibits, and media development.

Ways and Means Committee - This group generates money for the chapter’s research grants, awards, and scholarships by selling items related to Sigma Theta Tau and/or devising other money-making ventures. Committee members are asked to attend most functions to sell items.

CALL FOR NOMINATIONS

Calling all past, present, and future nursing leaders! This year we need you to help our Delta Omega Chapter grow to new heights. Several leadership positions will be open this fall and those successful in securing them will experience many new and rewarding professional opportunities. Please consider nominating yourself or a colleague for one of the following Delta Omega

positions. This is an excellent way to make a difference in our nursing community!

The **First Vice-President** performs the duties of the president in the absence of the president. They may fill an unexpired term of the president in case of a vacancy. Other duties include being an ex-officio member of the Research Grants and Recognition Awards Committee and the Program Committee, co-chair of the Research/Education Day, and a member of the finance committee.

The **Corresponding Secretary** provides new officers and members with copies of our chapter’s bylaws and is responsible for chapter correspondence. They chair the bylaws committee and are an ex-officio member of the Newsletter and Eligibility Committees. This person keeps us informed of chapter activities via *The Delta Report*. They also keep our roster and handle any chapter transfers that occur.

The **Counselor** is a University of Akron Faculty Member who serves as an advisor to the chapter, chairs the Eligibility Committee, and serves as an ex-officio member of the Bylaws Committee. The counselor collects data from membership candidates and distributes membership cards.

One member is needed for the **Nominating Committee** and this person will be the nominating committee chair during the second year of their term. This committee is responsible for developing a ballot and conducting elections according to the by-laws.

Please send your nominations by email or surface mail to Megan Brooks, Chairman of the Nominating Committee, Sigma Theta Tau International, Delta Omega Chapter, The University of Akron College of Nursing, Akron, OH 44325 by March 1, 2005 or email joabbro@aol.com. Once we receive a nomination, our committee will do the rest. We will send a biographical form for the candidate to complete acknowledging their willingness to run. A ballot will be prepared from those completing their bio forms and will be mailed to the active Delta Omega membership for vote this spring. Those securing the most votes will be notified by phone and will be sworn into office this spring during our annual business meeting. Your time and talents are needed!





SIGMA THETA TAU INTERNATIONAL MEMBER BENEFITS

From scholarship to research, bedside to teaching, business and beyond, nurses of today and tomorrow have more opportunities than ever to touch the lives of people across the globe. The Honor Society of Nursing is here to support your career through a wide variety of member benefits and services.

Publications

- Reflections on Nursing Leadership, a four-color nursing news magazine
- Excellence - a customized issue-oriented online newsletter
- Journal of Nursing Scholarship, a peer-reviewed health-care journal

Career Resources

- [CareerMap](#) - online, print and person-to-person opportunities to help advance your career
- [Continuing Education](#) - through chapter programming and Online Case Studies for Nursing
- Networking opportunities
- Chapter activities - opportunities to share ideas with nurse scholars and clinicians from around the world
- Directory of Nurse Leaders - a complete listing of active Sigma Theta Tau members and their contact information
- [Online Member Community](#) - connecting members worldwide through chats and e-forums

Research

- [Virginia Henderson International Nursing Library](#) - immediate access to nursing research and information
- [Online Literature Review and Book Review](#) - weekly e-bulletins providing the latest customized information on newly published nursing books and articles
- [Small Research Grants](#) - Grant opportunities from the society and our joint partners

[Chapter Activities](#) - experience first hand the Honor Society of Nursing, Sigma Theta Tau International through your local chapter. You will receive publications, have the chance to interact with other nurses in your area, participate

in research conferences, receive research grants, serve on committees and assemblies, and much more.

There are 406 chapters on 503 college and university campuses worldwide.

International activities - you may reach beyond your local community to interact with colleagues and benefit from research conferences, biennial conventions, regional assemblies, "think tanks" and other nursing and health care-related activities.

[CareerMap](#) - Managing your career with purpose! Let Sigma Theta Tau assist you every step of your nursing career...whether you're thinking of nursing as a career, are an RN looking for new directions, or working towards a fulfilling retirement. Services include, but aren't limited to:

- [NTN NurseNet!](#) - a customized employment search database
- Career advice service - nurse experts answer your career questions
- Career profiles - online [profiles of members](#) in several specialty areas and work settings

[Member Community](#) - this online resource connects members world wide. Benefits now available include:

- e-Forum - debate important industry issues with other society members. Topics may include the nursing shortage and career advice
- Directory of Nurse Leaders - a searchable directory of society members
- Journal of Nursing Scholarship - the society's renowned research journal is now available electronically. Members may choose online vs. print delivery.

[Financial Services](#) - a no annual fee *Platinum Plus*sm or Preferred MasterCard® credit card program from MBNA America Bank, N.A. [Click here!](#)

[Publications](#) - print and electronic publications are distributed through Center Nursing Press, the society's internal publishing unit, and through the Virginia Henderson International Nursing Library.

[Journal of Nursing Scholarship](#) - Free to active members, \$39 value - One of the most widely read and respected health care journals today.

[Reflections on Nursing Leadership](#) - Free to active members, \$23 value - an award-winning four-color news magazine featuring contemporary articles on nurses at the forefront of change.



[Excellence](#) - Free to active members - Three issues-oriented newspapers providing members with customized information pertinent to their individual needs. Members select from Clinical Practice, Nursing Administration or Nursing Education.

[You Belong Here](#) - an online newsletter for newly inducted members featuring industry news and targeted for early career nurses.

[Books](#) - peer-reviewed works covering many topics including health care, communication, education models, health policy and more.

[My Info Search](#) - enables you, through the Book Review for Nursing and the Literature Review for Nursing, to customize your searches to specific areas of interest.

Online Book Review for Nursing - Free to Active Members - This service features more than 72,000 books and electronic media titles and expert reviews in 140 health science specialties. Members subscribing to this free service receive weekly e-mail bulletins about newly published books in their specialty areas. It also includes a specialty filter of the National Library of Medicines MEDLINE® database, using research strategies prepared by an expert in MEDLINE® searching. Members receive a 10% discount on books when ordering online.

Online Literature Review for Nursing - Subscribe to this new service and save time and money by letting someone else sift through more than 8,000 new articles listed each week in MEDLINE®. A subscription includes weekly, customized e-mail bulletins about new articles, reviews, abstracts, ratings and expert commentary in your specific areas of interest.

Continuing Education Credits - may be earned through scholarly programs on the society's [Web site](#) or at the chapter, regional and international events. These programs are designed to provide members with opportunities for personal and professional growth.

[Directory of Nurse Experts](#) - consider using society members as resources. More than 300 nurse experts in a variety of specialty areas - from Alternative Care to Women's Health - are available for you to contact!

[Virginia Henderson International Nursing Library](#) - Access to current nursing research data and study findings available online, 24 hours a day, seven days a week.

Literature Indexes - Free to Active Members - These indexes will give you access to nursing (and some biomedical) literature indexes in MEDLINE, the International Nursing Index and the Registry of Nursing Research. Available indexes include:

- The Nursing Research indexes cover all nursing journals since 1996 in which 50% or more articles are research related.
- The Health-Specific Indexes include research on a specific health problem or process.
- The Registry of Nursing Research Index of Findings by Variables (studied together) is more precise than other knowledge indexes because only variables studied together are used as index terms.

The Registry of Nursing Research - Free to Active Members - The Registry is a unique electronic database that holds scientific nursing research relevant to clinical practice.

The Online Journal of Knowledge Synthesis for Nursing (OJKSN)- The OJKSN provides access to full-text, integrative reviews of research that guide nursing practice. All articles are peer-reviewed and authored by research/clinician teams.

Opportunities to be published - there are four opportunities to submit your work for publication - the Online Journal of Knowledge Synthesis for Nursing; Journal of Nursing Scholarship, the scholarly books and the Online Case Studies for Nursing. There is also a program to assist you in publishing your work - the [Distinguished Writers Program](#).

Research Grants - members receive priority when applying for research funds through the Small Grants Program and co-sponsored Grants Program.

Awards and Recognition for excellence in the areas of nursing research, education, practice, leadership, informatics, multimedia and writing.

Governance, leadership and volunteer opportunities abound at the international, regional and chapter levels including elective and appointive positions.

Support the Mission through well-managed endowment funds that will secure the future of nursing. Contributions may be made via: cash gifts, pledges, honoraria, royalties, securities, life insurance or planned gifts.



Chiron: The Mentor-Fellow Forum, an individualized program with three channels to develop leadership skills - as a fellow, one-on-one mentoring within a group for nurses early in their

careers; as a senior fellow, for experienced professionals to strengthen current skills or develop new ones; and as a mentor.

Nominations Sought

Nominations are being accepted for nurse leaders for Delta Omega membership. Nominees should exhibit leadership, creativity, support for professional standards and commitment to scholarly nursing.

Those eligible for the award include registered nurses who have demonstrated achievement in nursing. Nominees must have a minimum of a baccalaureate degree in nursing. Exceptions can be made for degrees in other fields if achievement is exceptional. Eligible nominees also include faculty in schools of nursing, practitioners, researchers, administrators, authors and leaders of professional organizations.

Please complete the form below and submit nominations to Sheau-Huey Chiu, The University of Akron, Delta Omega Chapter, College of Nursing, Akron, OH 44325-3701. You may contact Ms. Chiu at 330.972.2438 or schiu@uakron.edu.

Delta Omega Chapter Nomination for Membership

The following is information regarding the nurse leader membership criteria:

Purpose: To recognize leadership, creative work, support for professional standards and commitment to scholarly nursing.

Definition: Nurse with a minimum of a baccalaureate degree who has demonstrated marked achievement in nursing education, practice, research, administration or publication.

Application requirements:

1. Candidate should complete the nurse leader membership intent form. Data and vitae are to be submitted to support selection criteria.
2. Candidate should submit copies of documents to verify highest degree, i.e., transcripts.
3. Two endorsement forms are required and should be submitted with the application. At least one of these must be from an active member of Sigma Theta Tau International.

All forms are available online at www.nursingsociety.org. Prior to submitting nominations, please obtain the candidate's permission and discuss the purpose and goals of the organization and application requirements. It would also be helpful to give them a follow-up call to assist them in obtaining endorsements and to be available for questions.

Name/title: _____

Work address: _____

Work phone: _____ Work email: _____

Home address: _____

Home phone: _____ Home email: _____

Please complete and return to Sheau-Huey Chiu at 330.972.2438 or schiu@uakron.edu.

Sigma Theta Tau International



Delta Omega Officers

The Delta Report is published quarterly for Delta Omega Chapter, Sigma Theta Tau, Inc. The Delta Report welcomes information about members' accomplishments in research, promotion, publication, and/or presentation. Correspondence to the Delta Report should be sent to the following address: The Delta Report, The College of Nursing, The University of Akron, Akron OH 44325-3701, or you may call the Co-Editors: Christine Wynd (330) 972-5164 or Barbara Brunt (330) 375-3075. Please include your phone number, email or mail return address.

Sigma Theta Tau International
international honor society of nursing
THE DELTA REPORT
Delta Omega Chapter

This newsletter is published four times a year by the Delta Omega Chapter of Sigma Theta Tau at The University of Akron, Akron, Ohio. Send all change-of-address notices to:

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