Nurse Profile
Judith Messer, RN, BSN, RNC-OB
Las Colinas Medical Center

Flower Mound Emergency Center
The Medical Center of Lewisville opens DFW’s first free-standing emergency department

CNE Offering
I Dreamed of Africa
By Jennifer Gray, RN, PhD
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- RN, Forensic Nurse Examiner
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Editor’s Letter

Dear readers,

I love celebrating your awards and accomplishments with you in Nurses Lounge. This month’s Snapshots of Excellence give great cause for celebration. We are proud to feature 18 DFW nurses who were selected as finalists for the Nurseweek Excellence Award. Among these 18 in the South Central Region, four nurses were chosen as winners to compete at the national level. Good luck to you all!

It was my great privilege to meet Judith Messer, a passionate patient advocate and a true nurse’s nurse, at Las Colinas Medical Center. I am honored to tell her inspiring story of leadership and encouragement for her staff.

I also had the pleasure to meet Michelle Underwood, the dynamic Operational Director of Flower Mound Emergency Center: DFW’s first free-standing emergency department, which also includes a spa-like outpatient imaging center. I love to see nurses in such strategic roles. I toured this beautiful facility, just down the street from my home, and I made an appointment for my next mammogram in recognition of Breast Cancer Awareness Month.

The Medical Center of Plano team shared their exciting and innovative educational and professional development opportunities. The landscape of access to nursing education is indeed evolving and improving through cutting-edge initiatives.

I settled in my favorite armchair, poured myself a cup of tea, and dusted off my passport to travel with Jennifer Gray, RN, PhD as she shared her incredible mission nursing experiences in Africa. This CNE offering, provided by UTA, is a joy to experience.

Please contact me if there are any articles or stories that you would like to see in the lounge, and be sure to check out NursesLounge.com for the latest in DFW nursing news and professional networking.

See you in the lounge!
Kim Higgins - Editor
Nurses Lounge - DFW

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Nurseweek Excellence Awards Finalists 2010 – DFW

This year’s Nurseweek Nursing Excellence Awards finalists for the South Central region include 18 nurses from D/FW. The finalists were selected from six different categories: Advancing and Leading the Profession, Clinical Care, Community Service, Management, Mentoring, and Teaching. Among these finalists, four nurses from D/FW were selected as winners to compete at the national level.

COMMUNITY SERVICE WINNER

Stacey Jantzen, RN, BSN, Cath Lab Nurse, Methodist Mansfield Medical Center

Jantzen has been a nurse for more than 14 years specializing in cardiac care. She serves dual roles as a senior catherization lab nurse bridging the gap between staff and management and serving as an in-house PICCU line interventional radiology nurse.

As a coordinator for the hospitals American Heart Association team, she was instrumental in raising more than $5,000 and helped raise awareness of women’s heart health. An advocate for healthy lifestyles, she volunteers to help with Jump Rope for Heart! and routinely discusses healthy food choices with elementary school children in the community. She also participates in Manna House helping provide food, clothing and financial assistance to help pay for utility bills of those individuals who face disaster or who are less fortunate.

MANAGEMENT WINNER

Carla Rider, RNC, BSN, MBA, Director, Women’s and Children’s Services, Lactation and Outpatient Clinic, Medical Center of McKinney

Rider excels in leading others toward higher education and personal development. She instructs healthcare providers in programs designed to improve safe delivery of care to neonates. She developed and implemented infant safety and CPR classes for new parents. She motivated several of her staff to become neonatal resuscitation program instructors, as well as trainers in other areas. Rider’s initiative to partner with infection control to develop and implement an order set to decrease C-section surgical site infections resulted in a 73% reduction rate.

MENTORING WINNER

Heidi Danen, RN, BSN, CCRN, Nurse Supervisor, Baylor University Medical Center Dallas

Danen mentors new graduates, who frequently seek her out because she is so approachable. The ICU’s first-year turnover of new graduates in fiscal year 2009 was zero, with much of the credit going to Danen’s mentoring. Thanks to Danen’s commitment to quality and inspiring others to provide quality care, the unit has enjoyed nine months with no ventilator-acquired pneumonia and five months without a central line blood stream infection. Danen was nominated to participate in a year-long evidence-based practice fellowship through a local nursing school. She reviewed skin care and reducing pressure ulcers in the ICU.

TEACHING WINNER

Theresa Pape, RN, PhD, CNOR, Associate Professor, Texas Woman’s University College of Nursing

Pape is nationally know for the success of her medication safety research, which uses a visible symbol to decrease nurses’ distractions and interruptions during medication administration. Hospitals in the U.S. and internationally contact Pape for information on how to implement this successful strategy for reducing medication errors. Recently, Pape presented on medical management for the Joint Commission at 32 hospital sites. She was on the steering committee of the Urgent Matters Robert Woods Johnson Foundation Grant Project to improve throughput for patients being admitted through the emergency center. Her skill and experience in operating room nursing led to her being one of 12 nurses in the nation appointed to the National AORN Recommended Practices Committee. The role of the committee is to update and revise the standards of practice in the perioperative setting.
D/FW FINALISTS

Congratulations from Nurses Lounge to these DFW nurses who were selected as finalists in the South Central Region for the 2010 Nurseweek Excellence Award!

Jonathan Edward Trisler, RN, BSN, CCRN, CNML, Medical Center of McKinney

Erin Trowbridge, RN, BSN, CCRN, Methodist Mansfield Medical Center

Kristina Davies, RN, MSN, VA North Texas Health Care System Dallas

Glenda Harbert, RN, ADN, CNN, CPHQ, End Stage Renal Disease Network of Texas, Dallas

Karla Ramberger, RN, BSN, Methodist Mansfield Medical Center

Cynthia Carter, RN, BSN, Methodist Mansfield Medical Center

Tamara Ginter, RN, BSN, CCRN, Baylor University Medical Center Dallas

Rosemary Griffin, RN, SCM, CLNC, The Medical Center of Plano

Kristine DeButy, RNC-OB, BSN, Baylor University Medical Center Dallas

Andrea Torzone, RN, MSN, CPNP, CNSC, Children’s Medical Center

Deborah Sapp, RN, Cook Children’s Medical Center

Michael Thomas, RN, BSN, MA, CNOR, Medical Center of Plano

Amanda Johnson Faggart, RNC-OB, BSN, Medical Center of McKinney

Virginia Koepsell, RN, MSN, MBA, CPON, Children’s Medical Center

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Growing New Leaders

Nurse leaders at The Medical Center of Plano discuss educational and professional development programs that exponentially increase access to greater opportunities for their nurses. These innovative hospital leaders are learning how to combat the nursing shortage on their own turf; with strategic academic partnerships.

Robbie Hays, MSHE, BSN, RN, CMSRN
Director, Center for Learning and Applied Research

Frontline Leadership Academy
Our Frontline Leadership Academy is for frontline leaders or nurses who have shown initiative that we want to develop into leaders. Our curriculum focuses on the skills of a manager and leader. Participants are hungry for this information. We make the sessions fun, with a great deal of interaction and not much lecture. Participants are helping us further develop the program by telling us what they deal with on the unit everyday. One of our biggest requests is for conflict resolution.

We do situational role playing and discuss different personality types. We go through exercises on how to set boundaries, hold people accountable, and effectively handle difficult conversations. We focus on team development by teaching the need to pay attention to and reward high performers rather than placing focus on a low performer. This way we help retain high performers and encourage others to move up.

The Academy for Leadership Development
The Academy for Leadership Development was designed for our formal leadership team from the manager level up. We conduct quarterly full day programs. We bring in outside speakers or take the leadership to off-site seminars. One of our major focuses is creating a lasting culture of safety. Service excellence is also a really important focus of the team.

Karen McCarthy, RN, BSN, CCRN
Nurse Manager Critical Care Unit and Facilitator of Nursing Forum

Nursing Forum
The Nursing Forum is part of our shared governance structure and allows for each unit in the hospital to have a unit practice council. This allows the bedside nurse to have a voice in the organization and in their own practice. It is also a good opportunity for bedside nurses to interface with the CNO.

The Nursing Forum has enhanced development for nurses who have chosen a clinical pathway and might not have supervisory experience. This ability to shore up leaders within the nursing division benefits all nurses throughout the organization, even those that are strictly interested in being good clinicians.
Stephanee Thurman, RN, MSN
Nurse Development Specialist
RN to BSN Academic Partnership with UTA

We are a distance site for UTA’s RN to BSN program. The program offers the licensed RN the opportunity to complete a Bachelor’s Degree in Nursing. Our organization invested in the technology to have live audio and video lectures and classes from UTA.

A smaller cohort is participating in the MSN in Nursing Administration program. We are also in Academic Partnership with UTA for their online programs that include, an RN to BSN program. We will be initiating a program for non-nurses to earn a BSN. These media-rich classes are all self-paced and designed to accommodate the working adult, particularly those who might work the night shift or have small children at home. Because these courses are part of a partnership with several organizations, the tuition rate is discounted.

Shelly Haven, RN, BSN
Manager of Med/Surg Oncology

I began as a staff nurse on several different units, became a clinician and just recently moved into the role as a nurse manager. These programs have helped me tremendously to learn about conflict resolution and to develop my leadership skills. I’m also in the UTA satellite program to obtain my MSN. In my 12 years here at The Medical Center of Plano, whatever step I’ve wanted to take to better myself professionally has been fully supported.

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Shelly Haven, RN, BSN

Karen McCarthy, RN, BSN, CCRN

Stephanee Thurman, RN, MSN

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Faces in the Crowd:
Meet Michelle Underwood

Michelle Underwood, RN, MBA, BSN, CEN was selected by the Medical Center of Lewisville to serve as the leader for the Flower Mound Emergency Center (FMEC). Several years ago, Medical Center of Lewisville identified a need for additional emergency services in Southern Denton County. They began developing their goal to open DFW’s first full-service, 24/7, free-standing emergency center supported by an acute care hospital. Once plans for the facility began moving forward, leadership knew the key to serving the community best, was finding a great leader to serve as Operational Director. Underwood was just the leader they were looking for.

“My home is in this community and I am passionate about my family and friends having convenient access to the best possible emergency services if and when they need them,” says Underwood. “When I realized I could help bring this much needed convenient, quality emergency care to my community, I could not pass up the opportunity.”

Underwood graduated from nursing school in 1999 from Brookhaven College and immediately bridged to Texas Woman’s University in the bachelor degree program. She also continued on to earn an MBA. She wanted a profession where she would have autonomy, but also contribute to society in a positive way and make a difference in people’s lives.

“I knew that with nursing the sky was the limit in terms of possibilities,” Underwood says. She was attracted to the fast pace, changing environment and challenges of the emergency department. “I don’t like sitting still and I love the teamwork culture of the ED. After gaining my clinical skills as a new grad, enhancing my bedside skills, and developing leadership and management skills, I now love to be a mentor and coach.”

Underwood joined the Medical Center of Lewisville in June 2009, while the project was under construction, and the facility opened in November 2009. “It has been an amazing experience to participate and be a member of the interdisciplinary team from the ground up,” she says. The original plan was to open the free-standing emergency center and then add an outpatient diagnostic and imaging center at a later date. Medical Center of Lewisville decided to open them consecutively and Underwood was responsible for hiring all personnel and developing processes for the project. “A key focus was ensuring the smooth
function of the free-standing model, while also integrating with the acute care hospital in Lewisville. It has been an amazing journey,” Underwood says.

Strategically operating the new free-standing emergency center model was Underwood’s mission. Accessing and reassessing various scenarios were second nature for this ED nurse. To prepare for her new role, Underwood visited several other free-standing emergency departments across the country. She says that helping the community understand the concept was challenging. Underwood met with local police and EMS departments, town and city officials, and local physicians to make them aware of how FMEC differs from a clinic.

Underwood is also involved in strategies and initiatives to optimize the delivery of care and the services provided at the facility. She is currently working with a child life specialist to enhance pediatric experiences in the emergency setting and is also developing and implementing a forensic nursing program. Forensic nurses are specially trained and certified in the collection of evidence for victims of sexual assault.

“We have been working collaboratively with the Children’s Advocacy Center, Denton County Friends of the Family, and local law enforcement agencies to facilitate this program,” Underwood says. “This is something that people don’t like to think about or talk about, but it happens everywhere and does not discriminate based on social or economic status. We want to make sure that we can properly care for these victims and patients and that we have all of the appropriate resources available for them. We have purchased all of the specialized equipment necessary to collect the evidence that is utilized in court and will go live with the program October 1st.”

When most people think of an emergency room they think of long waits, hassle, and packed waiting rooms. “The Flower Mound Emergency Team is dedicated to changing all of these stereotypes,” says Underwood. FMEC patients are being seen by a physician on average within three minutes of walking through the doors. The average turnaround time for patients from arrival to discharge or admission is less than 60 minutes.

According to Underwood, the biggest difference and greatest change in emergency department nursing, from the time she was a new grad to the present, is the focus on service excellence for patients and their satisfaction. “Today we are much more aware that patients have a choice when it comes to selecting a health care facility,” Underwood says. “I also think that experiencing health care as a patient provides invaluable insight to providers regardless of their role. We must always keep in mind that when an emergency is happening to you or a loved one it can be scary and traumatic. This is why one of my greatest rewards as a nurse is being an advocate for the patient and family when they are the most vulnerable and afraid.”

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Ponytail holder ever-present on her wrist to tie back long blonde hair while clad in scrubs, Judith Messer, RN, BSN, RNC-OB, Director of Women’s Services and Clinical Educator of Women’s Services at Las Colinas Medical Center is always at the ready to dive into the trenches with her team of nurses. Messer keeps her director’s office on the unit with an open-door policy to stay in the action, keep her clinical skills high, and provide an abiding extra pair of hands when necessary. A self-described adrenaline junkie, cultivated in her early days as a staff nurse in High-Risk OB at Parkland, Messer is a hands-on, high-energy, nurse’s nurse.

Leader
“I refuse to geographically leave my unit or wear a suit,” Messer says.

The early afternoon I sat down with Messer, she had performed two assessments and placed two IVs that morning. The day was far from over, with an anticipated 12 births in Labor and Delivery. Messer is the first to say that she is not a one-woman show. “I have absolute faith in my nursing team, but if there is any kind of obstetrical emergency I want to be available to help. I used to be the one making the calls in the room and now my charge nurses are so highly trained that I’ve learned to keep my mouth closed and let them lead. Now I walk in the room and ask, ’Where do you want me?’ In an emergency, I’m usually the one that rides the bed to the OR.”

Women’s Services is the largest service line at Las Colinas Medical Center, encompassing the entire third floor. Messer is the director of six units, which include Labor and Delivery, Post-Partum, a level IIIA NICU, an intermediate care NICU, Newborn Nursery,
and a Lactation Education Department. Messer has been with the organization for almost ten years, beginning as a staff nurse, moving into a clinical educator role, charge nurse, manager, and now director.

**Educator**

As the clinical educator, Messer teaches ACLS, ACLS-OB, NRP, BLS, and AWHONN Intermediate Fetal Heart Monitoring. “If there is a licensure or any sort of competency that my nurses need to have, I teach it,” Messer says. “This makes life much easier for our nurses who are coming up for renewal because we schedule a lot of classes here.”

To expand educational and advancement opportunities for her team of nurses, Messer submitted an application to become an approved proctor through the NCC to help her nurses gain advanced certifications in their specialties. Las Colinas Medical Center also obtained approval as a test site. “When I brought up the opportunity during a staff meeting, I thought I might get a couple of people who were interested in applying for certification,” Messer says. “I was blown away by the response because almost every nurse in the staff meeting signed up.” Messer created study groups specific to each specialty before, during, and after hours to prepare her team for their tests. Each group met for eight study sessions over a two month period before taking the tests.

“The reason I pushed to become a proctor and test site is because it is much less expensive for nurses to take a test at their on-site facility rather than to go to a computer testing center. I have a lot of single moms that work for me and I’m a single mom of three, so I know what their needs are. The other advantage is that a lot of them were scared to take the test so I wanted to create an environment where they would feel comfortable and familiar. I allowed them to bring a blanket and a pillow for behind their back. I wanted them to be among friends. We held the test in the same room as the study sessions, and they were not stressed about the fee.” At the culmination of the exams, 18 nurses received certification in five specialty areas which include: NICU RNC-NIC (Neonatal Intensive Care), NSY RNC-LRN (Low Risk Newborn),

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Judith Messer, RN, BSN, RNC-OB

PP RNC-MNN (Maternal Newborn Nursing), LD RNC-OB (High-Risk Inpatient Obstetric Nursing), and IBCLC (International Board Certified Lactation Consultants).

“I am so proud of these nurses,” Messer says. “It is a huge task to take on and a huge accomplishment to achieve. There is obviously a great benefit to the patient in the quality of care delivered to have a certified nurse. But the benefit to the nurse, who achieves the certification, is empowerment. It gives them great confidence in their practice. Their skills are very fine-tuned through this process and their assessment skills are dead-on.”

Student

As a single mother of three, Messer went back to school to finish her BSN at UTA. She graduated with School of Nursing Honors and National Honors. Presently, she is completing her MSN in Nursing Administration and Education through Las Colinas Medical Center’s Academic Partnership with UTA. Messer received a full scholarship from HCA to complete her master’s degree.

Great 100 - 2010

As a nurse, Messer has actively tried to encourage others to become involved in issues concerning women’s health. For several years she has walked 60 miles alongside thousands in the Susan G. Komen 3 Day Breast Cancer Walk.

In 2009, Messer was the March of Dimes Coordinator for Las Colinas Medical Center and helped to raise $15,000.

When Hurricane Ike struck the Texas coast, Messer mobilized a team of volunteers within three hours to help alleviate suffering. Her efforts with her team from Las Colinas as relief nurses, earned her the 2008 Frist Humanitarian of the Year Award.

“Because I know from personal experience that Judi is not a 9-5 director, I have called her at 5:00 am,” says Ronda Carter, RNC-OB, Charge Nurse - Labor and Delivery. “I was a committed travel nurse until I encountered this special nurse who walked the walk and talked the talk.

“Now, when I grow up (in nursing) I want to be just like her. I was so inspired by this amazing woman that I became a full-time member of her staff. Judi completely gives herself to nursing. The nurses who work on her unit will do anything she asks of them, because we all know she would never ask us to do anything she would not ask of herself. Her love for her profession, patients, and staff, elevates everyone’s level of care. Her go-get-em attitude has made her respected by nurses, administration, and physicians. She has made my place of employment a rewarding place to practice as a nurse, and a safe place for patients to have a baby.”

Messer says that she did not choose nursing as a profession, it chose her. See grew up with nursing in her blood. Her mother and aunt were both nurses and role models. “I’ve never thought about being anything else,” Messer says. “I have always had an overwhelming need to help others and give of myself. Nothing in the world gives me greater joy than knowing that my presence makes a difference in a patient or family member’s life. I am able to be there for people at the best and worst of times. Nursing gives me the opportunity to teach my children to give more of themselves than they take of this world. I want them to be proud of what I do when I am away from them.” Messer is also proud that her daughter now strives to follow in her footsteps, as she did her own mother’s footsteps.

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### What My RNC Means to Me

**Amber Reyna,**
RN, RNC-OB, Charge Nurse Labor and Delivery

“Obtaining my RNC was a personal goal of mine when I started in Labor and Delivery. There were many nurses where I trained that had their RNC and I knew that one day I wanted to be a role model to someone, like those nurses were to me.”

**Jennifer Bierie,**
RN, RNC-LRN

“RNC means I have been recognized for all of my hard work and knowledge of the low risk neonate. I have proven to my peers that I have the competence necessary to properly care for these special babies by passing this difficult exam.”

**Ronda Carter,**
RN, RNC-OB, Charge Nurse Labor and Delivery

“Having a career that I love, which allows me to financially care for my family and provide a service, is a wonderful feeling. Obtaining my RNC-OB was a further step professionally and personally that gave me the opportunity to validate my knowledge to NCC and myself.”
Las Colinas Medical Center’s Grow Your Own Nursing Graduates

Las Colinas Medical Center and their HCA division have partnered with El Centro College to establish a Grow Your Own Nursing Program. The program allows any of their staff members to become registered nurses while their entire tuition is paid upfront. Candidates must meet the same admission requirements of El Centro College, but all of their clinical and didactic learning is conducted at HCA hospitals with master’s prepared clinical instructors. Las Colinas Medical Center’s first class graduated in May 2010 and has completed orientation and begun working on their respective units.

Georgette Calma, RN – “For me, becoming a nurse gives me the opportunity to not only witness miracles everyday, but to be a part of them.” Former Lactation Consultant

Linda Boakye, RN - “Becoming a nurse is all about learning to think critically, becoming compassionate, and giving strength and hope.” Former Nursing Tech

Rebecca Gerrick, RN - “Becoming a nurse was the culmination of my lifelong dream and it means everything to me.” Former Nursing Tech

Jeremy Rountree, RN – “I was an EMT and emergency room tech previously and while I was able to do quite a bit to help the patient, I was still limited in what I could do for the patient. Becoming a nurse puts you in a better position to contribute more to patients as a whole.” Former Paramedic

Marilyn Gonzalez, RN – “The best part about nursing school is learning to establish trust with patients and making sure that they are safe. Also improving their condition while keeping them satisfied.” Former PBX Operator

Qing Fu, RN - “I was a tech before, and I couldn’t always do everything to help the patient. I relied on the nurses to help with pain and education. Now that I am a nurse I can do more to take care of the patient and to address their needs and make them comfortable.” Former Nursing Tech

NL
Purpose: This educational activity is designed to provide nurses with knowledge of the role of a mission nurse in Africa and their impact on individual and community health and well-being. The experiences shared will highlight the role of mission nurses in health promotion, illness and injury management, as well as teaching.

Learning Objectives:
At the completion of this educational activity, participants will be able to:
1. Describe the variety of skills that a professional nurse on a mission journey might utilize.
2. Identify the key factors in achieving international and personal collaboration.
3. Recognize the positive and far-reaching impact of mission nursing on individuals, communities, and international relationships.

Requirements for Successful Completion:
1. Read the article.
2. Complete the posttest 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:
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   University of Texas Arlington
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   Arlington, TX 76019-0197
Telegrams are rarely good news when you are thousands of miles from home. When a telegram reached me in Kumba, Cameroon, the doctor and his wife insisted I open it in their presence. Instead of bad news, however, I received wonderful news. I had passed my state board exams - I was a registered nurse.

That day had been like most others. Ruth Ristine, RN, Mark Karnes, DO, and I traveled with the Cameroonian staff down a somewhat paved road to Ekombonji, a village 15 kilometers from Kumba. The painted cinder block walls, concrete floors, and tin roof of the clinic made it the most modern building in the village, even though it had no running water or electricity. When we arrived, over 100 patients had already registered. After a short devotional, Ruth, Mark, two Cameroonian nurses, and I began to see patients. By mid-afternoon, over 200 patients had been assessed, diagnosed, and received appropriate medications.

We packed up the van with our supplies and equipment and went home to Kumba.

Cameroon in 1977

Raised on a wheat farm in southwest Oklahoma, I dreamed of Africa. Missionaries visited our church and told about faraway places that I then read about in the National Geographic Magazine that arrived monthly in our home. One missionary couple in particular made an impression on me as they talked about the work they were going to do in Kenya. In addition, when I was 7 years old, my father participated in a People-to-People tour that visited farmers in France, Switzerland, Germany, and Russia. A whole world, and especially Africa, was out there waiting to be explored.

This exploration began during my college years at Oklahoma Christian College in Oklahoma City. Among the faculty were missionaries from Brazil, Australia, and Vietnam. During the summers, I participated in mission trips, including one to Trinidad just prior to starting nursing school. I found the work so rewarding that I wanted to stay, but decided to return because I was already accepted into the nursing program at Central State University.

Nursing school left little time for trips, but I found my life’s passion in using my developing knowledge and skills to help others. During my senior year, I heard a physician report on the work he had done in Cameroon, and the need for health care professionals in a mobile clinic. My parents agreed to support me for another four months so I could explore mission nursing as a way to combine my love for missions with my love for nursing. I took my state board exams in July and set off on my adventure.

When I returned to the United States in December, I worked on the oncology unit where I had done my leadership clinical during nursing school. The work was challenging and rewarding, but I did not hesitate when I had the opportunity to return to Cameroon.

During the second tour, 16 months long, I was blessed to be able to start a maternity clinic, develop a home visit program for underweight children, and see patients at Ekombonji and at villages on our schedule. On my days off, I taught Bible classes for Tiv women in a nearby village and for the children in my neighborhood. The experiences of those 20 months changed me as a nurse and as a person and left me still dreaming of Africa.

Fast Forward

I took a more traditional path over the next few years. I fell in love and married my husband. We started our family and made some job-related moves. I had planned to return to Cameroon within five years to see the people I missed, but changing priorities, family responsibilities, and finances seemed to interfere. While teaching in a practical nursing program, I discovered that I loved teaching and realized I needed to advance my own education. With great support from my family, I earned my master’s and doctoral degrees in nursing, while raising our family and working full time as a nurse faculty at John Peter Smith Vocational Nursing program and the University of Texas at Arlington’s College of Nursing.

Chimala

With children who were older and degrees finished, I was ready to travel when our congregation, the New York Avenue Church of Christ, planned a trip in 2003 to a mission that included a hospital. As I stepped into the hospital in Chimala, Tanzania, I felt as if I was home - I was again living my dream.

I returned home from that first trip, planning how quickly I could return. Trips to Tanzania followed in 2005, 2007 and 2010. With each trip, the opportunities to collaborate with the nurses and physicians at the hospital have increased. The 115-bed hospital includes a major theatre (operating room), a minor theatre (procedure room), and a midwife-run labor and delivery area. Instead of providing direct care, which is limited by my inability to speak Swahili, I develop patient education materials, provide staff education, and collect data to evaluate the AIDS Clinic.

This year in Chimala, I was delighted to be an instructor and guide for a pre-med student and two pre-nursing students. We assisted with dressing changes on burns, a frequent cause of hospitalization. Food preparation is done over an open fire and, too often, children fall into the fire or get too close to a large pot of water being boiled for drinking. We assessed mental status, hydration, and respiratory function of patients with malaria, HIV, and respiratory illnesses. Malaria is the disease most frequently treated at the hospital and clinics, but the staff estimates that at least 75% of the adult inpatients are HIV-positive. The AIDS Clinic provides ambulatory services to over 1000 patients each month. With no oxygen
therapy except for an oxygen concentrator, respiratory illnesses are treated with antibiotics, oral hydration, and positioning.

The patients were memorable and my heart was touched every day. Who could forget the little boy who never smiled? The dressing changes for the wound on his fractured leg were painful and we had no narcotics to give for pain. Through several days of dressing changes, we held his hand, talked soothingly, sang, and stayed with him until the procedure was over. Eventually, we were rewarded with his shy smile anytime we saw him. Another was a young man with severe respiratory distress as result of tuberculosis and HIV infection. His wide-eyed terror retreated and relief shone in his eyes when we adjusted the oxygen tubing from the concentrator or repositioned him to breathe more comfortably. Or what about the woman who had been treated by doctors for three years for severe abdominal pain? The donated ultrasound machine at Chimala allowed the doctor to find a tumor pressing on her bladder that could be surgically removed. Through bladder irrigations and dressing changes, we helped her with soothing words and touches that conveyed our compassion nonverbally.

Chimala Mission has become a part of my daily life. My husband is now the Stateside Coordinator for Chimala Mission that includes a primary school, secondary school, preaching school, and Bible college, in addition to the hospital. My dream is that our connection to Chimala will continue, with the opportunity to travel there every one or two years.

North Texas Africa Health Initiative

Simultaneous with my work in Tanzania, opportunities to serve in other countries have emerged from my work at UT Arlington. During a visit by the Queen of Buganda, a tribal kingdom within Uganda, I met Dr. Alusine Jalloh, founding Director of The Africa Program at UT Arlington. Dr. Jalloh, his Ugandan friend David Mureeba, and Baylor nursing faculty Lori Spies convinced me of the needs of nurses in Uganda. David Mureeba traveled to Uganda frequently to visit family and implement telecommunication projects. Lori Spies, FNP, had taken nurse practitioner students to Uganda for clinical experiences. We began to meet as a small group and were joined by Jackline Opollo, a native of Kenya and a student in a dual-degree program for nursing administration and public health. In the meantime, Dr. Jalloh and Arlington Mayor Robert Cluck recognized that other health and public service professionals in the Dallas-Fort Worth area had ties to Africa, so they hosted an introductory meeting for discussion of common interests and opportunities for collaboration. From that group, the North Texas Africa Health Initiative was launched as a network of persons interested in Africa. Persons and groups affiliated with NTAHI are involved in projects in Somalia, Sierra Leone, and Uganda.

As the Uganda team began planning long-term projects, we realized that we needed personal experience in the setting to develop a project that would benefit the people and be sustainable. To accomplish this, we spent 12 days in Uganda in the summer of 2007, meeting with nurses, government officials, and other health care workers.
leaders. Our hosts were the board members of the Uganda National Association of Nurses and Midwives (now the Uganda Nurses and Midwives Union [UNMU]). Having UNMU as our hosts was mutually beneficial. They answered our questions and shared their insights. Through our scheduled meetings, the UNMU leaders met government officials, most of whom they had never met. With UNMU assistance, we held a free continuing education program the last day of the trip. We had chairs, handouts, and refreshments for 75 participants and the final registration was over 180 participants. The evaluation of the day was positive with one exception.

Sharing food and providing for guests are important in Ugandan culture. Our decision, based on limited funds, to serve a snack mid-day was contrary to cultural norms, and provided a valuable lesson about having a budget for food.

In 2008, we decided to return to assess a rural area as a site for a mobile clinic. Our Ugandan colleagues agreed to make the arrangements and requested workshops on research critique, curriculum development, and business entrepreneurship. For the research workshop, we invited a Ugandan nurse leader, Mariam Walusimbi, to be the keynote speaker. We learned later that, although Mariam was a member of an international research team and co-author of the team’s research report in a peer-reviewed journal, she had never been asked to speak for a nursing conference in Uganda. Lori, Jakki, and I followed her talk with presentations on research priorities and the steps of research critique. After a hearty lunch (we had learned our lesson), the participants were divided into small groups to critique assigned portions of the Walusimbi article. The energy in the room was palpable as the nurses vigorously discussed the article, applying what they had learned. The comments on the workshop evaluation included numerous requests for additional workshops on research.

Following the workshop, we traveled to Bududa, a village at the base of Mount Elgon near the Kenya border. Nurses at the Bududa District Hospital showed us their facility and took us by foot up into the mountains for home visits. Because the nurses rarely had visitors, they eagerly asked questions about US health care and nursing education. On the last morning, we elicited key words to describe their practice and helped them develop their own mission statement.

The early trips to Uganda have been followed by trips in 2009 and 2010. Our team expanded to include Kristina Ibitayo, another nurse with a love for Africa. On each trip, we presented workshops in Kampala and in Bududa. In Kampala, the focus has been on research development. In Bududa, the focus was on physical assessment. As we prepared for the 2010 trip, the sad news reached us that a mudslide within 10 kilometers of the hospital had killed several people, including a nurse in a district health center and two patients under her care. Instead of another clinical workshop, per their requests, we addressed disaster management and caregiver stress. We visited the displaced persons camps and listened to their stories of what happened that day. These shared experiences knit our hearts to theirs as fellow workers serving our communities.

These feelings are not limited to the Bududa nurses. The UNMU board members and faculty at Makerere University have become colleagues with whom we share the strong bond of caring for our patients and the powerful commitment to increase the influence of our profession. With them, we are implementing a Delphi study to determine priorities for nursing research in Uganda. Our dreams for Uganda have just begun to unfold.
Rwanda

The events surrounding my work in Rwanda reflect the integration of my personal and professional roles. Christian friends asked me to accompany them to Rwanda in 2008, to evaluate the potential contribution of an ambulatory clinic in Kigali to their mission goals. Because my friends were instrumental in bringing Rwandan students to Oklahoma Christian University (formerly, Oklahoma Christian College) as Presidential Scholars, we were granted a meeting with Rwanda’s President Paul Kagame. While at the President’s office, I met Dr. Romain Murenzi, who at the time was serving as Minister of Science and Technology.

Several months later, a Rwandan delegation was invited to Texas. The delegation consisted of Dr. Murenzi, other members of Kagame’s cabinet, and university presidents. They were charged with finding opportunities for collaboration and faculty exchanges. Our team served as the UT Arlington host for their visit in April 2009. We arranged for them to meet departmental leaders and tour the science laboratories and the Smart Hospital, our simulation center. When our team finalized our 2009 plans to travel to Uganda, we decided to go “next door” to Rwanda before heading home. The rector and nurse instructors at Kigali Health Institute were our hosts. They arranged for us to visit public and private health facilities and schools of nursing. Dr. Murenzi met with us and conveyed his strong desire for Rwanda to have its own Smart Hospital. He urged me to work with them to develop a proposal for a simulation center in Rwanda.

This year, when our team finished in Uganda and the other members had to return home to meet various obligations, I traveled on to Rwanda to compile additional information for the Simulation Center proposal. While there, I presented an all day research workshop for health professions faculty and students at Kigali Health Institute. To conclude the visit, a proposal for the Simulation Center was shared with the planning group for a new health professions campus in Kigali.

Still dreaming of Africa

Today, I am still dreaming of Africa and waiting to see what other doors God will open for me and our team. Our team goal is to establish the East Africa Center for Nursing Excellence to coordinate visits and projects of volunteer nurses willing to partner with nurses in Uganda, Tanzania, Kenya, and Rwanda. My personal goals are less clear, but three principles have guided the work God has allowed me to do in four countries over three decades.

Effective international collaboration requires:
- cultural and professional humility,
- flexibility and the ability to laugh at yourself,
- long term commitment and consistency.

International groups often go to Africa with a preset plan. By failing to recognize the expertise and life experiences of their collaborators, they miss the opportunity to learn from them. Our approach is to recognize that our African nurse colleagues know more about the culture and nursing in their country than we ever will. Being a cultural learner involves openness to new experiences and gathering information before forming judgments. We begin by asking how we can help them achieve their goals. We have made mistakes, but our collaborators are forgiving because we acknowledge and learn from the mistakes. Flexibility is our key word when we are in Africa. We make detailed plans, try to be prepared, and then relax. Rarely has a day or event gone as we have planned. We keep our commitments, by doing what we say we will do such as returning each year. As our visit this summer was drawing to a close, our Ugandan colleagues expressed this poignantly, by saying, “You keep coming back.”

My personal efforts and the work of our East Africa team will not change health outcomes for millions of people; however, a few nurses will know that they are not alone. They know they have nurse colleagues who care about them and stand with them to improve health care in their countries. I am dreaming of Africa. Will you dream with me?

NL
Registration Form and Test for Continuing Education Credit

**Article: I Dream of Africa: From Cameroon to Ruanda**

**Purpose:** This educational activity is designed to provide nurse with knowledge of the role of a mission nurse in Africa and their impact on individual and community health and well-being. The experiences shared will highlight the role of mission nurses in health promotion, illness and injury management, as well as teaching.

**Objectives:** At the completion of this activity, the participant will be able to:
- Describe the variety of skills that a professional nurse on a mission journey might utilize.
- Identify the key factors in achieving international and personal collaboration.
- Recognize the positive and far-reaching impact of mission nursing on individuals, communities, and international relationships.

**How to Receive 1.0 contact hour:**
1. Read the article.
2. Complete the posttest 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: 
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   University of Texas Arlington
   Box 19197
   Arlington, TX 76019-0197

Within three weeks after receipt of your posttest 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 Nursing Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

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State(s) of Licensure: ______________
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Email _____________________________

The fee for this 1.0 contact hour program is $12.00.

**Post-Test Questions for Continuing Education Credit**

**CE Test Questions:** Please circle your response for each question.

1. A mission nurse may use the following skills:
   a. Performing surgery
   b. Physical assessment skills
   c. Managing pain and stress without medications.
   d. B and C
2. The mission nursing journeys described by the author involved trips to:
   b. Cameroon, Kenya, Trinidad, Tanzania, and Uganda.
   c. South Africa.
   d. Egypt, Cameroon, and Uganda.
3. Mission nursing can involve working with and caring for:
   a. Children
   b. Pregnant women
   c. Burn victims
   d. All of the above
4. A key part of a mission nurse’s role is:
   a. Providing medications to the ill.
   b. Helping others to learn English.
   c. Developing and implementing patient and healthcare staff educational materials/programs.
   d. Learning midwifery skills.
5. A major barrier and a reason not to consider mission nursing would be:
   a. Fear of the unknown.
   b. Not knowing the native language.
   c. Lacking nursing skills in all clinical specialties.
   d. None of the above.
6. The efforts of a small group of committed health care professionals and city officials has resulted in:
   a. Development of the North Texas Africa Health Initiative.
   b. More US. money sent to Africa.
   c. International peace-keeping forces in all African nations.
   d. Fewer mission nursing trips.
7. Nurses participating in the Uganda educational efforts asked for sessions on:
   a. Clinical skills only.
   b. Research critique.
   c. Curriculum development and business entrepreneurship.
   d. B and C
8. Key attributes to help support effective international and personal collaboration include:
   a. Cultural and professional humility.
   b. Flexibility and the ability to laugh at yourself.
   c. Long term commitment and consistency.
   d. All of the above.
9. Burn care was a frequent part of the mission nursing work described. Burns occurred because of:
   a. Open fire cooking.
   b. Children falling into the fire.
   c. Children getting too close to large pots of water being boiled for drinking.
   d. All of the above
10. Being a cultural learner as a nurse, requires:
    a. Openness to new experiences and gathering information before making judgments.
    b. Travelling frequently.
    c. Asking how other countries can make changes in their health systems.
    d. Recognizing that nurses in other countries have a lot to learn about their own cultures.

**Program Evaluation**

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State the number of minutes it took to read the article and complete the test and evaluation ____________________________min.
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