



NURSING BEAT

THE PULSE OF NURSING AT MOSES CONE HEALTH SYSTEM

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Spring 2004

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The AGE Program

By Brenda Murphy, RN, MSN, GNP-C

Fact: More than 60 percent of hospitalized patients are over age 65.

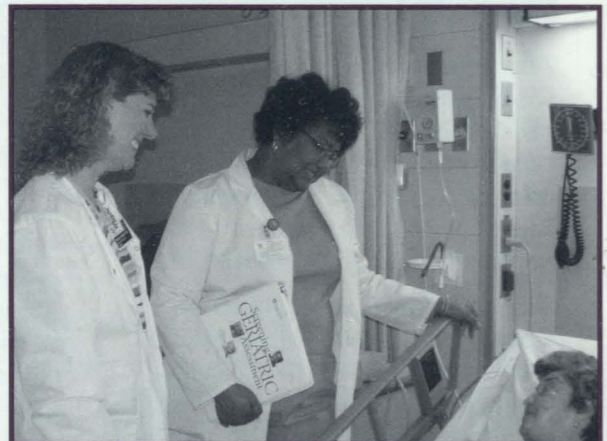
Fact: The fastest growing segment of the population is the 85 and over age group.

Fact: North Carolina ranks fifth in the nation for its older adult population.

Fact: Less than 1 percent of practicing nurses are certified in geriatric care.

Hospitals and healthcare agencies rarely have programs that target older patients. I am pleased to be a part of a Health System that recognizes the importance of such a program. The Advocates for Geriatric Expertise (AGE) program is an initiative that originated as a joint venture with the University of North Carolina at Greensboro. It is part of the Geriatric Workforce Enhancement Project, a statewide program aimed at increasing the number of nursing staff who can provide age-appropriate care to older adult patients.

During the first phase of the grant, 10-12 nurses from across the System will be trained in the care of geriatric patients. Of those, three will continue with the project to educate the next group of nursing staff. The grant will cover a three-year period. Afterwards, the program will be self-sustaining. Education will include approximately 20 hours of face-to-face classroom time and another 20 hours of experiential activities. These activities will include



Peggy Hewitt and Brenda Murphy chat with a geriatric patient on 5100 at Moses Cone Hospital.

observations, thought-provoking questions to discuss in class, e-learning, journaling and utilizing geriatric assessment tools. Classes began in April and will continue through May 11. The curriculum is based on *Best Nursing Practices in Care for Older Adults*, developed by the John A. Hartford Foundation, Institute for Geriatric Nursing, New York University.

Quality indicators will be measured in the participating departments. Baseline data will include measures of falls, skin, patient satisfaction and restraints. After nurses have attended classes, these indicators will be tracked for comparative purposes to evaluate the effect of having geriatric experts working in the department.

I am excited to be project coordinator for AGE for Moses Cone Health System. As we move toward Magnet recognition, this initiative will

See Age Program, page 2



MOSES CONE
HEALTH SYSTEM

Message from Joan



After what seemed like a never-ending winter, spring is finally here. This is only my second North Carolina spring, and I am still amazed by the beauty and color all around me. To me, spring is a time of growth and new energy. In spring, the possibilities seem endless.

This is spring for nursing at Moses Cone Health System too! I am excited by the energy I feel in our hospitals. Our staffing is greatly improved from a year ago. Our revised shared governance model is up and running. I'm so pleased that the Annie Penn Hospital staff now has expanded opportunities to participate in shared

governance. The goal of shared governance is to ensure that nurses are involved in decisions about patient care. We recognize the expertise of our staff to determine the direction of nursing practice in the System.

Spring also brings increased activity in our Magnet work. The journey to Magnet designation gives us the opportunity to strengthen our nursing environment and focus on the incredible competence of our nurses. Our challenge is to capture our spirit of nursing in the documents we prepare for the American Nurses Credentialing Center review team. I believe we are well on our way to doing that!

I see the beauty of spring each day as I make rounds and watch nurses caring for patients and families. Our work is hard and often frustrating but so worthy of our efforts. We can be very proud of what we do as nurses this spring and particularly during Nurses' Week. Please take the time to celebrate the joy in our profession.

A handwritten signature in cursive script that reads "Joan".

Joan Wessman, RN, MS
Chief Nursing Officer

AGE Program, Continued

demonstrate our continued commitment to deliver competent care to our patients and to our community at large. Our Agents for AGE will be the seeds from which future geriatric experts will grow.

Congratulations to our first group of Agents:

Debra Anderson, RN III, 4W,
Wesley Long Community Hospital

Judy Atkins, RN,
Extended Care Center

Theresa Gillis, RN, ED,
The Moses H. Cone Memorial Hospital

Sabrina Graham, RN,
Wesley Long Nursing Center

Nettie Guy, RN,
Annie Penn Nursing Home

Peggy Hewitt, RN, AD, Dept. 2000,
The Moses H. Cone Memorial Hospital

Kathy List, RN, 3W,
Wesley Long Community Hospital

Judy May, RN, Moses Cone
Behavioral Health Center

Patti Moore, RN, 3700/6500,
The Moses H. Cone Memorial Hospital

Debra Payne, RNIII, 5100,
The Moses H. Cone Memorial Hospital

Michele VonCannon, RN III,
4500 Subacute,
The Moses H. Cone Memorial Hospital

Back to School

Have you ever wanted to go back to school and didn't know how you could afford it? Financial assistance may be closer than you think. Moses Cone Health System and area nursing schools offer a variety of assistance opportunities to continue your education.

The System offers an Academic Scholarship Program for various healthcare fields, including nursing. This program is financially supported by the Moses Cone-Wesley Long Community Health Foundation to address shortages in the workforce of our System. Tuition assistance, from \$2,000 to \$10,000 per academic year, is available to qualified

applicants. Eligibility requirements and obligations, as well as an application packet, can be obtained by contacting Donna Harris, Health Careers Coordinator, in Corporate Recruitment at 832-7089 or 1-800-476-6737. Tuition reimbursement may also be an option for employees. This program offers \$2,000 per academic year for full-time employees (FTE) or \$1,000 per academic year for .45 FTE or greater. Contact Human Resources at The Moses H. Cone Memorial Hospital at 832-2999 for more information.

"Tuition reimbursement allows a lot of people to achieve their dream of

By Tara Dark, RN, BC, BSN



Lisa King achieved her bachelor's degree with assistance from the tuition reimbursement program.

The Big "C's" of the GAP Program

by Kim Mays, RN, MSN, MBA

The Graduate Advancement Program (GAP) was developed to assimilate new graduate nurses into the professional world of nursing. The GAP Program has three achievable "Big C's":

Competence:

The GAP program focuses on universal policy and procedural information that enhances the new graduate's knowledge. Presentations on pain management, IV care, diabetes, safety and skin care help the new graduate begin his/her clinical journey at Moses Cone Health System. To support the goal of competence, the new graduate also participates in a skills scavenger hunt that provides hands-on learning using equipment found in the clinical area. Finally, Clinical Nurse Specialists

Bridging the GAP



Between Education & Practice

spend time with each new graduate to focus on clinical experiences found in the new graduate's specialty area.

Caring:

How do you teach caring? Caring is best taught by example. The new graduates complete a Myers-Briggs Personality Inventory, and Joan Evans, Director, Training and Development, helps them understand how their

personality interfaces with others. The GAP Program also provides a panel discussion with physicians. This physician panel provides a venue to learn how to optimize collaborative relationships between nurses and physicians. One of the most successful areas of the program is the mentor-leader group. Leaders from the System are paired with new graduate groups to explore issues that affect their professional and clinical growth. The mentor-leader serves as confidante, role model, sounding board and friend.

Celebration:

Celebration is a wonderful, welcoming behavior. The GAP Program celebrates our new graduates with a welcoming gift bag, notebook and red "new

See GAP Program, page 4

From the Editor

I am a nurse. It is an integral part of who I am. I spend most of my waking hours in nursing endeavors. When I meet new people, they want to know, "What do you do?"

I always reply, "I am a nurse."

But when I talk to fellow nurses, it's not enough to say, "I am a nurse." I have to qualify it with what kind of nurse I am. I have chosen medical-surgical nursing as my specialty and that makes me different from my pediatric and critical care colleagues. As nurses, we understand and value those differences.

As professionals, we proudly demonstrate those differences through certification. Becoming certified is a statement of who we are and the specific body of nursing knowledge we have gained. It affirms our specific area of expertise in a way that experience, position or tenure cannot.

Many nurses still ask, "But what's the point? What do I have to gain from certification?" Well, there's personal pride in your professional achievement, collective pride for your specialty's gain of another certified nurse and the

privilege to stand beside other professionals whose specialty certifications demonstrate knowledge and assurances of quality, such as our medical colleagues. However, this reply is usually not satisfactory to the inquiring mind, who presses on, "But will I get any more money for all the time, effort, and money I will invest?" Yes and no. No, you will not receive an immediate bonus, pay raise, promotion or all-expenses paid vacation. Yes, you will receive the respect of your colleagues and director; you will be recognized in Nursing Beat; and your name badge will be altered to indicate your new credentials. Your patients will ask about your credentials and you can proudly explain. All these things may lead to a higher pay raise at your evaluation, a promotion and maybe a GEM award that will net you a small shopping spree at the local mall. (Don't hold your breath for the paid vacation, though.) Think about it.

I am excited about all the energy that is being generated by certification. I look forward to the day that we can announce in Nursing Beat that an



Eva Hyde, myself, Waqiah Ellis, and Brenda Murphy served as some of the faculty for the Med-Surg Certification Review Course co-sponsored by AHEC.

entire nursing department is staffed by certified nurses. And I wait anxiously for the 80-plus nurses who participated in the Medical Surgical Review Course in March to tell me, "I am a nurse. I am a certified medical-surgical nurse."

Daria

Daria Kring, RN, BC, MSN, Editor,
daria.kring@mosescone.com

The Magnet Journey

By Debbie Grant, RN, MSN

By the time of the second Nursing Beat, our Magnet journey is well on its way. The Magnet Steering Committee has been meeting for the past five months. In addition, four subcommittees, Marketing, Standards, Education and Site Visit, have been formed. These consist of more than 80 interdisciplinary team members across five campuses.

The Marketing subcommittee designed our new Magnet symbol that centers on nursing's three Cs – Caring, Competence and Celebration. Please use the Magnet symbol, found in Public Folders, to publicize our Magnet journey.

The Standards subcommittee has diligently edited and re-edited the narrative and supporting documents of the first six Magnet standards of care. Each of these standards focus on a step in the nursing process. Take time to identify how your department demonstrates each standard, review the Magnet forces and celebrate Magnet moments.

The Education and Marketing subcommittees have published several



A Magnet moment: Staff on 2000, Heart Unit, thank Joan Wessman for her assistance and support in helping them meet staffing challenges and improving staff satisfaction.

Magnet newsletters and developed numerous presentations and Computer Based Learning (CBL) modules to inservice clinical and non-clinical departments on our Magnet quest.

The Site Visit subcommittee is actively working to prepare departments for the on-site survey that will occur at the end of the year.

All of these Magnet activities allow us to validate nursing's contribution to clinical excellence within Moses Cone Health System. Lots of hard work is being accomplished with contagious energy, excitement and enthusiasm. I hope you each find a way to get "magnetized" around caring, competence and celebration.

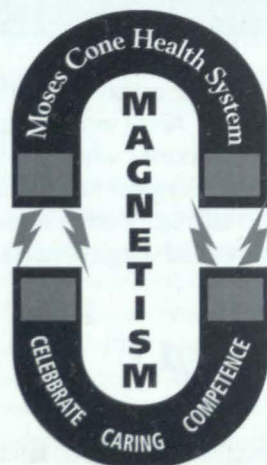
GAP Program, Continued

graduate" name badge holder. This badge holder identifies our many new graduates who will need to be mentored throughout the year. At the end of the GAP year, the new graduate will attend a graduation party and the red badge holder will be retired.

Celebration of the GAP Program continues with the application for a \$218,000 grant request from the U.S. Health Resources and Services Administration (HRSA). This grant will help fund continued enhancements to the GAP Program. The grant was submitted in January and a decision will be made by July.

Nicole Anderson, a University of North Carolina at Greensboro graduate student, celebrated the GAP Program by choosing it as her senior project. Nicole redesigned the GAP Program for 2004 by analyzing evaluations from the students and designing efficiencies for a more streamlined program.

Another UNCG graduate student, Sarah Kelly, celebrated the GAP Program by choosing GAP new graduates as the population she used for her graduate thesis. Sarah is interested in determining whether new graduates from the ICU departments have higher self-concept levels than new graduates from medical-surgical departments. Sarah will be publishing her results this spring.



Have you participated in the online RN satisfaction study? All Magnet facilities and all facilities aspiring to Magnet status will be participating in this survey that will take place from May 3 to 23. Instructions for participating in this voluntary study have been mailed to your home. Participation in this survey will provide us with the opportunity to compare ourselves to 500 other organizations across the country with emphasis on how well we integrate the Magnet forces into our bedside practice. See your director with questions or assistance with the survey.

Shared Governance

Med-Surg Service Practice and Quality Council

Wanda Scott, RN, chairperson, reports the following news:

- Bariatric resource books have been distributed to inpatient departments. These resource books provide information on how to obtain and use various bariatric equipment.
- "Leech Therapy" policy was approved. It provides all the information needed to carry out this procedure. Look for it in the online policy and procedure manual.
- Online occurrence reporting is being piloted on various departments. Reporting of occurrences (Care Reports) online will require less time to complete, can be totally anonymous, and can provide better, up-to-the-minute reports for managers.

Operative Service Practice and Quality Council

Diane Warden, RN, chairperson, reports from this Council:

- JCAHO preparedness and education will be a continual focus of the Council. Quarterly "clean your unit" campaigns are under way.
- The PACUs on all four campuses are revising their documentation records to ensure consistency across the System. Work should be completed by late spring.

Behavioral Health Practice and Quality Council

Carol Davis, RN, reports news from the adult program:

- A bulletin board and suggestion box have been developed for staff questions and concerns regarding department policies and issues.
- Children and adolescent visiting hours have been staggered so less overlap occurs.
- A new policy was approved that addresses storage and security of valuables.
- Staff meetings are now spread over

three days and at different times to better accommodate staff needs.

- An updated patient handbook that reflects several practice changes is now available for distribution with new admissions.
- The council is focusing on improving programming and attendance at groups. Send your ideas to your Council rep.

Steve Kallam, RN, reports news from the child and adolescent program:

- New programs on depression and anger management have been developed. These programs provide workbooks for patients to use during their inpatient stay and at home after discharge.
- The new children's program began a 90-day trial on March 8. Evaluations of this program are under way.
- The contraband items list has been revised to include more items. Look for the updated list posted in the nurses' station and in every new patient admission packet.
- The phone and visitation times have been revised to better accommodate patients' needs. The new times allow more flexibility for parents with different work schedules to communicate with their children.

Women/Infant/Children Service Practice and Quality Council

Linda C. Donovan, RN, chair-elect, reports:

- A new infant security system is coming in April.
- On-demand patient education TV is coming soon. This system will allow patients to dial up a video when it is convenient for them to watch it.
- Mandatory IV classes are coming soon in an effort to improve patient satisfaction.
- The Council is also focusing on: student-nurse relationships, JCAHO readiness and a breastfeeding task force.

Professional Development Council

Lanette Gaines, RN, chairperson, reports the following goals:

- The Council is considering care delivery models using the Licensed Practical Nurse role.
- Clinical competencies will be evaluated and prioritized. Education to support credentialing and certification will be explored.
- The RN III and RN IV roles will be re-energized through role clarification, support, and education.

Nursing Executive Council

Brenda Taylor, RN, chairperson, reports the following news:

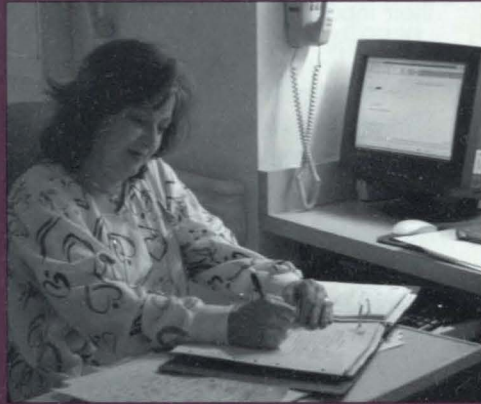
- Revisions of the Shared Governance Bylaws have been completed. Education was provided to staff through practice representatives and Department Directors.
- The Council welcomes William Bowman, MD, chairperson of the Medical Executive Committee, as a valued member of the Council. His attendance will help us foster positive interdisciplinary relationships with physicians.
- A reminder to all nurses to remember patient confidentiality during report times, especially in hallways. Be mindful that patients and visitors may be able to hear conversations.

Nursing Leadership Council

Kay Newman, RN, MSN, CNA, BC, chairperson, reports news from leadership:

- Online occurrence reporting was presented. Department directors and other managers will receive immediate feedback via e-mail when a new occurrence is posted in their department.
- Quality improvement data shows that the System is better than the national benchmarks for falls, pressure ulcers, restraint documentation and pain! Also, the data does not support any relationship between sitters and falls.

Celebrating Nursing



Nurses' Week 2004

Compiled by Jackie Greenlee, RN, MEd.



"The words 'I am a nurse' induce a smile and a sense of trust. Strangers will let you hold their infants, tell you profound secrets and respect is almost universal. How is it that four words can be so powerful?"

**- Linda Dinwiddie, RN, MSN, Educator
Annie Penn Hospital**



Pediatric Emergencies

By Vrinda Villa, RN, BSN

In January, The Moses H. Cone Memorial Hospital introduced a pediatric area within the Emergency Department. This area is designed to allow pediatric patients and families to receive emergency care without exposure to the normal chaos of the Emergency Department. The six-bed pediatric area is designated for children 16 and under. Currently the hours of operation are from 11 a.m. to 11 p.m. on weekdays and 9 a.m. to 9 p.m. on weekends.

This service was much needed in the community, and feedback from patients

and families has been very positive. If you have not seen this area yet, come by the Emergency Department for a tour. The walls are decorated with bright and colorful cartoon characters, which helps to decrease anxiety levels in the patients. In addition, the pediatric area has reduced wait times dramatically for patients and families as well as decreased the number of in-patient admissions.

The staff in this area coordinate care with the Emergency Department physicians, Pediatric Teaching Service, pediatric critical care team and the

pediatric floor staff to make the experience for patients and families as smooth as possible. The staff has seen everything from earaches to sickle cell crisis, nasal congestion to seizures. Word is getting out in the community and the census is increasing. The staff, excited about the challenges associated with meeting the needs of this population, look forward to Moses Cone Hospital being the place to bring sick children with emergency needs.

Pediatrics Through the Years

By Cathy Cochran, RN, BSN

The opening of the Pediatric Intensive Care Unit (PICU) on Oct. 27 was an exciting accomplishment for the staff of The Moses H. Cone Memorial Hospital Pediatrics Department. Our nurses have been dedicated to quality pediatric care throughout the history of pediatrics at Moses Cone Hospital, and this new service expands our ability to continue the tradition.

Our most valuable asset to Pediatrics is the number of employees who have seen and provided input for changes over the years. **Jane Brame**, RNIII, has worked on Pediatrics at Moses Cone Hospital for the last 37 years. She recently shared some reflections about changes she has observed over the years.

"One of the biggest changes I have seen is the way input from nursing staff is valued," she said. When she first started at Moses Cone Hospital, nurses on the unit did not even have stethoscopes. They had very few patients on IV therapy, and the bulk of antibiotics were given intramuscularly. She believed her role was more task-oriented. Currently, she believes nurses are valued for their knowledge and assessment skills and that they are an integral and respected part of the pediatric multidisciplinary team.

In Jane's early days at Moses Cone Hospital, the team nursing approach was used. For a 54-bed unit with only two private rooms, there were two RNs and two nurse techs. Parents were not allowed to spend the night. The nurses were not permitted to call physicians directly with patient concerns. Instead, they had to notify the house supervisor, who gave them permission to make the



Jane Brame reflects on changes in Pediatrics over the years.

call. Things certainly have changed.

The current Pediatrics unit has 18 private rooms with the capacity to convert three rooms into semi-privates. The new PICU has four beds. All patient rooms, both on the floor and in the ICU, accommodate one parent sleeping at the bedside.

Jane believes the PICU is a wonderful addition to a quality program. She has recognized the need for this level of care in Greensboro, and is excited that it has come to fruition.

Join us on June 3
at Nursing Grand
Rounds to hear more
about pediatric care
throughout Moses
Cone Health System.

Telling Our Stories: Grant

By Shyerl Stanley, RN, BSN, BA

Grant is one of those patients who has helped shape my nursing identity. He helped me see that not only am I a pediatric nurse, but I'm developing into a pediatric intensive care nurse as well.

Grant is 2½ years old and has Wolf-Herschorn Syndrome with a seizure disorder. Wolf-Herschorn Syndrome was first documented in 1961 and is associated with a chromosomal deletion of the short arm of the fourth chromosome. Clinical features include mental retardation, seizures, distinct facial appearance and midline closure defects, such as cleft palate. The mortality rate for children with Wolf-Herschorn is estimated at 35 percent in the first two years of life, and the usual cause of death is heart defect, aspiration pneumonia, infection or seizure.

The Grant I know is happy. He smiles and is playful. He brings joy to the life of everyone who comes in contact with him. One morning, as I turned the corner of the nurses' station, I saw that familiar smiling face. Grant was dropping by to say hello to the staff. I thought about the Christmas card that hung in the staff lounge for weeks the last time he had been ill, thanking us for our good care.

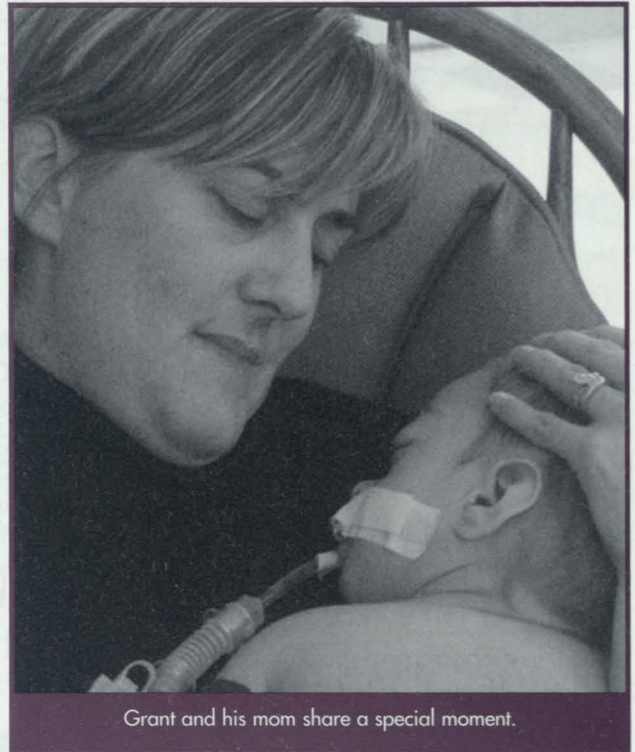
Grant has been a patient on 6100 (pediatrics) several times for seizures. On a few occasions he has had to be transferred to other hospitals for mechanical ventilation because of respiratory failure while trying to get his seizures under control. In November, Grant came to The Moses H. Cone Memorial Hospital Emergency Department in status epilepticus. He was stabilized in the emergency department and received medication to stop his seizures. However, upon his arrival to our new Pediatric Intensive Care Unit (PICU), he began having seizures again. He required even more medication. His mother remained at his side in the PICU. She is the best kind of mother for a chronically ill child – informed

and attentive, with high expectations for his care. On that morning, the lines on her face showed concern, but she was calm. She had been here before. Familiar faces surrounded her and Grant even though they were in the new PICU.

Grant developed respiratory failure shortly after his arrival to the PICU. He required respiratory support while preparing for intubation. I had observed and assisted with numerous intubations in the past when patients had deteriorated; however, this would be my first time doing the intubation without a CareLink nurse, an ICU nurse or **Gretchen Delametter**, our Clinical Nurse Specialist, to hold my hand. I would be the lead RN at the bedside with the responsibility as one of the team members participating in the intubation.

My role for the intubation was to ensure all equipment in the room was available and in working condition. In addition, I was to obtain and prepare the intubation medications as ordered and then administer them when requested. I was responsible for making sure all events were documented in the medical record as well. Others on the team were a respiratory therapist, a Pediatric Intensivist and another RN to assist as needed. The intubation went smoothly. It was one of those great moments in nursing when I felt like I got it...I took on a new skill, I pushed through the adrenaline and fear, and I did it well.

After the intubation, I remember looking at Grant's mom standing by his crib. She wanted to get close to her son. Gretchen and I were in the



Grant and his mom share a special moment.

room attending to the multiple needs of Grant's illness when I heard Gretchen say to mom, "Do you want to hold him?" The mom just lit up, "Oh, yeah! Can I?" I could feel the air leaving my lungs. How? With all those tubes? Is it safe? Once again, I moved into the unknown and put Grant into his mother's arms. We approached mom about taking a picture of Grant and her reply was, "Only if I can have a copy!" It was wonderful to see her smile. It was even more wonderful to be able to keep Grant in the PICU with familiar surroundings and familiar staff and not have to transfer him to another hospital.

Fearing the unknown, we all stressed over the opening of the PICU. Along with additional staff, new faces and a lot of education, the pediatric staff watched as our floor was remodeled to include a four-bed PICU on 6100. A lot has changed on Pediatrics, but our patients still come back and still need us. Caring for critically ill children is the best kind of nursing and just another part of my ongoing education.

Nurses Going Places

By Viola McCoy, RN

Awards

- Four nurses have been selected to attend the 2004 Institute for Nursing Excellence, a one-week professional development program designed to reward outstanding direct-care nurses. Congratulations to **Susan Seel, RN III, ICU/SD**, Wesley Long Community Hospital, **Kathy Auman, RN**, CareLink Mobile Critical Care Unit, **Christine Judge, RN**, Moses Cone Behavioral Health Center, and **Brenda Taylor, RN**, The Women's Hospital of Greensboro.
- **Nancy Caddy, RN, C**, Assistant Director, Pediatrics, The Moses H. Cone Memorial Hospital, was elected vice president of the Piedmont chapter of the Society of Pediatric Nursing for 2004-2005.
- **Joan Wessman, RN, MS**, Chief Nursing Officer, Moses Cone Health System, was appointed to the Advisory Board for the UNCG School of Nursing for a one-year term.

Publications and Presentations

- **Patty Keaton, RN, BSN, CCRN, Elaine Button, RN, BS, CDE** and **Judy Hanks, RN, BSN, CDE** had an abstract accepted for a poster presentation at the American Association of Critical Care Nurses' National Teaching

Institute titled, "IV Insulin per Glucommander in CABG Patients."

- **Kim Mays, RN, MSN/MBA**, Program Specialist, was interviewed for a case study on e-learning strategies by the VHA, a member-owned healthcare cooperative. The article can be viewed on the VHA Web site, www.vha.com.
- **Joan Wessman, RN, MS**, Chief Nursing Officer, Moses Cone Health System, presented "Mentoring: The GAP Program" at the VHA Chief Nursing Officer Affinity Group Meeting in San Diego, CA, on Feb. 20 and "Issues in Clinical Transformation" at a roundtable event for Hospital & Health Networks' Most Wired Magazine in Chicago, IL, on March 10.

Graduations

- **Brenda Erdy, RN, BSN**, The Women's Hospital, graduated from the University of North Carolina at Greensboro with her bachelor's degree in nursing.

Promotions

- **Toni Bartlett, RN**, was promoted to RN III on the adult unit at the Behavioral Health Center.
- **Nancy Bruns, RN** was promoted to RN III on the adult unit at the Behavioral Health Center.

- **Virginia Cochran, RN**, 3000, Moses Cone Hospital, was promoted to Assistant Director.
- **Ruby Johnson, RN, BSN**, was promoted to RN IV, ICU/SD, Wesley Long Community Hospital.
- **Sarah Marshall, RN, CCRN**, was promoted to Assistant Director, ICU/SD, Wesley Long Community Hospital.
- **Susan Seel, RN**, was promoted to RN III, ICU/SD, Wesley Long Community Hospital.
- **Peggy Tish, RN, BSN**, was promoted to RN III, ICU/SD, Wesley Long Community Hospital.

Certifications

- **Stephanie Winfield, RN**, received her Sexual Assault Nurse Examiner certification.

Please send information regarding promotions, certifications, graduations, awards, presentations and other celebrations to Daria Kring at daria.kring@mosescone.com

Please include name, credentials, job title, department and campus.

Nursing Grand Rounds Calendar

Date	Time	Place	Focus
May 12	11 a.m. – noon	The Moses H. Cone Memorial Hospital AHEC 1040	Thrombotic thrombocytopenic purpura (TTP)
June 3	11 a.m. – noon	The Moses H. Cone Memorial Hospital AHEC 1040	Pediatric Care throughout Moses Cone Health System
July 14	11 a.m. – noon	Moses Cone Health System Regional Cancer Center	Complicated wounds

Research Committee Formed

By Cindy Carter-Cole, RN, MSN and Kathleen Kearney, RN, MSN, AOCN

Do you have an unanswered clinical question? Do you wonder why we do some of the interventions that we do? Do you wonder if there is a better way to do it? Maybe a research project could answer your question.

Using research to answer clinical nursing questions is the basis of evidence-based nursing. According to Stetler (1998), "Evidence-based nursing de-emphasizes ritual, isolated, and unsystematic clinical experiences, ungrounded opinions, and tradition as a basis for nursing practices and stresses instead the use of research findings and, as appropriate, quality improvement data, other operational and evaluation data, the consensus of recognized experts, and affirmed experience to substantiate practice."

A new research committee has been formed to help nurses develop their research ideas and support them step-by-step through the research process. This committee consists of nurses from a broad clinical focus who have conducted nursing research or are currently getting started. The committee includes nursing researchers from the University of North Carolina at Greensboro and North Carolina A&T State University.

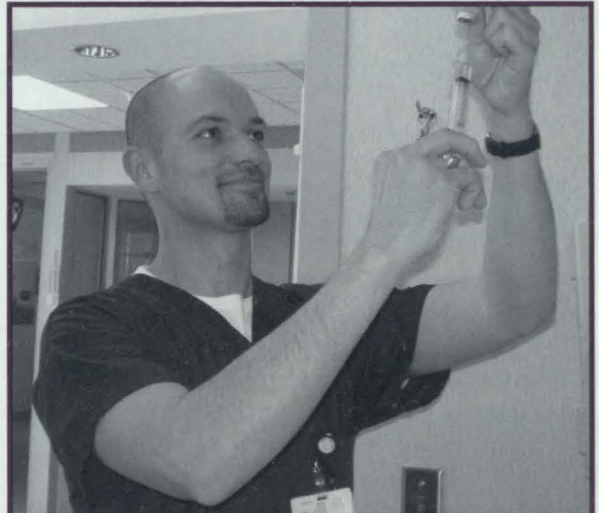
One of the first steps in answering a practice question is to look at what has been published in the literature. However, conducting a literature review can be overwhelming if you are doing this for the first time. The Research Committee can assign

members to help you find, review and analyze pertinent articles.

Another function of the Research Committee is research dissemination. When we find the answers to pertinent clinical questions, we need to share these creative, evidence-based ideas with others. One dissemination strategy that the Research Committee will be utilizing is fact sheets summarizing current research related to clinical practice issues. These fact sheets will be distributed at Service Practice and Quality Councils to help initiate evidence-based clinical practice changes.

Another way to disseminate findings is to publish your research accomplishments in nursing journals. Publication contributes to the broader base of nursing knowledge and is professionally rewarding. You may need some direction in journal selection and writing for publication. Of course, a great place to publish your project is Nursing Beat. Members of the Research Committee can work with you in writing and editing your manuscript.

Ed White, RN IV, Intermediate Care, is a member of the Research Committee. He believes, "First, and most important, nursing research



Ed White wonders whether morphine or Dilaudid is better for his thoracotomy patients.

improves quality and safe practices that we provide to our patients at the bedside." The clinical question he would like answered involves pain management in thoracotomy patients. Does morphine or Dilaudid provide better pain relief for these patients, and which one has fewer side effects?

The new Research Committee is committed to strengthening evidenced-based nursing practice at Moses Cone Health System. We hope you are excited about this new committee and are already thinking of clinical questions you would like answered. The Research Committee would like to explore these questions with you. Send your ideas to debbie.green@mosescone.com.

Back to School, Continued

having a career in healthcare," says **Lisa King**, Assistant Director of the Telemetry/Urology Department, Wesley Long Community Hospital. Lisa recently received her bachelor's degree in nursing using tuition reimbursement.

The Women's Hospital of Greensboro Auxiliary provides scholarships to area nursing programs, including North Carolina A&T State University,

the University of North Carolina at Greensboro and Guilford Technical Community College. The schools of nursing distribute these funds. There are multiple other financial aid opportunities available, such as ones from private endowments and the state of North Carolina, including the North Carolina Scholars' Program. For more information on any of these opportunities, contact the school of

nursing where you are interested in attending.

Whether you are a registered nurse wanting to get your bachelor's or master's degree or a nurse technician wanting to become a registered nurse, there are financial resources available to you. Now is the time to find out about these scholarships, place your application and get back to school.

Nightingale: Legend or Myth?

By Linda Dinwiddie, RN, MSN

The most well known nurse is Florence Nightingale. She was the lady of the lamp, who walked the wards of the hospital in Crimea at night to keep the hope of the wounded alight with her lamp. The persistence of the romantic myth of Florence Nightingale hides the real woman who pioneered the use of statistics to effect change in the world of healthcare. She was adored by the public but lived out most of her life in seclusion. Who exactly was this woman with the lamp?

Lavinia Dock begins her book a Short History of Nursing with the quote, "In order to understand the future one must understand the past." The quote is a model we should use to understand the reality of nursing then and now. Although it is appropriate to hold Nightingale up as a positive influence on nursing, some of the realities of her life have been lost in time and storytelling.

Generations have been raised on the sentimental story of the nurse who saved lives by bringing cleanliness to the war hospital. According to Mark Bostridge of the British Broadcasting Company, the actuality is that, "The death rate at Nightingale's hospital was higher than many others in the East." Sanitary commissions sent by the government six months after Nightingale's arrival flushed out the sewers and improved the ventilation, thereby reducing the death rate in the hospital. It was not until after she returned home that Nightingale realized that the unsanitary conditions had caused the high death rate. Prior to this time she believed the extremely high death rate was caused by poor nutrition and supplies. Upon discovery of this fact, Nightingale began to preach the gospel of fresh air, clean drains and public health. She played a decisive role in transforming nursing into an organized profession, but her actual focus was to formulate a policy on public health through the adoption of better sanitation.



Florence Nightingale

The real achievements of Nightingale included an overhaul of the army in peacetime, her pioneering work in statistics and the public health initiatives she began from her sickbed. Nightingale lived most of her life as an invalid after her return from the Crimean. However, this did not stop her prolific writings. There are 14,000 letters, 127 printed publications and hundreds of notes stored in the Nightingale collection at the British Library.

Nightingale should be honored for her tremendous life-long work. It should be noted, however, that others who have come before and after her also have contributed much to the history of nursing:

- Linda Richards, the first American trained nurse.
- Mary Mahoney, the first African-American trained nurse.
- Edith Cavell, who was executed by the Germans for helping wounded soldiers.
- Ethel Fenwick, who founded the British Journal of Nursing in 1893.

These are just a few of the courageous nurses whose stories are part of our nursing heritage. And our history is important, if we are to understand our future.

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