The New Year – 2010 – will be full of new beginnings. This is a time of building new programs, curricula, courses, class sessions, and innovative teaching strategies using technology and simulation. In addition, faculty are developing new strategies for increasing the level of inter-professional education and infusing science to a greater degree.

We are several months into the arrival of our new Associate Dean for Practice and Engagement, Dr. Novak, who hosted a dinner this month to describe emerging faculty practice opportunities. Faculty are putting the finishing touches on the SoN Strategic Plan which will guide our direction in the next several years.

I am entering my 6th semester as your chair. This past semester was a difficult one for me personally, but you surrounded me with great support – I am grateful for all you did for me. You not only expressed kindness, but you carried on with decisions, plans, procedures, and kept the wheels turning in the best way. As a leader, this is the most gratifying feeling – that my faculty members and staff really know what’s going on and do the right things. That’s is the hallmark of a healthy team – that the mission goes on even when there are stressors in one part of the team. Thank you again to both faculty and staff for your support.

In December, I attended the American Organization of Nurse Executives’ Annual Chapter Leaders and Affiliate Meeting in Philadelphia. Over the course of two days of input from nurse leaders all throughout the U.S., the following themes emerged as current issues for our concern:

(cont. pg. 2)
Message from the Chair (cont. from pg. 1)

1. New roles emerging for BSN and MSN prepared nurses. Examples are:
   a. Clinical Nurse Coordinator (a precursor to the CNL)
   b. Patient Care Navigator
   c. Clinical Documentation Nurse Specialist

2. Increase in Practice-Academic Partnerships
   a. Dedicated Education Units
   b. Simulation Lab sharing
   c. The recommendation that the education level of future Nurse Managers and Leaders should be at the Masters level.
   d. The recommendation that the education of chief nurse executives of the future should be at the doctoral level – DNP, PhD, or other doctoral degree.
   e. Transition to Practice or residency/fellowship programs proving to be very successful in reducing new graduate turnover.

3. Use of social media
   a. New generation of workers (digital natives) as well as those who are digital immigrants.
   b. Some emerging inappropriate use with patients’ protected health information
   c. Inappropriate use as a forum for lateral violence
   d. Appropriate uses for staff communication
   e. Few clear policies for use in the workplace, where approximately 15 work minutes per day per worker are estimated to be expended on social media, according to one study – a 3% drop in hospital productivity and a drop in attention to preventing errors.

4. Lingering signs of economic stress. Some hospitals hesitant to hire new workers, including new graduates. New graduates are being hired, but not always in their 1st choice. Starting salaries are excellent.

5. Activity in state legislatures on nurse staffing issues seems to be focusing less on mandated staffing ratios and more on the creation of staffing committees made up of staff nurses to govern staffing.

6. Lateral violence among nurses and healthcare workers (see Dr. Jackson’s article written with students on workplace bullying located on the Brag Board near elevator).

7. Partnerships with new “non-healthcare” partners like the business community, commerce, and economic development centers. An example is the use of unclaimed lottery winnings in one state to fund nursing education simulation centers!

8. Disclosure of adverse events – the Department of Veterans Affairs and Department of Defense have model policies on disclosure of adverse events. These policies include follow-up procedures to guard the emotional and financial well-being of the patient and family after the event.

And with these issues that challenge us, I close with a wish for a rewarding New Year in nursing education.
EDUCATION AND PROFESSIONAL DEVELOPMENT

Dr. Eileen Breslin, Dean of the School of Nursing, was inducted as a Fellow in the American Academy of Nursing in November 2009. Pictured are Dean Breslin, Dr. Constance Hendricks, Professor, Auburn University (who is also Dr. Robinson’s mentor about 17 years), and Dr. Beverly Robinson, Associate Dean for Graduate Nursing.

PROGRAM UPDATES

Administration Teaching Team Update
By Dr. Mickey Parsons

It has certainly been a busy year for our department with simultaneous curriculum revisions underway in both the undergraduate and graduate programs. The Administration Teaching Team in the graduate program has been busy too! Last January (2009), Paula Clutter, Mickey Parsons, and Brenda Jackson joined Beverly Robinson at the Clinical Nurse Leader workshop in New Orleans that was sponsored by the American Association of Colleges of Nursing. The information that we gained there was invaluable as we planned our new Clinical Nurse Leader (CNL) major for the school. Paula Clutter will be coordinating that track. We also have revised the current master’s administration major and realigned the content and outcomes with the new Executive Administration major in the Doctorate of Nursing Practice program. We are also working on revision of the Early Masters program for RNs who enter the program with a diploma or associate’s degree in nursing with the goal of earning a BSN and then entering either the CNL or Administrative Management majors in the future. When the DNP is fully implemented our majors will be the only two remaining MSN level majors. And, the work is just starting…

We are delighted that Linda Porter-Wenzlaff is joining our Administration Teaching Team, and that Nancy Girard will be working with us on curriculum as well in the spring. We will be developing our courses with a uniform format for the administration majors and using online strategies to improve access to the majors throughout South Texas and beyond.

Happy New Year one and all from the Administration Teaching Team!
PROGRAM UPDATES

An update about the New Baccalaureate Curriculum

By Dr. Barbara Owens

The current curriculum of the School of Nursing (SON) was put in place in 2003. Faculty have expressed desire to revise on several occasions. In the Spring of 2008 CCNE released the revised Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs were released (CCNE, 2008). It was determined that to achieve the requirement of the new Essentials for Baccalaureate Education for Professional Nursing Practice (2008), a new curriculum was needed instead of revising the old one. During August and September, 2008 the Dean invited a curriculum consultant, Dr. Anne Woodtli, to review and analyze our current curriculum. She examined the current baccalaureate nursing program terminal objectives, current curricula of the Generic track, Accelerated Pathway track, Flexible Process track for Licensed Vocational Nurses (LVN-BS), and, Flexible Process track for Associate degree and diploma nurses (RN-BS track). She held meetings with faculty teaching in all baccalaureate tracs, students in the final semester of the Accelerated Pathway track, Chairperson of COUS, and the Associate Dean for Undergraduate Programs. Dr. Woodtli advised SON that to effectively achieve these requirements for expected student learning outcomes there need to be substantial changes in curriculum content, course learning outcomes, and student evaluation strategies.

The revision started with the SON’s new Mission and Goals which are the underpinnings of the new curricula for all levels of education in the SON. The new Baccalaureate Program Student Outcomes, now based on the Essentials, was approved by COUS Jan 23, 2009. During the early part of 2009, both internal and external environmental factors and the needs of the community of interest that influences the programs were identified as well. On the advice of our consultant, the decision was made by our Dean to phase out all the Flexible Process tracks and to change the position of the Assistant Dean for Undergraduate students to Associate Dean for Admissions and Student Services, with the new position filled by Dr. Mejia Abreu in the summer of 2009 and three support staff subsequently were hired for advertisement, recruitment, and admission selection.

A “Working Group” of representatives from both the generic tract and the accelerated track, as well as from the graduate program was selected to lead the baccalaureate program revision. Input from a variety of sources was a very positive step in the revision process because it helped to promote discussion and new ideas. The Traditional Track Curriculum-working group (TTCWG) was formed. Education for WG members of both tracks was done to teach curriculum planning and design. Faculty became knowledgeable about Adult Learning Theory, including Transformational Learning Theory, as we proceeded through the revision process. We examined how our curriculum needed to be organized with vertical and horizontal threads to ensure courses would build each semester without repetition or omission of crucial elements. The SON academic resources were also assessed and a plan for increasing the amount of simulation for student clinical experiences was made. Considerable expansion in the infrastructure and equipment to be purchased for the learning lab facilities was planned and funds from contributors and the UT System was solicited by our Dean to pay for these improvements.

(cont. pg. 5)
PROGRAM UPDATES

New Baccalaureate Curriculum (cont. from pg. 4)

A new position for the Director of the Nursing Clinical Learning Laboratory and Simulation Center was created and a search for this person has begun.

The Accelerated and Traditional Track WGs went through the AACN 12 Essentials document and the NCLEX test plan and did content matching of the two documents on a large spreadsheet. The WGs re-designed the courses and content in terms of recent advances in fields such as genetics and genomics, information management, health delivery and policy, global needs and nursing, leadership, simulation, and evidence based practice that are reflected in the Essentials. Finally, a holistic perspective of an educational and curricular system was adapted to achieve our student learning and program goals.

Although the program learning outcomes are the same for both the generic and accelerated tracks, the accelerated curriculum was designed to occur over 15 months and the generic track over four semesters. The faculty decided that was sufficient to ensure student learning and achievement of program outcomes after visiting other schools and examining the literature. The program and design of the curriculum will meet both the needs of the students and the abbreviated timeframe. However, the courses, learning activities and their sequence will not follow the same pattern as the generic curriculum. Although the terminal learning outcomes are the same for both tracks, each track is designed to best meet the learning needs and expected outcomes of the audience for which it is developed. Adult Learning Theory guided the content, courses, and teaching practices/learning activities for this cohort of college graduates. Combining students from both tracts in specific courses, such as pathophysiology, is being considered to meet the fiscal resources of Schools of Nursing.

It was determined that “dedicated” faculty are desirable for the accelerated student in this continuous, rigorous and abbreviated program that extends over a period of 15 months. Because of the intensive didactic and clinical learning environment required for these students, the clinical group size and learning activities were carefully planned. Curriculum Revisions for the Traditional track will have significant implications for clinical learning experiences, clinical evaluation methods as well as overall teaching practices and teaching-learning activities and environments. New rubrics for each clinical course were developed and sent to the Texas State Board of Nursing for approval in October with the new curriculum.

The Committee on Undergraduate Studies met monthly and was updated on the curriculum committees throughout the spring. In May 2009, the WGs presented the findings of the research to examine other schools’ Accelerated Nursing programs, NCLEX pass rates, admission criteria, required GPA for admission, and length of program. We presented course descriptions, hours, and pre-requisites. We discussed how we were going to manage clinical sites with so many students needing clinical hours (accelerated and traditional). COUS voted to approve the proposed Traditional and Accelerated curricula, then the Faculty Assembly met and also approved the curricula by a majority vote of the faculty.

(cont. pg. 6)
PROGRAM UPDATES

New Baccalaureate Curriculum (cont. from pg. 5)

Since mid September, both WGs have been meeting weekly with educational experts to concept map and storyboard the new courses in the curricula. We have also met for ‘retreat days’ in October and just before the Christmas break to get a major amount of work accomplished.

In December the announcement of the new Education Specialist, Doris Owens was made, who will be employed by the office of on-line teaching and learning, but assigned to the SON. She has been working this semester with the two groups who are preparing courses for implementation of the revised undergraduate curriculum. Doris joined the ACET last summer as an education evaluation specialist, but has a long history of working with nursing. Doris will continue to facilitate all work in developing courses for undergraduate program. Both WGs are grateful to Judy Maltas for the comparison of the 2010 detailed NCLEX-RN test plan to the 2007 detailed plan and it has been discussed in COUS and other working groups for us to use for comparisons of new and old curriculum and other evaluative tasks. The goal is to start the Accelerated Program in May 2010 and the New Traditional Track in August 2010.

Dr. Barbara Owens

Genograms

(submitted by B. Owens and Written by: Betty Carlson Bowles, PhD, RNC; Midwestern State University; Wichita Falls, TX)

Over 96% of Americans acknowledge the importance of knowing their family medical history, but only 30% have attempted to gather that information. The identification of inherited causes of diseases by the human Genome Project and the establishment of national clinical practice guidelines have brought the importance of family health history into focus. Family history is the best and most inexpensive genomic tool available as family history of disease equates with increased risk of disease and it is the most consistent risk factor across the lifespan. The genogram has the potential to aid diagnoses, prompt targeted testing and evaluation, and guide patient education and health promotion initiatives. The genogram should be treated as a living document, expanding and maturing as family members move through developmental life stages.

A family-centered approach to prevention of disease recognizes that in order to produce lasting behavior change to prevent disease, successful family history-based interventions need to involve entire families. Discussions about family health history can be a unifying force in extended families and enhance prevention efforts by shedding light on modifiable family periodic screening, early diagnosis, and lifestyle changes that can determine whether a genetic tendency toward a disease will become a reality. Family histories have the potential to make population health promotion messages more immediately personal and thus encourage and support healthier habits in unaffected family members.

(cont. pg. 15)
NEWS NOTES

Sigma Theta Tau, Delta Alpha Chapter-at-Large is pleased to announce the 4th Annual Research and Scholarship Day on March 31, 2010. This is a day where we celebrate nursing knowledge by showcasing our research that is occurring in our community.

SAVE THE DATE!

4th Annual Sigma Theta Tau
Delta Alpha Chapter-at-Large
Research Day & Scholarship Conference

March 31, 2010
University of the Incarnate Word
Rosenberg Skyroom
Contact: Maria Gillespie
mgillesp@uiwtx.edu
210-832-2113
Abstract submission information to be given at a later date

Dr. Carol Reineck has made arrangements to bring in a visiting professor, Dr. Rita Snyder, PhD, RN, for an excellent 2.5 hour presentation: Nursing Informatics: Implications for Quality, Safety and Nursing Practice.
FACULTY TO FACULTY

The Final Exam
Presented by Dr. Pauline Chin

Submitted by Phyllis Gordon

The program of One Community One Book observed its second annual presentation on September 25, 2009 featuring the book, *The Final Exam*, presented by the author, Dr. Pauline Chin. Dr. Chin is a transplant surgeon who shared her reflections on compassionate care. I had the opportunity to hear this presentation and would like to share highlights of her presentation.

Her presentation started with a description of the death of one of her patients during her 4th year in medical school. In a quiet, soft, compassionate voice she described the daily scenario of the eventual death of an elderly woman with pneumonia who becomes ventilator dependent and resistant to many of the treatments. She describes the life of this elderly couple, married for over 50 years, now without family or friends around for support. She described the harsh reality of death in a hospital setting in which the medical caretakers withdrew physically and mentally not knowing what to do or how to treat her in the end. During this description, she subtly shares that it was the nurses and herself that helped maintain that vigil of care, allowing the husband to sit by the bedside, turned off all of the noise of the machines surrounding them during the last few moments. They closed the curtains around the couple and left them alone.

It was obvious during this description that nursing has a better handle on compassionate care than our medial colleagues. However, it was also gently obvious that nursing also has more lessons to learn in providing compassionate care.

Dr. Chin then described a scenario that she witnessed during her 9 years of residency training as a transplant surgeon. It was late in her residency when she witnessed the death of a woman of another couple, this time married for 30 years. However, this time, as the nurses began their routine of a patient’s death, she witnessed her attending role model to her compassionate care. Rather than withdrawing, she saw him quietly explain the environment and sounds around them, encouraged the husband to touch and hold his wife’s hand. And then, the attending pulled up a chair in the curtained enclosed room and sat with them until the wife breathed her last breath.

It was this act of being there with a patient and family during that final event, that we all must face, that showed this young surgeon, the final exam of her care. It demonstrated that our care does not end with our treatment, but with our care. As nurses, we have the opportunity to pass that final exam in many of our patients’ lives. Can you pass the final exam of providing complete compassionate care?
Top Row CNS Pictured 1st two photos: CNS Attendees. 3rd photo: Pat Bradshaw & Cathy White.

Bottom Row CNS Pictured 1st Photo: Vicky Paparelli, Dean Eileen Breslin & Dr. Mary Heye. 2nd Photo: Bonnie Howard & Dr. Adrianne Linton.

CNS Recognition Week Reception
September 1-7, 2009
FEATURES

Ms. Lark Ford, MSN, RN and Mr. Paul Summers participated in the recent Half Marathon. Both finished the entire run.

GRADUATION AND COMMISSIONING

Pictured Left to right: Beverly Wheeler, MSN, RN, ACNS-BC; undergraduate student Andrea Johnson; Lark Ford, MSN, RN; and Carol Reineck, PhD, RN, FAAN, NEA-BC, COI attending the Navy Commissioning ceremony before graduation, December 18, 2009. Ms. Johnson was commissioned Ensign in the U.S. Navy.
FEATURES

Charles Reed, RN, MSN current HSC doctoral student, whose article was in ADVANCE for Nurses is promoting employment at UH and also mentions the close collaboration with the UT Health Science

Clinical Nurse Leader Educational Session
Co-sponsored by the University of the Incarnate Word, UTHSCSA, and Delta Alpha Chapter at Large, STTI

CNL Pictured Left: CNL Attendees.

Right: CNL Marge Wiggins, Chief Nurse Executive Maine Medical Center, who has 8 Clinical Nurse Leaders in her hospital and who will graduate with her DNP in May 2010.
University of TX HSC Teaching Excellence (UTEC) Graduates

UTEC Fall 2009 Class.

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HEALTH OBSERVANCE AND RECOGNITION DAYS

FEBRUARY

Heart Month (American), http://americanheartassociation.org/

DAY

WEEK
14-20  Cardiac Rehabilitation Week (National). https://www.imcolemanltd.com/aacvpr/
14-20  Cardiovascular Professionals Week. http://www.acp-online.org/

MARCH

Brain Injury Awareness Month, http://www.biausa.org/

DAY

WEEK
14-20  Pulmonary Rehabilitation Week (National). http://www.aacvpr.org/

APRIL

WEEK

MAY

Critical Care Awareness and Recognition Month (National), http://www.sccm.org/Pages/default.aspx

High Blood Pressure Education Month (National), http://www.nhlbi.nih.gov/
Motorcycle Safety and Awareness Month, http://www.nhtsa.gov/portal/site/nhtsa/motorcycle
Older Americans Month, http://www.aao.gov/
Oncology Nursing Month, http://www.onn.org/
Stroke Awareness Month (National), http://www.stroke.org/site/PageNavigator/HOME
Trauma Awareness Month (National), http://www.amtrauma.org/

WEEK
6-12   Nurses Week (National), http://www.nursingworld.org/
OFFICIAL TRAVEL
September to December 2009

SEPTEMBER
8-11 Ms. Kathy Reeves  Academy of Med/Surg Nurses Annual Conf., Washington, DC
11-17 Ms. Lark Ford  Mandatory New Student Orientation PhD Program, Santa Barbara, CA
11-16 Dr. Mary Heye  American Society of Pain Management Nurses Annual Conf., Jacksonville, FL
13-16 Dr. Kathleen Stevens  AHRQ/Westat Contract for AHRQ Health Care Innovations Exchange Project, Bethesda, MD
14-15 Mr. Wesley Richardson  TNA 6th Annual Nursing Leadership Conf., Austin, TX
21-24 Dr. Brenda Jackson  TEAMStepps Master Trainer Workshop, Creighton Univ., Omaha, NE
23-25 Ms. Joyce Borgfeld  TNA Texas Nursing Leadership Conf., Austin, TX
24-25 Dr. Barbara Owens  Genomic Information for Curriculum Development. Bethesda, MD
24-25 Dr. Kathleen Stevens  Texas Nurses Assoc. Nursing Leadership Conf., Austin, TX
20- (Oct 2) Dr. Carol Reineck  Nat’l Council for State Boards of Nursing Transition to Practice Comm. Chicago, IL

OCTOBER
1-2 Dr. Lyda Arevalo  5th Annual Literacy Conf., San Antonio, TX
8  Dr. Cheryl Lehman  Rehabilitation Nursing Conf., at St. David’s Hospital, Austin, TX
9  Dr. Carol Reineck  And Acute Faculty Clinical Nurse Leader Educational Events, San Antonio, TX
19-25 Dr. Cheryl Lehman  Association of Rehab Nurses 35th Annual Education Conf., Albuquerque, NM
21-22 Dr. Carol Reineck  Chief Nursing Officer’s Conf sponsored by the Alabama at Birmingham, Birmingham, AL
22- (Nov 7) Dr. Paula Clutter  Australia/So. Health Partnership Conf at Deakin University, Melbourne, AU

NOVEMBER
1-7 Dr. Lyda Arevalo  Partners of the Americas San Antonio Chapter Research, Vina Viejo, Peru
5-6 Ms. Kathleen Stevens  3rd Annual Medical-Surgical Symposium. Dallas, TX
10-24 Dr. Kathleen Stevens  Joanna Briggs Institute Conf., Melbourne, AU

(cont. pg. 15)
OFFICIAL TRAVEL—September to December 2009

cont. from pg. 14

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<td>11-12</td>
<td>Ms. Kathleen Reeves</td>
<td>Academy of Medical-Surgical Strategic Plan Retreat</td>
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<td>18-22</td>
<td>Dr. Lyda Arevalo</td>
<td>Gereontological Society of America 2009 Conf., Atlanta, GA</td>
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<td>19-21</td>
<td>Ms. Vicky Dittmar</td>
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DECEMBER

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<td>Dr. Carol Reineck</td>
<td>AONE Chapter Leader and Board Meeting. Philadelphia, PA</td>
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<td>Dr. Kathleen Stevens</td>
<td>ONS Foundation Institute for Evidence-based Practice Change</td>
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<td>10-11</td>
<td>Dr. Carol Reineck</td>
<td>AHA (final mtg. as member), Washington, DC</td>
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Genograms

(cont. from pg. 6)

The problems inherent in clinical documentation of family health history suggest the need for self-administered instruments for family health history collection and underscore the importance of involving families in the collection and ongoing maintenance of accurate family health histories. The CDC’s Family History Public Health Initiative provides a web-based tool to formulate My Family Health Portrait” which guides families through the process of recording pertinent health history. Nurse educators should teach students to include this in patient education. The web address is: [http://genome.gov/27527640](http://genome.gov/27527640) and the web address for health care professionals is: [http://genome.gov/27527599](http://genome.gov/27527599)

Dr. Barbara Owens an NIH Faculty Champion for Genetics/Genomics. 2009-2010.
NEWS FROM ACUTE NURSING CARE COURSES

Beverly Wheeler, MSN, RN, ACNS-BC, 4614 Clinical Instructor asked her clinical students of Fall 2009 semester to write about a patient they had in nursing school that made them realize they had chosen the right profession. Although all of her students stories were outstanding, we selected one to feature in the Acute Pulse.

Confirmation of my Chosen Path as an RN

Over the course of my nursing training I have encountered many patients. As I sit and reflect over the past four semesters I find it difficult to find just one patient who confirmed my reason for being a registered nurse. I have taken a little something from each patient, but until I was exactly where I want to be. This last semester has truly confirmed that I chose the right profession.

One patient comes to mind to confirm that decision. He was a male patient who was pretty much written off as “going to die by the end of my shift” as the RN assigned to him commented. He had a cerebral hemorrhage. He wasn’t my patient the first week, but I still talked to him and looked after him. I just couldn’t understand how the RN could “write him off”. She paid very little attention to him. I just wouldn’t give up on him that easily. He was non-verbal and just laid there with vacant eyes. He had bilateral paresis at the upper and lower extremities. No one visited him at first, so the tech and I were the only ones interacting with him, except for the doctors on rounds. I greeted him by name when I came into the room. I assisted the tech in giving him a bath. She interacted with him and talked to him like any other patient. I left after two days not knowing whether I would come back and find him.

The following Monday I walked into the room, and there he was. His once vacant eyes literally lit up. There was no mistaking it. For me that little bit of recognition told me he was truly “still in there”. I can’t describe how that made me feel! I greeted him with a smile and performed my assessment. He reacted to pain when his extremities were barely moved. I talked to him, and apologized when I caused him discomfort. At this stage it was just basic skills. Giving meds, flushing his IV. Checking his fluids and TPN as he was NPO, turning Q2 hours, neuro checks Q4 hours, etc.

The next day, his eyes signaled recognition again. He was no longer NPO. He whispered his name when I asked him to tell me. The physical therapist and I talked to him while performing passive ROM exercises. I fed him thickened liquids for breakfast, which he drank as though he just walked through the desert. His nephew came to visit and then his niece. They expressed concern. I engaged them in conversation about how well he was doing, while talking “with him” instead of about him. Later when he shivered, I asked if he was cold and he whispered yes. Lunchtime was great. When asked, he indicated his preference for sweet potatoes over mashed potatoes with a nod. He hadEnsure I assisted in giving him small sips with a straw. Well he weakly took his cell phone and grabbed the can and gently brought it to his lips and drank. I was so happy and praised him so much. It was unbelievable! I made it a point to tell his nurse.

That is why I do what I do! It is because against all odds, the human spirit and the will to live is evident everyday on the floor. And the fact that I may have made a little bit of difference, I can’t even want to take credit for because it took teamwork with others who saw the person not the patient; but it sure makes me feel good to have been a part of it! I know not all my patients will recover fully, I was able to be a part of one who passed from this life to another. But even there I found satisfaction in the privilege of caring for another who needed it. I have truly found my calling!

I give permission for Ms. Wheeler to show this paper to others.

Karen B. Fulton
Next issue of the Pulse newsletter: April 2010

If you would like to add an article or photo that you would like to see published in the Pulse newsletter, please provide to Dr. Carol Reineck.

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