Letter from the Chair

Looking back over this calendar year, we can see how much has been accomplished by our School of Nursing, with the active involvement of HRCSM Faculty and Staff.

- Implementation of 3 of the 4 semesters of the new traditional undergraduate program.
- Implementation of all 4 semester of the new accelerated undergraduate program.
- Completion of a Decade of ACE - The Academic Center for Evidence-Based Practice.

Dr. Stevens also received the STTI Episteme Laureate Award for her landmark work in Improvement Science.

- Start of the Clinical Nurse Leader (CNL) Program, led by Dr. Paula Clutter.
- Application for the Doctor of Nursing Practice (DNP) Program.
- Successful CCNE Accreditation for ten years 2011 - 2021.

Ms. Jennie Shaw and Dr. Brenda Jackson are CCNE site visitors.

- Ms. Janis Rice received the Commander's Award for Civilian Service from San Antonio Military Medical Center (SAMMC).
- Dr. Parsons served as the keynote speaker for the International Association for Human Caring (IAHC) Conference.
- Dr. Linda Porter-Wenzlaff received the Prism Award to promote workplace diversity, from the American Organization of Nurse Executives (AONE).
- The first Undergraduate Logistical Forum November 4 identified important scheduling and sequencing issues for the complexity of our wide array of programs and high enrollment.
- The first Dedicated Education Unit (DEU) in (DEU) in San Antonio, led by Jennie Shaw, Clinical Faculty Coordinator at Methodist Hospital, with support of Vicky Ditmar who is slated to serve as the first CFC at the VA Hospital DEU scheduled for Fall 2012.
- The first Alternate Entry Masters Program was started under the guidance of Dr. Brenda Jackson, for students with ADN or Diploma in Nursing.
- Appointment of Dr. Jackson, Dr. Kennedy, and Dr. Gill to serve as faculty leaders for the MSN, DNP, and PhD Programs respectively, upon the retirement of Dr. Beverly Robinson.
- Selection of Ms. Judy Maltas to the Academy of Master Teachers.
- Doctoral education advancement on the part of HRCSM faculty:
  - Dr. Amanda Flagg completed her PhD.
  - Dr. Wesley Richardson completed his PhD.
- HRCSM faculty enrolled in doctoral studies:
  - Ms. Mary Walker
  - Ms. Lark Ford
  - Ms. Herlinda Zamora
  - Ms. Marissa Molina
  - Ms. Cyndy Purcell
  - Ms. Angela Ross
  - Ms. Pam Smith
  - Ms. Theresa Villarreal

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by Dr. Cheryl Lehman

If it can go wrong, it will (or lessons learned shared in Lehman's terms)

I was asked by the Association of Rehabilitation Nurses to present a webinar on new advances in poly-trauma rehabilitation. I had presented this topic a couple of years ago at the national conference, and felt comfortable updating the presentation. I had never done a webinar, and believe totally in diving in at the deep end, so why not? I said yes.

There was a bit of stress as we got closer to the day of the webinar. My elderly father-in-law had an important doctor's appointment, and needed transportation from Boerne to San Antonio. But the timing would still work, and I planned to leave Carol and Cecelia in charge of the in-laws by placing the parents in the Crow's Nest during my presentation. As we got closer to the date, Carol decided to flee, which would have left Cecelia managing the old ones for me. For which I would have been eternally grateful.

As luck would have it, the doctor's appointment was changed, and the parents could stay at home. Whew!

The build up to the webinar was sort of cool. Email notices were sent out to ARN members. Glossy, colorful postcards touting the event were sent to each member's home, the ARN website, front page.

Boy, was my head growing in size! Felt quite special!

The day before the webinar, we had a dry run - the technology to be used was a telephone for audio, and internet for PowerPoint slides through a professional meeting site. So at the dry run were Lori from ARN in Chicago, Alec from the internet meeting company, and Pamela from the phone operator site. We all logged into the internet site, and the slides worked well. Lori, as administrator, gave me access so that I could advance the slides. The microphone on my phone worked well, and all could hear me. We reviewed the script that Pamela the operator would use to start and end the conference. And we were ready to go.

The day of the webinar, all was in good form. I remembered to bring my printed slides and notes to my office. What could go wrong? Yeah, right.

I logged into the internet site, can called into the voice site. Lori again gave me the power to turn the slides. Valerie. Alec was also on the line and on the internet. We began.

It's very strange to do a webinar, I found out. You cannot see nor hear your audience. You do not know how many people are listening. The only people I could potentially speak to were Lori and Valerie. I was locked in an office, essentially talking to myself.

You cannot see audience reaction. Yikes! Uncomfortable.

To juggle computer screen, mouse and phone - the cord of which was stuck under my massively heavy, immobile and unmovable desk, I had to turn and squish my chair into the space over all of the electric wires that run my own desk technology. With Paul absent and enjoying his vacation, I couldn't think of anyone to ask to help me move the desk and lengthen my phone cord.

So I managed. Knee over here, ankle over there, wrist bent sideways, I could talk into the phone, see the screen, and click the arrow to advance the slides. Cool. Me - I can manage anything. So I got going - talking to dead air. Then....

About 5 slides into the presentation, the meeting site kicked me out. I hurriedly logged back in - of course there just HAD to be 4 places you had to enter data to get back in - the code number, your name, your email address, and your place of work. All while trying to prevent dead air over the audio. But, as cool as I am, I got back in without missing too many beats. It happened again - I copped. And again. And again. Ah, my.

Feeling ignorant, and totally unable to gauge audience reaction, I finally gave up, and asked Lori in Chicago to take over and advance the slide when I asked. We finished on time. Having no audience input, I applauded myself for maintaining respirations and not having cardiac arrest.

(continue pg 4)
On October 1, 2011, the Office of the IRB (OIRB) will begin accepting applications for:
Exempt determinations, and
Non-Human (Health Services) Research determinations using the eProtocol electronic management system.
The eProtocol system can be accessed at:
https://uthscsa.keyusa.net/
An on-line user manual provides step-by-step instructions for using eP. Topics covered include: basics of eP, completing an application, revising and resubmitting an application, how to adjust the dashboard, and FAQs.
Please contact the OIRB (IRBmail@uthscsa.edu) if you would like additional training on the eProtocol Exempt or Non-Human applications. Individual or group training sessions will be offered on request.
Please note that eProtocol should not be used to submit any other type of IRB application (e.g., human research [expedited or full board], human repository, expanded access, or humanitarian device). These applications are still under development and are not ready for use.
For more information, contact the OIRB at 567-2351 or check for updates on the IRB webpage at http://research.uthscsa.edu/irb/

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RECOGNITION

September 23, 2011.

Dedicated Education Unit opening ceremony, Sept. 6, 2011.

Pictured L—R: Jennie Shaw, MSN, RN and Vicky Miller, Nurse Manager at Methodist Hospital.

Lark Ford, MSN, RN (left) and Dean Breslin, PhD, RN, FAAN, participated in the "Rock n Roll Marathon" on November 12, 2011.

TAPAN awarded Wesley Richardson, PhD, MSN, RN the "Texas Association of Peri-Anesthesia Nurses (TAPAN) STAR AWARD" for his contribution to the specialty and profession.
by Dr. Cheryl Lehman
(cont. from pg. 2)

In the literature on fall prevention, Janice Morse notes that there are three types of falls — those that can be predicted and prevented, those that are due to environmental causes (like wet floors) that cannot be predicted but can be prevented through environmental cleanliness and equipment maintenance, and those that simply cannot be foreseen (like fainting), but in which case a second fall can likely be prevented. Why, you ask, has she wandered into “falls”... well, the same framework can be applied to a situation that depends on technology.

1. Technological incidents that can be predicted and prevented. The reasoning behind a “dry run” can be put in this section — dry runs allow the participants to try out the technology before the events, and troubleshoot for anticipated events.

2. Technological incidents that can be prevented through environmental care and maintenance. Again, the above fits into this — we had a meeting company with good equipment who had done this zillions of time before, a competent audio/phone operator.

3. Technological incidents that cannot be predicted — or how would you think?

ARN’s online meeting representative is going to initiate a chain of events within his online meeting company to seek a cause for my problem. Was it them? Was it me?

I am going to call our own IT to see if there was something I should have done on this end before attempting the webinar.

I would guess, however, that my situation falls into the WOULDTHINKKIT situation.

As my friend Deven in Houston said, well, there WAS a full moon.

**Next scheduled HRCSM Department meeting:**

Friday, January 27, 2012
1:00pm—3:00pm
Location: 1.104-NS

Returning guest speaker: Dr. Kozue Shibasaki,
1pm-2pm.
Topic: Situation Management.

Dr. Yarbrough and Ms. Mejia-Abreu will also discuss related policies.

Dept. of Family and Community Health Systems will also attend this faculty development opportunity during 1p-2p.
Letter from the Chair, cont. from page 1

- We bid farewell to Willie Davis on her retirement and welcome Lucinda Hager to our HRCSM staff.

- We mourned the loss of Paul Summers' nephew SSG Jeremy Summers, killed in battle in Afghanistan.

- The HRCSM department staff began digitizing backup documents for accounting audit, as Mr. Summers leads an effort to Go Green.

- We recognized Michelle Denyer, MSN, GNP, upon her retirement September 30, 2011.

- Many successful screening events with the active participation of HRCSM faculty including Lark Ford and Sherry Weaver who supported the Del Rio screening August 2011.

- We bid farewell to Natalie Baker to pursue additional graduate education.

\[\text{Congratulations}\]

Drs. Patel, Puga, Kendall-Gallagher, and Willard for receiving Dean’s Awards this year. Each will receive $5,000.00 for their research:

**Drs. Patel and Puga:**

“Creating an Interprofessional Learning Environment for Evidence-Based Quality Improvement and Patient Safety”

**Dr. Willard**

“Improvement Science Taxonomy Development”

**Dr. Kendall-Gallagher**

“Does completing an interprofessional course in patient safety and quality improvement influence students attitude towards patient safety behavior?”

The Association of Rehabilitation Nurses (ARN) Board appointed **Dr. Cheryl Lehman** as the incoming Rehabilitation Nursing Foundation (RNF) chair beginning at the end of the 2012 ARN annual meeting.
Beverly Wheeler, MSN, RN, ACNS-BC Clinical Instructor, asked her clinical students to write about a patient they had in nursing school that made them realize they had chosen the right profession. Although all of her student stories were outstanding, we selected one to feature in the HRCSM Pulse Newsletter.

A patient who inspired me

One of my most memorable patients was a young man in his teens who has been in a house fire. He was at a friend’s house asleep at the time of the fire. He looked perfect on the outside, with no external burns only a little edema, however, his throat and lungs were severely burned from inhaling all the hot smoke. He was on a ventilator,

An ECG monitored his heart, and a drainage tube coming from his lungs was draining what looked like tar but was really all the dead burnt tissue. I learned that when someone is on a ventilator they also have to be paralyzed but that does not mean that they cannot feel anything or hear you. Even though the patient looked completely unconscious my nurse explained to the patient that she had to put the NG tube down his throat so that he could get the nutrition he needed for his body to heal.

As she slid the tube down tears rolled down the sides of his face. I grabbed a hold of his hand and spoke to him until she is finished, attempting to distract and comfort him from the pain. His family was there by his side the whole time. You could see the fear in their eyes and they looked exhausted. It was then that I knew it was my duty to provide strength and comfort to not only my patient but the family as well. That was the day I put it all together and truly experienced what nursing is all about; combining both holistic nursing care with the use of best practice and knowledge. In that moment I knew, this is right where I needed to be.

You can show this to anyone.
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