Career Spotlight
ER Nursing

Comfort in the storm:
Nurses who went into Ike’s path of destruction

CE Article:
You CAN teach an old nurse with new tricks

Are you ready?
Disaster preparedness in DFW

OCTOBER 2008
www.nurseslounge.com
At Cook Children’s, we’re able to achieve breakthrough clinical developments that some can only imagine. With Magnet™ recognition and state-of-the-art facilities, as well as recognition from U.S. News & World Report and Child Magazine, we’ve accomplished a lot. But we know it’s our talented staff and dedicated physicians who make it all possible.

We believe there’s much to accomplish. If you’re ready to soar to new professional and personal heights, spread your wings at Cook Children’s.

To apply online, go to www.cookchildrens.org and click on “Careers.”

Cook Children’s.

EOE/AA, M/F/D/V. No agencies, please.

www.cookchildrens.org • Dallas/Fort Worth, Texas
Features

8 Comfort in the Storm, by Anthony Armstrong. Three nurses who went into Hurricane Ike's path of destruction share their experiences and advice.

18 Are You Ready? by Anthony Armstrong. Disaster preparedness has evolved over the last seven years with stricter mandates and more community involvement. Nurses Lounge-DFW talks with safety planners from several local hospitals to find out more about this important facet of any nurse's training.

Departments

14 Career Spotlight: ER Nursing, by Rita Cook. Nurses Lounge-DFW explores emergency department nursing as a specialty and talks with four of Medical City’s ER nurses.

21 CE Article: You CAN Teach an Old Nurse with New Tricks, by Stephanie Thurman, RN, MSN. Read how integrating blended learning into continuing education and training helps you become a more informed learner.

27 Around Town & Event Calendar. Get the latest scoop on news, classes and events for DFW.

Pictured on the cover, L to R: Mary Cowsert, RN; David Cavins, RN, CCEMT-P; Scott Jacqmein,RN; Sherri Demars, RN.

Pictured right, top: An aerial view of Galveston Island near following the landfall of Hurricane Ike;

Pictured right, middle: Children’s Medical Center’s Bruce Nikols(RN), Courtney Vest (Clinical Technician), Tessa Bledsoe, Tiffany Wade(12 y/o, NP in Foreground) during a disaster drill.

Network with other nurses from across the country or in your neighborhood with the Nurses’ Lounge online social network. You can start a free blog, read past issues, and write to our editors and contributors at www.NursesLounge.com.
Editor’s Letter

Disaster Inspiration Issue

Dear Readers,

I have been affectionately calling this issue our “disaster issue” because we planned a feature on disaster preparedness and a spotlight on ER nurses. However, as we started talking to nurses and emergency planners after Hurricane Ike roared through Texas, it seemed like we should call this our “inspiration issue.” We have heard from more people than we can fit into our magazine about how they have helped prepare, address and recover from numerous disasters.

After waiting several days to make sure that we were not interfering in the important work our readers do, we were fortunate to find several nurses from the DFW area who selflessly volunteered their time to assist with the recovery efforts along the Texas coast. As a result, we were able to get firsthand insight into what it’s like to be a nurse who chooses to go straight into the storm instead of away from it.

Appropriately, our career spotlight looks at emergency department nursing through the eyes of four local ER nurses.

Our disaster preparedness feature explores the important work that hospital safety planners do and the importance of nurse commitment during those critical practice drills.

As always, if you have a story or meaningful photograph that you would like to share, please let me know at aarmstrong@nurseslounge.com.

See you in the lounge!

Anthony Armstrong
Editor-in-Chief

The search is on for the 19th Annual Great 100 Nurses of Dallas and Fort Worth.

On April 19, 2009, the Great 100 Nurses Celebration will be held to honor one hundred Registered Nurses who have made a significant difference to the profession of nursing and in the lives of patients, peers and the community at-large. Any individual, client/patient, or group may nominate a Registered Nurse whose place of employment is within the Texas Nurses Association District 3 and 4 Regions.

To nominate a Registered Nurse, you may download the form at: http://nurseslounge.com/lounge/Great100/NominationForm.doc

The deadline for nominations postmarked receipt is December 12, 2008

Contributors in the lounge

Rita Cook is a freelance writer and editorial director of Insider Magazine. She also has a weekly radio show in Los Angeles in which she talks about traveling and automobiles.

Anthony Armstrong is editor-in-chief for Nurses Lounge magazine and an award-winning freelance writer and graphic designer in Plano, TX.
2.0 CEs FREE!

Medical City Dallas Hospital
Building E – City Hall, 7777 Forest Lane, Dallas, TX 75230
Wednesday, October 22, 4:00pm – 7:00pm
Please RSVP by Thursday, October 16

Earn 1.0 CE contact hour per session attended. Dinner and tours will be provided. FREE childcare and parking.

Schedule of Events
4:00pm – 4:30pm: City Hall, Care Tower E, Registration
4:30pm – 5:30pm: Point of Care Testing in Congenital Heart Surgery Patients, Eric Mendelhoff, MD
5:30pm – 6:00pm: Dinner
6:00pm – 7:00pm: Stroke Therapy: What’s Proven, What’s Not and What’s Hot, Lise Labiche, MD

To learn more and to RSVP, please contact: Kara Eastom at 972-566-2987 or Kim Buchanan at 972-566-7124.

Medical City Dallas Hospital is an approved provider of continuing education by the Texas Nurse Association, an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation.

Commercial support provided by MCDH: dinner, parking, childcare, pens, magnets.
Snapshots of Excellence

MANCINI RECEIVES LIFETIME ACHIEVEMENT AWARD

Beth Mancini, RN, PhD, FAAN, professor and associate dean for undergraduate nursing at the University of Texas at Arlington, received the Dolores M. Alford Lifetime Achievement Award, presented by the Texas Nurses Association District Four, for her “contribution to the betterment and support of the nursing profession, as well as providing leadership by bringing the 18-year successful run of the Great 100 Nurses Celebration...”

Dr. Mancini was instrumental in bringing the Great 100 Nurses Celebration to the DFW metroplex and has served as chair of the steering committee each year since then.

SANDERS NAMED PROGRAM DIRECTOR OF THE YEAR

Kay K. Sanders, a Certified Registered Nurse Anesthetist (CRNA) and Doctor of Nursing Practice (DNP) student at TCU, has been named the 2008 Program Director of the Year by the American Association of Nurse Anesthetists (AANA).

GREER AND SNOW HONORED WITH PRESIDENT’S PIN

Barbara Greer, RN, MSN, NE-BC, Director NICU, 5th Floor, 4 Pavilion, EMU and Sally K. Snow, RN, BSN, FAEN, Trauma Program Director, both of Cook Children’s Medical Center were honored on Friday, Sept. 19, at the Volunteer Center of North Texas-Tarrant County’s Lone Star Salute. The pin represents part of an award process from the President’s Council on Service and Civic Participation.

“Recognition for something that is such a labor of love is the icing on the cake,” says Greer. “Camp is one of the most rewarding things I do every year and I am thrilled to know that Campfire and others feel that what Sally and I do is worthy of such an honor.”

“It’s very humbling to be honored for something that is such a labor of love,” says Snow. “I can’t imagine my life without camp El Tesoro de la Vida...Being honored for such a rewarding experience is truly phenomenal.”

2008 NURSEWEEK EXCELLENCE AWARD NOMINEES

Nurses Lounge-DFW would like to congratulate 11 nurses from DFW who were nominated for the 2008 Nurseweek Excellence Award.

We asked each of these nurses where they find their inspiration and motivation. Their answers, featured below and on the next page, are both insightful and inspiring.

Candy Aston, RN
Day surgery
Medical Center of McKinney
Nominated for Community Service

My Christian faith...Colossians 3:17 says, “and whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks to God the Father through him.” I try to live my life according to that verse.

Karen Corlett, RN-BC, MSN, PNP-BC, CPNP-AC/PC
Pediatric Nurse Practitioner
Children’s Medical Center Dallas
Nominated for Teaching

My inspiration comes from those nursing professors who gave me such a strong grounding...as well as the joy and successes I have had in my long career. My continued motivation comes from a desire to lay the groundwork for current and future nurses.

Glenda Cox, RN, BSN
Emergency Services Director
Medical Center of McKinney
Nominated for Advancing and Leading the Profession

I find my daily inspiration in developing and implementing new processes that improve the quality of care for our patients. I especially enjoy working with and mentoring nurses.

Deborah Echtenkamp, RN, MSN, CPON
Pediatric Hematology/Oncology Clinical Nurse Specialist
Medical City, Medical City Children’s Hospital
Nominated for Mentoring

There is an amazing peace and satisfaction in knowing that I am fulfilling a purpose that was, through Divine Providence, designed and ordained just for me...I am both grateful and humbled.
At UT Southwestern Medical Center, we transform lives and careers through the convergence of world-class medical education, medical research and patient care. It is this unique environment that allows us to stay at the forefront of medical discovery. Our dynamic team—including some of the world’s leading physicians, researchers and clinical professionals—embrace innovation to improve outcomes for even the most challenging cases. Leave your mark on the medical profession at UT Southwestern.

**Innovation beyond MEASURE**

At UT Southwestern Medical Center, we transform lives and careers through the convergence of world-class medical education, medical research and patient care. It is this unique environment that allows us to stay at the forefront of medical discovery. Our dynamic team—including some of the world’s leading physicians, researchers and clinical professionals—embrace innovation to improve outcomes for even the most challenging cases. Leave your mark on the medical profession at UT Southwestern.

**NURSING LEADERSHIP**
- Director of Heart, Lung & Vascular Services
- Clinical Coordinators
  - Emergency Department
  - GI Lab
  - Heart/Lung Transplant
  - Med/Surg–BMT
  - Operating Room
- CV Nurse Practitioner (PRN)

**SURGICAL SERVICES**
- Operating Room
- Outpatient Surgery Center
- Recovery Room

**ACUTE CARE**
- Acute Med/Surg–BMT
- Acute Med/Surg–Oncology
- Acute Med/Surg–Telemetry
- Acute Rehab
- Cardiac Telemetry
- KPI Transplant Coordinator
- Post Cardiac Intervention

**CRITICAL CARE**
- Angiography
- Emergency Department
- Float Pool (PRN)
- ICU
- Neuro ICU
- NICU
- Non-Invasive Cath Lab

**NURSING INTERNSHIPS – December 2008 RN Graduates**

**UT SOUTHWESTERN MEDICAL CENTER**
- Ranked as one of *U.S. News & World Report*’s Best Hospitals in 2008
- One of the nation’s best stroke medical centers, treating more aneurysm cases than any other facility
- Our Heart Transplant Program has consistently ranked among the top 10 in the United States
- Our state-of-the-art facilities allow our surgical team to achieve superior results in procedures ranging from routine outpatient surgeries to the most complex operations
- Ranks among the top academic medical centers in the world
- Offers employees medical/dental and life/disability insurance from day-one for all full-time positions

**Ask about our Sign-on Bonuses!**

*Join us at UT Southwestern Medical Center.*

*We offer a supportive, culturally diverse environment, and a competitive salary and benefits package.*

**UT Southwestern Medical Center**

www.utsouthwestern.edu/careers  |  www.utsouthwestern.org/careers
The stories of nurses, patients and families that unfold on each unit every hour, every day are truly amazing and inspiring...the different generations of nurses working together...is inspirational.

Having the opportunity to support the frontline nurse to improve the lives of the patients and families we serve.

I love to teach and inspire others. I like to explain things so that everyone understands WHY they need to do something, which should help them to remember what they need to do.

I get inspiration and motivation from all the nurses I have the privilege to work with and for. By supporting them in their work, I am still making a difference in people’s lives.

My motivation comes from patients and families that we care for. My colleagues are also great motivators.

I feel going to work daily is helping others, making a difference in their lives. I love my job and love helping others find joy in whatever they are going through.

I am inspired to come to work because I am surrounded by a staff of compassionate, intellectual, and high performing individuals who are always willing to move forward...regardless of the situation we are in.

The clinical implication of the biblical principle of “The Beatitudes: Matthew 5:3-20” to the nursing profession; reminding myself daily of my organizational Mission/Vision statement...and challenging myself daily.

I am motivated most by the need I see in the community and the lack of empowerment people seem to feel and have...I always remember my mother saying “there is always someone needier than you. Help them if you can and you will be blessed.”

I love my job! I get to meet so many different types of people, work with all kinds of people, and make a difference in so many lives. NL
Quality, Compassion, and Commitment

Come be a part of something special at one of our facilities in the D/FW area. If you are a nurse in D/FW we have you covered at one of our facilities. This is where Quality, Compassion, and Commitment come together. We have the following positions open in the metroplex:

- **Operating Room RN** - FT and PRN; minimum of 3 years experience
- **Post-Surgical Unit RN** - FT and PRN; minimum 2 years experience in Surgical/Telemetry or ICU
- **Emergency Room RN** - FT and PRN
- **Scrub Tech** - FT and PRN; minimum 2 years experience

- **ED RN** - PT or PRN, 7a-7p or 7p-7a, weekends only. 3-Bed Emergency Department; minimum 2 year ED RN experience with internship required
- **Post-Surgical RN** - FT or PT, 7p-7a weekdays, weekends required; minimum 3 years RN experience on ICU or Med-Surgical Unit
- **Post Anesthesia Care Unit RN** - FT or PT, weekdays, four 10-hour or five 8-hour shifts; minimum 2 years RN experience in a PACU or ICU

- **OR Circulator RN** - minimum of 3 years experience
- **Post Anesthesia Care Unit RN** - minimum of 2 years experience in PACU or ICU
- **Scrub Tech**; minimum 2 years experience

- **Post Surgical Unit** - 7P to 7A; minimum 2 years experience in Surgical/Telemetry or ICU
- **Pre-Op / Pre-Admit Testing** - 7A-3P and 7A-5
- **RN - Seasonal Plan** - (October to January)
- **RN - PRN** - (OR, PACU, Post Surgical Unit)

- **Operating Room RN** - FT and PRN; days, 3 years experience
- **Post Surgical Unit** - FT and PRN; minimum 2 years experience in Surgical/Telemetry or ICU
- **Pre-Op / PACU** - minimum of 2 years experience in PACU or ICU
Hurricane Ike began its assault on the Texas coastline late in the day on Friday, September 12. It officially made landfall early Saturday morning, and by sunrise rescue workers were poised and waiting for daylight to begin the recovery efforts. Fortunately for the Conroe Medical Center, about 37 miles north of Houston, additional nursing staff had already arrived 24 hours beforehand on Thursday evening.

Put the Plan to Work

The importance of having an emergency preparedness plan for events like Hurricane Ike is not lost on All About Staffing (AAS), a supplemental staffing entity for HCA hospitals. AAS has been supplying emergency staffing for hospitals for several years, most recently sending nurses and other staff to several Houston-area hospitals for Hurricane Ike. “We learned a lot of lessons from hurricanes Katrina and Rita,” says Cathy Barnett, regional VP of operations for AAS’s North Texas division. “We now have a formalized emergency preparedness plan for recruiting and transporting relief staff to areas affected by disasters. It covers transportation, compensation, what type of sleep time the nurses can expect, what they need to pack, etc. Everything they need to know is available to them before they leave.”

Gayle Hanning, RN, and Christy Bolz, RN, staff nurses with AAS, both received phone calls from AAS the Thursday before Ike arrived, asking for their help. That evening they were on a charter bus with 21 other nurses and three pharmacists headed for Houston.

“Hanning and Bolz initially went to the Conroe Medical Center for one week and then spent another week at the Kingwood Medical Center. “They told us to expect anything from hotels to makeshift shelters,” says Bolz. “We ended up sleeping on air mattresses and cots in the conference center. Fortunately, they gave us a good list of what we should pack, which we didn’t get for Rita.”

Send in the Reinforcements

Hurricane Ike officially made landfall Saturday morning, and by Saturday evening Barnett joined other regional VPs in urgently assembling another list of nurses willing to help with the relief efforts. Billy Helmstetler, RN, a full time staff nurse with Denton Regional Medical Center, was one of those nurses. “I got the call around 7:30 p.m. Saturday night asking if I could go or not,” says Helmstetler. “I said ‘yes’ and was on a charter bus leaving from Las Colinas at 4 a.m. the next morning.”

“We had made the decision to send more reinforcements that Saturday evening,” says Barnett, “so we had to find a charter bus that night. Thanks to our great team, we were able to get everything together and they left early Sunday morning.”

This was much more organized than hurricane Rita,” says Hanning. “For Rita we had no advance notice or time to get ready. We just received a text message to call them if we were interested in going and then we were on our way.”
Into the Fray

As thousands of people left their homes and migrated northward, Helmstetler rode south into the chaos on a bus with 22 other nurses. This trip, which normally would only take five hours, ended up taking 12 hours.

“The gridlock traffic was incredible,” recounts Helmstetler. “We were at a dead stop on the highway; people were getting out of their cars and mingling around. This was the only time I felt nervous about our safety. If things went bad, there was nowhere for people to go. The amount of water was unbelievable. On the overpasses I could look down and see the water line just below the stoplights. If someone was in the water they could have reached up and touched the traffic light.”

Helmstetler’s bus sat on the highway for so long there were phone calls made to see if they could fly the nurses out via helicopter. Eventually, though, a police officer, upon hearing of the bus’ important mission, allowed the bus to drive through a restricted area so it could move on to its destination. “In hindsight,” says Helmstetler, “we should have put a big red cross on the side of the bus to signify that we were medical personnel to help get us through the traffic.”

Once Helmstetler arrived at Kingwood Medical Center, roughly 22 miles north of Houston, it was the only hospital open and with power. This quickly changed when the electricity went out unexpectedly and the generator failed shortly thereafter. People scrambled for lights and order. “It was chaotic. Without the generator, there wasn’t any light at all inside the hospital. People were breaking glow sticks and dropping them on the floor to help us get around,” says Helmstetler. “We didn’t know our way around the hospital but we were trying to help out wherever we could. Someone sent us up to the NICU to help hand-bag the babies on the ventilators. We didn’t even know where the NICU was.”

Eventually the power would return and go off repeatedly, so the hospital decided to evacuate all but a few patients to the Bayshore Medical Center. “Our job was to take the patient’s information, put it in a folder, and get the patient to the evacuation helicopters,” says Helmstetler.
Chainsaws and Leeches

According to Helmstetler, the electricity was fixed the next day and the ER was inundated with patients. “They saw over 300 patients in a 24-hour period. It was awful. The halls were full of people sitting in the ER with bleeding wounds. People were miserable. To make it worse, there were a lot of chainsaw accidents. Apparently people were breaking out the chainsaws to clear fallen trees off their houses.

“One guy cut his thumb completely off. The surgeon sewed it back on and put a giant pushpin through the thumb all the way down to the joint to hold it in place. The blood flow in the thumb was really poor, so they were spraying heparin, a blood thinner, all over his thumb and putting it in his IV. All this wasn’t working, so the surgeon called a leech farm in New York and had a container of leeches flown down as soon as the airports opened. The leeches actually rode down in a first class seat. When they arrived, we watched as he applied several leeches to the guy’s reattached thumb. Thanks to the leeches, he was able to save the thumb. It was amazing.”

Living conditions

“The hospital was actually two hospitals that were connected,” says Helmstetler. “They had us sleeping in the Heart Hospital, which was a brand-new facility with the latest state-of-the-art equipment and patient rooms. They had flat-panel TVs in every patient room. It was just beautiful. We were told we would be sleeping on the fifth floor, so we took the elevator up. When the doors opened, there was nothing but drywall and concrete. Since the hospital was so new, the floor was unfinished. It had no walls except for the walls enclosing the building. It was just a big empty space where they had been storing old equipment. There were old baby incubators, an old salad bar, broken TVs and other equipment.

“There were a bunch of D-MAT teams and police officers already there, so we decided to make the best of it. There were three other nurses with me, so we took some cots and found some old boxes and tables that were lying around and started building a little fort. We made some walls that we covered with blankets so
comfort in the storm

we could have our own little corner. We put up some signs and soon other people started doing the same thing and putting up their own little signs. It turned into its own little civilization of ‘claimed property.’ We met people from all over Texas and other states. It was difficult to sleep, though, because there were a lot of noises as people went in and out. Plus, we couldn’t turn the lights off. Fortunately, someone figured out how to dim the lights, but we had to be careful walking around because of all the exposed pipes sticking up out of the concrete floor.”

The first few days were the hardest for Helmstetler and the other nurses. They worked 17 hours per day for the first two days and then 14 hours on the third day. Although the hospital fed them, there were no fruits or vegetables available. With only one community shower for everyone to share, the lines to bathe were longer than they could wait. Helmstetler and others would use showers in empty patient rooms, when they could find one, which required a great deal of time spent cleaning up afterwards.

“It seems that no matter how much training you get or what kind of drills you run, there is always an unknown factor,” says Helmstetler when asked about how prepared he was for the event. “Situations are always changing. You can never be fully prepared.”

Hanning and Bolz agree. When asked about their previous training and disaster preparedness drills, they cited the unpredictability of disasters as the biggest hurdle. “Being an agency nurse in general helped,” says Bolz. “We are used to working in unfamiliar places. You don’t get an orientation in emergency situations, so you have to be ready to hit the ground running.”

**Insider Tips for Disaster Volunteers**
(from those who have been there)

Even though you can’t be fully prepared for a disaster, Gayle Hanning, RN, and Christy Bolz, RN offer some insightful tips to make the experience easier:

Bolz: “Find a good packing list. All About Staffing gave us some good ones. Sleeping arrangements can change daily, so be prepared to be uprooted frequently. You can expect no hot water, food rationing and doing everything by flashlight.”

Hanning: “Be prepared to not be able to wash your uniforms. There may be no electricity. For us it was hot. Like camping out. Don’t be surprised if the other nurses in the disaster area aren’t too friendly at first. You have to remember that they are under even more pressure because they may not know the status of their own homes or family.”

Join our winning team!

Children’s Medical Center.
Now hiring in Dallas and Plano, Texas.

**Now hiring experienced RNs:**
- Emergency Services
- PICU
- OR, PACU and Day Surgery
- General Pediatrics
- Psychiatry
- Hematology/ Oncology
- Dialysis
- CICU
- NICU
- Pediatric Float
- Pediatric Transport
- Ambulatory Clinics
- Care Coordination

Join the one healthcare system dedicated to serving the broad pediatric and neonatal needs of North Texas. From competitive benefits to career advancement, Children’s rewards like no place else. To apply, visit www.childrens.com or call 888-848-2990. EOE
Three members of Children’s transport team went down to Galveston via fixed wing aircraft to assist in evacuating NICU babies from the path of Hurricane Ike on Sept 11. They successfully evacuated the hospital and other care facilities in Galveston, transporting a total of seven patients, six to Austin from Galveston and one from Houston to Children’s Medical Center Dallas, all within 12 hours.

“It was a very well coordinated event that helped us to get the process completed in the short time we had. Dealing with both critical and non-critical patients in the very warm and close quarters environment was a task in itself...Patients along with staff RNs from the evacuating facilities were taken to the closest, safest location that could properly manage and take care of the patients and their needs... At the end of the day the three of us returned to Dallas with an experience that was once in a lifetime and a feeling that we truly were able to save lives while continuing to make life better for children.”

- Anthony Di Marco, NREMT-P

“I found the experience to be a truly awesome and monumental task. Two dozen fixed wing aircraft and just as many helicopters all descending on a small airport on the coast of Galveston. Every pilot and medical crew working together for one goal, to expedite the evacuation of tiniest of neonates. Adjusting medical and monitoring equipment on the fly seemed to be the most challenging. It is truly humbling to have seen that beautiful place just 24 hrs prior to being devastated by Ike. The reality of what was accomplished that day is truly amazing.”

- Scott Anderson, RT-NPS, EMT-P
"Assisting with the evacuation of Hurricane Ike was an amazing experience. Each team came ready to work, with one common goal in mind—getting the patients out safely. There were unforeseen delays in getting the patients to the airport due to traffic. Several teams offered up their helicopters in order to bypass the traffic. For every delay or problem a solution was brought to the table. It was wonderful to see the air medical community work together to evacuate the patients smoothly and efficiently."

- Jenny McCauley, RN, BSN, CCRN

Our work environment is dynamic. Our people are valued.

A rewarding career awaits you at Concorde!

Concorde Career Institute is a nationally recognized, for-profit education company that provides career training in the field of allied health. If you are an experienced nursing professional looking for a new challenge, we want to talk with you!

Vocational Nursing Instructors

ARLINGTON, TEXAS

Immediate needs for full and part time Nursing Instructors

- Current license to practice nursing in the state of Texas.
- Minimum BSN from an accredited nursing school.
- Actively employed in nursing for the past 5 years and possess 5 years varied nursing experiences since graduation. Experience shall be in nursing education, clinical practice, or administration.
- Must meet all regulatory and corporate qualifications.

Apply online at http://jobs.concorde.edu, email resume to Human Resources - Attention: Recruitment at jobs@concorde.edu or fax 877-866-2344 and reference ‘Nurses Lounge’. EOE/M/F/D/V

Notice of Availability of the Campus Security Program and Annual Report. This report includes statistics for the previous three years concerning reported crimes that occurred on or near buildings or property owned or controlled by Concorde Career Colleges, Inc. The report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters. You can obtain a copy of this report by contacting the Campus President at the Concorde Career Colleges, Inc. campus location or accessing the following web site: http://www.concorde.edu/campussecurity.asp
Keeping Step with ER Nurses

By Rita Cook
F

rom the early 1990s to the first few years of 2000, emergency room visits increased from 89.8 million to 107.5 million. That number has continued to rise with some emergency rooms having to divert ambulances to different hospitals because there is no room anymore.

According to the Emergency Nurses Association, “In the United States, an ambulance is diverted to a different hospital every minute because emergency departments (ED) are overcrowded. Ninety-one percent of surveyed ED directors across the United States reported emergency department crowding as a problem.”

Emergency room nurses have their fair share of a work load that never seems to end. In fact, the American College of Emergency Physicians noted that “At any given time, there are nearly 4,000 emergency rooms operating at capacity in the United States.”

Since a patient’s life depends on competent emergency room nurses and doctors, this type of nursing is usually practiced by nurses who have specialized formal, post-secondary education in the field. In addition, nurses working in the ER often work together as a team for the patient’s safety and recovery.

Secherre Carothers, RN, BSN, CCRN, who has worked in Parkland Health and Hospital System’s trauma department for the past four years, notes the importance of nursing teams. “Trauma care is team based, and the best example of this is in the resuscitation room...They work together, side by side to rapidly assess, treat and move the patient to the area they need the most: OR, ICU, etc.” says Carothers. “Everyone has a role and when it comes together the patient gets excellent care and people have a sense of accomplishment.”

As with many other nursing positions around the state and country, the need for nurses in the emergency room setting are at an all time high.

Jennifer Sharpe, RN, Director of Nursing, Emergency Services Department at Parkland Health and Hospital System graduated from nursing school 16 years ago and has been working in the ER for the past 14 years, and says she has never considered another place.

“You learn that the ER is the place patients come when they don’t know what else to do—you sometimes feel unsure of how to help them,” Sharpe notes. “No two days are the same; we learn something new every day. You know that every shift you work, you make a big impact on someone’s life.”

ER nurse jobs usually pay very well and also offer great benefits, but it is also true that emergency room nurses have very high turnover because of the stress of the position. In fact, at the moment it has been noted that approximately 80% of hospitals are noting a shortage in this area.

“Nursing staffing is an area that all hospitals struggle with,” Sharpe says. “Due to the nature of the ER, it is an area of high nursing burn out. This leads to retention and turn-over problems. Having engaged management focused on staff satisfaction helps, but looking at institutional support to address system problems that effect the ER is the key.”

New technology has helped. Sharpe says that indeed, technology has evolved, especially in regards to charting and electronic documentation.

“Due to litigation and regulatory changes, documentation is much more important,” she says. “It has made things safer. Electronic documentation, tracking and physician order entry systems have made ERs more efficient while providing a much more comprehensive legal medical record.”

As for a typical day in Sharpe’s life as an ER nurse, she says “Today in the ER, we took care of many admissions including ICU admissions without beds. We cared for stroke patients, heart attacks, accidents, injuries of many kinds, sick children, elderly in need of care, people with chronic illnesses made worse by poor access to primary care, pregnant patients, burn patients, sick inmates, and homeless patients who have nowhere else to go. The patients keep coming long after we run out of beds and spaces to put them in. We rarely take breaks, we eat as fast as possible because we are worried about our patients while we are away, and we walk about three miles at least during our shift. We work with doctors, pharmacists, police officers, social workers, clerks, chaplains, and hospital administrators. We know a little bit about every specialty. Days in the ER go very fast; the first time you look at the clock it is almost time to go home.”

The type of personality needed to function in this environment is specific, “Most of the great ER nurses I know perform best and feel the greatest sense of accomplishment under incredible amounts of pressure,” Sharpe says. “They need to like a rapidly changing environment. Every day the patients and complaints are different, every minute you could be dealing with a different crisis. Not every nurse enjoys that level of change.”

Mary Cowsert, RN, ER Nurse at Medical City Dallas Hospital, is one of the nurses who does enjoy change. It was 13 years ago when she graduated and went to work on a tele floor, eventually discovering ER by chance.

“Different illnesses and injuries were occurring, a lot of team work, everybody helping everybody,” she says. “Getting to work close with the doctors, other nurses, respiratory, radiology and lab personnel to make a difference in someone’s life was important as well as the excitement of helping someone feel better and meeting new people of all races, different nationalities and customs.”

Cowsert grew up in Mexico and learned Spanish as a child; she said these days that really comes in handy since many people come to Medical City’s ER who can’t speak English.

“They always have a smile on their faces when they find out I can speak to them and help get the help they need.”
Cowser says the best thing about being an ER nurse is making a difference in peoples lives.

“It’s the thank you’s I receive every day from patients, family members and from hospital staff,”

Cowser also feels that an ER nurse has to care about all people.

“The greatest challenge is to keep smiling all day, during happy and sad moments,” she says.

Scott Jacqmein, RN, has been a nurse for 10 years and in the ER for one year.

“I wanted a change and to challenge myself,” he notes. “I chose ER because I enjoy the fast pace and teamwork approach to nursing.”

After just one year, Jacqmein has some amazing stories to tell.

“There are so many stories that are outstanding to me; however one in particular is about a postpartum mom who went into septic shock. By providing outstanding high quality compassionate health care, we, as a team of doctor and nurses, were able to give her the best outcome possible. I was still a new ER nurse and I was amazed at how incredible, professional and efficient my co-workers were. That’s when I truly knew I had made the right career change to work in ER.”

Jacqmein says he enjoys being a jack of all trades and never having the “same day” as an ER nurse.

“I enjoy the challenging and unpredictable environment of ER. I’m able to make a real difference in patients’ lives while providing a comfortable living for my own family. The change I would like to see most is health care coverage for everyone so people don’t have to use the ER as a primary care center and can be more proactive in their own health.”

In ER for three years and an RN for the past 21, Sherri Demars, RN says she decided to pursue the challenges of an ER nurse because it’s a different challenge every day.

“You get to take care of all types of patients and you never know what is coming through the door next,” says Demars.

One memory on the job that really stands out is when she says a two-year-old little girl came into ER “not acting right.”
“She ended up being diagnosed with a malignant brain tumor,” Demars says. “After several months in the hospital, on her way home her parents brought her down to the ER to say hello and thanks for everything. If it wasn’t for me trusting her mom’s gut instinct, her course of treatment could have taken a different path. It was hard being there and telling these young parents what was wrong with their precious baby girl, but in the end, it got her on the road to recovery. I will never forget the look on their face when they said ‘Thank you for trusting us and saving our daughter’s life.’”

Demars says that overcrowding is one of the greatest challenges in ER.

“We do a great job of taking care of everyone who comes through our doors, but we still fight overcrowding daily. It is a constant challenge.”

Demars feels that the best type of ER nurse is someone who is flexible, easy-going and able to take the hard hits and keep going.

“The teamwork in ER nursing is astounding,” she says. “We depend on each other every minute of each and every day. The fast paced environment leads to anything but a boring shift!”

David Cavins, RN, CCEMT-P has been in the ER department for four years and is also a flight RN with Careflite. “CPRs always stand out because to see a patient who comes into the ED dead, then brought back by medicine and the efforts of MDs, RNs and paramedics is amazing,” Cavins says.

Indeed, Cavins says, “Things that use to be urgent now slow me down and make me think more. Working in the ED inspires me to continue with my education and learn more about emergency medicine. It makes my job somewhat easier because I ask why more often and try to stay up with current research.”

And while there is a huge burnout rate in ER, Cavins says he keeps going because of the patients or families who touch him while expressing thanks for his efforts. NL
Are You Ready?
Disaster preparedness in DFW

By Anthony Armstrong

Hurricanes are common enough that a great deal has been learned about how to prepare for disasters of this scale. But what about the disasters that are less common? Can we fully prepare for pandemics, massive chemical spills, nuclear attacks or biological warfare? Most experts will say there is always the unexpected, but that we can plan for the factors that can be expected.

Following the experiences from Hurricane Katrina, the Joint Commission began requiring their hospitals to meet stricter requirements for emergency preparedness. Requiring facilities to coordinate with their communities in establishing emergency preparedness plans and testing those plans through various types of periodic drills.

Disaster drills play a significant role in emergency preparedness. So much so, the Joint Commission requires hospitals to perform at least two drills per year, and one of those must involve the local community. However, many hospitals strive to surpass this requirement, such as Children’s Medical Center, whose goal is one drill per quarter, according to David Wood, hospital safety officer for Children’s.

Most recently, Children’s recently staged a mock disaster drill that brought in 31 children to act as victims of a school struck by a tornado. Children participating in the drill were moulaged with fake blood, rubber open wounds and silver glitter representing broken glass to simulate injuries that ranged from head and limb trauma, including severed limbs, compound fractures, other broken bones, back pain, embedded foreign objects and miscellaneous cuts and bruises.

“This drill was one of our best,” says Wood. “We received a lot of good feedback from multiple outside agencies.”

Multiple agencies from the local community sent observers who watched and evaluated the medical staff as the patient-actors played their roles, media news crews hovered around and one parent-actor frantically searched for her missing child.

The realism plays a dual role in that it prepares the staff for actual emergencies and also encourages them to maintain focus during the drill. “One of the biggest challenges we face is getting people ramped up during the drills,” says Ron Coulter, manager of safety and security for Harris Methodist Southwest Hospital. “Often we prepare for something that has never happened. This can make it difficult for people to take it seriously. It’s important that we get the point across that it’s not a question of if it will happen but when.”
Marc Janis, safety officer for Presbyterian Hospital of Dallas, also emphasizes the importance of drills and taking them seriously. “My experience in the military, where we were constantly training and in a continuous state of readiness, opened my eyes to what could possibly happen—how a large an event could be,” says Janis, who serves as a paramedic in the military and is due to ship out to Iraq this month.

According to the Institute of Medicine of the National Academies, as reported by the Joint Commission, an influenza pandemic in the United States would cause an estimated 89,000 to 207,000 deaths; 300,000 to 700,000 hospitalizations; and 18 to 42 million individuals requiring outpatient care. If we apply this as a percentage of population, not factoring rural and urban effects, it means that the DFW area will see an estimated 1,700 to 4,000 deaths; 6,710 to 14,000 hospitalizations; and 36,000 to 854,000 individuals requiring outpatient care.

This may be a worst-case scenario, but it would be a lot worse if the hospitals and local community weren’t prepared. As one might imagine, preparing for disasters of this magnitude is a daunting task. Fortunately, the preparation is shared by all members of the community, from city planners and civic leaders to first responders and citizen volunteers. According to the National Commission on Terrorist Attacks upon the United States, “Because 85 percent of our nation’s critical infrastructure is controlled not by government but by the private sector, private-sector civilians are likely to be the first responders in any future catastrophes.” This poses an especially challenging task of organizing multiple entities into a coordinated response.

“Communication is critical,” says Danny Decker, director of support service for Harris Methodist Erath County Hospital in Stephenville. “We have to know who can do what and when.”

To facilitate the community-wide coordination, the Erath County hospital hosts an emergency management planning committee that brings together the schools, fire department, police and more. Coulter agrees. “One of the ‘must-have’ components of emergency preparedness is a continuous collaborative effort between agencies,” says Coulter. “When you think about the DFW Metroplex, we have the Texas Motor Speedway [which can hold 220,000 people], 80 to 100,000 people at the Cowboys stadium, and military targets like Lockheed Martin and Bell helicopter. There are lots of areas for significant threat. We have to understand that people may wind up seeking more hospital beds than are available. Any plans we make have to address surge capacities to make room for more critical patients.”

What type of disasters are hospitals planning for? Everything imaginable. According to FEMA, Region VI, which includes Texas, Oklahoma, New Mexico, Arkansas and Louisiana, had 44 presidential declarations of disasters from 2000-2007. Those include three tornadoes, three coastal storms, three fires, four floods, seven hurricanes, eight severe ice storms and 16 severe storms. In addition to weather-related disasters, though, emergency management personnel must also prepare for anything...
from structure collapses to bus crashes to chemical spills and bioterrorism. “There has been a concerted effort since 9/11 to be better prepared,” says Coulter. “Everyone winds up at the hospital no matter what type of incident. So we must have all types of plans.” While the type of drill or procedure may change, the one thing that doesn’t change is the important role nurses play in managing any emergency. “Nurses are critical in every aspect of emergency management,” says Chris Lane, RN, nursing supervisor of the emergency room at Harris Methodist Fort Worth Hospital and chairman of the disaster committee. “From the command center to leadership positions to triage, there is no one better than nurses in disaster response. Patients will often need the full spectrum of care—orthopedics, labor and delivery, pediatrics—so we rely on our specialty nurses to step in as well.”

“Often we depend on other nurses to assist during emergencies,” says Judy Horton, RN MSN, CEN, director of the emergency room at Harris Methodist Fort Worth. “So we will pair non-ER nurses with ER nurses.” Much of the discovery process in preparing for disasters comes from the nurses themselves during the drills. For example, Harris Methodist Fort Worth recently identified a need to have a surgeon in the OR Triage and an OR nurse to facilitate transporting patients to the OR.

Children’s recognized in a previous drill that working the two-way radio system required practice, so they implemented “Radio Fridays,” where the staff gets to use the two-way radios for whatever they want to talk about. “Often it revolves around what everyone wants to order for lunch,” says Wood. “But one of the things we took away from this last drill is how well everyone communicates now over the two-way radios.”

For Carolanne Capron-Reid, RN, BSN, Med, director of emergency services at Children’s, a recent discovery illuminated the challenges involved in taking pictures of children who needed to be reunited with their families. “We had to figure out when and where to take pictures,” says Anne, “and what to do with them in light of patient confidentiality. Drilling these procedures opens up our eyes to what may have previously seemed simple at first but became complicated when we tried to implement them.”

"are you ready"
You CAN Teach an Old Nurse with New Tricks:
Integrating Blended Learning into Hospital Education

Stephanee Thurman, RN, MSN, is part of the Education Department at Medical Center of Plano and currently coordinates the Continuing Nursing Education and American Heart Association programs. She received her BSN from Oklahoma City University and her MSN from the University of Texas at Arlington. In addition, Stephanee has earned her Advanced Nurse Educator Certificate from The University of Texas at Arlington. She can be contacted at stephanee.thurman@hcahealthcare.com.

Disclosure Statements: The authors report no relevant financial relationships or conflicts of interest. They do not intend to discuss any unapproved or off-label use of any product. There is no commercial support for this educational activity.

Purpose: To provide nurses with information and strategies to be a more informed learner regarding the development, utilization, and impact of blended learning methods in continuing education and training.

At the completion of the article and the post test, the reader should be able to:
1. Recognize the central principles surrounding adult learners.
2. Distinguish the relationship between adult learners and a successful blended learning program.
3. Critique the utilization of blended learning in the hospital education and training environment.
I remember a specific conversation with my soon-to-be husband, also a nurse, several years ago. We were discussing our experiences with the NCLEX licensure examination. He sat for his in 1990, carpooling with classmates to the state capitol, spending two full days in a convention center surrounded by other nerve-shot new graduates, furiously answering multiple-choice questions in pencil. Then the wait...it took nearly six weeks for him to receive his results!

“How long did you wait for your results?” he asked me.

I smiled and began explaining. I scheduled my exam for late June 1994 by phone after receiving my approval from the state. I drove across town to the testing center, was placed in a classroom with about eight other people, and spent the next hour answering 75 multiple-choice test questions on the computer. I received my results through the mail in four days!

Which example better reflects your experience?

Technology becoming the norm

Technology is no stranger in the world of healthcare. Beds weigh patients at the push of a button, IV pumps calculate drip rates of standard concentrations, and barcodes are scanned to help match patients and their medications. Electronic order entry and documentation systems are quickly becoming standard in healthcare facilities across the nation. Many places also support computerized physician order entry (CPOE) instead of hand-written orders and Picture Archiving & Communication Systems (PACS) for viewing and sending digital images of radiology films. It is no wonder that technology would eventually find its way into healthcare education.

The switch to computerized adaptive testing (CAT) for NCLEX licensure examinations was a significant step in integrating technology into professional nursing education. The Internet certainly changed the face of nursing education by allowing electronic document submission for turning in assignments, online libraries for document retrieval, and the boom in distance education programs. Think of the progress that has been made in patient simulation. I remember taking turns being the “patient” for certain skills practice in our school’s lab. Now electronic patient simulators blink, speak, and produce heart, lung, and bowel sounds. Not to mention they are much more receptive to invasive skills practice than my classmates and I!

The use of technology in our educational preparation and clinical practice is readily accepted and has become a must-have component in the development of new nurses and the care of patients. Technology is also being integrated into hospital education and employee training programs. Hospital education and training programs are combining traditional face-to-face instruction with varying forms of electronic and computer-based applications. This approach, often called blended learning, can be a cost-effective method of delivering educational activities to a wider audience with greater end-user satisfaction. It is not however, to be taken lightly nor delved into without advanced planning and structured evaluation. Concepts such as adult learners, significant learning, and various forms of trouble-shooting must be explored before implementing a blended learning program.

Learning styles and adult learners

It is important for learners to recognize their preferred learning style. Understanding learning styles can provide insight into your own study habits. Read the following and decide which best fits you.

The visual learner prefers written rather than verbal instruction. Photographs and illustrations are important to the learning process. Diagrams and charts are tools to help the learner remember and comprehend. Studying is best done by organizing and reading notes in outline form.

The auditory learner prefers verbal instruction and has a gift for remembering the spoken word. Group discussions are important to help clarify information. Retention of material is achieved through verbal repetition. The learner may be distracted easily by noise as well as silence.

The kinesthetic learner opts for hands-on activities such as note-taking and computer use, and may fidget with small objects while listening or working. Kinesthetic learners typically have good motor coordination and remember things through movement, touch, and muscle memory.

Perhaps even more important is that those preparing educational activities take into account the learning styles of their audience. An advantage of blended learning programs is that a variety of learning styles can be incorporated into a single activity. An example that will be used throughout this article is online CPR training. My facility utilizes an online training program for the didactic portion of CPR training. This type of module includes text and pictures for visual learners, audio instruction and prompts for auditory learners, and interactive animations for kinesthetic learners (Braun, 2002).

Malcolm Knowles first identified basic principles common among adult learners in 1970 (Russell, 2006) (See Figure 1). While students of any age may favor particular learning styles, adult learners have specific characteristics that must be considered when planning educational activities. These characteristics include the degree of motivation, amount of previous experience, level of engagement, and application of learning. Adults want to learn things that are important to them. When they are convinced of their need to know, their degree of motivation is greatly increased. The amount of experience in the adult learner can help connect previous and current learning experiences, but can also color or bias the learner’s perceived ideas. Adults generally prefer a leadership role in their own learning, and show a higher level of engagement when in control of the learning process.
experience. And finally, adults prefer to apply their learning by seeing the knowledge in action, often by return demonstration or skills verification.

**The role of significant learning**

Blended learning programs are ideal for adult learners in formal education programs and in work-based training activities. We already know that adults learn best when they are engaged in the material, when they can control certain aspects of the learning environment, and when the knowledge and skills they acquire can be applied to their personal/professional lives. But how do we create educational activities that meet the needs of these learners?

We can all agree that learners should get something important from their learning experiences. Adults especially will feel their time and energy are wasted when only presented with irrelevant or trivial details of a topic. The concept of significant learning has been defined as learning that creates not only a lasting, but also important change in the learner’s life (Fink). A key to significant learning is that activities are based on the learning itself rather than focused solely on the content. Fink went on to develop a taxonomy, or classification, of types of significant learning:

- **Foundational Knowledge** – Includes understanding and remembering specific information and ideas; provides the foundation, or basic level of knowledge needed for other types of learning
- **Application** – Includes new skills and thinking; adds worth to other kinds of learning
- **Integration** – Includes making connections between ideas, people, situations; provides learners with intellectual power
- **Human Dimension** – Includes personal and/or social implications of the learning; emphasizes the human significance of the learning
- **Caring** – Includes development of new feelings, interests, and values; inspires the energy to learn about something
- **Learning How to Learn** – Includes being a better student, becoming self-directed; allows learners to effectively continue learning in the future

It is interesting how these types of significant learning can be applied with the previously-mentioned characteristics of adult learners. Refer to Table 1 to see the relationships between the two concepts. Learning experiences have increased significance to adults when multiple types of significant learning are implemented. Using our example of CPR training, let’s explore how adult learner methods and significant learning interact:

A nurse has previous experience and the foundational knowledge to know at least the basics of the circulatory and respiratory systems. CPR training is blended (part online – part classroom skills) so he/she must learn how to learn using self-directed skills. Motivating factors to complete CPR training include job requirement and learning appropriate patient care for these situations. Practicing CPR also allows the nurse to explore the human dimension of his/her own feelings regarding resuscitation in various scenarios. The nurse’s level of engagement is influenced by how he/she can apply the training in practice and how much he/she cares about learning.
the need of their ability to reach more learners with consistency that is available at

Table 1: Relationship between Adult Learning Characteristics and Fink’s Taxonomy of Significant Learning

<table>
<thead>
<tr>
<th>Apply the Learning</th>
<th>• Application</th>
<th>• Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Engagement</td>
<td>• Application</td>
<td>• Human Dimension</td>
</tr>
<tr>
<td>Motivation</td>
<td>• Human Dimension</td>
<td>• Caring</td>
</tr>
<tr>
<td>Previous Experience</td>
<td>• Foundational Knowledge</td>
<td>• Learning How to learn</td>
</tr>
</tbody>
</table>

Blended learning in healthcare

Utilization of blended learning variations requires planning, administrative commitment, and technical support and equipment. The educator role becomes one of learning facilitator and includes outcomes assessment. This environment allows the learner to play a more active role in their learning, which typically leads to increased retention of material. The use of blended learning methods is becoming more and more common in hospital settings for orientation programs, case-based tutorials, regulatory training, and professional continuing education (Magnussen, 2008). However, blended learning is not meant to replace traditional modalities, but to coexist and enhance certain learning experiences. A comparison of pure classroom, blended and pure e-learning was completed by Brandon Hall Research, a leading learning and development research firm. Blended methods were preferred over pure e-learning by 87% of subjects. And blended methods were preferred over pure classroom learning by 71% of the subjects (Weaver, 2008).

Our facility began using blended learning in the last few years because of its ability to reach more learners with consistency that is available at their convenience. Consistency of delivery is important so that all learners receive the same information. Our online education platform is available around the clock and can be accessed by employees from home. This convenience plays right into the control that adult learners want over their education. The growing acceptance of computer-based technology by our learners lends the opportunity to use it to its fullest capacity. Our choice of using all-online or blended activities depends on the material and content being presented.

Returning to our previous example, our blended CPR training consists of an online module for the lesson and multiple-choice quiz combined with live classroom skills validation with instructors. Learners enroll in their choice of classroom date/time, and then are assigned the online module a few weeks prior to class. The online module addresses needs of visual, auditory, and kinesthetic learners, and provides a means of preparation for the skills validation. At the beginning of this endeavor, we still had paper copies of the test available for those uncomfortable with online methods. The word has spread though, and now nearly 90% of our staff completes the online module. Learners are happy to spend less time in class and instructors are happy that students are prepared upon their arrival. In adapting this model, we also have the capability of training more learners in less time for less total cost to the facility. Using a standard amount per hour for student and instructor salaries, we have decreased our facility cost for CPR training from $87 per person to $47 per person.

There are drawbacks and potential pitfalls to using blended learning methods (Weaver, 2008), least of which is that nurses are often hesitant when dealing with change! Let’s explore some other cautions to consider with implementing blended learning:

- Not suited for all purposes – Online learning can be used for cognitive content, but people-skills training should be done through other methods
- Access to required technology – Not all learners have access to the required technology
- Lack of skilled facilitator – Online courses, unlike live instructors, cannot read body language of learners
- Learner response integrity – May encourage “group work” or sharing of answers
- Development cost and complexity – Increased time up-front for educators and time spent for learner support and trouble-shooting

Finally, how do you make sure your blended learning activities are successful? I believe it is a continuous cycle of developing, testing, tweaking, and deployment. Pilot testing is a great way to discover misspelled words, bad grammar, and content that doesn’t flow. (My co-workers and my husband have become used to being my guinea pigs!) Weaver (2008) also provides advice when choosing blended learning methods for training and continuing education.
You should always blend with the end in mind. The importance of the educational goal should drive the scale and depth of the development.

Use content that fits the modality. Content, unlike water, does not take the shape of its container.

Administrative and technical support is imperative. Your overall program should be based on the mission and values of your facility. Initial software, upgrades, and help-desk capabilities are integral components of a blended learning curriculum.

The potential for complexity cannot be underestimated. Every course doesn’t need all the latest and greatest computer technological applications.

In summary

Blended learning can provide ideal avenues for engaging adult learners and allowing adults to take charge of their learning experiences. Incorporating blended learning requires careful planning, as it is not a one size fits all solution for the provision of adult education. The points made in this article can guide development of a blended learning program to satisfy adult learners and increase retention of material.

References


Registration Form and Test for Continuining Education Credit

“You CAN Teach an Old Nurse with New Tricks: Integrating Blended Learning into Hospital Education”

Purpose: The purpose of this article is to provide nurses with information and strategies to be a more informed learner regarding the development, utilization, and impact of blended learning methods in continuing education and training.

Objectives: At the completion of the article and the post-test, the reader should be able to:
1. Recognize the central principles surrounding adult learners.
2. Distinguish the relationship between adult learners and a successful blended learning program.
3. Critique the utilization of blended learning in the hospital education and training environment.

How to earn One Contact Hour:
1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the answer sheet.
3. Fill out the registration form.
4. Send registration form, answer sheet, and a check for $12.00 to:
   Continuing Nursing Education
   The University of Texas at Arlington
   Box 19197
   Arlington, TX 76019-0197
Within three weeks after receipt of your post test and registration, you will be notified of your results.
A passing score is 80%. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

The University of Texas at Arlington Center for Continuing Nursing Education is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Accredited status does not imply any endorsement by the provider, Texas Nurses Association, or ANCC’s COA of any commercial products displayed in conjunction with this activity.

Registration Information:

Name: __________________________
Address: __________________________
City/State/ZIP: __________________________
State(s) of Licensure: __________________________
Telephone Number: __________________________
Email: __________________________

Post Test Questions for Continuining Education Credit

Article: “You CAN Teach an Old Nurse with New Tricks: Integrating Blended Learning into Hospital Education”

Please circle your response for each question.

1. Combining traditional methods of learning with electronic delivery components is known as:
   a. Blended learning
   b. Integrated learning
   c. Multi-faceted education
   d. Objective teaching

2. According to Knowles, which characteristic(s) is/are common among adult learners?
   a. Goal oriented
   b. Practical
   c. Self-directed
   d. All of the above

3. A student records class lectures and prefers study groups. This primary learning style is:
   a. Visual
   b. Verbal
   c. Auditory
   d. Kinesthetic

4. Which would affect the level of engagement of an adult learner?
   a. Ability to control the time and location of learning
   b. Learner is able to take leadership role in the learning
   c. Cost of the training
   d. Both a. and b.

5. A main element in significant learning is that the focus is on the ___________ rather than content.
   a. Instructor
   b. Learning
   c. Cost
   d. Efficiency

6. Fink, the author of significant learning, believes that a lasting change important to the learner must occur before significant learning can take place.
   a. True
   b. False

7. Choose factors contributing to the increased use of blended learning in hospital staff development.
   a. Ability to reach more learners
   b. Consistency of delivery
   c. Convenience to the adult learner
   d. All of the above

8. Which would need to be addressed when incorporating electronic learning methods?
   a. Availability of technology to all learners
   b. Mixed levels of acceptance in target audience
   c. Learner integrity, cheating
   d. All of the above

9. Any type of content or topic can be molded into an electronic learning format.
   a. True
   b. False

10. You should always ____________ a new educational activity prior to full deployment to your target learner population.
    a. Proofread
    b. Pilot test
    c. Evaluate
    d. Advertise

Program Evaluation

Strongly Disagree  Strongly Agree

Objective 1 was met.
1 2 3 4 5
Objective 2 was met.
1 2 3 4 5
Objective 3 was met.
1 2 3 4 5

The article was effective as a learning resource/tool.
1 2 3 4 5
The objectives were relevant to the overall purpose.
1 2 3 4 5
The activity met your expectations.
1 2 3 4 5

List two ways that you will integrate what you learned in this activity into your practice and/or work environment:

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

The following were disclosed:
Requirements for successful completion

Conflicts of interest
Yes No
Commercial support
Yes No
Non-Endorsement of Products
Yes No
Off-label use
Yes No

Did you as the participant, notice any bias that was not previously disclosed in this presentation?
Yes No
If Yes, please describe

______________________________

State the number of minutes it took you to read the article, complete the test and evaluation ___________ min.
TNA-DISTRICT 4 HOSTS 30TH ANNUAL MOCK TRIAL

The Texas Nurses Association’s District four will be hosting their 30th annual mock trial. Malpractice attorneys from Dallas will show attendees how standards of care regulate nursing practice, what criteria is required to establish negligence in the practice of nursing, the importance of complete and accurate charting, the legal implications of professional nursing practice and basic legal terminology relevant to nurse negligent cases.

The case: “Nurse LVN is floated to the neural floor of metropolitan hospital. Charge Nurse RN is assigned patients, as well as working with charge. The result of a stat lab for one of Nurse LVN’s patients is overlooked and appropriate interventions are not taken in a timely manner. Mr. Jones suffers serious injury. Who is liable? Nurse LVN? Nurse RN? Neither? Both? How will scopes of practice for LVNs and RNs enter into the jury deliberation?”

BAYLOR OPENS CLINICAL TRIALS OFFICE

Baylor Research Institute is establishing research space at Baylor Regional Medical Center at Plano within the Medical Office Building to support the researchers/investigators at Baylor Plano and The Heart Hospital Baylor Plano.

TWU RECEIVES $3 MILLION

Longtime Dallas resident Florence A. Doswell has donated $3 million to Texas Woman’s University for its new T. Boone Pickens Institute of Health Sciences-Dallas Center. TWU’s college of nursing in Dallas will be named The Houston J. and Florence A. Doswell College of Nursing in honor of this gift, which is one of the largest single gifts from an individual to TWU.

UT ARLINGTON ADDS MASTER’S PROGRAM

The master’s program at The University of Texas at Arlington School of Nursing (UTASON) has announced the addition of a Master of Science in Nursing Education.

This new program prepares nurses to practice as nurse educators in schools of nursing and health care delivery systems. Graduates will be eligible to take the National League for Nursing Certified Nurse Educator Examination following two or more years of full-time employment in the academic faculty role.

Event Calendar

Baylor Regional Medical Center at Plano
Saturday Mammography Clinic
October 11 & 25
Appointments begin at 8:30 a.m.

Weight Loss Surgery
Informational Seminar
October 14 & 28
6:30 p.m.

Diabetes Support Group
October 9
5:30 to 7 p.m.

Living with Neck and Back Pain
October 10
12 to 1 p.m.

Living Well with Cancer Information Session
October 13
6 to 7:30 p.m.

Celebrating Life & Fall Fashion
October 16
Physician Panel featuring Baylor Plano breast cancer specialists: 4:30 to 5:30 p.m.
Reception: 5:30 to 6:30 p.m.

Fashion show featuring breast cancer survivors: 6:30 to 7:30 p.m.
Saks Fifth Avenue, The Shops at Willow Bend

Look Good, Feel better
October 21
6 to 8 p.m.

Your Health This Month (Breast cancer risk assessments, bone density and blood pressure screenings)
October 24
9 a.m. to 12 p.m.

Living With Advanced Breast Cancer Workshop
October 27
6 to 8:45 p.m.

Diabetes Self-Management Program
Classes offered at various times.

For more information or to register for a program, please call 1-800-4BAYLOR.

Denton Regional Medical Center

“Facilitating a Healthy Grief Process – Helping Adults and Children”
October 8
9:00 a.m to 11:15 a.m.

To register for Denton Regional’s seminar, please call (940) 384-3091.

The University of Texas at Arlington Center for Continuing Nursing Education

Pediatric Nursing Pearls 2008
October 24
7:30 a.m. – 12:15 p.m.

Add Holistic Nursing to Your Practice
November 1
7:30 a.m. – 2:30 p.m.

Advances in Nursing Physical Assessment of the Adult
January 6-9, 2009

Mon-Thurs, 8:00 a.m. – 5:00 p.m.
Fri, 8:00 a.m. – Noon

For more information on UTA’s programs or to register, please call 817-272-2581 or go to www.uta.edu/ced

To list your facility’s events and classes, please send an email to aarmstrong@nurseslounge.com. You may also post your events on our complimentary online calendar at www.nurseslounge.com. Simply create a free profile and post your calendar items to the appropriate lounge!
You get a free blog with Nurses’ Lounge so you can network with other nurses at these and other hospitals? Just go to members.nurseslounge.com and create your free profile!

**Did You Know?**

**RNs and LVNs**

Full time positions available for RNs and LVNs.
Comprehensive Training Available
Home Health experience a plus

We offer:
- Attractive compensation structure
- Health & Dental Insurance
- In-House CEUs
- Comprehensive Training
- Efficient documentation system
- You will be working with Comprehensive Compliance Program

**HIGH QUALITY HEALTHCARE IS OUR BUSINESS**

We are located at 1675 Republic Pkwy,
Suite 200, Mesquite, Texas 75150.
Ph: 972-203-2121 or FAX: 972-279-6648
Email: crystalhha@aol.com
Call or fax resume ASAP

**CRISTALCARE**

HOME HEALTH SERVICES, INC.

---

**TRITRAX Healthcare Services, LLC**

- Home Health RN Case Manager - Johnson County
- Home Health RN Case Manager - Fort Worth
- Home Health RN Admission Nurse - Weekends

**Home Health RNs**

PRN positions available in Tarrant & Johnson County

At Tritrax Healthcare Services, we take great pride in the quality of care we provide to our home care patients. We are currently searching for quality oriented nurses to join our team.

If you are considering a career in home care, why not consider working for the best? No home care experience required, however, we do require that you have a high level of integrity and a passion for caring for the elderly in our community.

We offer an excellent compensation package including medical, dental, 401k with matching and the support of a patient focused organization.

Fax resume to Andrea Manning, RN at 817-469-8341 or email to a.manning@tritrac.net

---

**Reach more local RNs in Nurses Lounge**

For more information about advertising in Nurses Lounge please contact James Bone at (817) 903-8844 or by email jbone@nurseslounge.com

---

**Nurses Lounge**

Your Life. Your Lounge.

---

**one 30 day job posting**
+ **one free classified ad**
+ **35,000 DFW RNs**
= **$295.00**

---

Fill your available nurse positions by posting a job in the Nurses Lounge. With the Nurses Lounge you have the ability to update your listings at anytime, receive resumes by email, and upload your logo and profile with your listing.

The Nurses Lounge offers more clicks for the lowest prices available. Find out how you can save big with a multiple job postings purchase or with our unlimited job postings contract. Visit www.nurseslounge.com/employers.asp.

For more information email jbone@nurseslounge.com or call James Bone at 817-903-8844. Visit www.nurseslounge.com.
A Better Way to Care

Encompass™ Home Health is the largest provider of Medicare home health services in the states of Texas and Oklahoma. Encompass is the parent company of Texas Senior Care of North Texas, Advantage Home Care of Ft. Worth, and Sovereign Home Health of Dallas. We employ an elite group of RNs and LVNs who are highly skilled, dedicated, passionate, autonomous, and patient focused. Our high quality teams are coupled with state-of-the-art technology to ensure patients receive the best possible treatments and personalized care.

Now Hiring Field RNs and LVNs for all of our Dallas-Ft. Worth area offices

Our employees enjoy outstanding benefits such as:

- ★ Exceptional level of patient care  
- ★ Paperless documentation system  
- ★ Attractive compensation structure  
- ★ 30 Paid Days Off per year  
- ★ 401(k)  
- ★ Company-paid insurance  
- ★ In-house CEUs

Ask About Our Company Car Program

Advantage Home Care of Fort Worth is Now Hiring

Office RNs • Field RNs

Advantage Home Care Of Fort Worth has immediate openings for RNs, FT and PRN. We are also hiring RNs for office positions. These office positions are great opportunities for experienced RNs to further their careers!

If you’d like to find out more about opportunities with Encompass, please contact Wade Berry at (214) 239-6515, Email careers@ehhi.com.

View all of our open positions on our online job board and apply online at www.ehhi.com/joinourteam.asp
Technology  Tenderness

We do both.

At Dallas Regional Medical Center, change is in the air. With new programs and new technology, we're growing and improving every day. In short, we're changing the way our patients view healthcare. And a vital part of that change means creating the best possible work environment for our nurses. This is your opportunity to experience that change for yourself and work with us to create the career that you've always wanted.

We have the following opportunities available:

**Introducing new per diem levels and rates.**
- $35 per hour for Level 1
- $40 per hour for Level 2

**ICU RN** – FT, ($5,000 Sign on bonus)
**PCU RN** – FT, ($5,000 Sign on bonus)
**Charge Nurse** – FT Nights, Orthopedic Unit
**PACU RN** – FT
**Cath Lab RN** – FT
**Cath Lab Recovery RN** – FT
**Wound Care RN** – FT
**Case Manager** – PT, minimum 1 year experience

Call Human Resources at 214.320.7798, apply online at www.dallasregionalmedicalcenter.com, or you may e-mail your resume to hr.mcm@mcmtx.hma-corp.com, or fax resume to 972.216.3888.

1011 N. Galloway, Mesquite, TX 75149