# Southwest Minnesota Nursing Honor Society



December 2018

The mission of the Southwest Minnesota Nursing Honor Society is of advancing world health and celebrating nursing excellence in scholarship, leadership, and service.

Society Newsletter, Volume 1, Issue 2

**Summer Series 2019: Certified Nurse Educator** 

(CNE) Prep Course Review

The second Summer Series of the Southwest Minnesota Nursing Honor Society is planned for May 21, 2019 from 9:00 am to 4:25 pm. The course is based on the blueprint for the CNE examination. See the website for more information at

http://www.southwestmnnursinghonorsociety.com/

Certified Nurse Educator (CNE)
Prep Review Course
6 contact hours



Dr. Laurie Jo Johansen
Society President

## From the President

#### Greetings to all!

I am honored to write my first Presidential greeting for the Southwest Minnesota Nursing Honor Society (SMNHS). My predecessor, Dr. Nancyruth Leibold, has made my transition to this role very smooth. Her leadership, guidance, and plain old hard work has placed the SMNHS in a great position to apply to Sigma Theta Tau International (STTI) to become a chapter. The membership of the SMNHS has worked hard as well to make this progress possible. Just think about all we have accomplished in two years – generated strong membership through student and nurse leader enrollment, established financial stability, and provided a great service to our members and beyond!

As we continue the application process to become a charter of STTI, we can all continue to build the strength of SMNHS. Inform other nurses about our society, recruit new members, and stay informed! The SMNH Newsletter is an exciting way to keep current with all that is happening. For membership information, please see our website at:

http://www.southwestmnnursinghonorsociety.co

Dr. Laurie Johansen, Society President

## Call for Nominations

## 2019-21 Call for Southwest Minnesota Nursing Honor Society Officer and Leader Nominees

The Leadership Succession Committee wishes to extend a call for chapter officer nomination for the office/committee positions listed below. Please feel free to nominate a potential candidate or self-nominate to serve your chapter — we need you!!

Positions for the 2019-21 Ballot include:

Vice President (who also serves on the Program Committee) Performs various responsibilities on behalf of the Society. This position performs the duties of the president in the president's absence. The Vice President also facilitates achievement of goals and oversees at least two Society programs each year. The Vice President often oversees the membership engagement efforts and serves on committees as needed.

Membership Committee Chair: The committee associated with the membership chair promotes membership renewal, engagement, and involvement; oversees mentoring programs; plan and implement membership orientation events and promote the honor society to the current and future membership.

Awards Committee Chair: Oversees the development, review and revision of criteria and funding for recognition awards and scholarships distributed by the chapter. Additionally, oversees the recruitment, selection and communications processes associated with chapter and international awards.

**Treasurer:** The treasurer's responsibility is to manage chapter funds. This includes preparing the annual budget and developing or maintaining fiscal policies and procedures. The treasurer is required to present financial information to the Board of Directors at each meeting and works with the President to complete the financial section of the annual report.

Leadership Succession Chair: is responsible for recruiting nominees for Society leadership, preparing the election ballot and notifying candidates of election results. The Leadership Succession Committee, under the direction of the Chair, takes responsibility for overseeing the execution of Society elections.

**Newsletter Chair:** The committee associated with the newsletter chair publishes a professional newsletter twice per year with the Society news.

The terms start on July 1, 2019 and end on June 30, 2021.

Detailed roles and responsibilities of Southwest Minnesota Nursing Honor Society Leaders are found on the website under the menu heading: *Role Descriptions* at

http://www.southwestmnnursinghonorsociety.co m/Role-Descriptions.php

We (the Leadership Succession Committee) thank our members for the opportunity to serve our chapter and chapter membership—and look forward to receiving your candidate nominations. Please email nominations to Leadership Succession Chair, Stella at stellabrandy@gmail.com

Thank you!

The Leadership Succession Committee

#### **Contact Information**

Please keep the Southwest Minnesota Nursing Honor Society updated on your contact information! If you change your phone number, or name, or email, or address, please send the updated information to Nancyruth Leibold

Nancyruth.leibold@smsu.edu

#### Thanks!



Southwest Minnesota Nursing Honor Society held Spring 2018 Induction on December 3, 2018. Fifteen new members joined the Society since our last induction: 7 undergraduate members and 8 nurse leaders. The ceremony was emceed by Society President Laurie Jo Johansen.

Welcome to Our New Members! (since last newsletter)

Undergraduate Students	
Molly Burkhold	ler
Ruth Capp	
Katrina Gram	S
Dianne Johns	on
Carmen Elaine Obe	ermoller
Nehemiah Omweri	Shem
Ashley Yost	

Nurse Leaders	
Carol Amis	
Mary Bemker	
Dawn Bos	
Jane Foote	
Christine A. Kleckner	
Gwen Post	
Joyce Rudenick	
Kathleen Sowada	



# Educational Webinar: The Value of Nursing Certification

On December 3, 2018, the Southwest Minnesota Nursing Honor Society hosted an Educational Webinar: The Value of Nursing Certification. A distinguished panel of expert speakers offered tips and information about nursing certifications!

Panel Speakers:

Mary Bemker, PhD, PsyS, LADC, LPCC, CCFP, CNE, RN; Walden University

Laura Hoffman, MSN, RN, CNML; Vizient Health

Faith L. Johnson, BA, BSN, MA, RN, CNE; Ridgewater College

Laura Schwarz, DNP, RN, CNE; Minnesota State University-Mankato

Opening Speaker and Moderator:

Nancyruth Leibold, EdD, RN, MSN, PHN, CNE, AHN-BC; Southwest Minnesota State University

# Southwest Minnesota Nursing Honor Society Website

The Southwest Minnesota Nursing Honor Society has a progressive website that is updated at least twice per month according to Nancyruth Leibold, the Society Webmaster.

## Southwest Minnesota Nursing Honor Society

The website includes a calendar of events, news, archives, membership information, information about awards, and programs. Webmaster Leibold reports the latest edition to the website is an Evidence-Based Practice Section. To submit your publications for the SMNHS website Evidence-based Practice section, send them via email to nancyruth.leibold@smsu.edu

We are especially interested in one paragraph research summaries for the SMNHS website!

Check out the latest updates on the SMNHS website today at:

http://www.southwestmnnursinghonorsociety.com/



### Pride of the Southwest Minnesota Nursing Honor Society



Member Lillian Onyeaghala

Focus: Lillian Onyeaghala

Topic: Leadership Role at Avera Dialysis

Marshall

It's not surprising that one of our members, Lillian Onyeaghala, leads the Avera Dialysis Marshall facility. Ms. Onyeaghala has prepared for her role of leadership at Avera Dialysis Marshall for many years. Having recently received her bachelor degree in nursing from Southwest Minnesota State University, she has continued advancing her education through intense training, for over six months, to get ready for the role of dialysis manager. While providing leadership for a state-of-the-art dialysis facility, Ms. Onyeaghala assures that the people served are provided with a comfortable environment while being cared for by experienced, caring staff. When you talk to Ms. Onyeaghala about her current role, you hear about a highly regulated care environment that is providing multiple levels of care to the people they care for. She talks about the need to continually utilize critical thinking in order to provide a safe environment and treatment for patients. It is evident that Ms. Onyeaghala's passion for serving others is exhibited in all she does, including this new leadership role. We are proud to have Ms. Onyeaghala as a member of the Southwest Minnesota Nursing Honor Society!

Written by Dr. Laurie Johansen

#### **Change in Shift Reporting**

# By Terry Anderson RN, BSN Completion Student

Nurse to nurse shift change report is an essential part of the nursing practice. Patient handoff has been identified as a time when risk of ineffective communication contributes to errors (Pierce & Dietz, 2013, p. 64). A systematic bedside hand-off promotes an efficient means of communication. It encourages care integration of the patient and designated significant other. In addition, it improves quality of care, patient safety, and patient and staff satisfaction (Cairns, Dudjak, Hoffman, & Lorenz, 2013, p. 160). Studies indicate that patient falls and medication errors during shift change significantly decreased when the shift report was done at the bedside (Sand-Jecklin & Sherman, 2014, p. 2855). Also, patient satisfaction increased, and staff communication improved at the bedside after bedside report was implemented (McAllen, Stephens, Biearman, Kerr, & Whiteman, 2018, p. 1). During bedside report, nurses can assess the environment, incision, skin, drains, intravenous sites, and dressings (Tan, Edwardson, & Gamm, 2014, p. 541). Shift reports that occur away from the patient's bedside can increase in the length of time due to interruptions.

A planned change in nursing practice is necessary for various reasons, but it can be challenging to implement (Michell, 2013, p. 32). Using a planned change to make improvements is most commonly accepted (Michell, 2013, p. 32). A change theory can assist leaders/managers to increase the likelihood of success. Kurt Lewin's theory of planned change is utilized to analyze the driving and restraining force before implementing a change (Michell, 2013, p. 32). The steps include:

- Unfreezing: recognize a need for change.
- Moving: Implementing the desired change.
- Refreezing: Solidifying the desired change (Michell, 2013, p. 32).

Following is an example of an implementation of bedside report using Kurt Lewin's theory of planned change.

- Unfreezing:
  - Nurse leaders to assist with process.
  - Pre-implementation survey on team members views of bedside report.
  - Provide case studies and research articles on the topic to reinforce the fact that current practice has drawbacks and could be improved.
  - Encourage team members to participate in the development of protocols for bedside report.
  - Be available to answer questions.

#### Moving:

- Start when team members are ready and engaged in bedside report.
- Plan meetings to identify problems or concerns.
- Be available as needed.

#### Refreezing:

- Mandatory continuing education and competencies.
- Incorporate education into new staff orientation.
- Provide feedback to staff (survey results).

This process will improve patient and staff satisfaction scores, patient safety, and quality of care.

References on next page

#### References

Cairns, L., Dudjak, L., Hoffman, R., & Lorenz, H. (2013). Utilizing bedside shift report to improve the effectiveness of shift handoff. *Journal of Nursing Administration, 43*(3), 160-165.

McAllen, E. R., Stephens, K., Biearman, B. S., Kerr, K., & Whiteman, K. (2018). Moving shift report to the bedside: An evidence-based quality improvement project. *Online Journal of Issues in Nursing*, 23(2), 1-1.

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Sand-Jecklin, K., & Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside report nursing implementation. *Journal of Clinical Nursing*, 23(19-20), 2854-2863.

Tan G, S., Edwardson, N. & Gamm, L. (2014). Bedside shift report: What does the evidence say? *The Journal of Nursing Administration*, 44(10), 541-545.



#### **2019 Society Community Service Project**

Our annual food drive will take place during March of 2019. Bring your non-perishable donations to the 2019 Spring Summit. All proceeds will benefit the Marshall and Worthington, MN Food Pantries!



## Nursing Society In Process of Application to Become Chapter of Sigma Theta Tau International!

The Southwest Minnesota Nursing Honor Society is currently writing the application to request a Chapter status with Sigma Theta Tau International. The application is planned for submission in 2019.

All members are needed to help with this process by renewing their membership, keeping up updated with any contact information changes, and serving on committees or Society leadership positions as possible.

Stay tuned for future updates of the progress!

# The Use of Evidence-Based Practice to Promote Quality of Care in the Elderly Population

By Pamela Gisemba, RN, BSN Completion Student

Best practice is the interventions and techniques that are research-based and have been known to promote a higher quality of care in the elderly population. According to Pecht (2013) evidence-based practices (EBP) are crucial in the nursing home setting for aged adults. To best serve their needs we serve as change agents to translate research into practice by employing clinical guidelines and education. The best evidence should be based on recent relevant and helpful nursing interventions which can be integrated in real life practice. For any strategies to be promoted for the adoption of EBP, they must include the commitment of management; the culture of the home; leadership; staff knowledge, time, reward; and facility specifics, and the extent that members are involved outside their facilities.

The use of best practices in the nursing process has been widely accepted as it produces superior results. The aim of using best practices in long-term care is to keep residents healthy and protect their quality of life. According to Parker and Power (2013), when a facility wants the change to best practices to succeed and produce results, families, care givers, and care home staff can be supported in making best interest decisions about patients. A multidisciplinary approach provides collaborative solutions that are patient-centered.

Education and evidence are very crucial components of the implementation of the best practice. Changes in any health care setting

starts with a concern which promotes the staff/researcher to ask A PICOT question, then search for any relevant data to determine the best evidence. Once the evidence is available as nurses, we need to integrate the best evidence in the clinical settings. According to Nelson (2014), for best practices to be effective they need to represent the latest and most effective approaches available. Once we incorporate the findings in our workplaces, there is a need to evaluate the results and then give updates on the outcomes of evidence-based practice.

Best Practices serve to direct nurses regarding solutions to identified problem needs. In doing, it helps us expand the understanding of the relative meaning of best from multiple perspectives.



Photo by Marina del Castell, Flickr, CC BY

#### References

Nelson A.M. (2014). Best practice in nursing: A concept analysis. *International Journal of Nursing* 

Studies, 51(11), 1507-1516. doi: 10.1016/j.ijnurstu.2014.05.003

Parker, M., & Power, D. (2013). Management of swallowing difficulties in people with advanced dementia. *Nursing Older People*, *25*(2), 26–31.

Pecht, J. K. (2013). Evidence based practice in Long Term Care settings. *Journal of Korean Academy of Nursing*, *43*(2), 145–153. doi: 10.4040/jkan.2013.43.2.145

# 2019 Spring Summit: Excellence in Rural Nursing

Plan to attend the 2019 Spring Summit: Excellence in Rural Nursing on March 26, 2019 from 8 to 12:30!

Topics are

Trusting Relationships and Rural Nursing Acupressure: Hands-On Healing Holistic Leadership for Nurses International Nursing

4 contact hours awarded!

Location: Southwest Minnesota State University, Marshall, MN, Conference Center



Image by Nancyruth Leibold, CC BY

# Keeping Up with the Evidence Based Practices

By Katrina Grams, RN, BSN Completion Student

Having been part of a major changes in nursing related to the change to bedside reporting, I have had the opportunity to witness what worked and what did not. In one approach, the facts of bedside reporting were presented, a date set, and a plan communicated. Compare this to another approach in which the facts were given, and the change was expected immediately. Guess which approach worked better?

Bedside reporting was a major change for most facilities and nurses. From a time when report was a time to drink your coffee and put your nursing face on to mental and physical preparation. It was changed by the implementation of evidence-based practice (EBP). At least that is how I saw it. Now we know the benefits of bedside reporting. New nurses may not know anything different. Change in healthcare is constant and the approach to a major change can make it or break it.

Dan and Chip Heath, in their book *Switch* (2010), offer a way to facilitate change based on the metaphor of a rider guiding an elephant, first given by Jonathan Haidt in his book *The Happiness Hypothesis*. Haidt (2006) describes the elephant as the part of us responsible for rapid and reliable action, pleasure, pain, and surviving. The rider is the part of us that can see the far-reaching consequences of our choices (Haidt, pg. 16). Or as Heath and Heath (2010) put it, "the elephant is our emotions, our rider is our rational side" (Heath & Heath, 2010, p. 6). You must convince both the rider and the

elephant that a change is a good idea for progress to be made.

First off, we need to direct the riders. If the rider is our rational side, this is where the appeal for facts is directed. Bedside reporting increases patient satisfaction and helps patients feel more involved in their care (Evans, Grunawalt, & McClish, Wood, & Friese, 2012). Rider appeal. The rider can guide the elephant, but cannot control it. Who can control an eight-ton animal?

So, second, is the need to motivate the elephant. Cox and Cohen (2015) discusses external and intrinsic motivation. Getting people involved, receiving input from others who might have been through a similar change and using ideas from the group will help people feel the change.

Finally, we need to shape the path. A well-planned implementation will be a smoother transition than a sudden leap into change. We want to 'tweak the environment' and 'rally the herd' making a change a habit, not a phase (Heath & Heath, 2010).

There were many other factors that impacted the two changes I witnessed: manager style, timing, staff involvement, but I think the approach can make or break a change effort. Change is almost never easy but the approach you take to the change can make the difference between a successful switch to better practice or a dismal, uphill struggle.

#### References

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Heath, D. & Heath, C. (2010). *Switch*. New York, NY: Crown Publishing Group.

## **Cultural Competence**

By Hellen Masiasia, RN, BSN Completion Student

The article Cultural Competence, describes the essential nature and characteristics of cultural competence. The author, Rachel Spector, examines ethnic heritage, diverse health beliefs and practices among various communities (2016). The author of the article describes steps to enhance cultural competence. In her article, she gives details of how to deliver cultural and linguistic competence. Development of cultural competency and delivery of cultural health care are major challenges facing all nurses globally due to immigration and refugee issues.

Spector's research focuses on understanding one's own personal traditions and those of others including heritage, ethnicity, religion and socialization. She gives a global perspective of health beliefs and practices of various people from different parts of the world. Using health traditional models in describing traditional and cultural beliefs, she describes ways of promoting cultural competence. The effect of culture, religion, and family history on other's perception of health and illness is explored. The effectiveness of care can be influenced by different beliefs about health or illness among the care provider and the recipient. Health care providers and health care organizations need to have a better understanding of cultural and linguistic competence to provide effective

patient care especially for patients of diverse cultures. She emphasizes the need to utilize theoretical components to maintain, protect and restore patient health. Several discrete categories of examining health involving physical, mental and spiritual care are revealed. The values of trans-cultural nursing to health care audience from all disciplines on how to effectively care for patients from diverse communities with different cultural background are conveyed.

In general, health care professionals have a great challenge to deliver effective cultural health care by promoting cultural competency. Health care providers and students need to integrate cultural sensitivity by examining their own biasness and be able to examine others' cultural beliefs and practices. Spector reveals important steps in enhancing cultural competency (2016).

#### Reference

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#### **Think Cultural Health!**

The Office of Minority Health (2018), which falls under the U.S. Department of Health and Human Services has a fantastic website at <a href="https://www.thinkculturalhealth.hhs.gov/education/nurses">https://www.thinkculturalhealth.hhs.gov/education/nurses</a>

This website is an outstanding place to find cultural health resources! There is a continuing education nursing course for 9 peer reviewed contact hours: Culturally Competent Nursing Care: A Cornerstone of Caring.

The National CLAS Standards are also found at this website.

#### 2018-19

#### **Newsletter Committee**

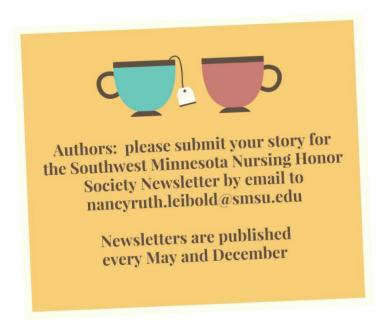
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Member/Editor Josie Loll

Member/Editor Mary Retzlaff

If you are interested in joining the newsletter committee, please contact Nancyruth Leibold at nancyruth.leibold@smsu.edu



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